Carespring Team Member Manual

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Table of Contents

Introduction to Carespring 6

Welcome 6

Purpose 6

Who We Are 7

Team Member Relations 7

Carespring Mission, Vision and Values 8

Carespring's Philosophy 9

Let's Get Acquainted 10

Seniority Date 10

Team Member Categories 10

Attitude 11

Carespring Team Member Portal and www.carespringhero.com 11

Your Compensation 12

General 12

Paycheck Deductions 12

When You Are Paid 13

Errors in Pay 13

Your Benefits 13

In General 13

Your Hidden Benefits 14

Medical Insurance 14

Supplemental Insurance 16

Paid Time Off 16

Holidays 18

401K Plan 18

Family & Medical Leave of Absence 20

General Leave of Absence 27

Jury Duty and Court Appearances 29

Meals and Break Periods 29

Free Parking 29

Service Awards 29

Communications 30
In General 30
Your Supervisor 30
Problem Solving Procedure 30
Compensation and Performance Evaluation 33
No Solicitation / No Distribution / No Access Policy 33
Confidential Nature of Resident Affairs 34
Staff Meetings 34
Safety and Health 34
In General 34
Safety Committee 35
Physical Examinations 35
Workplace Smoking 36
Drug-Free Workplace Policy Procedures 36
Hiring and Promotion Process 38
Proof of Citizenship or Authorization to Work 39
Re-Employment 39
Work Schedules 39
Time Clock Procedures / Disciplinary Process 40
Ulti Time Management Grace Periods and Rounding for Hourly Team Members 41
Overtime 43
Leaving During Working Hours 44
Attendance 44
Point System 45
Personal Appearance 47
Use of Telephones 47
Use of Facility Equipment 47
Personal Mail 47
Lost and Found 48
Personal Status Changes 48
Consideration of Others 48

Professional Behavior 48
Responsibility for Proper Conduct 48
Voluntary Resignation 50
Equal Employment Opportunity 51
Discrimination, Harassment and Retaliation Prevention Policy 51
Nursing Home Residents' Bill of Rights and Responsibilities for Ohio 55
Resident/Family Responsibilities 55
Summary of the Resident's Bill of Rights 56
Nursing Home Resident's Bill of Rights 57
Dayspring Resident Advocates 77
Eastgatespring Resident Advocates 78
Heritagespring Resident Advocates 79
Hillspring Resident Advocates 81
Indianspring Resident Advocates 82
Shawneespring Resident Advocates 84
Stonespring Resident Advocates 85
Nursing Home Residents' Bill of Rights and Responsibilities for Kentucky 86
Resident/Family Responsibilities 86
Nursing Home Resident's Bill of Rights 87
Barrington of Ft. Thomas Resident Advocates 97
Coldspring Resident Advocates 98
Highlandspring Resident Advocates 99
Villaspring Resident Advocates 101
Disaster and Evacuation Plans 102
Barrington of Ft Thomas Disaster Plan 102
Fire Plan for Employees 102
Barrington - Fire Plan for Clients 104
Barrington - What to do in Case of Tornado/Unstable Weather for Staff 105
Barrington - What to do when there is a Tornado/Unstable Weather for Clients 106
Fire Drills – General Information 117
Extreme Temperatures Hot/Cold 119

Earthquake 119
Hazardous Chemical Spill/Release “Code Orange” 120
Facility Lockdown and Active Shooter 122
Snow Emergency 128
Elopement / Missing Patient “Code 10” 130
Miscellaneous: 132
Resident Relocation/Evacuation 132
Evacuation Plans For Facilities 134
Safety Manual 167
Introduction 167
Your Right to Know 168
The Written Hazard Communication Program 168
Personal Protective Equipment (PPE) 174
Working with Computer Terminal and Office Ergonomics 178
Keeping Yourself Safe and Healthy at Work Summary 180
Elopement of Resident 182

Introduction to Carespring

Welcome

We are pleased to welcome you into the Carespring Health Care Management family and wish you success with our organization. We hope that during your employment, you will find Carespring a nice place to work, in addition to an environment which will help you reach personal satisfaction in your role as part of our team.

At the onset, you should understand the purpose for which Carespring was established – to provide the best and most complete health care available. Employment in a facility such as Carespring requires a person to have and demonstrate compassion for the aged and ill. It is essential to understand that in addition to the resident, the resident's family is being relocated from familiar surroundings. As a team, we can work together to replace this apprehension with sincere efforts to provide love, comfort, and the security that both resident and family need.

We want our team members to function as a cooperative team in a friendly atmosphere and take pride in working with Carespring. Your ideas and suggestions are always encouraged. Our goal is to make Carespring an enjoyable place to work where people can enjoy a competitive compensation package based upon the progress of our organization as well as individual performance. In return, we ask for your dedicated and conscientious effort to maintain the fine reputation we have worked so hard to achieve.

Purpose

In order that you may better understand Carespring Health Care Management and its objectives, we have developed this Manual, which is intended to be a ready reference regarding your employment with us. We believe that by setting forth our policies and benefits at the beginning of our employment relationship, problems and misunderstandings can be minimized. We realize, however that it is impossible to cover all of the exceptions and special cases in a Manual such as this one. Areas not covered are subject to general policies which will be explained by your supervisor, or, if no policy exists, decisions will be made that reasonably and equitably balance the interest of our team members, Carespring, and our residents.

As we continue to update our policies and benefits, changes in this Manual may be required. Although you may be given copies of any significant changes, it is important to understand that this Manual is not a contract of employment, and the policies and benefits described within may be changed, modified, and amended at any time because of business necessity and the changing needs of our team members and residents. While we try to notify our team members of such changes in writing, the ultimate responsibility for keeping current rests with you.

Please read this Manual so that you may effectively begin your employment with a good working knowledge of Carespring. If you have any suggestions or questions concerning our policies or benefits, feel free to discuss them with your supervisor. We sincerely hope you will enjoy being a part of the Carespring Health Care Management Team.

Who We Are

Carespring Health Care Management was formed in 1997 in order to maintain the highest quality of care for our residents. We are not an "outside" management group, but a team of experienced health care providers.

As the population ages and life expectancy extends, the demand for senior-living and specialized nursing care will increase steadily. We want to assure that our communities provide the highest quality health care with the dignity our residents deserve.

The Founder of Carespring Health Care Management, Barry N. Bortz, brought over 40 years of experience to the profession and we are committed to maintaining his reputation for quality health care; implementing innovative health care practices; paying attention to detail; and personal involvement with each and every facility we operate.

We want to remind you once again that first, last and always, the objective of this facility is to provide the finest available treatment and care for our residents. Our residents are our business and not an interruption. Your courtesy, tact, and sympathy are of prime importance in our achieving this goal. If throughout the day, you approach residents, families, and other team members with cheerfulness, kindness, and consideration, we will be doubly assured of continued success.

We hope that you enjoy working for your facility and contributing to our future success.

Team Member Relations

Carespring Facilities are union-free facilities and it is our desire that it always remain such. We prefer to deal with each other directly, on an individual basis rather than through an outside, third party.

You are guaranteed that the Administration accepts its responsibility to provide the best working conditions, pay, and benefits it can afford. Perhaps more importantly, it will never be necessary for any of our team members to pay union dues or go out on strike in order to receive fair treatment.

It is our opinion that when health care facilities have a union, there is trouble, strife and discord, and that a union would not work to our team members' benefit, but to their serious harm. It is our positive intention to vigorously oppose unionism in a health care setting by every proper means.

If you should ever be approached by someone about joining a union, we appreciate your seeking advice, counseling, and information from your supervisor on any questions you may have on this subject.

Carespring Mission, Vision and Values

Carespring Mission

To provide an environment of excellence in care and services for the residents we serve.

Carespring Vision and Dimensions of our Vision

Be recognized as a national leader in post-acute care.

The Dimensions of our Vision Include:

- **Clinical Excellence:** We will deliver outstanding clinical care in a consistent, coordinated way—always improving through evidence-based practice.
- **Resident Engagement:** We will provide a compassionate healing experience, fully involving patients in clinical and financial decisions about their healthcare and encouraging them to take responsibility in their life choices.
- **Team Member Engagement:** We will be the employer of choice in the communities we serve. We will take care of the team members who take care of our residents by creating a workplace that is built on our values, attracts and rewards caring and talented individuals, and engages us to live lives that are connected, balanced, secure, and healthy.
- **Innovation and Operational Effectiveness**: We will use innovation and technology to best utilize our resources and to maintain the financial stability necessary to meet our high standards and to do it an affordable fashion.
- **Provider of Choice**: We will be the provider of choice by meeting the diverse healthcare needs for our community partners.

Carespring Values

Trust: We value loyalty supporting one another individually and as team.

Excellence: We perform at the highest level, always learning and looking for ways to improve

Accountability: We accept responsibility for our actions, attitudes, and health.

Mutual Respect: We embrace diversity and treat one another with dignity and empathy.

Leadership: *We help people rise to their full potential while accomplishing the mission and vision of the organization*

Integrity: We are principled, honest, and ethical, and we do the right thing for those we serve.

Carespring's Philosophy

Carespring's Philosophy is intended to promote mutual understanding, respect, and cooperation in an environment dedicated to the fulfillment of our residents' needs by motivated team members.

We believe in good employment practices, fair compensation, challenging work, recognition for individual contributions, pleasant working conditions, opportunities and incentives for advancement, and job security. This is the foundation upon which Carespring has built its forward-looking program of team member relations.

As working partners in our business, every Carespring team member is responsible for the sincere and effective application of these principles. We want the cooperation, interest, and loyalty of every team member. We strive to provide Carespring team members with a positive work climate. It is expected that this statement of our Philosophy will reduce misunderstandings and increase the effectiveness of our organization and satisfaction of all team members.

IT IS THE POLICY OF CARESPRING TO:

1. Provide equal opportunities in all employment decisions without discrimination because of race, color, sex, gender, pregnancy, childbirth and related medical conditions, religion, marital status, age, national origin, ancestry, citizenship, sexual orientation, gender identity, gender expression, covered-veteran status, genetic information, medical condition as defined by state law (genetic characteristics, cancer or a record or history of cancer), physical disability, mental disability or any other basis made unlawful by federal, state or local law.
2. Provide competitive pay and benefits and recognize and reward superior performance.
3. Maintain reasonable hours of work.
4. Provide healthful, pleasant, and safe working conditions.
5. Take steps to ensure job security.
6. Recognize each person as an individual who will be treated with consideration and understanding and placed in a position that allows for personal development.
7. Create a dynamic, responsible organization which will encourage and acknowledge individual contributions and suggestions, foster a sense of accomplishment and purpose, and provide opportunities for further training and development.
8. Keep you informed of significant developments and accord each team member the right to freely discuss any matter.
9. Promote the spirit of commitment to and cooperation in our daily operations.
10. Promote team effort, camaraderie, and productivity.

While you work for Carespring, your most important responsibility is to do the best job you can. In order to provide our residents with services of the highest quality, you must think for yourself, know why a task is performed in a certain way, and make constructive suggestions when you think there is a more efficient way to perform. In order to do a good job, you must take pride in your work, use good judgment in all matters related to your work, be on time, be helpful to fellow team members, extend common courtesies to everyone with whom you come in contact, and very importantly, be loyal to Carespring.

If you encounter any problems with fellow team members, residents, or visitors, let your supervisor know. Your supervisor is always available to discuss situations that may affect your job performance. If your supervisor is unable to solve your problems or if you have problems with your supervisor, contact your department head or Administrator.

SOMEONE CAN ALWAYS HELP!

Let's Get Acquainted

Your first ninety (90) days of employment with Carespring serve as a get acquainted period. During this time span, you can decide whether or not Carespring satisfies your career needs and desires, and we can evaluate your job interests, abilities, attitudes, and work performance.

If you transfer to a new job classification within Carespring, you may be required to serve an additional ninety (90) day get acquainted period in that job classification. However, you will be entitled to all benefit entitlements earned upon completing your initial get acquainted period.

Seniority Date

Your seniority date, the date on which you begin working, is very important. Your paid time off and other benefits are calculated on the basis of this date. Your date remains the same except in cases of a leave of absence or transfer from part-time or PRN to full-time status. In cases of leave of absence, the anniversary date is advanced the number of days of the leave of absence to determine a new anniversary date. For seniority purposes only, your original date is used.

Team Member Categories

Your supervisor will advise you on your category and the benefits which apply. The following team member categories are maintained at Carespring:

1. Full-time: A team member who has completed the get acquainted period and is scheduled to work thirty (30) hours* or more per week on an annual average. Full-time members are eligible for salary and other benefits as described in the Manual upon completion of the necessary waiting periods.

2. Part-time: A team member who has completed the get acquainted period and is scheduled to work less than thirty (30) hours* per week on an annual average. Part-time

team members are eligible for a limited number of benefits as described in this Manual upon completion of the necessary waiting periods.

3. Temporary: A team member who is hired for a short term and/or short hours. Temporary team members are not eligible for participation in Carespring's benefits program, and have no expectancy of continued employment follow the completion of the temporary term for which they were hired.

4. PRN: A team member who is hired to work varied shifts and hours on an as needed basis. PRN team members are not eligible for participation in Carespring's benefits program and have no expectancy of regular employment. However, if you have Medical insurance prior to going PRN, you may maintain your coverage while you are in your measurement period, as long as all premiums are paid by the end of the month in which they are due. If at the next measurement period you are averaging under the required hours, you will be terminated from the insurance. If you wish to cancel your coverage upon going PRN, you must show proof within 30 days of other creditable coverage and cancellation is not guaranteed. ** For more information, please contact the Benefits Administrator at (513) 943-4000 x.100.

5. Special schedule requests for PRN team members as well as part-time team members will be considered, but are left to the discretion of the Administrator.

6. Volunteer: Someone who performs duties at Carespring for no compensation.

If you have any questions about your category, please speak with your supervisor.

* Effective 02/14/2018

Attitude

Attitude may rightfully be described as contagious. The success of all our efforts depends upon the goodwill of our residents, physicians, visitors, and the general public. Your attitude is one of the most important factors in creating this goodwill. Remember, being pleasant, helpful, and cooperative will help us win and keep friends. We are all working together as a team and must work together day after day. We should try to anticipate the needs and desires of our residents, visitors, and fellow team members, and satisfy these needs before they become demands.

Carespring Team Member Portal and www.carespringhero.com

Carespring makes every attempt to stay current with today's technology. We take pride in providing our residents and team members with the best technology available in nursing care. The Carespring Team Member Portal (via UltiPro) is access to your benefits, pay stubs, direct deposit, schedule, and PTO requests. All address, phone number, banking, tax withholding and

PTO requests can be completed via this Team Member Portal. For access instructions, please see your Supervisor.

For our team members, we encourage you to use our fun and interactive website, www.carespringhero.com. Corporate compliance, continuing education opportunities, and other helpful information are available at this site. And, as a Carespring team member, you have access to free online CEU's at www.carespringuniversity.com. The Carespring Hero website is constantly being updated and enhanced. Check it frequently for any new and exciting changes.

Your Compensation

General

It is our policy to compensate you fairly for the work you perform. We provide a salary which is fully competitive with other progressive employers in our industry in order to attract and retain qualified team members.

Carespring's overall compensation policy is reviewed at least every twelve (12) months, and provides for adjustments when economic conditions permit, based on its market level, hiring rates, change in demand, and trends within our industry. Variables that could also affect your compensation include length of service, prior work experience and level of education. Notwithstanding these factors, your performance on the job is most important in determining any compensation increase. We will periodically review and evaluate our compensation ranges to ensure that we remain competitive.

Our goal is to also recognize individual effort by rewarding superior performance. This allows outstanding team members to earn compensation above the general level paid for a particular position. Merit increases will be determined objectively, based solely on performance, as outlined in our Compensation and Performance Evaluation Policy.

Paycheck Deductions

Certain deductions, required by law, are automatically withheld from your paychecks (federal and state withholding tax, Social Security tax, and city wage tax where applicable). Other deductions may be made with your written approval (insurance, uniforms, etc.). Your deductions will be itemized on your paycheck stub. You should review your paycheck stub carefully each pay day. If, at any time, you have any questions about the amounts shown on your paycheck or how they are calculated, you should contact the Personnel Office.

The law requires that you complete a W-4 Form (Employee's Withholding Allowance Certificate) so that we can withhold federal income tax from your pay. Your W-4 Form remains in effect until you change it. The tax withholding is based on the number of dependents you

claim on the W-4 that you complete. Each team member is responsible for the accuracy of that Form and for updating the information when necessary. If you do not give us a completed Form, you will be treated as a single person with no withholding allowance as required by federal law.

When You Are Paid

You will receive your paycheck on a bi-weekly basis, five (5) days following the close of the pay period. The time between the close of the pay period, Saturday at 11:59 p.m., and the payday on Thursday is necessary for processing payroll. Your paycheck will be distributed by the Personnel Office after 2:00 p.m. on Thursday, or in the event that this is not possible, you may pick up your paycheck at the Front Office during office hours following pay day. You must present your ID Badge in order to pick up your paycheck. If you are on an extended leave of absence or are unable to pick up your check, you may authorize someone else to pick up your check for you. For your protection, anyone picking up your check must present a written authorization, signed by you. However, your first paycheck must be picked up in person by you at the personnel office. For obvious reasons, requests for salary advances will not be granted. Pay stubs for direct deposit will not be distributed. They are accessible online through the Carespring Team Member Portal.

Errors in Pay

Should there appear to be an error in your pay, take your check to your department head to discuss the apparent error. If you are not satisfied with the results of your discussion with your department head, you may request to discuss it with Administration. It is important that this process be followed in order to insure the proper handling and systematic disposition of any error. All allowable corrections will be made by the Payroll Department.

Your Benefits

In General

We recognize that Carespring's benefit program is as important as your wages. Together, they form a superior compensation package.

Carespring offers a broad fringe benefit package to meet the changing and diverse needs of our team members. As is our practice with pay, benefits are subject to review and improvement.

The Benefits you will receive include:*

- Paid Holidays
- Unemployment Compensation Insurance
- Disability Insurance
- Life Insurance
- Medical Insurance
- Meal and Break Periods
- Service Awards

Social Security Benefits
Paid Time Off
Military Leave
Family and Medical Leave of Absence
General Leave of Absence
Free Parking
401K Plan
Workers' Compensation

**Some benefits are subject to eligibility requirements.*

A description of these benefits can be found on the following pages. Should you have any questions, please speak with your supervisor.

Your Hidden Benefits

As a team member of Carespring, you are entitled to receive the following "hidden benefits" which are worth many dollars above your regular wages.

Social Security Benefits: All team members at Carespring are automatically enrolled in the federal Social Security program. We contribute to Social Security an amount deducted from your pay so that you can feel secure that your needs will be satisfied in the future. Carespring also contributes an amount that matches the amount deducted from your pay.

There are two major categories of Social Security benefits: (1) old age, survivor insurance, and disability benefits, and (2) Medicare benefits. To obtain these benefits, you must apply to the nearest Social Security Office when you become eligible. Generally, you may be eligible for benefits as early as age 62. Please speak with the Personnel Office for additional information.

Unemployment Compensation Insurance: To protect you against lost income when you are not working at Carespring through no fault of your own, we contribute to the Unemployment Compensation Insurance program on your behalf. You may apply for these benefits at the local Bureau of Employment Services nearest your home.

Workers' Compensation Insurance: To protect you against lost income when you are injured on the job, Carespring pays for your Workers' Compensation Insurance. To be eligible for Workers' Compensation Insurance, you must report to your supervisor any injury or accident, no matter how slight or insignificant, immediately after the occurrence. For additional information, please speak with your supervisor.

Medical Insurance

In General: After completion of thirty (30) days of continuous full-time employment (unless otherwise noted), all full-time team members and their dependents may participate in Carespring's medical insurance plan. The plan effective date is the first of the month following

the waiting period. Please see the Personnel Office or check the Carespring Team Member Portal for your exact eligibility date. Team members will have to complete their enrollment within 30 days of hire or date of full time employment. In these days, when a major illness can be a financial burden to any family, we urge every team member to obtain medical care coverage either through Carespring's plan or through some other source. All enrollments for Medical and Dental Insurance are completed online via the Carespring Team Member Portal (https://ew14.ultipro.com).

(Updated 11/01/2018)

Coverage: Carespring pays a portion of the premium for single and dependent medical insurance, Major Medical and Dental coverage for each scheduled full-time team member. The amount paid by Carespring is determined by Carespring's Administrative Office. Your portion of the cost may be paid through a payroll deduction.

Enrollment Period: Check with the Personnel Office concerning the availability of medical insurance relative to the specified enrollment period which is determined by our insurance providers. All enrollments and changes for Medical and Dental Insurance are completed online via the Carespring Team Member Portal. In general, you must enroll via the Team Member Portal within the first 30 days of your full time employment.

After your initial eligibility, changes to your Medical plan may only occur due to qualifying life events such as marriage, birth of a child, divorce, or loss of coverage elsewhere. Changes to your Dental plan may only occur due to qualifying life events such as marriage, birth of a child, divorce, loss of coverage elsewhere, or reduction of hours. A request to change your Medical and/or Dental coverage must be done within 30 days of the qualifying life event via the Carespring Team Member Portal. All requests must be supported by documented proof of the event and a change to a plan will not be processed without such proof.

Coverage Under Another Plan: If you have medical insurance coverage through another plan, the primary insured under that plan is not eligible for coverage through Carespring's plan. If you choose not to enroll in Carespring's group plan, you must execute a waiver of coverage which will remain effective until personally revoked, via a request by you, to add coverage within 30 days of a qualifying life event.

If you have a working spouse who has health insurance coverage available at his/her place of employment, it will be necessary for him/her to be covered under that employer's plan and they cannot be covered under Carespring's plan.

Forms: You must complete all forms required for Carespring's plan as specified or coverage will not be instituted. Never assume you have coverage until you have been notified by the Personnel Office that your insurance is in effect.

Post-Employment Coverage: At the time you terminate employment with Carespring, you may be eligible to continue your medical insurance coverage for 18 to 36 months by the payment of premiums at group rates. The period of the extended coverage is determined by the "qualifying event" which triggers your separation from our employ. Thereafter, you will have to convert your group insurance to an individual contract through COBRA.

A copy of the updated Summary Plan Description (SPD) for your Health Benefit Plan from Carespring Healthcare Management is available at on UltiPro as well as on the Custom Design Benefits website.

This important document explains the terms and conditions of your Health Plan, including eligibility, coverage amounts and exclusions. Please share this information with your family members who are also covered under this Health Plan. If you want a paper version of the SPD, please request one from the Business Office Coordinator. There is no additional charge for it. Please contact the Business Office Coordinator with any additional questions.

(Updated 04/2017)

Supplemental Insurance

Carespring has partnered with a third party insurer to offer its team members supplemental insurance coverage at discounted rates via a convenient payroll deduction. These optional, employee paid plans include Long Term Disability, Short Term Disability, Life Insurance, Accident, Vision as well as other coverage. This program is offered after completing the eligibility period. Please contact the Personnel Office with any questions. The eligibility is in general 30 days from date of hire for Full Time and Part Time team members then coverage starts the first of the following month, unless otherwise noted.

(Updated 09/2016)

Paid Time Off

Your physical and mental health is important. Time off with full pay allows you sufficient time for relaxation, recreation, and personal tasks. Therefore, paid time off ("PTO") is an important part of The Carespring benefits program.

For full-time hourly team members, paid time off is available to be taken based on hours worked in the previous year. Hourly team members who have completed one (1) year of continuous full-time employment, have paid time off available as follows:

LENGTH OF SERVICE	MAXIMUM PAID TIME OFF AVAILABLE
After one (1) year	7 days*
After three (3) years	12 days*
After five (5) years	17 days*

** One day of PTO available is eight (8) hours.*

Regular part-time team members are eligible for paid time off on a prorated basis. Salaried team members' available PTO varies; please contact your Facility Administrator for your specific time available. PRN status team members are not eligible for PTO.

Team Member's length of service is based upon the most recent date of hire, date you returned from leave of absence, or date you transferred from part-time status to full-time status.

Your paid time off should be scheduled four (4) weeks in advance with your department head. You may request your paid time off via the Carespring Team Member Portal. Considerations will be given to your scheduling request as well as our service needs. For example, limits on the number of team members taking paid time off during a holiday season may be required in order to provide uninterrupted care. To this end, you are encouraged to schedule your paid time off during months other than peak summer months, whenever possible. Further, if you are entitled to more than one (1) week of paid time off, you are encouraged to take your second and/or third week(s) separately. You must always get the Administrator's approval in advance, in order to take more than one (1) week of paid time off at any one time.

In addition, the following policies apply:

1. Paid time off is paid at your current rate of base pay.

2. Any conflict in paid time off schedules within a department generally will be resolved in favor of the team member with the most seniority, at the discretion of the supervisor.

3. Advance pay for earned paid time off must be requested in writing to your department head at least four (4) weeks in advance of your scheduled paid time off. Otherwise, it will be paid on your next regularly scheduled payday following your return to work.

4. You are encouraged to use paid time off in weekly, rather than daily, increments.

5. If you become ill immediately prior to scheduled paid time off, you may postpone your paid time off if it can be rescheduled before your anniversary date and approved by your supervisor. (Updated 07/28/14)

6. Available paid time off may not be carried over from year to year and must be used in the year in which it was made available. Available paid time off is forfeited at termination unless otherwise arranged prior to last day worked. (Updated 07/01/12).

7. Salaried team members must use their paid time off prior to their anniversary date or any unused time will be forfeited. (Effective January 1, 2013)

(Updated 03/24/2017)

Holidays

Staffing needs often make it necessary for team members to work on certain holidays in order to fulfill commitments to our residents. Your cooperation in these circumstances is greatly appreciated. If you are required to work on one of the following holidays, you will be paid one and one-half ($1^{1/2}$) times your normal hourly rate for the hours you work:

New Year's Eve	Independence Day*	Christmas Eve
New Year's Day	Labor Day	Christmas Day
Memorial Day	Thanksgiving Day	

(*Updated 06/01/2015)

The holiday will be observed on the day observed by the state or nation. In order to be compensated, you must work on the designated holiday, as well as your scheduled shift prior to and after the holiday.

Holiday pay will be given for hours worked on the holiday from 12:00 AM to 11:59 PM for New Year's Day, Memorial Day, Labor Day, Thanksgiving and Christmas Day. Christmas Eve and New Year's Eve holiday pay will not begin until 3:00 PM and will end at 11:59 PM on that day.
(Effective January 1st, 2012)

401K Plan

Tax legislation and IRS interpretations provide us with an opportunity to establish a Savings and Retirement Plan with substantial tax advantages for team members who participate.

Carespring recognizes that team members have different retirement goals. The company cannot individually project or provide for all the extras you are looking forward to in life. What it can do and will do is offer eligible team members the most personal, convenient and affordable retirement savings method available to help team members meet their financial goals. That method is our Savings
& Retirement Plan.

This Plan is designed to offer all eligible team members the chance to save substantial dollars every year and to plan for their own financial independence at retirement.

Take advantage of flexible retirement savings. Participation in the Plan is completely voluntary. It is designed for you to meet your ever-changing savings goals. You can contribute anywhere from 1% of your pay up to 100% (maximum of $18,500 annually) of your total earnings. You decide how much. These dollars then come out of your pay before taxes are calculated. The result – your taxable income is reduced along with your tax bill! It costs you less to save because you pay no federal income tax on these contributions. The federal government allows this reduction in taxable income to encourage team members to save for retirement needs. Once you decide, you are not locked in. You can raise or lower your contributions within the limits – biannually. You can even suspend your contributions temporarily, but may only reinstate your contributions at the next enrollment period. This "before tax" pay then goes into the Plan for you; it's 100% yours, and you decide the manner in which these funds are invested. Contributions from higher paid team members may be reduced to assure a fair mix of contributions from team members at all earning levels.

Enrollment

Effective 11/01/2016, after six (6) months of continuous employment, you will be automatically enrolled in the 401K plan (for team members 21 and over). You will have the ability to opt-out of the automatic enrollment thirty (30) days prior to your 6 month anniversary via John Hancock's website at www.bcomplete.com. You may also increase or decrease your contribution as well as opt out at any time once enrolled.

Employer Match

Carespring will match 5% on the 1st 3% you defer.

Example:

Sample Annual Salary	3% Annual Contribution	5% Match on first 3% Contributed	Total Invested Annual
$20,000	$600 ($23.08 per check)	$30	$630

Choice of Investments

One of the key features of Carespring's Plan is that you get to choose how you want your retirement contributions invested. The Plan offers many different choices from which you can make your selection.

Your Account Grows Three Ways

1. Your "before tax" contributions from 1% of pay up to 100% (maximum of $18,500 annually) of your total earnings.
2. Federal and State tax savings, depending on where you live and work.
3. Tax deferred earnings of all the money in your account.

Withdrawals

The Plan provides for distribution of your team member account balance and your vested* employer account balance in the event of termination of employment. Additionally, you will receive your vested account balances in the event of total and permanent disability or death. You can also make withdrawals in the event of a financial hardship. The emergency hardship withdrawals must be approved by the Plan committee, and are on a last resort basis, which is governed by certain IRS rules, but include such items as significant medical expenses.

* Your plan's vesting schedule is:

1 yr. of service – 25% vested
2 yrs. of service – 50% vested
3 yrs. of service – 75% vested
4 yrs. of service – 100% vested

It All Adds Up To Extra Savings and Protection

No matter what your aim is for savings and protection, the Plan can help you take that important step toward obtaining the substantial saving and investment you will need for future retirement needs.

Additional Tax Advantages

When you or your beneficiary receives your Plan funds, income taxes will have to be paid on the money which was never taxed. If you have been in the Plan for at least five years, your pay-out may qualify for certain tax advantages, like the favorable 5 year income tax averaging.

(Updated 05/01/2009, 09/12/2016, 02/01/2018, 07/09/2018)

Family & Medical Leave of Absence

Employees at Carespring may be entitled to a leave of absence under the Family and Medical Leave Act ("FMLA"). The FMLA entitles eligible employees to take up to 12 weeks of unpaid, job protected leave in a 12 month period for specified family and medical reasons. The 12-

month period is a "rolling" 12-month period measured backward from the date an employee uses FMLA leave. For questions concerning FMLA leave, employees should contact the facility Business Office Coordinator.

Eligible Employees - To be eligible for FMLA leave, an employee must:

- have worked 1,250 hours during the 12 months prior to the start of leave;
- have worked for Carespring for 12 months (which need not be consecutive).

It is also at the discretion of the facility to require the employee to use all available paid leave (such as PTO) to cover all or some of the FMLA leave.

A. Entitlements to FMLA leave: FMLA may be taken for the following reasons:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter or parent (but not in-law) who has a serious health condition;
- For the employee's own serious health condition (including any period of incapacity due to pregnancy, prenatal medical care or childbirth) that makes the employee unable to perform one or more of the essential functions of the employee's job; and/or
- Because of any qualifying exigency arising out of the fact that an employee's spouse, son, daughter or parent is a military member on covered active duty or call to covered active duty status (or has been notified of an impending call or order to covered active duty) in (a) the Reserve component of the Armed Forces for deployment to a foreign country in support of a contingency operation, or (b) the Regular Armed Forces for deployment to a foreign country.

Entitlement to FMLA leave for the birth of an employee's child expires at the end of the 12-month period beginning on the date of the birth.

When spouses are both employed by the Company and eligible for FMLA leave, they will be limited to a combined total of 12 weeks of leave during any 12-month period if the leave is taken for the birth of the employee's child or to care for the child after birth, for the placement of a child with the employee for adoption of foster care or to care for the child after placement, or to care for the employee's parent with a serious health condition.

A "**serious health condition**" is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in

school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, caring for the parents of the military member on covered active duty and attending post-deployment reintegration briefings.

B. Additional Military Family Leave Entitlement (Injured Servicemember Leave):

In addition to the basic FMLA leave entitlement discussed above, an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember is entitled to take up to 26 weeks of leave during a single 12-month period to care for the servicemember with a serious injury or illness. Leave to care for a servicemember is available only during a single-12 month period and, when combined with other FMLA-qualifying leave, may not exceed 26 weeks during the single 12-month period. The single 12-month period begins on the first day an eligible employee takes leave to care for the injured servicemember.

A "covered servicemember" is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired list, for a serious injury or illness. These individuals are referred to in this policy as "current members of the Armed Forces." A covered servicemember also includes a veteran who was discharged or released from military service under conditions other than dishonorable at any time during the five (5) year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation or therapy for a serious injury or illness. These individuals are referred to in this policy as "covered veterans."

C. Intermittent Leave and Reduced Leave Schedule:

If medically necessary, as certified by a physician, intermittent or reduced leave can be approved due to a serious health condition of the employee or covered family member or the serious injury or illness of a covered servicemember. Qualifying exigency leave also may be taken on an intermittent basis.. However, it may be necessary for employee to be assigned temporarily to an alternate comparable position to better accommodate their needs.

When employee is able to return from an approved unpaid FMLA they will be returned to their former position, another comparable position for which they qualify, or they will be treated the same as any other similarly situated team member who did not take leave.

Employee FMLA Leave Obligations

A. Provide Notice of the Need for Leave

Employees must timely notify the Company of their need for FMLA leave, as described below.

Content of Employee Notice

To trigger FMLA leave protections, employees must inform their facility's Business Office Coordinator of the need for leave and the anticipated timing and duration of the leave, if known. Employees may do this by either requesting FMLA leave specifically, or explaining the reasons for leave so as to allow the Company to determine that the leave is FMLA-qualifying. For example, employees might explain that:

- a medical condition renders them unable to perform the functions of their job;
- they are pregnant or have been hospitalized overnight;
- they or a covered family member are under the continuing care of a health care provider;
- the leave is due to a qualifying exigency caused by a military member being on covered active duty or called to covered active duty status to a foreign country; or
- if the leave is for a family member, that the condition renders the family member unable to perform daily activities or that the family member is a covered servicemember with a serious injury or illness.

Calling in "sick," without providing the reasons for the needed leave, is not sufficient notice under this policy. Employees must respond to the Company's questions to determine if absences are potentially FMLA-qualifying.

If employees fail to explain the reasons for FMLA leave, the leave may be denied. When employees seek leave due to FMLA-qualifying reasons for which Carespring has previously provided FMLA-protected leave, they must specifically reference the qualifying reason for the leave or the need for FMLA leave.

Timing of Employee Notice

Employees must provide 30 days' advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days' notice is not possible, or the approximate timing of the need for leave is not foreseeable, employees must provide the Company notice of the need for leave as soon as practicable under the circumstances. Employees who fail to give 30 days'

notice for foreseeable leave without a reasonable excuse for the delay, or otherwise fail to satisfy FMLA notice obligations, may have FMLA leave delayed or denied.

B. Cooperate in the Scheduling of Planned Medical Treatment (Including Accepting Transfers to Alternative Positions) and Intermittent Leave or Reduced Leave Schedules

When planning medical treatment, employees must consult with Carespring and make a reasonable effort to schedule treatment so as not to unduly disrupt the Company's operations. Employees must consult with the Company prior to the scheduling of treatment to work out a treatment schedule which best suits the needs of both the Company and the employees. If employees providing notice of the need to take FMLA leave on an intermittent basis for planned medical treatment neglect to fulfill this obligation, the Company may require employees to attempt to make such arrangements. All such treatment schedules and arrangements are subject to the approval of the employee's health care provider.

When employees take intermittent or reduced work schedule leave for foreseeable planned medical treatment for the employee or a covered family member, including during a period of recovery from a serious health condition or to care for a covered servicemember, the Company may temporarily transfer employees, during the period that the intermittent or reduced leave schedules are required, to alternative positions with equivalent pay and benefits for which the employees are qualified and which better accommodate recurring periods of leave.

When employees seek intermittent leave or a reduced leave schedule for reasons unrelated to the planning of medical treatment, upon request, employees must advise the Company of the reason why such leave is medically necessary. In such instances, the Company and employee shall attempt to work out a leave schedule that meets the employee's needs without unduly disrupting the Company's operations, subject to the approval of the employee's health care provider.

C. Submit Medical Certifications Supporting Need for FMLA Leave (Unrelated to Requests for Military Family Leave)

Depending on the nature of FMLA leave sought, employees may be required to submit medical certifications supporting their need for FMLA-qualifying leave. There are three general types of FMLA medical certifications: an initial certification, a recertification, and a return to work/fitness for duty certification.

It is the employee's responsibility to provide the Company with timely, complete and sufficient medical certifications. Employees must provide medical certifications within 15 calendar days

after the Company requests certification, unless it is not practicable to do so despite an employee's diligent, good-faith efforts. The Company will inform employees if submitted medical certifications are incomplete or insufficient and provide employees at least seven calendar days to cure deficiencies. The Company may deny FMLA leave to employees who fail to timely cure deficiencies or otherwise fail to timely submit requested medical certifications.

With the employee's permission, the Company (through individuals other than an employee's direct supervisor) may contact the employee's health care provider to authenticate or clarify completed and sufficient medical certifications. If employees choose not to authorize the Company to clarify or authenticate certifications with health care providers, the Company may deny FMLA leave if certifications are unclear. Whenever the Company deems it appropriate to do so, it may waive its right to receive timely, complete and/or sufficient FMLA medical certifications.

Initial Medical Certifications

Employees requesting leave because of their own, or a covered family member's, serious health condition, or to care for a covered servicemember, must supply medical certification supporting the need for such leave from their health care provider or, if applicable, the health care provider of the covered family member or servicemember. If employees provide at least 30 days' notice of medical leave, they should submit the medical certification before leave begins. A new initial medical certification will be required on an annual basis for serious medical conditions lasting beyond a single leave year.

If the Company has reason to doubt an initial medical certification, it may require the employee to obtain a second opinion at the Company's expense. If the opinions of the initial and second health care providers differ, the Company may, at its expense, require the employee to obtain a third, final and binding certification from a health care provider designated or approved jointly by the Company and the employee.

Medical Recertifications

Depending on the circumstances and duration of FMLA leave, the Company may require employees to provide recertification of medical conditions giving rise to the need for leave. The Company will notify employees if recertification is required and will give employees at least 15 calendar days to provide medical recertification.

Return to Work/Fitness for Duty Medical Certifications

Unless notified otherwise, employees returning to work from FMLA leaves taken because their own serious health conditions made them unable to perform their jobs must provide the

Company medical certification confirming they are able to return to work and to perform the essential functions of their positions, with or without reasonable accommodation. The Company may delay and/or deny job restoration until employees provide return to work/fitness for duty certifications.

D. Submit Certifications Supporting Need for Military Family Leave

Upon request, the first time employees seek leave due to qualifying exigencies arising out of the covered active duty or call to covered active duty status of a military member, the Company may require employees to provide: (1) a copy of the military member's active duty orders or other documentation issued by the military indicating the military member is on covered active duty or call to active duty status and the dates of the military member's covered active duty service; and (2) a certification from the employee setting forth information concerning the nature of the qualifying exigency for which leave is requested. The Company may also require employees to provide copies of new active duty orders or other documentation issued by the military for leaves due to qualifying exigencies arising out of a different covered active duty or call to covered active duty status of the same or a different military member.
When leave is taken to care for a covered servicemember with a serious injury or illness, the Company may require employees to obtain certifications completed by an authorized health care provider of the covered servicemember. In addition, the Company may request that employees submit certifications setting forth additional information provided by the employee and/or the covered servicemember confirming entitlement to such leave.

E. Substitute Paid Leave for Unpaid FMLA Leave

Employees must use any accrued paid time (PTO) while taking unpaid FMLA leave. The substitution of paid time for unpaid FMLA leave time does not extend the length of FMLA leave, and the paid time will run concurrently with an employee's FMLA entitlement.

Leaves of absence taken in connection with a [disability leave plan or] workers' compensation injury/illness shall run concurrently with any FMLA leave entitlement.

F. Benefits and Employee's Share of Health Insurance Premiums

Time spent on FMLA leave is not included in the computation of time necessary to earn benefits, nor are benefits earned during an approved leave. However, no prior service time is lost for purposes of benefits eligibility when an employee takes an approved leave. In addition, group health insurance benefits will continue to be provided during an approved FMLA leave on the same level and under the same conditions as if no leave had been taken. However, the employee must continue to pay their portion of the premium. During an unpaid leave, this

payment should be made to the Business Office Coordinator. Medical benefits will cease with any of the following circumstances:

- Employee informs Carespring of an intent not to return to work
- Employee fails to return to work when FMLA is exhausted
- Employee's premium payment is more than 30 days late. The Business Office Coordinator must give employee 15 days written notice in advance advising them that coverage will cease if payment is not received. Premiums are due the first of each month.

G. Restoration of Employment

At the end of FMLA leave, subject to some exceptions, including situations where job restoration of "key employees" will cause the Carespring substantial and grievous economic injury, employees have a right to return to the same or equivalent position with equivalent pay, benefits and other employment terms. Carespring will notify employees if they qualify as "key employees" and advise them of their rights if it intends to deny reinstatement.

(Updated 12/2017)

General Leave of Absence

The facility will consider a request for a General Leave of Absence (GLOA) when the employee needs a GLOA or after all FMLA leave time has been exhausted. GLOA's will be granted at the sole discretion of the administrator. To be eligible for a GLOA without pay, you must have been actively employed for at least 3 months and worked at least 312 hours during the 3 months preceding the start of the leave. Carespring requires team members to use all available paid leave (Paid Time Off) to cover all or some of the leave. GLOA will start the first day not worked regardless of using PTO.

General LOA without pay will be considered for the following reasons:

A. Military Leave: Team members called into or enlisting in the United States Armed Services are entitled to be rehired as specified by the Federal Universal Military Training and Service Act. GLOA's to attend short duration military encampment or reserve-training camps will be granted as required.

B. Funeral Leave: Team Members who have completed their get acquainted period are entitled to unpaid leave of 3 days in order to attend the funeral of someone in their immediate family (mother, father, sister, brother, children, or spouse). If funeral leave extends beyond one week, a GLOA should be taken.

C. If your FMLA has been exhausted a general leave may be requested for any of the considerations specified. However, the requirements for the leave to be granted remain the same.

D. A GLOA may be granted in certain circumstances if accompanied by the proper documentation for continuing education and non-medical emergencies.

E. A GLOA may be granted for other reasons at the discretion of the Administrator or Carespring's COO or CEO.

GLOA may not be used for vacation or if you wish to work elsewhere or go into business for yourself. A request for a GLOA must be made in writing to your supervisor at least 30 days in advance of the date you wish your leave to begin. You must maintain regular contact with your supervisor during an approved GLOA. If you do not return to work on your expected date of return and do not contact your supervisor, you will be considered to have voluntarily quit.

An employee may take a minimum GLOA of 1 (one) week. The maximum leave time is 91 days. A return date must be specified on the GLOA form. Employees must check in verbally with the Facility Administrator every 30 days regardless of expected return to work date. If the employee does not check in every 30 days, they will be considered to have voluntarily quit. Once the 91 day maximum GLOA is taken, employment will be terminated. If the employee does not return at either the end of their GLOA time specified and does not renew their GLOA for a maximum leave time of 91 days, it will be assumed that the individual has voluntarily quit.

Note: For GLOA's used as an extension to an exhausted FMLA, if employee returns within a total of 270 days from date of initial FMLA leave, and had been an active employee with the company for at least 5 years prior to the FMLA, facility may reinstate the employee's seniority date (minus the time off for leave and non-employment) at the request of the employee if rehired.

Points for being absent will not be accrued while on a leave. Time spent on a GLOA is not included in the computation of time necessary to earn benefits, nor are benefits earned during an approved leave. However, no prior service time is lost for purposes of benefits eligibility when they take an approved leave. Also, the employee's seniority date will be adjusted by the amount of leave taken. If a holiday falls within the period an employee is on GLOA, the employee will not receive holiday pay.

If a GLOA is taken, Medical and Dental insurance will be terminated on the last day worked prior to the GLOA. Employee may maintain coverage while on GLOA by electing COBRA. When employee is returned to an active status, the premiums will resume back to being taken via payroll deduction if COBRA premiums were maintained while on GLOA. If COBRA is not elected and COBRA premium payments are not made during GLOA, employee's insurance can still be reinstated effective the date of return to active duty. Re-enrollment must be requested by the employee within 30 days of the return to work date via a Life Event in Ulti and employee must enroll in same plan as before leave.

While on a GLOA, the employee cannot be guaranteed exactly the same position or salary the individual occupied before the leave began. However, the facility will make an effort to return the individual to their original position or a comparable one within the company.

(Updated 02/16/2018)

Jury Duty and Court Appearances

Jury duty is everyone's civic responsibility. If you are called to serve, you must give written evidence to your supervisor as soon as possible so that proper arrangements can be made to cover you in your absence. In addition, proof of service must be submitted to your supervisor when your jury duty is completed.

Carespring cannot make any attempt to have your service on a jury postponed except where business conditions necessitate such action. Time off for Jury Duty is unpaid.

If you are a regular, full-time team member and have completed your get acquainted period, you will be allowed unpaid time-off if summoned to appear in court.

Meals and Break Periods

Every team member receives a meal break for 30 minutes during a shift that is 5 hours or more. Your supervisor will advise you regarding the break period schedule to be followed by your department.

Kentucky team members are required to take a paid rest period of ten (10) minutes during each four (4) hours worked. These are not to be combined with the meal break.

A Team Member Lounge is available for your convenience. The facility is stocked with vending machines that offer various drinks and foods. Please help keep the Team Member Lounge comfortable for everyone by cleaning up after yourself. Remember, this is your Lounge. All facilities have a MarketPlace convenient store located in the front of the facility. Staff are permitted to use the premises and take refreshments to the Team Member Lounge for their break.

Free Parking

Parking for team members is located at the rear of the building. Please do not park directly in front of the building, in the drive, or on the side of the drive, as these places are designated for physicians and visitor parking.

Service Awards

Carespring recognizes those team members who have had the longest periods of loyal service, since our success depends upon their continuing efforts. When you complete 3, 5, 10, 15, 20,

and 30 years of continuous full-time or part-time employment, you receive a service pin at a special recognition ceremony. If you have completed your years of employment prior to December 31st, you are eligible to receive your award at the recognition ceremony the following year. Every year, Carespring also recognizes a special team member that goes above and beyond the spirit of caring in their career and personal life with the Carespring Angel Award.

Communications

In General

Communication... The more aware you are of "what's happening" at Carespring, the more effective you can be at your job. If you are familiar with our operations, you can be an important goodwill ambassador for Carespring. Ask questions.
Learn the answers.

Communication... The more we know about you, the better we can satisfy your career needs and desires. If you have problems, complaints, or suggestions, inform us orally or in writing. We will review all queries and answer them as quickly as possible. An "open line" of communication exists between you and every member of Administration. Carespring will endeavor to keep you informed of special programs, changes in benefit plans, your performance, and other matters of interest

Your Supervisor

Carespring's Philosophy encourages you and your supervisor to work closely together and communicate openly and honestly. Your supervisor is a main source of information and instruction, as he or she is responsible for keeping you up to date about everything that can affect your job and performance. Your supervisor will do whatever is possible to correct any problems or concerns you may have.

While you work for Carespring, your supervisor is your instructor, counselor and advisor, and will help you realize your potential and achieve your career goals.

Problem Solving Procedure

Let's Talk It Over
We hope that you will be able to resolve, informally, any problems that arise during the course of your employment. However, if you should ever feel that your situation needs to be addressed more formally, Carespring's problem solving procedure allows you to talk it over with several levels of Administration.

In most instances, your supervisor will be able to promptly give you an answer to your questions and assist you in solving your problems. However, your supervisor can only help if you make your problem known. Should you feel that you are being treated unfairly, or a problem is not being handled properly, or you need a question answered, you are encouraged to use the following procedure:

STEP 1: Should a problem arise, we urge you to have a frank discussion with your supervisor before it affects your work or perhaps upsets others. Your supervisor has a responsibility to both you and Carespring to solve problems as they arise; however, without your help, your supervisor may not even be aware that a problem exists. Your supervisor will carefully review the situation and respond to you as soon as possible following the discussion.

STEP 2: If you have utilized Step 1 to discuss your problem and still feel that it is unresolved, you may, after receiving your supervisor's decision, request in writing, a complete review of the matter by your department head.

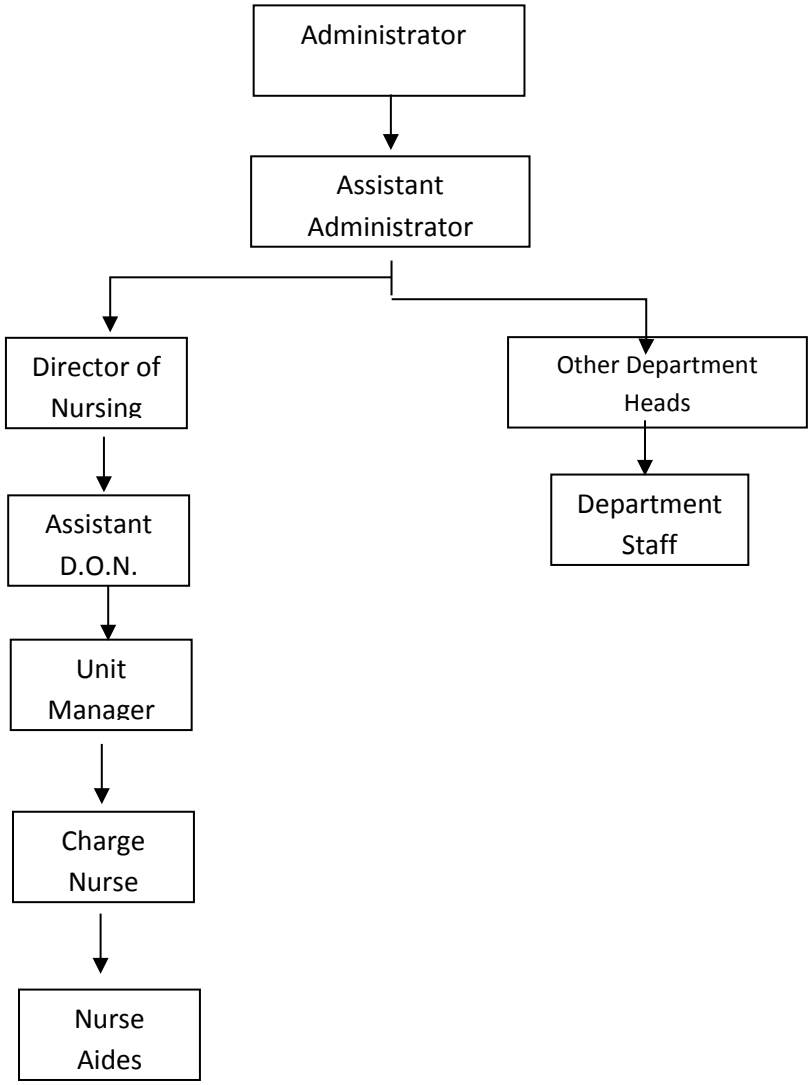
STEP 3: If the problem has still not been resolved to your satisfaction after the decision from your department head, you may submit a written request to the Administrator to investigate the matter further.

All team members have the right to utilize this procedure free from fear, restraint, interference, coercion, discrimination, or reprisal. Any violation of your right to use this procedure will subject the offender to disciplinary action and should be reported immediately to any member of our management team. Using this procedure, it is hoped that your problem will be solved and/or an explanation of policy provided. Carespring feels that any situation that arises in this respect can be resolved fairly, honestly, and quickly, on an in-house basis.

Chains of Command

The following chain of command is provided for your information and understanding as to whom your supervisor is and to whom he or she reports.

When using our problem solving procedure, you should refer to the chain of command for your department. *(Updated June 17th, 2014.)*



Compensation and Performance Evaluation

One of your supervisor's most important responsibilities is your growth and development. You will receive a compensation and performance evaluation from your supervisor annually.

The major factors that determine your level of compensation are individual job performance, industry standards, and the facility's financial performance. If warranted, you may be eligible to receive an increase based on these considerations.

Your evaluation review will cover such areas as productivity, quality of work, degree of supervision required, organizational skills, ability to communicate, dependability, job knowledge, willingness to accept additional duties, loyalty to the facility, attendance, appearance, and work relationships with other team members. The evaluation, which is the opportunity to identify the areas in which you are doing well, as well as those that need improvement, will be discussed with you by your supervisor and department head and reviewed by Administration. In addition, you may be asked to express personal feelings, in writing, about your job, personal contributions to the facility and any suggestions for improvement to our working environment.

Even though formal performance evaluations will be conducted, your supervisor or department head may periodically conduct informal evaluations in order to provide you with any necessary guidance. Whenever you have a question about how you are doing on your job, do not hesitate to ask your supervisor. Your performance can be discussed at any time, and it is not necessary to wait until the formal evaluation process.

No Solicitation / No Distribution / No Access Policy

In order to prevent disruption in our operations and maintain an orderly work environment, solicitation of team members for any purpose during working time is strictly prohibited, as is the distribution of literature in any work area, resident room, resident care area, or corridors adjacent to these areas, at any time. No person shall deface the facility's property by affixing any poster, sign, sticker or other type of advertising or propaganda matter.

The solicitation of team members and/or distribution of literature for any purpose by *non-team members* is not permitted anywhere on the facility's premises.

Team members should not loiter in or about the premises when they are not scheduled for work. No team member is permitted to have visitors to any of the facility's buildings or other work areas during working time.

Violations of the policy will result in disciplinary action. If you have any questions, please speak with your supervisor.

Confidential Nature of Resident Affairs

It is your responsibility to keep resident information confidential. Unless you have a need to know a resident's information in order to do your job, you do not have a right to access, view, or read a resident's medical record or health information.

From a privacy perspective, sharing is not caring. It is human nature to want to share information with a friend or team member when you learn something new and interesting. As a team member, you have a responsibility to keep information to yourself. If you have access to residents' private health information, you are expected to discuss this inside the facility only with those who need to know and outside the facility with no one at all.

You must make every reasonable effort to ensure that resident medical records are kept under proper physical safeguards, that they can be reconstructed in the unlikely event of fire or other disaster, and that they will not be seen by unauthorized persons.

It is of utmost importance that every team member respects the resident's right to keep their health information confidential and private.

It is critical that you know Carespring policies on confidentiality, when and how to release information, and your responsibilities in maintaining resident privacy. It is Carespring's policy to treat in strict confidence all information regarding the affairs of its residents. Failure to do so will result in disciplinary action, up to and including termination.

Staff Meetings

You are periodically required to personally attend training sessions and meetings for our mutual benefit and continued education and development.

Safety and Health

In General

You are important to Carespring and working safely is a priority. Carespring accepts its responsibility to prevent accidents and injuries. However, maintaining high safety standards requires everyone's participation. Strict adherence to the following safety rules is therefore required:

1. Your supervisor will show you the safe way to perform your job. Please help yourself and other team members by observing the safety procedures established for your job.

2. You should immediately report to your supervisor if you are injured on the job, no matter how slight or insignificant you believe the injury to be. Do not attempt to treat your own or someone else's injury without assistance.

3. If you incur an on-the-job injury which prevents you from satisfactorily performing your work, you must present a doctor's release to your supervisor before returning to your job. The release must state what, if any, restrictions your doctor placed on you.

4. Carespring discourages smoking for the sake of your health and our residents' health. You may smoke only in those areas designated for smoking.

5. For your own safety and that of other team members, please report any damaged or broken equipment. Except for planned maintenance, you should not attempt to make repairs yourself unless authorized by your supervisor.

6. Do not operate equipment or undertake a job which you do not understand.

7. We are concerned about the cleanliness of our facility, not only because of fire and safety hazard. Good housekeeping is extremely important in fire prevention. Therefore, please help Carespring and other team members by making sure that all paper cups, cans, cigarettes, and other materials are properly disposed of.

8. Please keep aisle ways and access to fire extinguishers clear at all times.

We need your help and cooperation to make Carespring a safe and healthy place to work. If you believe that a working condition is unsafe or hazardous, please report it immediately to your supervisor.

Safety Committee

The Safety Committee was developed in order to research and evaluate team member incidents and accidents. Its purpose is to identify potential hazards (whether equipment or team member related) and to take necessary preventative measures.

The Committee meets monthly and is composed of the Administrator and appointed staff, usually the Director of Nursing, the Business Office Coordinator and Safety Officer. It is a mandatory meeting requiring your attendance. The Safety Committee's goal is to make a safer environment for everyone.

Physical Examinations

Before you are hired, you must have passed a physical examination within the last thirty (30) days. The exam, which is for your protection as well as ours, must be certified in writing. Included in the examination must be a chest x-ray or a two-step PPD Skin Test. If a question arises regarding your physical or mental capacity to perform your job, an additional physical conducted by a physician of our choice may be required.

Workplace Smoking

In recognition of the need to protect the health of its team members, Carespring does not permit its team members to smoke anywhere inside the facility. The only smoking area is outside the facility in the designated area

Drug-Free Workplace Policy Procedures

Carespring's Drug-Free Workplace Program was adopted to ensure that we have a work environment free of the negative effects of drug and alcohol abuse. The abuse of drugs and alcohol leads to an increased number of accidents and medical claims. The abuse of drugs and alcohol can also lead to the deterioration of an employee's health and can interfere with family life. Our goal is to ensure that our workplace is operating efficiently and safely. Finally, we believe it is important that our employees' personal privacy and dignity be respected while maintaining a safe and productive workplace.

Finally, refusing to sign the Drug-Free Workplace Policy Acknowledgment Form or the Substance Abuse Testing Consent Form, when required, is a violation of the policy and will result in discipline, up to and including discharge.

Coverage

The Drug-Free Workplace Policy covers all full-time, part-time, PRN, and temporary employees of Carespring.

Prohibited Conduct

Prohibited conduct includes use, possession, manufacture, distribution, sale, or being under the influence of illicit drugs on all facility property on facility business or during work hours. Other violations include being convicted under any criminal drug or alcohol statute for a violation occurring in the workplace or while conducting facility business and failing to notify Carespring within five (5) days of the conviction.

Employees taking prescription drugs must do so according to their physician's direction. Employees in safety-sensitive positions who take prescription drugs must immediately notify a supervisor of the drug use if the use could alter the employee's physical or mental ability to perform his or her job.

Unauthorized use of alcohol, possession of alcohol or being "under the influence" of alcohol (defined as a blood alcohol content of .08 or higher) on all facility property or while on facility business, is also prohibited.

Permissible exceptions to alcohol use – (However, the exceptions do not permit an employee to be "under the influence" of alcohol under any circumstances).

1. Consumption is allowed at a facility-sponsored function when authorized in advance. Note - No person is permitted to consume alcohol at any function then immediately provide any direct care to residents

2. Consumption is allowed while an employee is attending a professional activity or while conducting business entertainment with non-facility personnel (usually supervisory or administrative staff).
3. Employees may store sealed, unopened alcohol containers in their vehicles if the containers are not visible and the vehicle is locked.

NOTE:

- Minors may never consume alcohol under this policy. A minor is an individual under 21 years of age.

Testing

Testing is the only objective way to know with certainty whether an individual has drugs or alcohol in his/her system. For the safety of all our employees, Carespring may test for drugs and/or alcohol in the following circumstances:

- During the pre-employment and introductory period;
- Where there is reasonable suspicion of prohibited drug or alcohol use;
- After an accident;
- On a random basis;
- When required by the government; and
- As follow-up to treatment and/or assessment.

Refusing to consent to or submit to a drug and/or alcohol test when required under this policy will result in discipline, up to and including termination. Employees must submit to testing immediately upon direction from the Employer.

Carespring has adopted procedures that respect employees' privacy and confidentiality concerns. For example, before a reasonable suspicion test can be requested, a supervisor or manager must document all suspected behavior and confer with the Administrator or his/her designee. Whenever possible, the supervisor will discuss the reasonable suspicion referral with the employee in a private location. Further, to ensure testing reliability, Carespring has contracted with a drug testing laboratory which utilizes the most accurate and advanced testing methods available.

The drug testing laboratory will utilize a NIDA-like test. Any positive test will be subject to a GCMS confirmation. The drug test will include any drug that is considered illegal, such as, but not limited to, the following:

Amphetamines	Opiates	Cocaine
Cannabinoids	Phencyclidine (PCP)	

All positive tests will be subject to the testing facility's immediate confirmation. If the testing facility confirms the positive result, the employee shall have the right to re-test at the same or another approved laboratory. The examiner, through the approved laboratory, shall make confirmed positive samples available to an approved laboratory designated by the employee,

during the time which the sample is required to be retained. The employee must request release of the sample in writing specifying to which approved laboratory the sample is to be sent for re-testing. The employee incurs all reasonable expenses of shipping a re-testing pursuant to this request.

Consequences

Any violation of the Drug-Free Workplace Policy, even a first offense, may be a basis for disciplinary action up to and including termination.

If a positive result occurs, Carespring will supply the employee with the address and phone number of treatment programs the employee may contact at his or her expense. After a positive result, Carespring may test the employee periodically for up to sixty (60) months. A positive result may interfere with worker's compensation benefits.

Inspections

Whenever Carespring has reasonable suspicion to believe that an employee may be in possession of alcohol, illegal drugs or drug paraphernalia on facility property, Carespring may search facility property or may request that the employee empty the contents of his/her personal effects or personal vehicle on facility property.

Confidentiality

All information concerning drug and/or alcohol testing and the result of testing will be kept confidential. All positive results will be reported to the Business Office Coordinator. The Administrator and Director of Nursing will then discuss the results with the employee.

Hiring and Promotion Process

Carespring attempts, whenever possible, to promote from within. It is, therefore, very important that you have a complete application form on file, and if possible, a resume detailing your achievements, work background and other pertinent personal and professional information. If you are aware of an opening for which you feel qualified, it is suggested that you first discuss your interest and qualifications with your supervisor. Carespring encourages upward mobility within the organization.

In determining necessary qualifications for promotion, the following factors will be considered:

1. Satisfactory performance of current job responsibilities as determined by your performance review.
2. Prior experience in the same or related position.
3. Special skills or training.
4. Attendance, punctuality, conduct, and overall attitude.
5. Length of service.

When qualifications are equal, length of service will be considered. Your length of service is based on your continuous employment with Carespring.

All job openings are posted on the bulletin board for a period of three (3) days. If you would like to apply for a job opening, you should regularly check the bulletin board. If a job for which you are qualified becomes available, please speak with your supervisor and request, in writing, that you be considered for the job. You may also check our team member website at www.carespringhero.com. Current job availability at all of our Carespring facilities is posted on this site. You may also apply online.

If awarded the job, you must complete a ninety (90) day get acquainted period to determine your ability to perform the job.

Each one of us aspires to grow as far as our abilities allow. We encourage you to seek out and accept greater responsibility and a variety of work experiences.
This is how Carespring will grow and insure job security for all of us.

Proof of Citizenship or Authorization to Work

To comply with the requirements of the Immigration Reform and Control Act, all individuals hired by Carespring are required to provide written proof of their identity and authorization to work in the United States. Such proof could include a Social Security Card, Driver's License and/or Birth Certificate.

All applicants for licensed positions (Registered Nurses, Licensed Practical Nurses, Physical Therapists, etc.) must record State license numbers on their applications for employment and submit them for verification. No applicant for a licensed position shall be hired until verification of license and record of education is obtained. From time to time, verification of any necessary licensing renewals may be required.

Re-Employment

Re-employed team members will be treated as new team members. No credit will be given for interrupted services. Only the active service from the day of re-employment will be counted for the computation of paid time off or other benefits. If you qualify for rehire, you may be re-employed at the current pay scale, provided that there is a vacancy and subject to approval by the Administrator.

Work Schedules

Work schedules have been established to maximize productivity and effectively utilize our staff. You are responsible to know your working hours; be punctual and allot a few extra minutes before going on duty to take care of personal business. If you are unable to work certain days or hours, you must immediately notify your supervisor.

Carespring is operational around the clock, with weekends and holidays part of our standard schedule. Occasional rotation of duty may be necessary

Time Clock Procedures / Disciplinary Process

General Time Clock Procedures

1. Our team members may not begin working prior to their scheduled starting time. Also, you may not continue to work after your scheduled shift has ended without written authorization. Employees that must begin working prior to their scheduled starting time or work after their scheduled shift has ended must obtain written authorization from their supervisor on a Daily Approval Form.

2. You are expected to be working at the start of your scheduled starting time. You are required to clock in within ten (10) minutes of your scheduled starting time and you are required to clock out no more than five (5) minutes after your shift has ended.

3. You are required to take a thirty (30) minute meal break. You must clock out when leaving your station for meal break and you must clock in when returning from your meal break.

4. If you arrive for work after your scheduled start time or otherwise deviate from your scheduled hours, you are required to clock in or out at the time you begin or end your work period.

5. To record your time clock punches please do the following: Type in your badge number and press the Enter button. When prompted, press one of the fingers you registered flat on the finger-print reader. Try to make your finger as straight and flat as possible and press gently as if pressing a button. If you have successfully clocked in, a message on the clock will display. See your supervisor for questions.

6. If you are working at a facility other than your home facility, you will need to transfer your hours. To do this, press the Transfer button on the clock for the type of transfer you are doing (job, department, or location), then enter your badge number then press Enter. Enter the corresponding transfer code, then Enter.

7. Then proceed to clock in normally as in the step above. For example, if your home facility is Dayspring but you are working at Hillspring, when you clock in at Hillspring first press the Transfer button and Enter before clocking in.

8. Any corrections to your time must be reported immediately to your supervisor along with filling out a Daily Approval Form.

9. Your supervisor must authorize all overtime worked on the Daily Approval Form. You must write in your name and hours on the Daily Approval Form for that day. If for any reason you do not clock in at the time clock and you are missing a punch in or a punch out, you must see your supervisor immediately and fill out a Daily Approval Form for

that day. Not doing so could result in delays in the proper processing of your payroll check.

10. If you need to check the time of your clock in, first press the "View Punches" button. Then enter your badge number, press Enter, place your finger on the sensor. The clock will show your processed punches for that pay period.

11. Non- Supervisory employees are not permitted to attempt to clock in as another employee or to sign a Daily Approval Form. Doing so will be considered a falsification of records by both employees and could result in termination.

12. No one is permitted to clock out and continue working.

Ulti Time Management Grace Periods and Rounding for Hourly Team Members

Introduction:

The ULTI TIME MANAGEMENT SYSTEM is the time clock computer system for collecting time information from time worked for each hourly team member and sends the information to Payroll. Many of the Carespring's policies are built into the computer's program. This helps enforce the time and attendance policies and ensures we pay our team members correctly. The system has rounding rules in place for shift start times (punch in), shift end times (punch out) and the 30 minute meal break.

Grace Periods/Rounding: (examples below)

ULTI time clock punches will be rounded according to a grace period based on the following rules:

- **Clocking in/out for the scheduled shift:** If you clock in/out by 10 minutes or less before your scheduled start or end shift time, it will round your time to the actual scheduled time. If you clock in/out out by 5 minutes or less after your scheduled start or end shift time, it will round your time to actual scheduled time.
    - *Important Note:* If the actual clock in/out time is over 10 minutes prior to the scheduled time or is over 5 minutes after the scheduled time, the rounding rules will not apply. The system will pay from the exact time but the team member may be subject to disciplinary points as it violates the time clock procedure.
- **Meal Break:** the 30 minute meal break is rounded to 30 minutes if the break lasts at least 25 minutes and up to 35 minutes
    - *Important Note:* If the meal time is over or under 25-35 minute range, the rounding rules will not apply. It will pay from the exact time but the team

member may be subject to disciplinary points as it violates the time clock procedure.

Conclusion:

Punch times should not be altered in any way to manipulate the rounding rules within ULTI. The time the punch occurred is the exact time the employee either started or stopped working and is a legal record of the employee's time and pay. A few examples are given below.

Actual Clock In/Out Time	Paid Clock Time	Calculation of Paid Time
Shift: 7am – 11 am Ex. #1 Clock in 6:57am Clock out 11:03am	 Paid clock in 7:00am Paid clock out 11:00am	 Rounded to 7:00am Rounded to 11:00am **Paid time = 4.0 hours**
Shift: 7am – 3pm Clock in 6:57am Clock out Meal 11:03am Clock in Meal 11:31am Clock out 2:59pm	 Paid clock in 7:00am Paid clock out 11:03am Paid clock in 11:33am Paid clock out 3:00pm	 Rounded to 7:00am Kept 11:03am since meal break (no rounding for start of meal) Rounded to 11:33am du to 30 minute meal Rounded to 3:00pm **Paid time = 7.5 hours**
Shift 7am – 3pm Clock in 6:45am Clock out Meal 11:03am Clock in Meal 11:31am Clock out 3:35 pm	 Paid clock in 6:45am Paid clock out 11:03am Paid clock in 11:33am Paid clock out 3:35pm	 Kept at 6:45am. It is more than 10 minutes before start time (refer to disciplinary process.) Kept at 11:03am since meal break (no rounding for start of meal) Rounded to 11:33am due to 30 minute meal Kept at 3:35pm. It is more than 5 minutes after the end time (Refer to disciplinary process.) **Paid time = 8.33 hours (Refer to disciplinary process.)**

Three Methods to Answer Questions about Overtime or Number of Hours Worked

1. **Team Member Punch Detail/Schedule Adjustment Form**
   These are located at each nursing unit to record time clock/payroll problems, overtime, shifts worked, and missed punch ins or clock outs. These sheets are completed by charge nurses and/or supervisors and are reviewed by the Personnel Office prior to processing the payroll. Supervisors can record and make corrections directly on your Team Member Punch Detail/Schedule Adjustment Form. The Personnel Office reviews each Team Member Punch Detail/Schedule Adjustment Form prior to processing the payroll.

2. **Direct Communication**
   Communicate with your supervisor to make corrections regarding overtime, shift changes, and other time clock/payroll problems after the payroll has been processed. Remember our primary goal is to make sure that your paycheck reflects the hours you have worked. You need to help us by using the previous mentioned methods to assure accurate payroll records.

3. **Wage and Hour Audits**
   In order to ensure our continuing compliance with the Fair Labor Standards Act as it relates to the payment of wages for the hours which you work, our entire payroll system is periodically audited. The audit process includes a comprehensive review of all time clock punches, hours worked and compensation received. Team members may be randomly selected for personal interviews and asked to complete a Payroll Questionnaire in order to confirm the accuracy of their punch detail and our payroll records.

Disciplinary Procedure

Due to the necessity of keeping accurate and complete records for hours worked, the following disciplinary process will be followed if any of the above time clock procedures are violated.

- Long/Short Meal Periods may result in counseling or disciplinary action. Repeated occurrences will escalate to a Dialogue Review and could result in termination at the discretion of the Administrator.
- Not Clocking In/Out for your shift or meal will result in attendance points and could result in termination at the discretion of the Administrator.
- Clocking in Late or Tardy will result in Attendance Points and could result in termination at the discretion of the Administrator.

Overtime

Commitments to our residents often require work beyond your customary schedule. Every effort will be made to give advance notice of overtime and to distribute it equally. Due to residents' needs, however, this is not always possible.

If you are a “non exempt” hourly team member and work in excess of forty (40) hours per week, you will be paid one and one-half (11/2) times your normal straight time rate for all hours actually worked in excess of the 40 hours. Not included in your weekly hours for overtime pay calculation are hours that you have been paid for holidays, paid time off, school, etc.

Supervisory, executive, administrative or professional team members (as defined by the Fair Labor Standards Act) are not paid for overtime. These team members are referred to as “exempt” team members.

Overtime is not permitted unless advance approval is obtained from your department head. If you have any questions regarding your “exempt” or “non exempt” status, please speak with your supervisor.

Leaving During Working Hours

If you have to leave the premises during working hours (emergencies, illness, etc.), you must first get authorization from your department head. Whenever leaving the premises for non-work related reasons you must first clock out and clock back in upon your return.

Attendance

The job you do for Carespring is important. To perform efficiently, you must report to work on time and maintain a good attendance record. Many people depend on you. Our residents need you. Other team members need you.

Therefore, you must be on the job whenever possible and put your best efforts into your responsibilities.

You may have to be absent from work due to occasional illness, accident or personal emergency. This is understandable. Report anticipated absences to your supervisor by telephone prior to your shift at the earliest possible time. If you fail to report your absence in this manner, you may be subject to termination.

If you know that you are going to be absent in advance, you must FIRST notify your department head at least four (4) hours prior to your scheduled shift in order that a replacement can be obtained. If you fail to report your absence in this manner, you will be subject to disciplinary action.

You CANNOT TRADE days or shifts off with other team members unless you have prior approval from your department head.

If you are frequently absent and/or late and/or tardy without a legitimate excuse, or fail to report an absence to your supervisor, there may be cause for disciplinary action, up to and including termination.

In addition, the following policies apply:

1. Any absence exceeding five (5) or more consecutive days may require you to take an unpaid leave of absence so that you can regain your health.
2. We reserve the right to require a physician's verification of any absence.
3. Absence without notification ("no call/no show") will be considered a voluntary resignation.
4. You will be considered late if you punch in thirty (30) or more minutes past your scheduled shift, and tardy if you punch in six (6) to twenty nine (29) minutes past your scheduled shift.

Point System

Promptness and regular attendance at work are critical to the Carespring mission and your overall job performance. Our organization uses a "no fault" point system for handling attendance issues. We do not differentiate between possible reasons for a call off. All team members start with a balance of zero points at their time of hire.

Below is an overview of the point system..

Point System Rating Scale:

NOT CLOCKING IN/OUT	½ point
TARDY	½ point
LEAVING EARLY	½ point
LATE	1 point
ABSENT (FT and PT team members)	2 (weekday S & P) 4 (weekend or holiday)
ABSENT (PRN team members)	3 (weekday S & P) 5 (weekend or holiday)

(S&P = Standard and Priority Weekday)

EXAMPLES:

- 2 sequential days for same reason = 1 event
- 12 points within 12 month period (from date of hire) = Dialogue Review
- 24 points = termination at the discretion of the Administrator

Maximum Number of Points to Qualify For a Raise in Pay

Annual pay increases will not be granted for points 12 and above.

Earn Back System

An individual will have the opportunity to "earn back" points under the following conditions. If a team member does not call off, leave early, fail to clock in/out, and isn't late or tardy for 30 days (from last event), points will be removed from his or her record. All team members can earn back 4 points per 30 days of no occurrences. Additionally, we utilize only the most recent 12 month attendance history for your total point balance, i.e. if you received 4 points on 10/15/2017 those 4 points will "fall off" on 10/16/2018 and will no longer be included in your total current point balance.

Definitions

STANDARD WEEKDAY Tuesday, Wednesday and Thursday.

PRIORITY WEEKDAY Friday and Monday.

WEEKEND/HOLIDAY The weekend is considered Friday at 11:00pm, Saturday, Sunday and up to 6:59am Monday; or any Carespring paid Holiday.

EVENT Any series of absences occurring on consecutively scheduled days, or as determined by the Administrator, which are related to the same illness or issue will be considered one event and points will only be assessed once.

TARDY More than 5 and up to 29 minutes beyond the beginning of a scheduled shift.

LATE 30 or more minutes beyond the beginning of a scheduled shift.

DIALOGUE REVIEW A Dialogue Review (D.R.) is a meeting scheduled by administration to discuss and hopefully resolve problems. The team member, the Administrator, and the Supervisor as well as the Business Office Coordinator (BOC) are normally present. If a team member is scheduled for a D.R. and does not attend, it is considered a voluntary resignation.

CLOCKING IN/OUT Any missed "swipe" for your shift or for meal will result in ½ point per occurrence.

ATTENDANCE ON PRIORITY WEEKDAY AND WEEKEND/HOLIDAY DAYS:
Carespring makes every effort to staff according to the needs of our residents. As such, any team member who calls off on a scheduled priority weekday (Fri or Mon) or weekend/holiday (Sat/Sun) day/days, is required to work an unscheduled priority weekday or weekend day/days at the discretion of the hiring manager/department supervisor.

(Updated 02/01/2018)

Personal Appearance

Carespring believes that within a broad range of contemporary and acceptable standards, good grooming is a matter of personal choice. Therefore, Carespring has not issued any specific instructions regarding appearance. Good judgment and good taste is, in our opinion, the best test of what is appropriate. Thursdays are generally considered a "jeans" day for the staff. The administrator has the right to alter this day as needed. If your department has a specific dress code, please abide by those standards.

Most people, and particularly our residents, put a great deal of emphasis on appearance when they are judging our facility, so it is very important to remember that you represent Carespring in your appearance as well as your actions. The impression you make is the one our visitors, residents and residents' families will remember.

We hope you will take pride in Carespring and represent it and yourself in the most favorable manner possible in your appearance as well as in your actions.

Use of Telephones

Personal telephone calls are discouraged, except in emergencies and when absolutely necessary. All required telephone conversations are to be kept as brief as possible. We ask that you inform your family and friends of this policy.

Emergency calls will be directed to you or your supervisor. You will not be called to the telephone to receive calls while on duty. Personal cellular phones and pagers can't be used while on the resident care units. Calls can only be made when on break or if there is an emergency. When this occurs, it needs to be off the resident care units.

All business telephone calls should be answered promptly and politely. Identify your department and give your name. Get all the information needed and be pleasant; if you cannot answer a question immediately, ask if you can return the call rather than having the caller "hold" on the phone. Inform the caller if there will be a delay in getting a reply and politely explain why.

Use of Facility Equipment

All Carespring equipment/material (i.e. copiers, postage machines, operating supplies, computers, emails, systems, etc.) is to be used exclusively for business related to Carespring's operations.

Efficient use of supplies, careful handling of equipment, and alertness in preventing loss or damage benefits everyone. Faulty equipment should be reported at once to the Personnel Office or by submitting a maintenance request form to your department head.

Personal Mail

We cannot assume responsibility for any personal mail/packages delivered to Carespring or to your facility.

Lost and Found

Articles found about the facility should be turned in to the Environmental Services supervisor. Any inquiries about lost articles should be directed to the Environmental Services Supervisor. Articles left behind by residents should be turned in to the nursing station involved, which is responsible to properly dispose of the article.

Personal Status Changes

So that Carespring's records, as well as your insurance and tax status can be kept current, you must immediately report any change of name, address, phone number, marital status, or number of dependents to your supervisor. You have the ability to update this information in the UltiPro payroll system, please see the facility business office coordinator to have them assist you with this process. Carespring will also need this updated information in order to contact you during your off duty hours when emergencies or scheduling changes occur.

Consideration of Others

Courteous relationships with residents, visitors, and fellow team members help to create a pleasant working atmosphere and contribute significantly to Carespring's image.

This courtesy is especially important when answering telephones, meeting guests, and talking with residents.

Professional Behavior

This is one of the most vital concerns that you should have. Your conduct on the floor, your approach to visitors whether they are family, friends, physicians or just interested persons, should be above reproach. You should be outgoing, friendly and courteous. At no time should you leave a visitor without proper escort or confused about their destination. When a question of a medical nature or resident's condition is asked, take them to the nurse at the station that has direct responsibility for the resident. It is imperative that you make everyone coming into the facility feel warm and welcome, and further, that we impress on them through our attitude, our conduct, and our appearance that Carespring is, indeed, a professional facility.

Responsibility for Proper Conduct

Whenever people work together, some rules and regulations are needed to help them get along harmoniously. This is especially true for Carespring, which needs to have safe, efficient operations at all times. It is our desire to help you in every possible way to perform your job well, but we recognize that responsibilities are shared by everyone. You have a responsibility to us, your fellow team members and our residents to conduct yourself according to certain rules of behavior.

The purpose of the rules set forth below is not to restrict the rights of anyone, but rather, to define them. By keeping you informed of your rights, you will be more satisfied and Carespring can maintain an efficient, pleasant working environment. We ask for the whole-hearted cooperation of all members of the Carespring team in the observance of these rules.

It is important to understand that the corrective action taken will always be commensurate with the seriousness of the infraction.

While this list is NOT all inclusive, it does provide examples of PROHIBITED behavior.

1. Deliberate disrespect or rudeness to a resident or visitor.

2. Possession of alcoholic beverages or being under the influence of alcohol and/or non-prescribed drugs. Under no circumstances are team members permitted to consume alcohol prior to or anytime during their shifts.

3. Possession, purchase, use or sale of illegal drugs.

4. Possession/use of firearms or any dangerous instrument.

5. Dishonesty: falsification of employment applications or other records and/or documents.

6. Theft: unauthorized possession or removal of property belonging to residents, team members or Carespring.

7. Use of physical force against and/or threatening, abuse or mistreatment of team members, residents or visitors.

8. Use of profane or abusive language; lewd, obscene or other unbecoming conduct; immoral conduct of any kind.

9. Violation of safety, health, or departmental work procedures or policies; reporting for work while knowingly suffering from infections or contagious disease.

10. Leaving scheduled shifts without authorization; signing or clocking other team members in or out.

11. Failure to perform work assignments, insubordination, gross negligence, and/or carelessness in performance of duties (includes loafing or sleeping on the job).

12. Failure to adhere to the Dress Code Policy.

13. Indicating that gratuities or tokens are expected or required for services.

14. Unauthorized use, disclosure or removal of confidential Carespring information.

15. Discriminatory behavior or sexual harassment.

16. Gambling or conducting unlawful games on the premises.

17. Improper custodial responsibility of keys to facility; permitting unauthorized persons use of keys to enter facility.

18. Horseplay.

19. Malicious or idle gossip detrimental to Carespring, its residents or team members; making false or malicious statements against Carespring or its residents.

20. Excessive tardiness or absenteeism or failure to notify your supervisor of tardiness or absenteeism.

21. Repeated failure to appear for work on time.

22. Conviction of felony or misdemeanor charges listed as disqualifying offenses to hire.

23. Refusing inspection of containers or packages before removal from premises.

24. Violation of the no solicitation/no distribution/no access policy.

25. Failure to give notification of change in personal status information.

26. Failure to submit physical examination certificates in a timely manner.

27. Refusal to cooperate with any investigation.

28. A violation of any company or department policy and procedure may result in termination.

Team members participating in any of these activities will be subject to disciplinary action, up to and including termination. The specific action to be taken will depend on the nature of the offense, the circumstances, and your previous record. In the case of serious offenses, supervisors have the right to suspend the team member(s), without pay, pending review and determination of circumstances.

Voluntary Resignation

If you decide to voluntarily resign your employment with Carespring, you are requested to give two (2) weeks written notice to your department head. Team Members in supervisory positions are asked to give four (4) weeks notice. If such notice is not given, we may pay you your final pay check at the current Federal Minimum Wage rate. A resigning team member will be paid for all time worked. Payment will be issued in a timely manner, according to state and/or federal provisions regarding such matters.

You are requested on your final working day to complete a Termination of Service form. Supervisors have these forms and can explain the procedures. In addition, all team member keys, uniforms and other Carespring property must be returned before a final paycheck can be issued.

The Administrator may, in his or her sole discretion, consider a resignation notice effective on the date it is received.

Equal Employment Opportunity

At Carespring, discrimination will NOT be tolerated. Qualifications for employment and advancement are based upon ability to perform the job, and upon dependability and reliability once hired.

Equal employment will be provided for all team members and applicants regardless of race, color, sex, gender, pregnancy, childbirth and related medical conditions, religion, marital status, age, national origin, ancestry, citizenship, sexual orientation, gender identity, gender expression, covered-veteran status, genetic information, medical condition as defined by state law (genetic characteristics, cancer or a record or history of cancer), physical disability, mental disability or any other basis made unlawful by federal, state or local law. We earnestly seek the cooperation of all team members in helping to maintain this policy.

Discrimination, Harassment and Retaliation Prevention Policy

Discrimination, harassment and/or retaliation based on any legally protected characteristic is prohibited and will not be tolerated. Carespring Healthcare Management, LLC and all of its affiliated companies (collectively "Company" or "Carespring") is committed to providing a work environment free of discrimination, harassment or retaliation against our job applicants, contractors, interns, volunteers, or employees by another employee, supervisor, manager, vendor, customer, or any third party, on the basis of race, color, sex, gender, pregnancy, childbirth and related medical conditions, religion, marital status, age, national origin, ancestry, citizenship, sexual orientation, gender identity, gender expression, covered-veteran status, genetic information, medical condition as defined by state law (genetic characteristics, cancer or a record or history of cancer), physical disability, mental disability or any other basis made unlawful by federal, state or local law is strictly prohibited and will not be tolerated, per this Policy.

Carespring will not tolerate harassment in the workplace and/or at formal or informal Company events such as Company parties, picnics, business trips, or other Company sponsored/sanctioned events. **The Company is committed to a workplace free of discrimination, harassment and retaliation.**

Discrimination Defined. Discrimination under this policy means treating differently or denying or granting a benefit to an individual because of the individual's protected characteristic.

Harassment Defined. Harassment is defined in this policy as unwelcome verbal, visual or physical conduct based on a legally protected characteristic that creates an intimidating, offensive, or hostile work environment. Harassment can be verbal (including slurs, such as ethnic or racial slurs, jokes, insults, epithets, gestures or teasing), graphic (including offensive posters, symbols, cartoons, drawings, computer displays, or e-mails) or physical conduct (including physically threatening another, blocking someone's way, etc.) that denigrates or shows hostility or aversion towards an individual because of any protected characteristic. Such conduct violates this policy, even if it is not unlawful.

Sexual Harassment Defined. For purposes of this policy, sexual harassment is defined as unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual (quid pro quo); or
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

This definition includes many forms of offensive behavior and includes gender-based harassment of a person of the same sex as the harasser. The following is a list of examples of what may constitute sexual harassment:

- threatening to take or taking adverse employment actions if sexual favors are not granted (i.e., termination, demotion, negative performance evaluations, or job reassignment);
- demands for sexual favors in exchange for favorable or preferential treatment (i.e., promotion, pay raise, preferred job assignments, positive evaluations);
- unwelcomed or repeated flirtations;
- unwelcomed sexual propositions or sexual advances;
- unwelcomed physical contact of a sexual nature;
- whistling, leering, or other improper sexual gestures;
- use of sexual or gender based stereotypes;
- offensive, insulting, derogatory or degrading sexual remarks;
- unwelcomed sexual comments about a person's body, appearance or gender;

- sexual jokes or the use of sexually explicit, offensive or obscene language;
- using sexually degrading words to describe an individual's gender;
- sex-based pranks;
- The display of sexually suggestive or pornographic objects, pictures, posters, cartoons, magazines, slogans, statements or jokes in the workplace.
- Wearing clothing that displays sexually explicit, offensive, obscene or pornographic language or images;
- Physical conduct that includes touching, assaulting, or impeding, blocking movements, or other physical interference with work directed at an individual;

The above list of examples is not intended to be all-inclusive.

Harassment based on sex also includes non-sexual conduct based on sex. Often termed "gender harassment," this is hostile behavior without sexual interest. Gender harassment can include gender-based epithets, sexist comments (such as telling anti-female jokes), and remarks that are unrelated to sex but still motivated by the targeted individual's gender.

Sex-based harassment also includes harassment based on (1) gender expression (whether or not stereotypically associated with the person's sex at birth), (2) gender stereotyping, (3) pregnancy, childbirth and related medical conditions including lactation, (4) gender identity (including an individual's transgender status or intent to transition), and (5) sexual orientation.

All employees should be sensitive to cultural and gender differences that may exist in the workplace. It is no excuse that the alleged offender "meant no harm" or "was just kidding."

Please understand that not all conduct that violates this policy also violates the law.

Retaliation Defined. Retaliation means adverse conduct taken because an individual reported an actual or perceived violation of this policy, opposed practices prohibited by this policy, or participated in the reporting and investigation process described below. "Adverse conduct" includes but is not limited to: shunning and avoiding an individual who reports harassment, discrimination or retaliation; express or implied threats or intimidation intended to prevent an individual from reporting harassment, discrimination or retaliation; and denying employment benefits because an applicant or employee reported harassment, discrimination or retaliation or participated in the reporting and investigation process described below. Employees shall not be retaliated against as a result of bringing forward a complaint or participating in any investigation in connection with this policy.

ALL DISCRIMINATION, HARASSMENT AND RETALIATION IS UNACCEPTABLE AND WILL NOT BE TOLERATED BY CARESPRING.

Reporting Procedures. If an employee believes someone has violated this policy or our Equal Employment Opportunity Policy, the employee **must** promptly bring the matter to the immediate attention of his or her supervisor, Department Head or facility Administrator. If any of these individuals is the person toward whom the complaint is directed you should contact any higher level manager in your reporting chain. If you make a complaint under this policy and it has not received a satisfactory response within five (5) business days, you should contact Carespring's Compliance Officer by calling the Compliance Hotline at 1-888-248-7799, Ext. 105 or via email at: compliance@carespring.com or (513) 943-4000 x.100 immediately.

Employees are encouraged to report conduct that they believe constitutes unlawful harassment (or that, if left unchecked, may rise to the level of unlawful harassment), even if they are not sure if the conduct violates this policy.

Any Employee, Supervisor, Department Head, Administrator or other member of the Management Team who receives either a verbal or written, formal or informal complaint of harassment must **immediately** notify the Compliance Officer of their receipt of the complaint (if possible); but in any case, no later than 24 hours after their receipt of the complaint of harassment, unless the Compliance Officer is the alleged harasser. In that case, Chris Chirumbolo, the CEO, should be contacted at ceo@carespring.com or (513) 943-4000 Ext.100.

Investigation Procedures.

All complaints of harassment will be thoroughly, fairly and objectively investigated in a timely manner by qualified personnel. The investigation may include interviews of the victim, the alleged harasser and individuals believed to have information regarding the alleged harassment. Employees are encouraged to respond to questions or to otherwise participate in investigations into alleged harassment. Confidentiality will be maintained to the extent possible consistent with an appropriate investigation and relevant legal requirements.

Upon completion of the investigation, the Company will timely close the investigation and provide the complainant with a timely response to the complaint.

Any employee, who is determined to have engaged in conduct prohibited by this policy, or other inappropriate conduct, will be subject to disciplinary action, up to and including termination, regardless of the person's position with the Company. Discipline will occur even if the employee's conduct is not sufficiently severe or pervasive to constitute unlawful harassment under federal, state or local law. The Company may also discipline an employee for any other inappropriate conduct discovered during the investigation. Disciplinary measures will be proportional to the seriousness of the offense and may also include counseling or suspension.

Remember, we cannot remedy claimed discrimination, harassment or retaliation unless you bring these claims to the attention of management. Please report any conduct which you believe violates this policy.

ANY EMPLOYEE, SUPERVISOR, OR MANAGER WHO RETALIATES AGAINST A COMPLAINING EMPLOYEE, OR PERSON INVOLVED IN AN INVESTIGATION OF A COMPLAINT OF HARASSMENT, WILL BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION OF THEIR EMPLOYMENT.

If any employee has any questions about this policy, they should contact their Administrator or Carespring's Compliance Officer by calling the Compliance Hotline at 1-888-248-7799, Ext. 105 or via email at: compliance@carespring.com or (513) 943-4000 x.100.

(Updated 02/2018)

Nursing Home Residents' Bill of Rights and Responsibilities for Ohio

Resident/Family Responsibilities

Providing Information

The resident and family are responsible for providing, to the best of their knowledge, accurate and complete information regarding medical history, hospitalizations, medications and present complaints. The resident and family are also responsible for reporting unexpected changes in the resident's condition to appropriate caregivers. The resident and family must indicate whether he/she understands treatments, care plans, and what is expected of him/her.

Following Instructions

The resident and family are responsible from following the plan of care developed with the interdisciplinary team as they implement the physician's orders and enforce the applicable regulations at the facility.

Refusing Treatment

The resident and family must understand the consequences of refusing treatment or not following the plan of care as explained by the appropriate interdisciplinary team member. The resident and family are responsible for adverse outcomes if the plan of care is not followed.

Respect and Consideration

The resident and family are responsible for being considerate of the rights of other residents and employees, helping to control noise or disturbances, following smoking policies and respecting the facility's and others' property.

Meeting Financial Commitments

The resident and family are responsible for assuring that the financial obligations agreed upon with the facility are met promptly.

Summary of the Resident's Bill of Rights

The rights of nursing facility residents are protected under law by Ohio Revised Code Section 3721.13 and are summarized below. Residents have the right to:

1. A safe and clean living environment;
2. Be free from physical, verbal, mental and emotional abuse and be treated at all times with courtesy, respect with full recognition of dignity and individuality;
3. Proper medical treatment, nursing care and other services that comprise necessary and appropriate care consistent with the program for which the resident contracted without regard to race, color, religion, national origin, age or payment source;
4. Have all reasonable requests and inquiries responded to promptly;
5. Have clothes and bed linens changed as needed to ensure comfort and sanitation;
6. Name and specialty of any physician or individual responsible for coordinating care;
7. Select staff physician of choice and select attending physician not on staff if desired;
8. Communicate with physician and staff in planning treatment and care, obtain current medical information, have access to medical records and give and withhold informed consent for treatment;
9. Withhold payment to physician if physician did not provide service;
10. Confidential treatment of personal and medical records information;
11. Privacy during medical examinations and personal care;
12. Refuse to serve as a research subject;
13. Be free from chemical and physical restraints;
14. Pharmacist of choice and pay fair market price for medications;
15. Exercise all civil rights unless adjudicated incompetent;
16. Have access to opportunities that enable the resident to achieve his or her fullest potential;
17. Consume alcoholic beverage unless contradictory to written admission policies;

18. Use tobacco unless contradictory to written admission policy;

19. Retire and rise on own schedule per request;

20. Observe religious obligations and activities, maintain individual and cultural identity, and participate in social and community groups;

21. Private and unrestricted communications, receive and send sealed, unopened correspondence, access to a telephone and private visits;

22. Privacy for visits by a spouse or share a room if both are residents of the facility;

23. Have room doors closed and not have them opened without knocking;

24. Retain and use personal clothing and possessions in a secure manner;

25. Be informed in writing of basic rate changes, services offered by the facility and charges for additional services and receive a 30 day notice of changes;

26. Receive and review itemized bills for charges on a monthly basis;

27. Be free from financial exploitation and manage own financial affairs and receive quarterly accounting of financial transactions, if this right is delegate to the facility;

28. Unrestricted access to property on deposit at the facility;

29. Reasonable notice, including explanation, before room or roommate changes;

30. Not to be transferred or discharged except for medical reasons, welfare of the resident or residents, non-payment or revocation of the facilities license or certification;

31. Voice grievance and recommendations free from restraint, reprisal, or discrimination;

32. Have significant changes in health status reported to sponsor.

Nursing Home Resident's Bill of Rights

(Amended Substitute House Bill 600)

§ 3721.10. Definitions

(A) "Center" means all of the following:

(1) A home as defined in section 3721.01 of the Revised Code;

(2) Any facility or part of a facility not defined as a home under section 3721.01 of the Revised Code that is certified as a skilled nursing facility under Title XVIII of the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C.A. 1395 and 1396, as amended, or as a nursing facility as defined in section 5111.20 of the Revised Code;

(3) A county home or district home operated pursuant to Chapter 5155. of the Revised Code.

(B) "Resident" means a resident or a patient of a home.

(C) "Administrator" means all of the following:

(1) With respect to a home as defined in section 3721.01 of the Revised Code, a nursing home administrator as defined in section 4751.01 of the Revised Code;

(2) With respect to a facility or part of a facility not defined as a home in section 3721.01 of the Revised Code that is authorized to provide skilled nursing facility or nursing facility services, the administrator of the facility or part of a facility;

(3) With respect to a county home or district home, the superintendent appointed under Chapter 5155. of the Revised Code.

(D) "Sponsor" means an adult relative, friend, or guardian of a resident who has an interest or responsibility in the resident's welfare.

(E) "Residents' rights advocate" means:

(1) An employee or representative of any state or local government entity that has a responsibility regarding residents and that has registered with the department of health under division (B) of section 3701.07 of the Revised Code;

(2) An employee or representative of any private nonprofit corporation or association that qualifies for tax-exempt status under section 501(a) of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C.A. 1, as amended, and that has registered with the department of health under division (B) of section 3701.07 of the Revised Code and whose purposes include educating and counseling residents, assisting residents in resolving problems and complaints concerning their care and treatment, and assisting them in securing adequate services to meet their needs;

(3) A member of the general assembly.

(F) "Physical restraint" means, but is not limited to, any article, device, or garment that interferes with the free movement of the resident and that the resident is unable to remove easily, a geriatric chair, or a locked room door.

(G) "Chemical restraint" means any medication bearing the American hospital formulary service therapeutic class 4.00, 28:16:08, 28:24:08, or 28:24:92 that alters the functioning of the central nervous system in a manner that limits physical and cognitive functioning to the degree that the resident cannot attain the resident's highest practicable physical, mental, and psychosocial well-being.

(H) "Ancillary service" means, but is not limited to, podiatry, dental, hearing, vision, physical therapy, occupational therapy, speech therapy, and psychological and social services.

(I) "Facility" means a facility, or part of a facility, certified as a nursing facility or skilled nursing facility under Title XVIII or Title XIX of the "Social Security Act." "Facility" does not include an intermediate care facility for the mentally retarded, as defined in section 5111.20 of the Revised Code.

(J) "Medicare" means the program established by Title XVIII of the "Social Security Act."

(K) "Medicaid" means the program established by Title XIX of the "Social Security Act" and Chapter 5111. of the Revised Code.

§ 3721.11. Director to adopt rules.

(A) The director of the department of health shall adopt rules under Chapter 119. of the Revised Code to govern procedures for the implementation of sections 3721.10 to 3721.17 of the Revised Code.

(B) The director may adopt, amend, and repeal substantive rules under Chapter 119. of the Revised Code defining with reasonable specificity acts that violate division (A) of section 3721.13 of the Revised Code.

§ 3721.12. Duties of home administrator concerning residents' rights; grievance procedure.

(A) The administrator of a home shall:

(1) With the advice of residents, their sponsors, or both, establish and review at least annually, written policies regarding the applicability and implementation of residents' rights under sections 3721.10 to 3721.17 of the Revised Code, the responsibilities of residents regarding the rights, and the home's grievance procedure established under division (A)(2) of this section. The administrator is responsible for the development of, and adherence to, procedures implementing the policies.

(2) Establish a grievance committee for review of complaints by residents. The grievance committee shall be comprised of the home's staff and residents, sponsors, or outside representatives in a ratio of not more than one staff member to every two residents, sponsors, or outside representatives.

(3) Furnish to each resident and sponsor prior to or at the time of admission, and to each member of the home's staff, at least one of each of the following:

(a) A copy of the rights established under sections 3721.10 to 3721.17 of the Revised Code;

(b) A written explanation of the provisions of sections 3721.16 to 3721.162 [3721.16.2] of the Revised Code;

(c) A copy of the home's policies and procedures established under this section;

(d) A copy of the home's rules;

(e) A copy of the addresses and telephone numbers of the board of health of the health district of the county in which the home is located, the county department of job and family services of the county in which the home is located, the state departments of health and job and family services, the state and local offices of the department of aging, and any Ohio nursing home

ombudsperson program.

(B) Written acknowledgment of the receipt of copies of the materials listed in this section shall be made part of the resident's record and the staff member's personnel record

(C) The administrator shall post all of the following prominently within the home:

(1) A copy of the rights of residents as listed in division (A) of section 3721.13 of the Revised Code;

(2) A copy of the home's rules and its policies and procedures regarding the rights and responsibilities of residents;

(3) A notice that a copy of this chapter, rules of the department of health applicable to the home, and federal regulations adopted under the medicare and medicaid programs, and the materials required to be available in the home under section 3721.021 [3721.02.1] of the Revised Code, are available for inspection in the home at reasonable hours;

(4) A list of residents' rights advocates;

(5) A notice that the following are available in a place readily accessible to residents:

(a) If the home is licensed under section 3721.02 of the Revised Code, a copy of the most recent licensure inspection report prepared for the home under that section;

(b) If the home is a facility, a copy of the most recent statement of deficiencies issued to the home under section 5111.42 of the Revised Code.

(D) The administrator of a home may, with the advice of residents, their sponsors, or both, establish written policies regarding the applicability and administration of any additional residents' rights beyond those set forth in sections 3721.10 to 3721.17 of the Revised Code, and the responsibilities of residents regarding the rights. Policies established under this division shall be reviewed, and procedures developed and adhered to as in division (A)(1) of this section.

§ 3721.121. Criminal records check for prospective employees providing direct care to older adult.

(A) As used in this section:

(1) "Adult day-care program" means a program operated pursuant to rules adopted by the public health council under section 3721.04 of the Revised Code and provided by and on the same site as homes licensed under this chapter.

(2) "Applicant" means a person who is under final consideration for employment with a home or adult day-care program in a full-time, part-time, or temporary position that involves providing direct care to an older adult. "Applicant" does not include a person who provides direct care as a volunteer without receiving or expecting to receive any form of remuneration other than reimbursement for actual expenses.

(3) "Criminal records check" and "older adult" have the same meanings as in section 109.572 [109.57.2] of the Revised Code.

(4) "Center" means a home as defined in section 3721.10 of the Revised Code.

(B)(1) Except as provided in division (I) of this section, the chief administrator of a home or adult day-care program shall request that the superintendent of the bureau of criminal identification and investigation conduct a criminal records check with respect to each applicant. If an applicant for whom a criminal records check request is required under this division does not present proof of having been a resident of this state for the five-year period immediately prior to the date the criminal records check is requested or provide evidence that within that five-year period the superintendent has requested information about the applicant from the federal bureau of investigation in a criminal records check, the chief administrator shall request that the superintendent obtain information from the federal bureau of investigation as part of the criminal records check of the applicant. Even if an applicant for whom a criminal records check request is required under this division presents proof of having been a resident of this state for the five-year period, the chief administrator may request that the superintendent include information from the federal bureau of investigation in the criminal records check.

(2) A person required by division (B)(1) of this section to request a criminal records check shall do both of the following:

(a) Provide to each applicant for whom a criminal records check request is required under that division a copy of the form prescribed pursuant to division (C)(1) of section 109.572 [109.57.2] of the Revised Code and a standard fingerprint impression sheet prescribed pursuant to division (C)(2) of that section, and obtain the completed form and impression sheet from the applicant;

(b) Forward the completed form and impression sheet to the superintendent of the bureau of criminal identification and investigation.

(3) An applicant provided the form and fingerprint impression sheet under division (B)(2)(a) of this section who fails to complete the form or provide fingerprint impressions shall not be employed in any position for which a criminal records check is required by this section.

(C)(1) Except as provided in rules adopted by the director of health in accordance with division (F) of this section and subject to division (C)(2) of this section, no home or adult day-care program shall employ a person in a position that involves providing direct care to an older adult if the person has been convicted of or pleaded guilty to any of the following:

(a) A violation of section 2903.01, 2903.02, 2903.03, 2903.04, 2903.11, 2903.12, 2903.13, 2903.16, 2903.21, 2903.34, 2905.01, 2905.02, 2905.11, 2905.12, 2907.02, 2907.03, 2907.05, 2907.06, 2907.07, 2907.08, 2907.09, 2907.12, 2907.25, 2907.31, 2907.32, 2907.321, 2907.322, 2907.323 [2907.32.1, 2907.32.2, 2907.32.3], 2911.01, 2911.02, 2911.11, 2911.12, 2911.13, 2913.02, 2913.03, 2913.04, 2913.11, 2913.21, 2913.31, 2913.40, 2913.43, 2913.47, 2913.51, 2919.25, 2921.36, 2923.12, 2923.13, 2923.161 [2923.16.1], 2925.02, 2925.03, 2925.11, 2925.13, 2925.22, 2925.23, or 3716.11 of the Revised Code.

(b) A violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed in division (C)(1)(a) of this section.

(2)(a) A home or an adult day-care program may employ conditionally an applicant for whom a criminal records check request is required under division (B) of this section prior to obtaining the results of a criminal records check regarding the individual, provided that the home or program shall request a criminal records check regarding the individual in accordance with division (B)(1) of this section not later than five business days after the individual begins conditional employment. In the circumstances described in division (I)(2) of this section, a home or adult day-care program may employ conditionally an applicant who has been referred to the home or adult day-care program by an employment service that supplies full-time, part-time, or temporary staff for positions involving the direct care of older adults and for whom, pursuant to that division, a criminal records check is not required under division (B) of this section.

(b) A home or adult day-care program that employs an individual conditionally under authority of division (C)(2)(a) of this section shall terminate the individual's employment if the results of the criminal records check requested under division (B) of this section or described in division (I)(2) of this section, other than the results of any request for information from the federal bureau of investigation, are not obtained within the period ending thirty days after the date the request is made. Regardless of when the results of the criminal records check are obtained, if the results indicate that the individual has been convicted of or pleaded guilty to any of the offenses listed or described in division (C)(1) of this section, the home or program shall terminate the individual's employment unless the home or program chooses to employ the individual pursuant to division (F) of this section. Termination of employment under this division shall be considered just cause for discharge for purposes of division (D)(2) of section 4141.29 of the Revised Code if the individual makes any attempt to deceive the home or program about the individual's criminal record.

(D) (1) Each home or adult day-care program shall pay to the bureau of criminal identification and investigation the fee prescribed pursuant to division (C)(3) of section 109.572 [109.57.2] of the Revised Code for each criminal records check conducted pursuant to a request made under division (B) of this section.

(2) A home or adult day-care program may charge an applicant a fee not exceeding the amount the home or program pays under division (D)(1) of this section. A home or program may collect a fee only if both of the following apply:

(a) The home or program notifies the person at the time of initial application for employment of the amount of the fee and that, unless the fee is paid, the person will not be considered for employment;

(b) The medical assistance program established under Chapter 5111. of the Revised Code does not reimburse the home or program the fee it pays under division (D)(1) of this section.

(E) The report of any criminal records check conducted pursuant to a request made under this section is not a public record for the purposes of section 149.43 of the Revised Code and shall not be made available to any person other than the following:

(1) The individual who is the subject of the criminal records check or the individual's representative;
(2) The chief administrator of the home or program requesting the criminal records check or the administrator's representative;
(3) The administrator of any other facility, agency, or program that provides direct care to older adults that is owned or operated by the same entity that owns or operates the home or program;
(4) A court, hearing officer, or other necessary individual involved in a case dealing with a denial of employment of the applicant or dealing with employment or unemployment benefits of the applicant;
(5) Any person to whom the report is provided pursuant to, and in accordance with, division (I)(1) or (2) of this section;
(6) The board of nursing for purposes of accepting and processing an application for a medication aide certificate issued under Chapter 4723. of the Revised Code.

(F) In accordance with section 3721.11 of the Revised Code, the director of health shall adopt rules to implement this section. The rules shall specify circumstances under which a home or adult day-care program may employ a person who has been convicted of or pleaded guilty to an offense listed or described in division (C)(1) of this section but meets personal character standards set by the director.

(G) The chief administrator of a home or adult day-care program shall inform each individual, at the time of initial application for a position that involves providing direct care to an older adult, that the individual is required to provide a set of fingerprint impressions and that a criminal records check is required to be conducted if the individual comes under final consideration for employment.

(H) In a tort or other civil action for damages that is brought as the result of an injury, death, or loss to person or property caused by an individual who a home or adult day-care program employs in a position that involves providing direct care to older adults, all of the following shall apply:
(1) If the home or program employed the individual in good faith and reasonable reliance on the report of a criminal records check requested under this section, the home or program shall not be found negligent solely because of its reliance on the report, even if the information in the report is determined later to have been incomplete or inaccurate;
(2) If the home or program employed the individual in good faith on a conditional basis pursuant to division (C)(2) of this section, the home or program shall not be found negligent solely because it employed the individual prior to receiving the report of a criminal records check requested under this section;
(3) If the home or program in good faith employed the individual according to the personal character standards established in rules adopted under division (F) of this section, the home or program shall not be found negligent solely because the individual prior to being employed had been convicted of or pleaded guilty to an offense listed or described in division (C)(1) of this section.

(I) (1) The chief administrator of a home or adult day-care program is not required to request that the superintendent of the bureau of criminal identification and investigation conduct

a criminal records check of an applicant if the applicant has been referred to the home or program by an employment service that supplies full-time, part-time, or temporary staff for positions involving the direct care of older adults and both of the following apply:

(a) The chief administrator receives from the employment service or the applicant a report of the results of a criminal records check regarding the applicant that has been conducted by the superintendent within the one-year period immediately preceding the applicant's referral;

(b) The report of the criminal records check demonstrates that the person has not been convicted of or pleaded guilty to an offense listed or described in division (C)(1) of this section, or the report demonstrates that the person has been convicted of or pleaded guilty to one or more of those offenses, but the home or adult day-care program chooses to employ the individual pursuant to division (F) of this section.

(2) The chief administrator of a home or adult day-care program is not required to request that the superintendent of the bureau of criminal identification and investigation conduct a criminal records check of an applicant and may employ the applicant conditionally as described in this division, if the applicant has been referred to the home or program by an employment service that supplies full-time, part-time, or temporary staff for positions involving the direct care of older adults and if the chief administrator receives from the employment service or the applicant a letter from the employment service that is on the letterhead of the employment service, dated, and signed by a supervisor or another designated official of the employment service and that states that the employment service has requested the superintendent to conduct a criminal records check regarding the applicant, that the requested criminal records check will include a determination of whether the applicant has been convicted of or pleaded guilty to any offense listed or described in division (C)(1) of this section, that, as of the date set forth on the letter, the employment service had not received the results of the criminal records check, and that, when the employment service receives the results of the criminal records check, it promptly will send a copy of the results to the home or adult day-care program. If a home or adult day-care program employs an applicant conditionally in accordance with this division, the employment service, upon its receipt of the results of the criminal records check, promptly shall send a copy of the results to the home or adult day-care program, and division (C)(2)(b) of this section applies regarding the conditional employment.

§ 3721.13. Residents' rights; sponsor may protect rights.

(A) The rights of residents of a home shall include, but are not limited to, the following:

(1) The right to a safe and clean living environment pursuant to the medicare and medicaid programs and applicable state laws and regulations prescribed by the public health council;

(2) The right to be free from physical, verbal, mental, and emotional abuse and to be treated at all times with courtesy, respect, and full recognition of dignity and individuality;

(3) Upon admission and thereafter, the right to adequate and appropriate medical treatment and nursing care and to other ancillary services that comprise necessary and appropriate care consistent with the program for which the resident contracted. This care shall be provided without regard to considerations such as race, color, religion, national origin, age, or source of payment for care.

(4) The right to have all reasonable requests and inquiries responded to promptly;

(5) The right to have clothes and bed sheets changed as the need arises, to ensure the resident's comfort or sanitation;

(6) The right to obtain from the home, upon request, the name and any specialty of any physician or other person responsible for the resident's care or for the coordination of care;

(7) The right, upon request, to be assigned, within the capacity of the home to make the assignment, to the staff physician of the resident's choice, and the right, in accordance with the rules and written policies and procedures of the home, to select as the attending physician a physician who is not on the staff of the home. If the cost of a physician's services is to be met under a federally supported program, the physician shall meet the federal laws and regulations governing such services.

(8) The right to participate in decisions that affect the resident's life, including the right to communicate with the physician and employees of the home in planning the resident's treatment or care and to obtain from the attending physician complete and current information concerning medical condition, prognosis, and treatment plan, in terms the resident can reasonably be expected to understand; the right of access to all information in the resident's medical record; and the right to give or withhold informed consent for treatment after the consequences of that choice have been carefully explained. When the attending physician finds that it is not medically advisable to give the information to the resident, the information shall be made available to the resident's sponsor on the resident's behalf, if the sponsor has a legal interest or is authorized by the resident to receive the information. The home is not liable for a violation of this division if the violation is found to be the result of an act or omission on the part of a physician selected by the resident who is not otherwise affiliated with the home.

(9) The right to withhold payment for physician visitation if the physician did not visit the resident;

(10) The right to confidential treatment of personal and medical records, and the right to approve or refuse the release of these records to any individual outside the home, except in case of transfer to another home, hospital, or health care system, as required by law or rule, or as required by a third-party payment contract;

(11) The right to privacy during medical examination or treatment and in the care of personal or bodily needs;

(12) The right to refuse, without jeopardizing access to appropriate medical care, to serve as a medical research subject;

(13) The right to be free from physical or chemical restraints or prolonged isolation except to the minimum extent necessary to protect the resident from injury to self, others, or to property and except as authorized in writing by the attending physician

for a specified and limited period of time and documented in the resident's medical record. Prior to authorizing the use of a physical or chemical restraint on any resident, the attending physician shall make a personal examination of the resident and an individualized determination of the need to use the restraint on that resident;

Physical or chemical restraints or isolation may be used in an emergency situation without authorization of the attending physician only to protect the resident from injury to self or others. Use of the physical or chemical restraints or isolation shall not be continued for more than twelve hours after the onset of the emergency without personal examination and authorization by the attending physician. The attending physician or a staff physician may authorize continued use of physical or chemical restraints for a period not to exceed thirty days, and at the end of this period and any subsequent period may extend the authorization for an additional period of not more than thirty days. The use of physical or chemical restraints shall not be continued without a personal examination of the resident and the written authorization of the attending physician stating the reasons for continuing the restraint;

If physical or chemical restraints are used under this division, the home shall ensure that the restrained resident receives a proper diet. In no event shall physical or chemical restraints or isolation be used for punishment, incentive, or convenience;

(14) The right to the pharmacist of the resident's choice and the right to receive pharmaceutical supplies and services at reasonable prices not exceeding applicable and normally accepted prices for comparably packaged pharmaceutical supplies and services within the community;

(15) The right to exercise all civil rights, unless the resident has been adjudicated incompetent pursuant to Chapter 2111. of the Revised Code and has not been restored to legal capacity, as well as the right to the cooperation of the home's administrator in making arrangements for the exercise of the right to vote;

(16) The right of access to opportunities that enable the resident, at the resident's own expense or at the expense of a third-party payer, to achieve the resident's fullest potential, including educational, vocational, social, recreational, and habilitation programs;

(17) The right to consume a reasonable amount of alcoholic beverages at the resident's own expense, unless not medically advisable as documented in the resident's medical record by the attending physician or unless contradictory to written admission policies;

(18) The right to use tobacco at the resident's own expense under the home's safety rules and under applicable laws and rules of the state, unless not medically advisable as documented in the resident's medical record by the attending physician or unless contradictory to written admission policies;

(19) The right to retire and rise in accordance with the resident's reasonable requests, if the resident does not disturb others or the posted meal schedules and upon the home's request remains in a supervised area, unless not medically advisable as documented by the attending physician;

(20) The right to observe religious obligations and participate in religious activities; the right to maintain individual and cultural identity; and the right to meet with and participate in activities of social and community groups at the resident's or the group's initiative;

(21) The right upon reasonable request to private and unrestricted communications with the resident's family, social worker, and any other person, unless not medically advisable as documented in the resident's medical record by the attending physician, except that communications with public officials or with the resident's attorney or physician shall not be restricted. Private and unrestricted communications shall include, but are not limited to, the right to:

(a) Receive, send, and mail sealed, unopened correspondence;

(b) Reasonable access to a telephone for private communications;

(c) Private visits at any reasonable hour.

(22) The right to assured privacy for visits by the spouse, or if both are residents of the same home, the right to share a room within the capacity of the home, unless not medically advisable as documented in the resident's medical record by the attending physician;

(23) The right upon reasonable request to have room doors closed and to have them not opened without knocking, except in the case of an emergency or unless not medically advisable as documented in the resident's medical record by the attending physician;

(24) The right to retain and use personal clothing and a reasonable amount of possessions, in a reasonably secure manner, unless to do so would infringe on the rights of other residents or would not be medically advisable as documented in the resident's medical record by the attending physician;

(25) The right to be fully informed, prior to or at the time of admission and during the resident's stay, in writing, of the basic rate charged by the home, of services available in the home, and of any additional charges related to such services, including charges for services not covered under the medicare or medicaid program. The basic rate shall not be changed unless thirty days notice is given to the resident or, if the resident is unable to understand this information, to the resident's sponsor.

(26) The right of the resident and person paying for the care to examine and receive a bill at least monthly for the resident's care from the home that itemizes charges not included in the basic rates;

(27) (a) The right to be free from financial exploitation;

(b) The right to manage the resident's own personal financial affairs, or, if the resident has delegated this responsibility in writing to the home, to receive upon written request at least a quarterly accounting statement of financial transactions made on the resident's behalf. The statement shall include:

(i) A complete record of all funds, personal property, or possessions of a resident from any source whatsoever, that have been deposited for safekeeping with the home for use by the resident or the resident's sponsor;

(ii) A listing of all deposits and withdrawals transacted, which shall be substantiated by receipts which shall be available for inspection and copying by the resident or sponsor.

(28) The right of the resident to be allowed unrestricted access to the resident's property on deposit at reasonable hours, unless requests for access to property on deposit are so persistent, continuous, and unreasonable that they constitute a nuisance;

(29) The right to receive reasonable notice before the resident's room or roommate is changed, including an explanation of the reason for either change.

(30) The right not to be transferred or discharged from the home unless the transfer is necessary because of one of the following:

(a) The welfare and needs of the resident cannot be met in the home.

(b) The resident's health has improved sufficiently so that the resident no longer needs the services provided by the home.

(c) The safety of individuals in the home is endangered.

(d) The health of individuals in the home would otherwise be endangered.

(e) The resident has failed, after reasonable and appropriate notice, to pay or to have the medicare or medicaid program pay on the resident's behalf, for the care provided by the home. A resident shall not be considered to have failed to have the resident's care paid for if the resident has applied for medicaid, unless both of the following are the case:

(i) The resident's application, or a substantially similar previous application, has been denied by the county department of job and family services.

(ii) If the resident appealed the denial pursuant to division (C) of section 5101.35 of the Revised Code, the director of job and family services has upheld the denial.

(f) The home's license has been revoked, the home is being closed pursuant to section 3721.08, sections 5111.35 to 5111.62, or section 5155.31 of the Revised Code, or the home otherwise ceases to operate.

(g) The resident is a recipient of medicaid, and the home's participation in the medicaid program is involuntarily terminated or denied.

(h) The resident is a beneficiary under the medicare program, and the home's participation in the medicare program is involuntarily terminated or denied.

(31) The right to voice grievances and recommend changes in policies and services to the home's staff, to employees of the department of health, or to other persons not associated with the operation of the home, of the resident's choice, free from restraint, interference, coercion, discrimination, or reprisal. This right includes access to a residents' rights advocate, and the right to be a member of, to be active in, and to associate with persons who are active in organizations of relatives and friends of nursing home residents and other organizations engaged in assisting residents.

(32) The right to have any significant change in the resident's health status reported to the resident's sponsor. As soon as such a change is known to the home's staff, the home shall make a reasonable effort to notify the sponsor within twelve hours.

(B) A sponsor may act on a resident's behalf to assure that the home does not deny the residents' rights under sections 3721.10 to 3721.17 of the Revised Code.

(C) Any attempted waiver of the rights listed in division (A) of this section is void.

§ 3721.14. Duties of home to implement rights; certain persons to have access to home.

To assist in the implementation of the rights granted in division (A) of section 3721.13 of the Revised Code, each home shall provide:

(A) Appropriate staff training to implement each resident's rights under division (A) of section 3721.13 of the Revised Code, including, but not limited to, explaining:
  (1) The resident's rights and the staff's responsibility in the implementation of the rights;
  (2) The staff's obligation to provide all residents who have similar needs with comparable service.

(B) Arrangements for a resident's needed ancillary services;

(C) Protected areas outside the home for residents to enjoy outdoor activity, within the capacity of the facility, consistent with applicable laws and rules;

(D) Adequate indoor space, which need not be dedicated to that purpose, for families of residents to meet privately with families of other residents;

(E) Access to the following persons to enter the home during reasonable hours, except where such access would interfere with resident care or the privacy of residents:
  (1) Employees of the department of health, department of mental health, department of mental retardation and developmental disabilities, department of aging, department of job and family services, and county departments of job and family services;
  (2) Prospective residents and their sponsors;
  (3) A resident's sponsors;
  (4) Residents' rights advocates;
  (5) A resident's attorney;
  (6) A minister, priest, rabbi, or other person ministering to a resident's religious needs.

(F) In writing, a description of the home's grievance procedures.

§ 3721.15. Authorization to handle residents' financial affairs; accounts; return of funds.

(A) Authorization from a resident or a sponsor with a power of attorney for a home to manage the resident's financial affairs shall be in writing and shall be attested to by a witness who is not connected in any manner whatsoever with the home or its administrator. The home shall maintain accounts pursuant to division (A)(27) of section 3721.13 of the Revised Code. Upon the resident's transfer, discharge, or death, the account shall be closed and a final accounting made. All remaining funds shall be returned to the resident or resident's sponsor, except in the case of death, when all remaining funds shall be transferred or used in accordance with section 5111.113 [5111.11.3] of the Revised Code.

(B) A home that manages a resident's financial affairs shall deposit the resident's funds in excess of one hundred dollars, and may deposit the resident's funds that are one hundred dollars or less, in an interest-bearing account separate from any of the home's operating accounts. Interest earned on the resident's funds shall be credited to the resident's account. A resident's funds that are one hundred dollars or less and have not been deposited in an interest-bearing account may be deposited in a noninterest-bearing account or petty cash fund.

(C) Each resident whose financial affairs are managed by a home shall be promptly notified by the home when the total of the amount of funds in the resident's accounts and the petty cash fund plus other nonexempt resources reaches two hundred dollars less than the maximum amount permitted a recipient of medicaid. The notice shall include an explanation of the potential effect on the resident's eligibility for medicaid if the amount in the resident's accounts and the petty cash fund, plus the value of other nonexempt resources, exceeds the maximum assets a medicaid recipient may retain.

(D) Each home that manages the financial affairs of residents shall purchase a surety bond or otherwise provide assurance satisfactory to the director of health, or, in the case of a home that participates in the medicaid program, to the director of job and family services, to assure the security of all residents' funds managed by the home.

§ 3721.16. Residents' rights concerning transfer or discharge.

For each resident of a home, notice of a proposed transfer or discharge shall be in accordance with this section.

(A) (1) The administrator of a home shall notify a resident in writing, and the resident's sponsor in writing by certified mail, return receipt requested, in advance of any proposed transfer or discharge from the home. The administrator shall send a copy of the notice to the state department of health. The notice shall be provided at least thirty days in advance of the proposed transfer or discharge, unless any of the following applies:

(a) The resident's health has improved sufficiently to allow a more immediate discharge or transfer to a less skilled level of care;

(b) The resident has resided in the home less than thirty days;

(c) An emergency arises in which the safety of individuals in the home is endangered;

(d) An emergency arises in which the health of individuals in the home would otherwise be endangered;

(e) An emergency arises in which the resident's urgent medical needs necessitate a more immediate transfer or discharge.

In any of the circumstances described in divisions (A)(1)(a) to (e) of this section, the notice shall be provided as many days in advance of the proposed transfer or discharge as is practicable.

(2) The notice required under division (A)(1) of this section shall include all of the following:

(a) The reasons for the proposed transfer or discharge;

(b) The proposed date the resident is to be transferred or discharged;
(c) The proposed location to which the resident is to be transferred or discharged;
(d) Notice of the right of the resident and the resident's sponsor to an impartial hearing at the home on the proposed transfer or discharge, and of the manner in which and the time within which the resident or sponsor may request a hearing pursuant to section 3721.161 [3721.16.1] of the Revised Code;
(e) A statement that the resident will not be transferred or discharged before the date specified in the notice unless the home and the resident or, if the resident is not competent to make a decision, the home and the resident's sponsor, agree to an earlier date;
(f) The address of the legal services office of the department of health;
(g) The name, address, and telephone number of a representative of the state long-term care ombudsperson program and, if the resident or patient has a developmental disability or mental illness, the name, address, and telephone number of the Ohio legal rights service.

(B) No home shall transfer or discharge a resident before the date specified in the notice required by division (A) of this section unless the home and the resident or, if the resident is not competent to make a decision, the home and the resident's sponsor, agree to an earlier date.

(C) Transfer or discharge actions shall be documented in the resident's medical record by the home if there is a medical basis for the action.

(D) A resident or resident's sponsor may challenge a transfer or discharge by requesting an impartial hearing pursuant to section 3721.161 [3721.16.1] of the Revised Code, unless the transfer or discharge is required because of one of the following reasons:
(1) The home's license has been revoked under this chapter;
(2) The home is being closed pursuant to section 3721.08, sections 5111.35 to 5111.62, or section 5155.31 of the Revised Code;
(3) The resident is a recipient of medicaid and the home's participation in the medicaid program has been involuntarily terminated or denied by the federal government;
(4) The resident is a beneficiary under the medicare program and the home's certification under the medicare program has been involuntarily terminated or denied by the federal government.

(E) If a resident is transferred or discharged pursuant to this section, the home from which the resident is being transferred or discharged shall provide the resident with adequate preparation prior to the transfer or discharge to ensure a safe and orderly transfer or discharge from the home, and the home or alternative setting to which the resident is to be transferred or discharged shall have accepted the resident for transfer or discharge.

(F) At the time of a transfer or discharge of a resident who is a recipient of medicaid from a home to a hospital or for therapeutic leave, the home shall provide notice in writing to the resident and in writing by certified mail, return receipt requested, to the resident's sponsor, specifying the number of days, if any, during which the resident will be permitted under the medicaid program to return and resume residence in the home and specifying the medicaid program's coverage of the days during which the resident is absent from the home. An individual who is absent from a home for more than the number of days

specified in the notice and continues to require the services provided by the facility shall be given priority for the first available bed in a semi-private room.

§ 3721.161. Resident or sponsor may request hearing challenging proposed transfer or discharge.

(A) Not later than thirty days after the date a resident or the resident's sponsor receives notice of a proposed transfer or discharge, whichever is later, the resident or resident's sponsor may challenge the proposed transfer or discharge by submitting a written request for a hearing to the state department of health. On receiving the request, the department shall conduct a hearing in accordance with section 3721.162 [3721.16.2] of the Revised Code to determine whether the proposed transfer or discharge complies with division (A)(30) of section 3721.13 of the Revised Code.

(B) Except in the circumstances described in divisions (A)(1)(a) to (e) of section 3721.16 of the Revised Code, if a resident or resident's sponsor submits a written hearing request not later than ten days after the resident or the resident's sponsor received notice of the proposed transfer or discharge, whichever is later, the home shall not transfer or discharge the resident unless the department determines after the hearing that the transfer or discharge complies with division (A)(30) of section 3721.13 of the Revised Code or the department's determination to the contrary is reversed on appeal.

(C) If a resident or resident's sponsor does not request a hearing pursuant to division (A) of this section, the home may transfer or discharge the resident on the date specified in the notice required by division (A) of section 3721.16 of the Revised Code or thereafter, unless the home and the resident or, if the resident is not competent to make a decision, the home and the resident's sponsor, agree to an earlier date.

(D) If the resident or resident's sponsor requests a hearing in writing pursuant to division (A) of this section and the home transfers or discharges the resident before the department issues a hearing decision, the home shall readmit the resident in the first available bed if the department determines after the hearing that the transfer or discharge does not comply with division (A)(30) of section 3721.13 of the Revised Code or the department's determination to the contrary is reversed on appeal.

§ 3721.162. Determination concerning transfer or discharge; appeals.

(A) On receiving a request pursuant to section 3721.161 [3721.16.1] of the Revised Code, the department of health shall conduct hearings under this section in accordance with 42 C.F.R. 431, subpart E, to determine whether the proposed transfer or discharge complies with division (A)(30) of section 3721.13 of the Revised Code.

(B) The department shall employ or contract with an attorney to serve as hearing officer. The hearing officer shall conduct a hearing in the home not later than ten days after the date the department receives a request pursuant to section 3721.161 [3721.16.1] of the Revised Code, unless the resident and the home or, if the resident is not competent to make a decision, the resident's sponsor and the home, agree otherwise. The hearing shall be recorded on audiotape, but neither the recording nor a transcript of the recording shall

be part of the official record of the hearing. A hearing conducted under this section is not subject to section 121.22 of the Revised Code.

(C) Unless the parties otherwise agree, the hearing officer shall issue a decision within five days of the date the hearing concludes. In all cases, a decision shall be issued not later than thirty days after the department receives a request pursuant to section 3721.161 [3721.16.1] of the Revised Code. The hearing officer's decision shall be served on the resident or resident's sponsor and the home by certified mail. The hearing officer's decision shall be considered the final decision of the department.

(D) A resident, resident's sponsor, or home may appeal the decision of the department to the court of common pleas pursuant to section 119.12 of the Revised Code. The appeal shall be governed by section 119.12 of the Revised Code, except for all of the following:

(1) The resident, resident's sponsor, or home shall file the appeal in the court of common pleas of the county in which the home is located.

(2) The resident or resident's sponsor may apply to the court for designation as an indigent and, if the court grants the application, the resident or resident's sponsor shall not be required to furnish the costs of the appeal.

(3) The appeal shall be filed with the department and the court within thirty days after the hearing officer's decision is served. The appealing party shall serve the opposing party a copy of the notice of appeal by hand-delivery or certified mail, return receipt requested. If the home is the appealing party, it shall provide a copy of the notice of appeal to both the resident and the resident's sponsor or attorney, if known.

(4) The department shall not file a transcript of the hearing with the court unless the court orders it to do so. The court shall issue such an order only if it finds that the parties are unable to stipulate to the facts of the case and that the transcript is essential to the determination of the appeal. If the court orders the department to file the transcript, the department shall do so not later than thirty days after the day the court issues the order.

(E) The court shall not require an appellant to pay a bond as a condition of issuing a stay pending its decision.

(F) The resident, resident's sponsor, home, or department may commence a civil action in the court of common pleas of the county in which the home is located to enforce the decision of the department or the court. If the court finds that the resident or home has not complied with the decision, it shall enjoin the violation and order other appropriate relief, including attorney's fees.

§ 3721.17. Resident may file grievance; procedure upon complaint to department of health; retaliation prohibited; cause of action for violation.

(A) Any resident who believes that the resident's rights under sections 3721.10 to 3721.17 of the Revised Code have been violated may file a grievance under procedures adopted pursuant to division (A)(2) of section 3721.12 of the Revised Code.

When the grievance committee determines a violation of sections 3721.10 to 3721.17 of the Revised Code has occurred, it shall notify the administrator of the home. If the violation cannot be corrected within ten days, or if ten days have elapsed without

correction of the violation, the grievance committee shall refer the matter to the department of health.

(B) Any person who believes that a resident's rights under sections 3721.10 to 3721.17 of the Revised Code have been violated may report or cause reports to be made of the information directly to the department of health. No person who files a report is liable for civil damages resulting from the report.

(C) (1) Within thirty days of receiving a complaint under this section, the department of health shall investigate any complaint referred to it by a home's grievance committee and any complaint from any source that alleges that the home provided substantially less than adequate care or treatment, or substantially unsafe conditions, or, within seven days of receiving a complaint, refer it to the attorney general, if the attorney general agrees to investigate within thirty days.

(2) Within thirty days of receiving a complaint under this section, the department of health may investigate any alleged violation of sections 3721.10 to 3721.17 of the Revised Code, or of rules, policies, or procedures adopted pursuant to those sections, not covered by division (C)(1) of this section, or it may, within seven days of receiving a complaint, refer the complaint to the grievance committee at the home where the alleged violation occurred, or to the attorney general if the attorney general agrees to investigate within thirty days.

(D) If, after an investigation, the department of health finds probable cause to believe that a violation of sections 3721.10 to 3721.17 of the Revised Code, or of rules, policies, or procedures adopted pursuant to those sections, has occurred at a home that is certified under the medicare or medicaid program, it shall cite one or more findings or deficiencies under sections 5111.35 to 5111.62 of the Revised Code. If the home is not so certified, the department shall hold an adjudicative hearing within thirty days under Chapter 119. of the Revised Code.

(E) Upon a finding at an adjudicative hearing under division (D) of this section that a violation of sections 3721.10 to 3721.17 of the Revised Code, or of rules, policies, or procedures adopted pursuant thereto, has occurred, the department of health shall make an order for compliance, set a reasonable time for compliance, and assess a fine pursuant to division (F) of this section. The fine shall be paid to the general revenue fund only if compliance with the order is not shown to have been made within the reasonable time set in the order. The department of health may issue an order prohibiting the continuation of any violation of sections 3721.10 to 3721.17 of the Revised Code.

Findings at the hearings conducted under this section may be appealed pursuant to Chapter 119. of the Revised Code, except that an appeal may be made to the court of common pleas of the county in which the home is located.

The department of health shall initiate proceedings in court to collect any fine assessed under this section that is unpaid thirty days after the violator's final appeal is exhausted.

(F) Any home found, pursuant to an adjudication hearing under division (D) of this section, to have violated sections 3721.10 to 3721.17 of the Revised Code, or rules, policies, or procedures adopted pursuant to those sections may be fined not less than one hundred nor more than five hundred dollars for a first offense. For each subsequent offense, the home may be fined not less than two hundred nor more than one thousand dollars.

A violation of sections 3721.10 to 3721.17 of the Revised Code is a separate offense for each day of the violation and for each resident who claims the violation.

(G) No home or employee of a home shall retaliate against any person who:

(1) Exercises any right set forth in sections 3721.10 to 3721.17 of the Revised Code, including, but not limited to, filing a complaint with the home's grievance committee or reporting an alleged violation to the department of health;

(2) Appears as a witness in any hearing conducted under this section or section 3721.162 [3721.16.2] of the Revised Code;

(3) Files a civil action alleging a violation of sections 3721.10 to 3721.17 of the Revised Code, or notifies a county prosecuting attorney or the attorney general of a possible violation of sections 3721.10 to 3721.17 of the Revised Code.

If, under the procedures outlined in this section, a home or its employee is found to have retaliated, the violator may be fined up to one thousand dollars.

(H) When legal action is indicated, any evidence of criminal activity found in an investigation under division (C) of this section shall be given to the prosecuting attorney in the county in which the home is located for investigation.

(I) (1) (a) Any resident whose rights under sections 3721.10 to 3721.17 of the Revised Code are violated has a cause of action against any person or home committing the violation.

(b) An action under division (I)(1)(a) of this section may be commenced by the resident or by the resident's legal guardian or other legally authorized representative on behalf of the resident or the resident's estate. If the resident or the resident's legal guardian or other legally authorized representative is unable to commence an action under that division on behalf of the resident, the following persons in the following order of priority have the right to and may commence an action under that division on behalf of the resident or the resident's estate:

(i) The resident's spouse;

(ii) The resident's parent or adult child;

(iii) The resident's guardian if the resident is a minor child;

(iv) The resident's brother or sister;

(v) The resident's niece, nephew, aunt, or uncle.

(c) Notwithstanding any law as to priority of persons entitled to commence an action, if more than one eligible person within the same level of priority seeks to commence an action on behalf of a resident or the resident's estate, the court shall determine, in the best interest of the resident or the resident's estate, the individual to commence the action. A court's determination under this division as to the person to commence an action on behalf of a resident or the resident's estate shall bar another person from commencing the action on behalf of the resident or the resident's estate.

(d) The result of an action commenced pursuant to division (I)(1)(a) of this section by a person authorized under division (I)(1)(b) of this section shall bind the resident or the resident's estate that is the subject of the action.

(e) A cause of action under division (I)(1)(a) of this section shall accrue, and the statute of limitations applicable to that cause of action shall begin to run, based

upon the violation of a resident's rights under sections 3721.10 to 3721.17 of the Revised Code, regardless of the party commencing the action on behalf of the resident or the resident's estate as authorized under divisions (I)(1)(b) and (c) of this section.

(2) (a) The plaintiff in an action filed under division (I)(1) of this section may obtain injunctive relief against the violation of the resident's rights. The plaintiff also may recover compensatory damages based upon a showing, by a preponderance of the evidence, that the violation of the resident's rights resulted from a negligent act or omission of the person or home and that the violation was the proximate cause of the resident's injury, death, or loss to person or property.

(b) If compensatory damages are awarded for a violation of the resident's rights, section 2315.21 of the Revised Code shall apply to an award of punitive or exemplary damages for the violation.

(c) The court, in a case in which only injunctive relief is granted, may award to the prevailing party reasonable attorney's fees limited to the work reasonably performed.

(3) Division (I)(2)(b) of this section shall be considered to be purely remedial in operation and shall be applied in a remedial manner in any civil action in which this section is relevant, whether the action is pending in court or commenced on or after July 9, 1998.

(4) Within thirty days after the filing of a complaint in an action for damages brought against a home under division (I)(1)(a) of this section by or on behalf of a resident or former resident of the home, the plaintiff or plaintiff's counsel shall send written notice of the filing of the complaint to the department of job and family services if the department has a right of recovery under section 5101.58 of the Revised Code against the liability of the home for the cost of medical services and care arising out of injury, disease, or disability of the resident or former resident.

Dayspring Resident Advocates

Local Social Security Office		Information About Returning to the Community	
Address	80 N Progress Dr Xenia, Ohio 45385	Address	Area Agency on Aging, PSA 2 40 W Second St, Suite 400 Dayton, Ohio 45402
Phone	866-755-5372	Phone	800-258-7277
Email	www.ssa.gov/agency/contact/	Email	www.info4seniors.org/contact/
Local Department of Health		**State Department of Health**	
Address	Clark County Combined Health District 529 East Home Rd Springfield, Ohio 45503	Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	937-390-5600	Phone	(614) 466-3543
Email	health@ccchd.com	Email	OPA@odh.ohio.gov
Local Medicaid Office		**State Medicaid Office**	
Address	Clark County JFS 1345 Lagonda Ave Springfield, Ohio 45503	Address	Ohio Department of Medicaid 50 West Town Street Suite 400 Columbus, Ohio 43215
Phone	937-327-1700	Phone	(800) 324-8680
Email	Kimberly.smith09@jfs.ohio.gov	Online	www.medicaid.ohio.gov/CONTACT.aspx
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor Columbus, Ohio 43215	Address	Ohio Department of Health Complaint Unit 246 North High Street Columbus, Ohio 43215
Phone	(800) 642-2873	Phone	(800) 342-0553
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud	Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
		Email	HCComplaints@odh.ohio.gov
Local Ombudsman		**State Ombudsman**	
Address	Dayton Ombudsman Office 11 W Monument Ave, Suite 606 Dayton, Ohio 45402	Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	937-223-4613	Phone	(800) 282-1206
Email	ombudsman@dayton-ombudsman.org	Email	ohioombudsman@age.ohio.gov
Aging & Disability Resource Centers		**Quality Improvement Organization**	

Address	Area Agency on Aging, PSA 2 40 W Second St, Suite 400 Dayton, Ohio 45402	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	800-258-7277	Phone	(855) 408-8557
Email	www.info4seniors.org/contact/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Eastgatespring Resident Advocates

Local Social Security Office		**Information About Returning to the Community**	
Address	10205 Reading Rd Cincinnati, Ohio 45241	Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246
Phone	1-800-772-1213	Phone	513-721-1025
Email	www.SSA.gov/agency/contact/	Email	www.help4seniors.org/about-coa/contact-us/
Local Department of Health		**State Department of Health**	
Address	Clermont County Public Health 2275 Bauer Rd, Suite 300 Batavia, Ohio 45103	Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	513-732-7499	Phone	(614) 466-3543
Email	ccph@clermontcountyohio.gov	Email	OPA@odh.ohio.gov
Local Medicaid Office		**State Medicaid Office**	
Address	Clermont County JFS 2400 Clermont Center Dr Batavia, Ohio 45103	Address	Ohio Department of Medicaid 50 West Town Street Suite 400 Columbus, Ohio 43215
Phone	513-732-7111	Phone	(800) 324-8680
Email	Clermontcasebank3@jfs.ohio.gov	Online	www.medicaid.ohio.gov/CONTACT.aspx
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor	Address	Ohio Department of Health Complaint Unit 246 North High Street

	Columbus, Ohio 43215		Columbus, Ohio 43215
Phone	(800) 642-2873	Phone	(800) 342-0553
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud	Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
		Email	HCComplaints@odh.ohio.gov
Local Ombudsman		**State Ombudsman**	
Address	Pro Seniors 7162 Reading Rd, Suite 1150 Cincinnati, Ohio 45237	Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	513-345-4160	Phone	(800) 282-1206
Email	info@proseniors.org	Email	ohioombudsman@age.ohio.gov
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	800-252-0155	Phone	(855) 408-8557
Email	www.help4seniors.org/about-coa/contact-us/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Heritagespring Resident Advocates

Local Social Security Office		**Information About Returning to the Community**	
Address	6553 Winford Ave Hamilton, Ohio 45011	Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246
Phone	1-800-772-1213	Phone	513-721-1025

Email	www.SSA.gov/agency/contact/	Email	www.help4seniors.org/about-coa/contact-us/
Local Department of Health		**State Department of Health**	
Address	Butler County Health Department 301 South Third St Hamilton, Ohio 45011	Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	513-863-1770	Phone	(614) 466-3543
Email	www.butlercountyohio.org/health/index.cfm?page-contactUs	Email	OPA@odh.ohio.gov
Local Medicaid Office		**State Medicaid Office**	
Address	Butler County JFS 315 High St, 8th Fl Hamilton, Ohio 45011	Address	Ohio Department of Medicaid 50 West Town Street Suite 400 Columbus, Ohio 43215
Phone	513-887-5600	Phone	(800) 324-8680
Email	www.butlercountyohio.org/health/index.cfm?page-contactUs_genInquiry	Online	www.medicaid.ohio.gov/CONTACT.aspx
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor Columbus, Ohio 43215	Address	Ohio Department of Health Complaint Unit 246 North High Street Columbus, Ohio 43215
Phone	(800) 642-2873	Phone	(800) 342-0553
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud	Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
		Email	HCComplaints@odh.ohio.gov
Local Ombudsman		**State Ombudsman**	
Address	Pro Seniors 7162 Reading Rd, Suite 1150 Cincinnati, Ohio 45237	Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	513-345-4160	Phone	(800) 282-1206
Email	info@proseniors.org	Email	ohioombudsman@age.ohio.gov
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	800-252-0155	Phone	(855) 408-8557
Email	www.help4seniors.org/about-coa/contact-us/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	

Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Hillspring Resident Advocates

Local Social Security Office		**Information About Returning to the Community**	
Address	3715 Towne Blvd Franklin, Ohio 45005	Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246
Phone	800-772-1213	Phone	513-721-1025
Email	www.ssa.gov/agency/contact/	Email	www.help4seniors.org/about-coa/contact-us/
Local Department of Health		**State Department of Health**	
Address	Warren County Combined Health District 416 S East St Lebanon, Ohio 45036	Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	513-695-1228	Phone	(614) 466-3543
Email	www.wcchd.com/contact-us.html	Email	OPA@odh.ohio.gov
Local Medicaid Office		**State Medicaid Office**	
Address	Warren County JFS 416 S East St Lebanon, Ohio 45036	Address	Ohio Department of Medicaid 50 West Town Street Suite 400 Columbus, Ohio 43215
Phone	513-695-1422	Phone	(800) 324-8680
Email	arlene.byrd@jfs.ohio.gov	Online	www.medicaid.ohio.gov/CONTACT.aspx
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor Columbus, Ohio 43215	Address	Ohio Department of Health Complaint Unit 246 North High Street Columbus, Ohio 43215
Phone	(800) 642-2873	Phone	(800) 342-0553
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud	Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
		Email	HCComplaints@odh.ohio.gov

Local Ombudsman		State Ombudsman	
Address	Pro Seniors 7162 Reading Rd, Suite 1150 Cincinnati, Ohio 45237	Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	513-345-4160	Phone	(800) 282-1206
Email	info@proseniors.org	Email	ohioombudsman@age.ohio.gov
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	513-721-1025	Phone	(855) 408-8557
Email	www.help4seniors.org/about-coa/contact-us/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Indianspring Resident Advocates

Local Social Security Office		Information About Returning to the Community	
Address	10205 Reading Rd Cincinnati, Ohio 45241	Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246
Phone	1-800-772-1213	Phone	513-721-1025
Email	www.SSA.gov/agency/contact/	Email	www.help4seniors.org/about-coa/contact-us/
Local Department of Health		**State Department of Health**	
Address	Hamilton County Public Health 250 William Howard Taft, 2nd Fl Cincinnati, Ohio 45219	Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	513-946-7800	Phone	(614) 466-3543
Email	www.hamiltoncountyhealth.org/contact-us/	Email	OPA@odh.ohio.gov
Local Medicaid Office		**State Medicaid Office**	
Address	Hamilton County JFS 222 East Central Parkway	Address	Ohio Department of Medicaid 50 West Town Street

	Cincinnati, Ohio 45202		Suite 400 Columbus, Ohio 43215
Phone	513-946-1000	Phone	(800) 324-8680
Email	HAMIL-FAA2_NII_inquiry@jfs.hamilton-co.org	Online	www.medicaid.ohio.gov/CONTACT.aspx
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor Columbus, Ohio 43215	Address	Ohio Department of Health Complaint Unit 246 North High Street Columbus, Ohio 43215
Phone	(800) 642-2873	Phone	(800) 342-0553
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud	Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
		Email	HCComplaints@odh.ohio.gov
Local Ombudsman		**State Ombudsman**	
Address	Pro Seniors 7162 Reading Rd, Suite 1150 Cincinnati, Ohio 45237	Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	513-345-4160	Phone	(800) 282-1206
Email	info@proseniors.org	Email	ohioombudsman@age.ohio.gov
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	800-252-0155	Phone	(855) 408-8557
Email	www.help4seniors.org/about-coa/contact-us/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Shawneespring Resident Advocates

Local Social Security Office	
Address	550 Main St, ROOM 2000 Cincinnati, Ohio 45202
Phone	1-800-772-1213
Email	www.SSA.gov/agency/contact/

Information About Returning to the Community	
Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246
Phone	513-721-1025
Email	www.help4seniors.org/about-coa/contact-us/

Local Department of Health	
Address	Hamilton County Public Health 250 William Howard Taft, 2nd Fl Cincinnati, Ohio 45219
Phone	513-946-7800
Email	www.hamiltoncountyhealth.org/contact-us/

State Department of Health	
Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	(614) 466-3543
Email	OPA@odh.ohio.gov

Local Medicaid Office	
Address	Hamilton County JFS 222 East Central Parkway Cincinnati, Ohio 45202
Phone	513-946-1000
Email	HAMIL-FAA2_NII_inquiry@jfs.hamilton-co.org

State Medicaid Office	
Address	Ohio Department of Medicaid 50 West Town Street Suite 400 Columbus, Ohio 43215
Phone	(800) 324-8680
Online	www.medicaid.ohio.gov/CONTACT.aspx

Medicaid Fraud Control Unit	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor Columbus, Ohio 43215
Phone	(800) 642-2873
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud

State Complaints & Investigations	
Address	Ohio Department of Health Complaint Unit 246 North High Street Columbus, Ohio 43215
Phone	(800) 342-0553
Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
Email	HCComplaints@odh.ohio.gov

Local Ombudsman	
Address	Pro Seniors 7162 Reading Rd, Suite 1150 Cincinnati, Ohio 45237
Phone	513-345-4160
Email	info@proseniors.org

State Ombudsman	
Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	(800) 282-1206
Email	ohioombudsman@age.ohio.gov

Aging & Disability Resource Centers		Quality Improvement Organization	
Address	Council on Aging of Southwestern Ohio 175 Tri County Parkway Cincinnati, Ohio 45246	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	800-252-0155	Phone	(855) 408-8557
Email	www.help4seniors.org/about-coa/contact-us/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Stonespring Resident Advocates

Local Social Security Office		Information About Returning to the Community	
Address	200 W 2nd St, Room 209 Dayton, Ohio 45402	Address	Area Agency on Aging, PSA 2 40 W Second St, Suite 400 Dayton, Ohio 45402
Phone	888-329-5724	Phone	800-258-7277
Email	www.ssa.gov/agency/contact/	Email	www.info4seniors.org/contact/
Local Department of Health		**State Department of Health**	
Address	PHDMC 117 S Main St Dayton, Ohio 45402	Address	Ohio Department of Health 246 N. High St. Columbus, Ohio 43215
Phone	937-225-5700	Phone	(614) 466-3543
Email	www.phdmc.org/contact-us	Email	OPA@odh.ohio.gov
Local Medicaid Office		**State Medicaid Office**	
Address	Montgomery County JFS 1111 S Edwin Moses Bllvd Dayton, Ohio 45422	Address	Ohio Department of Medicaid 50 West Town Street Suite 400 Columbus, Ohio 43215
Phone	937-225-4148	Phone	(800) 324-8680
Email	www.mcohio.org	Online	www.medicaid.ohio.gov/CONTACT.aspx

Medicaid Fraud Control Unit		State Complaints & Investigations	
Address	Office of the Attorney General Medicaid Fraud Control Unit 150 East Gay Street, 17th Floor Columbus, Ohio 43215	Address	Ohio Department of Health Complaint Unit 246 North High Street Columbus, Ohio 43215
Phone	(800) 642-2873	Phone	(800) 342-0553
Online	www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud	Online	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/dspc/complaints---nursing-homes/Complaint-Form.pdf?la=en
		Email	HCComplaints@odh.ohio.gov
Local Ombudsman		**State Ombudsman**	
Address	Dayton Ombudsman Office 11 W Monument Ave, Suite 606 Dayton, Ohio 45402	Address	Ohio Long Term Care Ombudsman 50 West Broad Street Columbus, OH 43215
Phone	937-223-4613	Phone	(800) 282-1206
Email	ombudsman@dayton-ombudsman.org	Email	ohioombudsman@age.ohio.gov
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Area Agency on Aging, PSA 2 40 W Second St, Suite 400 Dayton, Ohio 45402	Address	KEPRO Area 4 5201 West Kennedy Boulevard Suite 900 Tampa, Florida 3609
Phone	800-258-7277	Phone	(855) 408-8557
Email	www.info4seniors.org/contact/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Health Assurance and Licensing Ohio Department of Health 246 N. High Street, 3rd Floor Columbus, Ohio 43215 Attn: Chief Dave Holston	Address	Disability Rights Ohio 50 W. Broad Street Suite 1400 Columbus, Ohio 43215-5923
Phone	(614) 466-7857	Phone	(614) 466-7264 or (800) 282-9181
Email	dave.holston@odh.ohio.gov	Online	www.disabilityrightsohio.org/intake-form

Nursing Home Residents' Bill of Rights and Responsibilities for Kentucky

Resident/Family Responsibilities

Providing Information

The resident and family are responsible for providing, to the best of their knowledge, accurate and complete information regarding medical history, hospitalizations, medications and present

complaints. The resident and family are also responsible for reporting unexpected changes in the resident's condition to appropriate caregivers. The resident and family must indicate whether he/she understands treatments, care plans, and what is expected of him/her.

Following Instructions

The resident and family are responsible from following the plan of care developed with the interdisciplinary team as they implement the physician's orders and enforce the applicable regulations at the facility.

Refusing Treatment

The resident and family must understand the consequences of refusing treatment or not following the plan of care as explained by the appropriate interdisciplinary team member. The resident and family are responsible for adverse outcomes if the plan of care is not followed.

Respect and Consideration

The resident and family are responsible for being considerate of the rights of other residents and employees, helping to control noise or disturbances, following smoking policies and respecting the facility's and others' property.

Meeting Financial Commitments

The resident and family are responsible for assuring that the financial obligations agreed upon with the facility are met promptly.

Nursing Home Resident's Bill of Rights

Kentucky State Resident Rights

Every resident in a long-term-care facility shall have at least the following rights:

(1) Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident's written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all services available at the long-term-care facility. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident's personal file.

(2) Before admission to a long-term-care facility, the resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident's written acknowledgment and that of the responsible party or his responsible family member or his guardian, of all resident's responsibilities and rights as defined in this

section and KRS 216.520 to 216.530. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident's personal file.

(3) The resident and the responsible party or his responsible family member or his guardian shall be fully informed in writing, as evidenced by the resident's written acknowledgment and that of the responsible party or his responsible family member, or his guardian, prior to or at the time of admission and quarterly during the resident's stay at the facility, of all service charges for which the resident or his responsible family member or his guardian is responsible for paying. The resident and the responsible party or his responsible family member or his guardian shall have the right to file complaints concerning charges which they deem unjustified to appropriate local and state consumer protection agencies. Every long-term-care facility shall keep the original document of each written acknowledgment in the resident's personal file.

(4) The resident shall be transferred or discharged only for medical reasons, or his own welfare, or that of the other residents, or for nonpayment, except where prohibited by law or administrative regulation. Reasonable notice of such action shall be given to the resident and the responsible party or his responsible family member or his guardian.

(5) All residents shall be encouraged and assisted throughout their periods of stay in long-term care facilities to exercise their rights as a resident and a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and to outside representatives of their choice, free from restraint, interference, coercion, discrimination, or reprisal.

(6) All residents shall be free from mental and physical abuse, and free from chemical and physical restraints except in emergencies or except as thoroughly justified in writing by a physician for a specified and limited period of time and documented in the resident's medical record.

(7) All residents shall have confidential treatment of their medical and personal records. Each resident or his responsible family member or his guardian shall approve or refuse the release of such records to any individuals outside the facility, except as otherwise specified by statute or administrative regulation.(8) Each resident may manage the use of his personal funds. If the facility accepts the responsibility for managing the resident's personal funds as evidenced by the facility's written acknowledgment, proper accounting and monitoring of such funds shall be made. This shall include each facility giving quarterly itemized statements to the resident and the responsible party or his responsible family member or his guardian which detail the status of the resident's personal funds and any transactions in which such funds have been received or disbursed. The facility shall return to the resident his valuables, personal possessions, and any unused balance of moneys from his account at the time of his

transfer or discharge from the facility. In case of death or for valid reasons when he is transferred or discharged the resident's valuables, personal possessions, and funds that the facility is not liable for shall be promptly returned to the resident's responsible party or family member, or his guardian, or his executor.

(9) If a resident is married, privacy shall be assured for the spouse's visits and if they are both residents in the facility, they may share the same room unless they are in different levels of care or unless medically contraindicated and documented by a physician in the resident's medical record.

(10) Residents shall not be required to perform services for the facility that are not included for therapeutic purposes in their plan of care.

(11) Residents may associate and communicate privately with persons of their choice and send and receive personal mail unopened.

(12) Residents may retain the use of their personal clothing unless it would infringe upon the rights of others.

(13) No responsible resident shall be detained against his will. Residents shall be permitted and encouraged to go outdoors and leave the premises as they wish unless a legitimate reason can be shown and documented for refusing such activity.

(14) Residents shall be permitted to participate in activities of social, religious, and community groups at their discretion.

(15) Residents shall be assured of at least visual privacy in multibed rooms and in tub, shower, and toilet rooms.

(16) The resident and the responsible party or his responsible family member or his guardian shall be permitted the choice of a physician.

(17) If the resident is adjudicated mentally disabled in accordance with state law, the resident's guardian shall act on the resident's behalf in order that his rights be implemented.

(18) Each resident shall be treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs.

(19) Every resident and the responsible party or his responsible family member or his guardian has the right to be fully informed of the resident's medical condition unless medically contraindicated and documented by a physician in the resident's medical record.

(20) Residents have the right to be suitably dressed at all times and given assistance when needed in maintaining body hygiene and good grooming.

(21) Residents shall have access to a telephone at a convenient location within the facility for making and receiving telephone calls.

(22) The resident's responsible party or family member or his guardian shall be notified immediately of any accident, sudden illness, disease, unexplained absence, or anything unusual involving the resident.

(23) Residents have the right to have private meetings with the appropriate long-term care facility inspectors from the Cabinet for Health and Family Services.

(24) Each resident and the responsible party or his responsible family member or his guardian has the right to have access to all inspection reports on the facility.

(25) The above-stated rights shall apply in all cases unless medically contraindicated and documented by a physician in writing in the resident's medical record.

(26) Any resident whose rights as specified in this section are deprived or infringed upon shall have a cause of action against any facility responsible for the violation. The action may be brought by the resident or his guardian. The action may be brought in any court of competent jurisdiction to enforce such rights and to recover actual and punitive damages for any deprivation or infringement on the rights of a resident. Any plaintiff who prevails in such action against the facility may be entitled to recover reasonable attorney's fees, costs of the action, and damages, unless the court finds the plaintiff has acted in bad faith, with malicious purpose, or that there was a complete absence of justifiable issue of either law or fact. Prevailing defendants may be entitled to recover reasonable attorney's fees. The remedies provided in this section are in addition to and cumulative with other legal and administrative remedies available to a resident and to the cabinet.

Kentucky Administrative Regulations

The resident has a right to a dignified existence, self-determination and communication with and access to persons and services inside and outside the facility. A facility must protect and promote the rights of each resident, including each of the following rights:

(1) **Exercise of rights.**

(a) The resident shall have the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.

(b) The resident shall have the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising his or her rights.

(c) In the case of a resident adjudged incompetent under the laws of a state by a court of competent jurisdiction, the rights of the resident shall be exercised by the person appointed under state law to act on the resident's behalf.

(2) **Notice of rights and services.**

(a) The facility shall inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and administrative regulations governing resident conduct and responsibilities during the stay in the facility. Such notification shall be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, shall be documented in writing.

(b) The resident shall have the right to inspect and purchase photocopies of all records pertaining to the resident, upon written request and forty-eight (48) hours' notice to the facility;

(c) The resident shall have the right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition;

(d) The resident shall have the right to refuse treatment, and to refuse to participate in experimental research; and

(e) The facility shall inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered by third party payors or the facility's per diem rate.

(f) The facility shall furnish a written description of legal rights which includes:

1. A description of the manner of protecting personal funds, under paragraph (3) of this section; and

2. A statement that the resident may file a complaint with the licensure agency concerning resident abuse, neglect, and misappropriation of resident property in the facility.

(g) The facility shall inform each resident of the name, specialty and way of contacting the physician responsible for his or her care.

(h) The facility shall have available a manual and contact person to provide residents and potential residents oral and written information about how to apply for and use third party benefits, and how to receive refunds for previous payments covered by such benefits.

(i) Notification of changes.

1. Except in a medical emergency or when a resident is incompetent, a facility shall consult with the resident immediately and notify the resident's physician, and if

known, the resident's legal representative or interested family member within twenty-four (24) hours when there is:

a. An accident involving the resident which results in injury;

b. A significant change in the resident's physical, mental, or psychosocial status;

c. A need to alter treatment significantly; or

d. A decision to transfer or discharge the resident from the facility as specified in Section 4(1) of this administrative regulation.

2. The facility shall also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is:

a. A change in room or roommate assignment as specified in Section 6(5)(b) of this administrative regulation; or

b. A change in resident rights under federal or state law or administrative regulations as specified in subsection (2)(a) of this section.

3. The facility shall record and periodically update the address and phone number of the resident's legal representative or interested family member.

(3) **Protection of resident funds.**

(a) The resident shall have the right to manage his or her financial affairs and the facility shall not require residents to deposit their personal funds with the facility.

(b) Management of personal funds. Upon written authorization of a resident, the facility shall hold, safeguard, manage and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c) through (g) of this subsection.

(c) Deposit of funds.

1. Funds in excess of fifty (50) dollars. The facility shall deposit any resident's personal funds in excess of fifty (50) dollars in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on the resident's account to his or her account.

2. Funds less than fifty (50) dollars. The facility shall maintain a resident's personal funds that do not exceed fifty (50) dollars in a noninterest bearing account or petty cash fund.

(d) Accounting and records. The facility shall establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting

principles, of each resident's personal funds entrusted to the facility on the resident's behalf.

1. The system shall preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

2. The individual financial record shall be available on request to the resident or his or her legal representative.

(e) Conveyance upon death. Upon the death of a resident with a personal fund deposited with the facility, the facility shall convey promptly the resident's funds, and a final accounting of those funds, to the individual administering the resident's estate.

(f) Assurance of financial security. The facility shall purchase a surety bond, or provide self-insurance to assure the security of all personal funds of residents deposited with the facility.

(g) Limitation on charges to personal funds. The facility shall not impose a charge against the personal funds of a resident for any item or service for which payment is made by a third party payor.

(4) **Free choice.** The resident shall have the right to:

(a) Choose a personal attending physician;

(b) Be fully informed in advance about care and treatment of any changes in that care or treatment that may affect the resident's well-being; and

(c) Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the state, participate in planning care and treatment or changes in care and treatment.

(5) **Privacy and confidentiality of personal and clinical records.** The resident shall have the right to personal privacy and confidentiality of his personal and clinical records.

(a) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room;

(b) Except as provided in paragraph (c) of this subsection, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility;

(c) The resident's right to refuse release of personal and clinical records shall not apply when:

1. The resident is transferred to another health care institution; or

2. Record release is required by law or third-party payment contract.

(6) **Grievances.** A resident shall have the right to:

(a) Voice grievances with respect to treatment or care that is, or fails to be furnished, without discrimination or reprisal for voicing the grievances; and

(b) Prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(7) **Examination of survey results.** A resident shall have the right to:

(a) Examine the results of the most recent survey of the facility conducted by federal or state surveyors and any plan of correction in effect with respect to the facility. The results shall be posted by the facility in a place readily accessible to residents; and

(b) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

(8) **Work.** The resident shall have the right to:

(a) Refuse to perform services for the facility;

(b) Perform services for the facility, if he or she chooses, when:

1. The facility documents the need or desire for work in the plan of care;

2. The plan specifies the nature of the services performed and whether the services are voluntary or paid;

3. Compensation for paid services is at or above prevailing rates; and

4. The resident agrees to the work arrangements described in the plan of care.

(9) **The resident shall have the right to privacy in written communications, including the right to:**

(a) Send and receive mail promptly that is unopened; and

(b) Have access to stationery, postage and writing implements at the resident's own expense.

(10) **Access and visitation rights.**

(a) The resident shall have the right and the facility shall provide immediate access to any resident by the following:

1. Any representative of the federal government;

2. Any representative of the state;

3. The resident's individual physician;

4. Any representative of the Kentucky long-term care ombudsman program;

5. The agency responsible for the protection and advocacy system for developmentally disabled individuals and for mentally ill individuals;

6. Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and

7. Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.

(b) The facility shall provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

(c) The facility shall allow representatives of the ombudsman, described in paragraph (a)4 of this subsection, to examine a resident's clinical records with the permission of the resident or the resident's legal representative, and consistent with state law.

(11) **Telephone.** The resident shall have the right to have regular access to the private use of a telephone.

(12) **Personal property.** The resident shall have the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

(13) **Married couples.** The resident shall have the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

<u>Federal Resident Rights</u>
Our residents have rights under federal law. Each state has outlined specific rights as well.

The Facility shall protect and promote the rights of each Resident, including each of the following rights:

(1) The Resident has a right to a dignified existence, self-determination and communication with, and access to, persons and services inside and outside the Facility.

(2) The Resident has a right to exercise his or her rights as a Resident of the Facility and as a citizen or resident of the United States.

(3) The Resident has the right to be free of interference, coercion, discrimination or reprisal from the Facility in exercising his or her rights.

(4) The Resident has the right to be fully informed, in a language he or she can understand, of his or her total health status, including, but not limited to, his or her medical condition.

(5) The Resident has the right to refuse treatment and to refuse to participate in experimental research.

(6) The Resident has the right to exercise his or her legal rights, including filing a grievance with the State survey and certification agency concerning Resident abuse, neglect and misappropriation of Resident property in the Facility.

(7) The Resident has the right to manage his or her financial affairs.

(8) The Resident has a right to choose an attending physician.

(9) The Resident has a right to be fully informed in advance about care and treatment and any changes-in that care or treatment that may affect the Resident's well-being.

(10) The Resident has a right to participate in planning his or her care and treatment or changes in care and treatment unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State.

(11) The Resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

(12) The Resident or Legal Representative has the right upon oral or written request, to access all records pertaining to himself or herself, including clinical records, within twenty-four hours. After receipt of his or her records, the Resident or Legal Representative has the right to purchase (at a cost not to exceed the community standard) photocopies of the records or any portions of them upon request and with two days' advance notice to the Facility.

(13) The Resident may approve or refuse the release of personal and clinical records to any individual outside the Facility except when:

A. The Resident is transferred to another health care institution.

B. Record release is required by law or a third-party payment contract.

(14) The Resident has a right to voice grievances with respect to treatment or care that fails to be furnished without discrimination or reprisal for voicing grievances.

(15) The Resident has a right to prompt efforts by the Facility to resolve grievances, including those with respect to the behavior of other Residents.

(16) The Resident has a right to examine the results of the most recent survey of the Facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the Facility.

(17) The Resident has a right to receive information from agencies acting as client advocates and be afforded the opportunity to contact the agencies.

(Updated January 2017)

Barrington of Ft. Thomas Resident Advocates

LEGAL AID SOCIETY **NORTHERN KY LEGAL AID SOCIETY** **859-431-8200**	**PRO SENIORS/OMBUDSMAN** **SENIOR SERVICES OF NORTHERN KY** **NORTHERN KY OMBUDSMAN:** **BETHANY BRECKEL** 1032 Madison Avenue Covington, KY 41011 **859-292-7969** **1-800-255-7265**
AREA COUNCIL ON AGING **NORTHERN KENTUCKY AREA DEVELOPMENT** 22 Spiral Drive Florence, KY 41042 **859-283-1885**	**NORTHERN KENTUCKY INDEPENDENT DISTRICT HEALTH DEPARTMENT** 610 Medical Village Drive Edgewood, KY 41017 **859-491-6611**
NORTHERN KY HEALTH DEPARTMENT EDUCATION AND SERVICES 610 Medical Village Dr, Edgewood, KY 41017 **859-431-6611**	**CAMPBELL COUNTY SENIOR AND WELLNESS CENTER** 3504 Alexandria Pike, Highland Heights, KY 41076 **859-572-4300**
ELDER ABUSE HOTLINE **1-800-752-6200**	**ADULT PROTECTIVE SERVICES BOONE, KENTON, CAMPBELL COUNTY** **859-292-6340**

DEPARTMENT OF AGING AND INDEPENDENT LIVING 275 E. Main Street, 3E-E Frankfort, KY 40621 **502-564-6930**	**ALZHEIMER'S DISEASE AND RELATED DISORDERS** 644 Linn Street, Suite 1026 Cincinnati, OH 45203 **513-721-4284** **800-441-3322**

Coldspring Resident Advocates

Local Social Security Office		**Information About Returning to the Community**	
Address	7 Youell St Florence, Kentucky 41042	Address	Department of Aging and Independent Living 275 E Main St, 3E-E Frankfort, Kentucky 40621
Phone	1-800-772-1213	Phone	502-564-6930
Email	www.ssa.gov/agency/contact/	Email	www.chfs.ky.gov/DAILSOP.htm
Local Department of Health		**State Department of Health**	
Address	Northern Kentucky Health Department District Office 610 Medical Village Dr Edgewood, Kentucky 41017	Address	Kentucky Cabinet for Health and Family Services Department for Public Health 275 E Main St Frankfort, Kentucky 40621
Phone	859-341-4264	Phone	800-372-2973
Email	nkywebmaster@nkyhealth.org	Email	www.chfs.ky.gov/dphj/
Local Medicaid Office		**State Medicaid Office**	
Address	Campbell County Medicaid 601 Washington Ave #4 Newport, Kentucky 41075	Address	Kentucky Cabinet for Health and Family Services 275 East Main St Frankfort, Kentucky 40621
Phone	855-306-8959	Phone	800-372-2973
Email	TammyKThornsberry@ky.gov	Online	www.chfs.ky.gov/contact/
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of Inspector General Division of Health Care	Address	Office of Inspector General 275 E Main St 5E-A

	275 E Main St 5E-A Frankfort, Kentucky 40621		Frankfort, Kentucky 40621
Phone	502-564-7963	Phone	502-564-2888
Online	www.chfs.ky.gov/dms/fraud.html	Online	www.chfs.ky.gov/os/oigcontacts.htm
		Email	
Local Ombudsman		**State Ombudsman**	
Address	NKADD District Long Term Care Ombudsman Bethany Breckel 22 Spiral Dr Florence Kentucky 41042	Address	Kentucky Long Term Care Ombudsman Sherry Culp 3138 Custer Dr, Suite 110 Lexington, Kentucky 40517
Phone	859-283-8185	Phone	800-372-2991
Email	Bethany.breckel@nkadd.org	Email	www.chfs.ky.gov/dail/kltcopcontact.htm
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Kentucky Cabinet for Health and Family Services Aging and Disability Resource Center 275 E Main St Frankfort, Kentucky 40621	Address	Kepro Area 3 Rock Run Center, Suite 100 5700 Lombardo Center Dr Seven Hills, Ohio 44131
Phone	877-925-0037	Phone	844-430-9504
Email	www.chfs.ky.gov/dail/adrc/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Inspector General 275 E Main St 5E-A Frankfort, Kentucky 40621	Address	Kentucky Protection and Advocay 5 Mill Creek Park Frankfort, Kentucky 40601
Phone	502-564-2888	Phone	502-564-2967
Email	www.chfs.ky.gov/os/oig/	Online	KYPandAinquiry@gmail.com

Updated 11/01/17

Highlandspring Resident Advocates

Local Social Security Office		**Information About Returning to the Community**	
Address	7 Youell St Florence, Kentucky 41042	Address	Department of Aging and Independent Living 275 E Main St, 3E-E Frankfort, Kentucky 40621
Phone	1-800-772-1213	Phone	502-564-6930

Email	www.ssa.gov/agency/contact/	Email	www.chfs.ky.gov/DAILSOP.htm
Local Department of Health		**State Department of Health**	
Address	Northern Kentucky Health Department District Office 610 Medical Village Dr Edgewood, Kentucky 41017	Address	Kentucky Cabinet for Health and Family Services Department for Public Health 275 E Main St Frankfort, Kentucky 40621
Phone	859-341-4264	Phone	800-372-2973
Email	nkywebmaster@nkyhealth.org	Email	www.chfs.ky.gov/dphj/
Local Medicaid Office		**State Medicaid Office**	
Address	Campbell County Medicaid 601 Washington Ave #4 Newport, Kentucky 41075	Address	Kentucky Cabinet for Health and Family Services 275 East Main St Frankfort, Kentucky 40621
Phone	855-306-8959	Phone	800-372-2973
Email	TammyKThornsberry@ky.gov	Online	www.chfs.ky.gov/contact/
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of Inspector General Division of Health Care 275 E Main St 5E-A Frankfort, Kentucky 40621	Address	Office of Inspector General 275 E Main St 5E-A Frankfort, Kentucky 40621
Phone	502-564-7963	Phone	502-564-2888
Online	www.chfs.ky.gov/dms/fraud.html	Online	www.chfs.ky.gov/os/oigcontacts.htm
		Email	
Local Ombudsman		**State Ombudsman**	
Address	NKADD District Long Term Care Ombudsman Bethany Breckel 22 Spiral Dr Florence Kentucky 41042	Address	Kentucky Long Term Care Ombudsman Sherry Culp 3138 Custer Dr, Suite 110 Lexington, Kentucky 40517
Phone	859-283-8185	Phone	800-372-2991
Email	Bethany.breckel@nkadd.org	Email	www.chfs.ky.gov/dail/kltcopcontact.htm
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Kentucky Cabinet for Health and Family Services Aging and Disability Resource Center 275 E Main St Frankfort, Kentucky 40621	Address	Kepro Area 3 Rock Run Center, Suite 100 5700 Lombardo Center Dr Seven Hills, Ohio 44131
Phone	877-925-0037	Phone	844-430-9504

Email	www.chfs.ky.gov/dail/adrc/	Email	KEPRO.Communications@hcqis.org
State Survey Agency		**State Protection & Advocacy Agency**	
Address	Office of Inspector General 275 E Main St 5E-A Frankfort, Kentucky 40621	Address	Kentucky Protection and Advocay 5 Mill Creek Park Frankfort, Kentucky 40601
Phone	502-564-2888	Phone	502-564-2967
Email	www.chfs.ky.gov/os/oig/	Online	KYPandAinquiry@gmail.com

(Updated 11/01/17)

Villaspring Resident Advocates

Local Social Security Office		**Information About Returning to the Community**	
Address	7 Youell St Florence, Kentucky 41042	Address	Department of Aging and Independent Living 275 E Main St, 3E-E Frankfort, Kentucky 40621
Phone	1-800-772-1213	Phone	502-564-6930
Email	www.ssa.gov/agency/contact/	Email	www.chfs.ky.gov/DAILSOP.htm
Local Department of Health		**State Department of Health**	
Address	Northern Kentucky Health Department District Office 610 Medical Village Dr Edgewood, Kentucky 41017	Address	Kentucky Cabinet for Health and Family Services Department for Public Health 275 E Main St Frankfort, Kentucky 40621
Phone	859-341-4264	Phone	800-372-2973
Email	nkywebmaster@nkyhealth.org	Email	www.chfs.ky.gov/dphj/
Local Medicaid Office		**State Medicaid Office**	
Address	Kenton County Medicaid 130 West 43rd St Covington, Kentucky 41015	Address	Kentucky Cabinet for Health and Family Services 275 East Main St Frankfort, Kentucky 40621
Phone	855- 306-8959	Phone	800-372-2973
Email	Darlas.Griffin@ky.gov	Online	www.chfs.ky.gov/contact/
Medicaid Fraud Control Unit		**State Complaints & Investigations**	
Address	Office of Inspector General Division of Health Care 275 E Main St 5E-A Frankfort, Kentucky 40621	Address	Office of Inspector General 275 E Main St 5E-A Frankfort, Kentucky 40621
Phone	502-564-7963	Phone	502-564-2888
Online	www.chfs.ky.gov/dms/fraud.html	Online	www.chfs.ky.gov/os/oigcontacts.htm
		Email	

Local Ombudsman		State Ombudsman	
Address	NKADD District Long Term Care Ombudsman Bethany Breckel 22 Spiral Dr Florence Kentucky 41042	Address	Kentucky Long Term Care Ombudsman Sherry Culp 3138 Custer Dr, Suite 110 Lexington, Kentucky 40517
Phone	859-283-8185	Phone	800-372-2991
Email	Bethany.breckel@nkadd.org	Email	www.chfs.ky.gov/dail/kltcopcontact.htm
Aging & Disability Resource Centers		**Quality Improvement Organization**	
Address	Kentucky Cabinet for Health and Family Services Aging and Disability Resource Center 275 E Main St Frankfort, Kentucky 40621	Address	Kepro Area 3 Rock Run Center, Suite 100 5700 Lombardo Center Dr Seven Hills, Ohio 44131
Phone	877-925-0037	Phone	844-430-9504
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Address	Office of Inspector General 275 E Main St 5E-A Frankfort, Kentucky 40621	Address	Kentucky Protection and Advocay 5 Mill Creek Park Frankfort, Kentucky 40601
Phone	502-564-2888	Phone	502-564-2967
Email	www.chfs.ky.gov/os/oig/	Online	KYPandAinquiry@gmail.com

(Updated 11/01/17)

Disaster and Evacuation Plans

Barrington of Ft Thomas Disaster Plan

Fire Plan for Employees

In the case that there is a fire, it is necessary that our staff at the Barrington be prepared to handle this emergency and that you, as our staff, know your ***predetermined plan of action.*** The Barrington has several different safety features to alert you should there be a fire. Throughout the building, in hallways as well as client rooms we have in place both smoke and fire detectors and a sprinkler system that will be activated by temperature.

We also have several pull stations and fire extinguishers located throughout the building (please see the floor plan for precise locations) as well as fire walls that can help contain the fire should one occur.

As team members here at the Barrington, your effort and response during the course of this and any emergency is critical. Following is an overview of what you should do in response to a fire alarm or when you suspect that there may be a fire:

If the fire is on your floor:

a. After having located the activated alarm by the enunciator panel, go to area (room) with extinguisher in hand, to remove the clients from the area. It is important to remember the acronym R.A.C.E. (Rescue, Alarm, Contain, and Evacuate), as this will give you a step by step reminder of what you should attempt. If you can extinguish the fire at this point, please focus your efforts on containment and extinguishing the fire.
b. If you cannot extinguish the fire or if there is an unusual amount of smoke, please begin removing clients from the area. It is important to remove the clients to the area on the other side of the nearest firewall. Make sure that the room or area containing fire is shut off from the rest of the building. If a client cannot be removed from area, focus on those you can save. Please remember that before entering a room to hold your hand to the door to check for unusual heat. If the door is extremely hot, the fire may be directly on the other side and you may be placing your health in jeopardy.
c. Alerting the other clients will be accomplished by the fire alarm. Your next efforts should be focused on either trying to extinguish the flames or evacuating the clients in that area.
d. Remember, during a fire; DO NOT USE THE ELEVATOR. Please escort those you can down the steps/fire escapes (see floor plan). Match clients up together with other clients that can help you evacuate. It is important to know who is ambulatory, in wheelchairs, etc., as this information will be useful during evacuation. (See client fire plan.)

If the fire is NOT on your floor:

a. Please call 911 and notify the Ft. Thomas Fire Department what floor and what location the fire is in.
b. Secondly, if management is not present, call Highlandspring Facility and notify the Supervisor that there is a fire and that he/she should come over and meet the Fire Department at the front door of the Barrington. (If Barrington management is present, they will be responsible for this.) You should also inform her/him that they need to notify the Executive Director of the emergency at the Barrington, if he/she is not already present.
c. After making these two calls, silence the alarm and begin evacuating your clients that have rooms above or below the location of the fire.
d. Assist the other attendants as needed.
e. Remember to follow R.A.C.E. (Rescue, Alarm, Contain, Evacuate)

Either the Ft. Thomas Fire Department or the Executive Director will make the determination of the necessity of a complete evacuation.

If a complete evacuation is necessary, the clients will be temporarily evacuated to Highlandspring of Ft. Thomas, until further accommodations can be provided.

During a fire emergency, the following departments will have these responsibilities:

Administration:

- When the alarm is sounded the Executive Director/Maintenance Director will check the enunciator panel to verify where the alarm has been activated. If present, they will be responsible for directing any potential evacuations or any decisions that may be needed during this time. If neither is present, please refer to the Chain of Command in order to carry out duties, decisions, and responsibilities at this time. It will be the responsibility of the front office personnel, which includes the receptionist, to await the arrival of the Ft. Thomas Fire Department and direct them to the appropriate location.

Activities:

- During a fire, it will be the responsibility of the Activities department and the Housekeeping department to assist the Nursing Attendants in the evacuation of the clients from the locations of the fire.

Dietary Department:

- The Dietary Department, upon hearing the alarm sounded, should immediately cut off all gas supply to the building (including the Fireplace in the Equestrian Dining room if necessary). If there are clients in the Dining room at the time of alarm, the staff should stay with the clients until evacuation becomes necessary.

It is important that during a time of crisis to KEEP YOUR COOL; DON'T PANIC!

The clients will be looking for your leadership during this time so it's extremely important to know your response during a fire emergency situation.

Barrington - Fire Plan for Clients

In the event of a fire at the Barrington it is important that we all know what to do and how to respond. The Barrington has several safety features to help identify and extinguish a fire should one occur, but your immediate response in these emergency situations could be critical to your survival. Following is a detailed description of what you should do in the event of fire:

- The Barrington contains several safety features that will help in detecting and battling both smoke and fire which includes: fire and smoke detectors and sensors, fire walls, fire extinguishers, and fire pull stations. (Please see floor plan to familiarize yourself with the location of each on your floor.)

- If you can identify either smoke or fire and the overhead alarm in not activated, please hurry to the nearest pull station and activate the alarm. This will notify both staff and other clients that there is a problem and staff should respond appropriately.

- If the fire cannot be extinguished, please evacuate immediately from the area where the fire is located. The activated alarm has already alerted the Ft. Thomas Fire Department, however you should always call 911 as well. It is important to know where the firewalls are on each floor so that you may evacuate to the proper areas. These firewalls are on each floor so that you may evacuate to the proper areas. These firewalls slow the path of the fire and will give you and the staff time to react to the problem. Please familiarize yourself with our facility layout and your floor plan to find out where you should go should a fire occur on your hall.

- You should never use the elevators as a means of evacuation. During these times of fires, elevators can cease to function properly and you may be trapped if you use them as a means of evacuation.

- If you are able to evacuate yourself, please use the stairs (see floor plan). If you cannot evacuate by using the stairs, please locate yourself in your apartment, nearest to your balcony. If a balcony is unavailable, please locate yourself nearest to a window in your apartment. If efforts fail to contain the fire, this will be the safest and easiest place for the fire department to locate and evacuate you. Remember that smoke kills and if you experience smoke, at this point, in your apartment you should dress appropriately and remove yourself to the balcony or near a window and wait for help.

- If you can evacuate yourself by using the stairwells, please exit from the nearest exit and report to the lobby of Highlandspring of Ft. Thomas, located across from the front parking lot. Their staff will accommodate you as best as possible during this time as we allow the professionals of the Ft. Thomas Fire Department to do their job.

- Please remember that these plans and building safety features are in a place to protect you from harm. But, during these times you contribute greatly to your own survival when you know how to respond appropriately and react quickly. So please make yourself very familiar with this plan, *it could mean the difference between life and death.*

Barrington - What to do in Case of Tornado/Unstable Weather for Staff

In the event that there is a Tornado watch or warning in the area, please be familiar with the following:

1. In inclement weather, always be sure to check for notices on the weather radios provided by the facility, located in the Client Attendant stations, Kitchen and front office. These radios will alert you to any possibility of Tornadoes/Unstable Weather being in the Northern Kentucky area.
2. If a Tornado Watch is given:
   a. Please be sure that all staff and clients are alerted and that all curtains are closed. Please make necessary preparations and seek shelter immediately.
   b. If a Tornado Watch is given during meal times, please evacuate the dining rooms and the living room/lobby areas. You should encourage all clients to go to their apartments and tune to a local radio or television station to stay updated.

c. Dietary staff needs to cut off the gas supply to the kitchen and to the fireplace and lower the drapes in the dining room.
d. All other staff should assist in clearing the lobbies and family rooms; evacuating clients to their apartments. 4th floor residents are transferred off the 4th floor on to the 1st, 2nd and 3rd floor corridors.

3. If a Tornado Warning is given it means a Tornado has been sighted in the area and you must seek cover immediately.
   a. Always remember to stay away from windows and seek shelter in a small room that is toward the center of the building on an inside wall. (See floor plan.)
   b. It is important to remember to stay calm. Courage is contagious. If you panic; the clients may panic and may cause problems for everyone.
   c. Dietary staff needs to be sure to evacuate to the trash room on the first floor or to the housekeeping closets in the central corridor. (See floor plan.)
   d. The nursing attendants should seek shelter in their stations on the corridor wall.
   e. REMEMBER, IN A TORNADO, TO COVER YOUR HEAD AND HUG THE WALL WHERE THE WALL MEETS THE FLOOR. If you don't have time to evacuate to the specific areas mentioned, this practice will increase your rate of safety in a tornado.
4. Once the storm has passed, please follow these instructions:
   a. If there has been damage to the building, contact the local authorities immediately (911). Contact Highlandspring of Ft. Thomas as well for their assistance in an emergency.
   b. The Executive Director and nurse should be contacted (see emergency phone list) as well as the Director of Maintenance.
   c. A head count of clients and staff should be done to sure that everyone is accounted for. This will require the coordination and cooperation of all departments.
   d. Should evacuating the building be necessary, this decision will be made by the Executive Director or a representative of the local authorities (Police or Fire Departments).
5. If the event that there is no damage to the building, and or the Tornado Watch or Warning has been lifted please alert everyone that there is no longer a Tornado Warning or Watch.

Barrington - What to do when there is a Tornado/Unstable Weather for Clients

Being located in the Cincinnati/Northern KY area means that, at some point during the year, there will be a threat for strong thunderstorms and potential for Tornadoes to exist. It is important for you to know what to do when these conditions exist. Our staff is trained on how to handle these emergencies, as well as other potential disasters, but success depends on your understanding of what your responsibility is during these times.

Be on Alert:

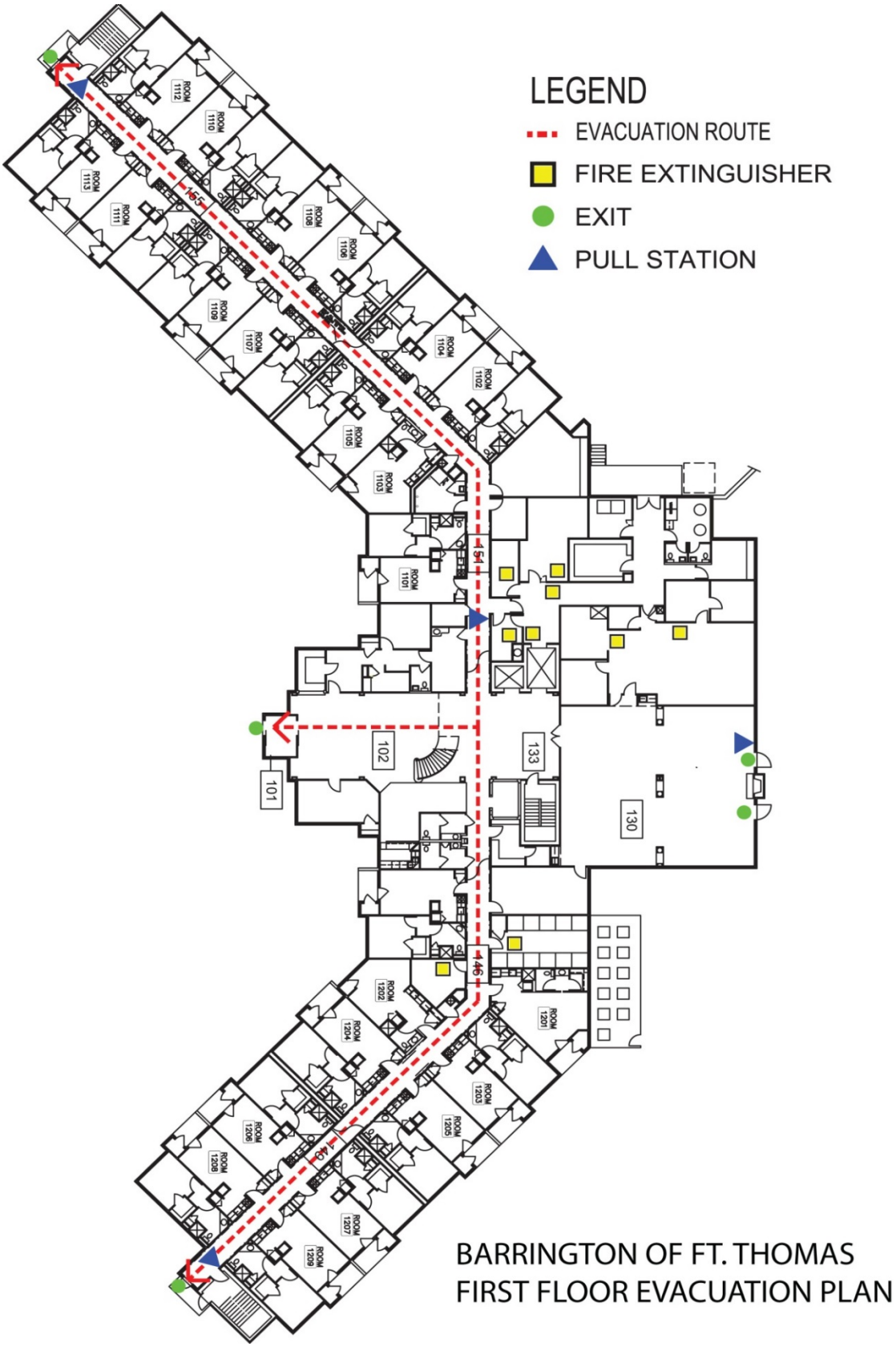
During inclement weather, the best way to know what's coming is to turn on and stay tuned to your TV or radio. These local news stations will alert you of what conditions exist in the area. If a "Tornado Watch" is given for the Northern Kentucky/ Ft. Thomas area, please follow these guidelines:

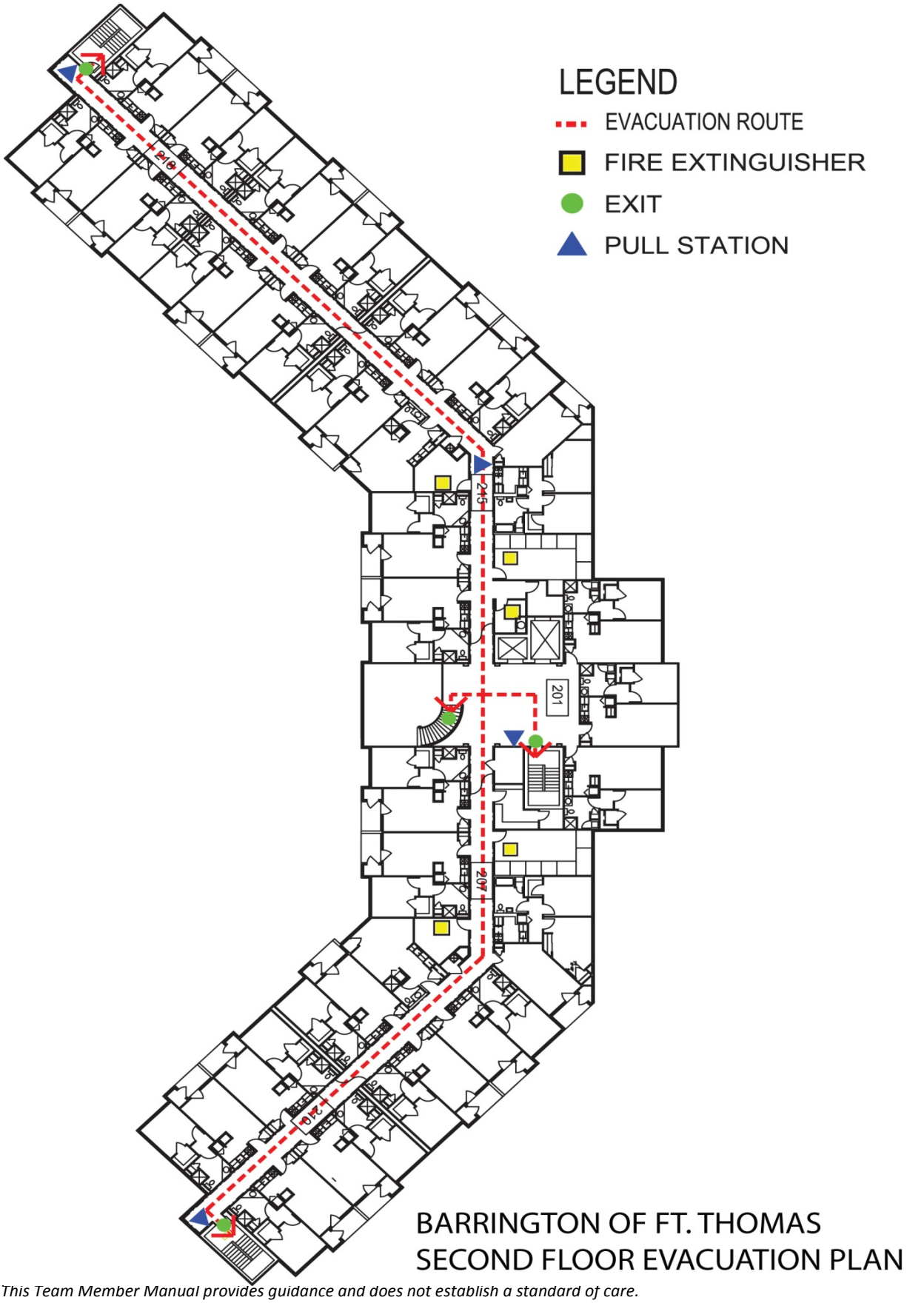
1. Keep your TV or Radio tuned to a local news station.
2. **Please close all drapes in your apartment.** Cracking your window is advised by some, but if the window breaks during the storm the drapes will reduce the amount of glass that would be sprayed.
3. Please put away any cutlery or sharp objects that could become deadly flying objects if a tornado occurs.
4. If not in your apartment, please clear out of the following areas:
    - Front lobby
    - Dining room
    - Family/Public Living rooms
5. Please have heavy blankets available and in reach. In the case of a tornado blankets can become a valuable resource if the power goes out and to cover yourself from flying debris.
6. Listen for any announcements, by staff, and/or for city sirens to go off, announcing that there is a tornado in the area.

If a **TORNADO WARNING** is given for the Northern Kentucky/ Ft. Thomas area please follow these guidelines:

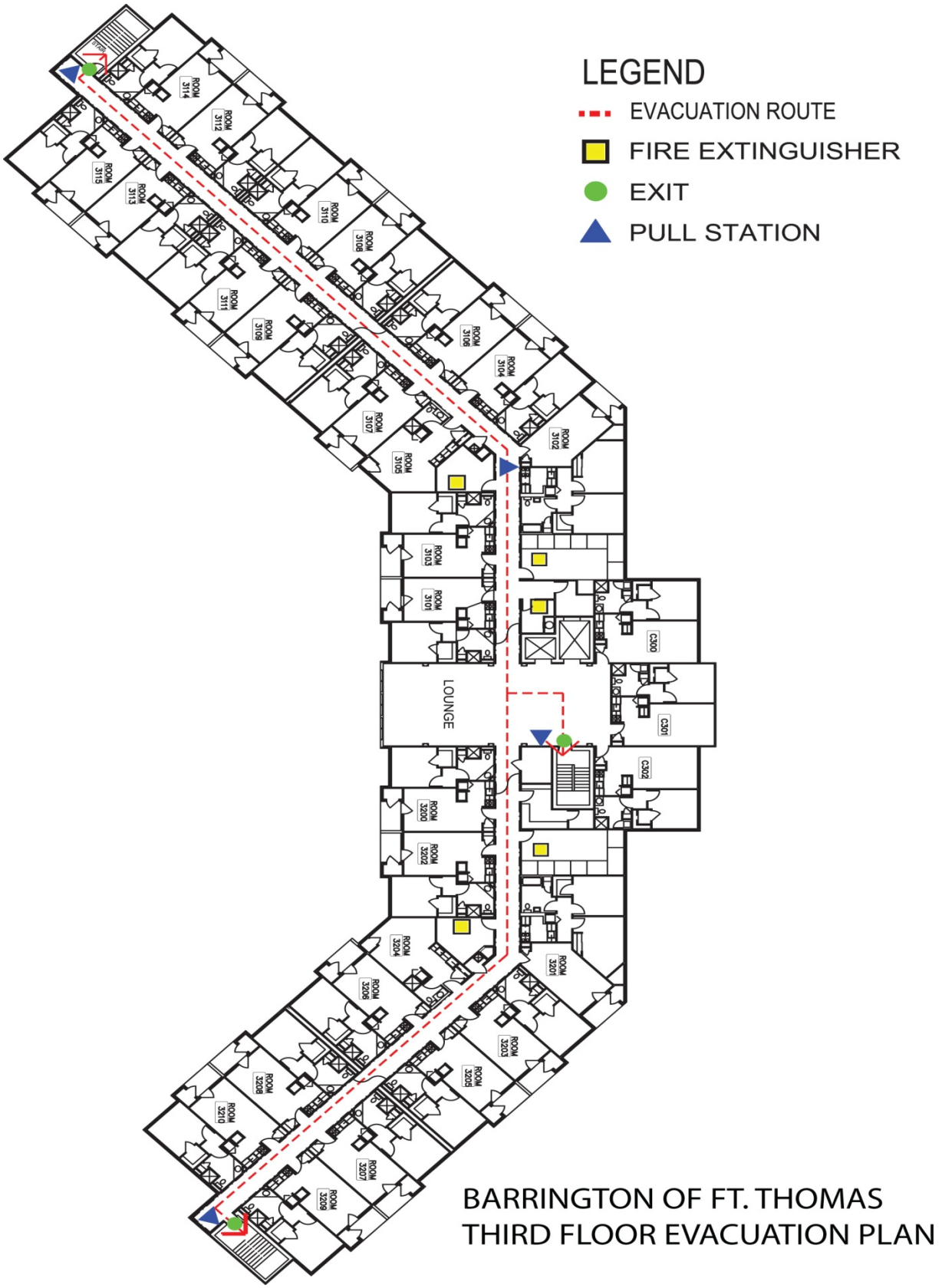
1. Evacuate immediately to an inner wall (your bathroom) or closet or designated shelter rooms. 4th floor residents are transferred off the 4th floor on to the 1st, 2nd and 3rd floor corridors.
2. Stay away from windows.
3. Stay as close to the floor as possible. Protect your head and wrap yourself in a blanket, if possible.
4. Wait for the all clear signal.
5. Report to your attendant your condition.

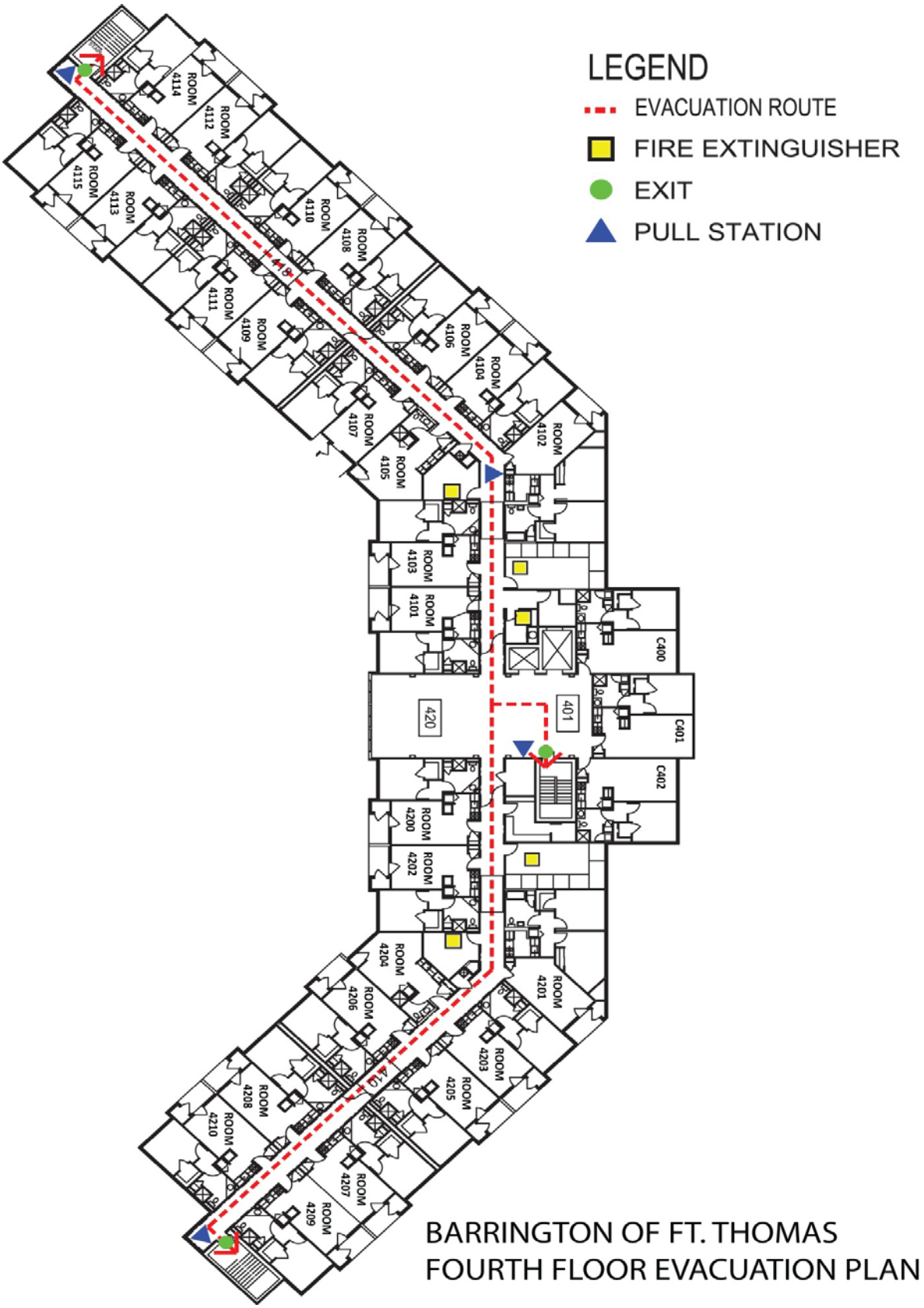
Remember, your safety, during these emergency situations depends on your quick response time and your understanding of what you need to do. Prioritize these instructions, they could make a difference toward your survival in an emergency situation.


LEGEND
EVACUATION ROUTE
FIRE EXTINGUISHER
EXIT
PULL STATION
BARRINGTON OF FT. THOMAS
FIRST FLOOR EVACUATION PLAN



BARRINGTON OF FT. THOMAS
SECOND FLOOR EVACUATION PLAN


LEGEND
EVACUATION ROUTE
FIRE EXTINGUISHER
EXIT
PULL STATION
LOUNGE
BARRINGTON OF FT. THOMAS
THIRD FLOOR EVACUATION PLAN


LEGEND
EVACUATION ROUTE
FIRE EXTINGUISHER
EXIT
PULL STATION
ROOM 4114
ROOM 4112
ROOM 4115
ROOM 4113
ROOM 4110
ROOM 4108
ROOM 4111
ROOM 4109
ROOM 4106
ROOM 4104
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C400
C401
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ROOM 4200
ROOM 4202
ROOM 4204
ROOM 4206
ROOM 4201
ROOM 4203
ROOM 4205
ROOM 4208
ROOM 4210
ROOM 4207
ROOM 4209
BARRINGTON OF FT. THOMAS
FOURTH FLOOR EVACUATION PLAN

Emergency Preparedness Management Plan includes the following:

Specific Procedures in Response to a Variety of Disasters:

- All facilities have developed specific procedures in response to potential disasters that may occur.

Define and integrate the facility's role with the community wide emergency preparedness efforts:

- Implementation of the facility's Emergency Preparedness plan will be conducted at least semiannually, either in response to a disaster or of a planned drill.

Notification of personnel when emergency response measures are initiated:

- The facility will have in place a call tree or assignment list should a disaster occur. This list will assist the facility in communicating the disaster to the property authorities and to the appropriate personnel.

- Essential supplies. Equipment, food, water and utilities must be provided to meet shelter requirements for up to two weeks. Procedures are in place in order to procure additional supplies in an emergency.

Emergency Power:

- The facility has an onsite generators. Generators are tested monthly as preventative maintenance and as needed. Outside contractors are available to assist with routine maintenance. Agreements are in place if additional generator power is required.

Emergency Lighting:

- The facility is equipped with generator powered lighting.

Fire Detection and Extinguishing and Alarm Systems:

- Facilities should refer to the Fire Emergency Policy.

Evacuation of the facility.

- When a situation arises requiring evacuation of resident s form life threatening situations, safety of lives is Carespring's primary concern. Authority to evacuate in only vested in the Administrator or designee. Residents shall be evacuated to an area of safety by whatever means are available. Formal agreements are in place with ambulance services and neighboring facilities.

Establishing an alternate care site in case of emergency when the facility environment can't support patient care.

- Formal agreements are in place so that resident may be transferred to a facility that can provide adequate patient care. The following agreements are in place:
- Ambulance contacts for transfer

- Transfer agreements with neighboring facilities/ hospitals
- Vendors will be contacted for special arrangements.

Management of residents during emergencies:

- Upon activation of the Emergency Preparedness Plan, normal admission requirements will be abolished. Admission the facility will be limited to those whose survival depends on the reception of services provided by the facility.

Alternate roles for staff during emergencies:

- Employees may not be assigned to their regular duties. Employees will be asked to perform various jobs which will be considered vital to the evocative operation of Carespring.

Education/Training/Planning:

- All Carespring facilities will ensure staff are trained on emergency preparedness upon hire and annually. Facility Incident Commander and Safety Officer (Administrator and Director of Maintenance) will conduct exercises/drills at least semi-annually. After-Action reports will be completed and reviewed with facility leadership.

Fire: In General

Although all facilities are fully sprinkled, fire resistant and rooms are equipped with fire retardant materials, fire could occur in clothing, linens, bedside cabinets, etc., and such fires would cause smoke and possible flames. In situations of this kind, panic is generally more disastrous than the actual fire. It is usually caused by erratic, thoughtless actions by the staff. The best ways to prevent panic are knowledge, planning, and practice. There will be at least four (4) fire drills each year for each shift.

- DON'T shout FIRE under any circumstances.
- DON'T run or otherwise show alarm to the residents.
- DO act calmly and promptly. Calmness is contagious as is hysteria, especially in a disaster.
- DO keep corridors clean and free of obstacles for easy movement of residents away from danger.

RACE is a fire emergency procedure guide to help you handle a fire emergency situation. However, remember that every fire is different and behaves differently. The fire emergency at the moment will dictate what RACE procedure you will do first.

FIRE EMERGENCY PROCEDURE: RACE

R - RESCUE
A - ALARM
C - CONTAIN
E - EXTINGUISH/EVACUATE

The primary responsibility is to the resident. Use the word **RACE** to help you remember the steps to ensure the safety of the residents as well as the team members and visitors in the facility.

R: RESCUE

Rescue the person in immediate danger, which is the person inside the room that is affected by smoke/fire. Generally, this will be the resident. Remember, your first responsibility is to the people inside the building, not the building itself. Close the door behind you. Take the resident that you removed from the affected room, beyond the smoke doors.

Remove all persons in immediate danger to areas within the same fire zone to a safer area on the unit, usually towards the nursing station. As a general rule, move away from the fire, toward the nurse's station. If the location of the fire is such that this cannot be done, move to the nearest outside exit.

A: ALARM

Remember any delay in sounding the alarm delays the response time of the Fire Department. If you see, smell, or suspect fire or smoke in any way, sound the alarm. You do not need a second opinion or someone's permission. To sound the alarm you must know:

- **WHERE THEY ARE**: Alarm pull stations are located near every exit and nurses' station. No one is far from a manual station regardless of where they are in the building.
- **HOW THEY WORK**: The actual fire alarm must be pulled to actually activate the system. Although activation of the manual fire alarm pull station will automatically notify the fire department through a central station, it is important to call or have someone call **911** to provide pertinent information and location.
- **FIRE ALARM ACTIVATION:** Activation of any of these devices in any part of the facility sends a signal to the Central Station that immediately transmits to the local fire department. These devises are:
    - Manual pull stations
    - Smoke detectors
    - Duct detectors
    - Heat detectors
    - Water-flow indictors
    - Any sprinkler water flow will actuate the fire alarm
    - Activation of the hood suppression system in the kitchen will actuate the fire alarm
    - **EVACUATION HORNS AND STROBES**: are activated automatically with any fire alarm.

Corridor smoke doors will automatically close and latch, the ventilation system will automatically shut down. Each delayed egress door will automatically release when the fire system is activated so there is not delay in exit from any door in the event of a fire emergency.

C: CONTAIN

Containment is the best defense with the threat of fire and smoke. The facility is designed and constructed using fire compartments. Fire walls, fire doors and smoke partitions provide fire resistance rated smoke compartments to limit the spread of fire and restrict the spread of smoke. Closing all doors (fire doors, smoke doors, and resident room doors) is critical to preventing the spread of fire and smoke. Closing the door also assists the sprinkler activation. Remember that smoke and heat rise and move outwardly. More people die from smoke inhalation than from the fire itself.
Corridor fire/smoke doors close automatically and divide the building into four compartments. If they fail to close automatically, they should be closed manually and the failure reported to the Maintenance Director/Safety Director.

E: EXTINGUISH

Never use an extinguisher if the first steps have not been completed. If someone has been rescued or is in the process of being removed and the alarm has been sounded or is in the process of being sounded you can attempt to use an extinguisher. Remember your primary responsibility is to the resident and yourself.
Extinguishers are designed to fight a fire that is small and confined. Only use an extinguisher if the fire has not left its point of origin (where it started). If the fire has left its point of origin do not attempt to fight the fire just close the door. If the fire is at its point of origin, you may attempt to fight the fire; however, you must remember these important rules:

- Don't let the fire get between you and your escape route.
- Don't ever turn your back on a fire. A fire can flare up very easily, so just back yourself out of the room.
- Fire extinguishers will only last anywhere from 8 to 60 seconds, depending on the size of the extinguisher and fire.

Extinguishers:

- Fire extinguishers are strategically located near the fire alarm boxes and in other strategic locations. A CO^2 extinguisher is located in the kitchen. Like the alarm boxes, you should learn all locations and how to use them
- Upon arrival, the Fire Chief or his or her designee takes over in extinguishing the fire.
- Our first responsibility is the safety of the residents and this takes precedence over your fighting the fire after help has arrived. However, assist in every possible way.

Use of fire extinguisher: PASS

P = Pull the pin breaking the plastic seal
A = Aim at the base of the fire
S = Squeeze the handles together
S = Sweep from side to side

E: EVACUATE (Moving to a safe interior location)

Evacuate the immediate wing or corridor that is involved (smoke compartment). Other residents in the fire zone (corridor) are to be moved next to a zone that is unaffected beyond the smoke doors. Residents above, below, and beside rooms affected should be evacuated to an area beyond the smoke doors. This step should be done in conjunction with the fire department. It is not probable that the entire building would have to be evacuated, so residents should be kept inside the facility in a safe location
Preparation of all floors and the building should be made in the event that residents should have to be evacuated. In preparing the floors and the building for evacuation all hallways should be clear. All residents' doors should be closed and all staff ready to evacuate residents. Never use the elevator. Move residents' charts with the resident. All staff must know primary and secondary safe areas and routes of evacuation. The evacuation routes are displayed in each corridor.

In the event of fire, residents would be evacuated in the following order:

- Resident(s) in most immediate danger, regardless of condition.
- Ambulatory residents.
- Wheelchair / Geri chair residents.
- Those confined to bed.

FIRE RESPONSE:

RACE procedure is followed. The zone location of the smoke detector/alarm will be displayed on the fire alarm panel and the remote enunciators in the nursing stations.

- The Charge Nurse/Safety Director determines the location, silences the alarm panel and overhead pages three (3) times: **"Red Bird Alert……"** giving location of problem by floor to alert the other team members of the emergency. One staff member is instructed to call **911.**
- Staff begins to clear the hallways, move residents/visitors to a safe area behind a smoke door and close all doors.

- Non nursing personnel, upon hearing the "**Red Bird Alert**" called on the paging system, are to secure their area and report to the affected unit to help with the

containment/evacuation as directed by the Charge Nurse/Safety Director/Fire department.

- One staff member is to go to the front door of the facility to direct the fire department to the problem area.

- Nursing staff on the floor on which there is not fire/smoke, close all doors reassure the residents and report to that unit's Charge Nurse for directions. Do not evacuate those who are in a safe area until directed to do so by the Fire Department. Use emergency oxygen tanks for residents

- Shut off gas, fans and other electrical appliances; kitchen exhaust hoods remain on.

- Under no circumstances is the elevator to be used. The fire department will control any elevator use.

- All Staff are to remain on standby until an "**All Clear"** has been announced and the fire panel has been reset. Staff monitor hallway assigned to assure residents stay in rooms and be sure residents do not exit building unattended while the delayed exit doors are released.

- The greatest danger in most fires and danger situations is PANIC. Only for a fire or disaster within the facility should you use the fire alarm. Fire alarm boxes and fire extinguishers are located at or near exits to the outside. Learn their locations and how to use them.

Do not alarm residents or guests by excited emotions; they look to you for protection. Appear calm and move with assurance. Each facilities floor plans for evacuation are listed below. Please familiarize yourself with your respected facilities floor plan.

Fire Drills – General Information

Fire drills will be conducted at least quarterly for each shift at various times. Some fire meetings, training sessions and fire drills will be officially attended and/or conducted by fire authorities. All employees are expected to respond to fire drills as if there was a fire.

The drill inspection team will review the following assignments.

a. Listen for "Red Bird Alert" giving the general location of the fire by floor and room number, three (3) times.
b. Manning fire extinguishers.
c. Closing doors.
d. Calling the Fire Department.
e. Directing firemen at front door.
f. Shutting down mechanical systems.
g. Manning nursing stations/corridors/exit doors.

Utilities Outage:

In case of a disaster in which electrical power and the use of our regular water supply are lost, the dietary department will function in the following manner:

- Refrigeration and freezers will run on the emergency generator.
- The consultant dietitian should be contacted to prepare additional menus to be used during this period.
- Disposable dishes and flatware should be used during this time.
- Food will be prepared in the kitchen as usual. If the emergency elevator cannot be used, the bus pans will be taken upstairs through the stairwell to the second floor. They will be returned to the kitchen in the same manner.
- Emergency Water will be used with additional water supplied by an outside contract provider.
- Remain in your work area and remain calm
- Power should be restored by the emergency generators momentarily
- In Resident areas, ensure that all essential patient and diagnostic equipment is plugged into the red "emergency" outlets if electrical power is out
- Report power and outages to the Corporate Maintenance Directors
- Report power outage to the utility company
- Report telephone outages to Corporate IT
- Contact our phone representative at 513-478-2739
- Report water outage to Corporate Maintenance Directors
- Contact local water management

Unstable Weather/Tornado "Code Grey"

1. Alert all personnel on duty and utilize the weather radio located at nurses' station.
2. Close all drapes to minimize danger from flying glass.
3. Notify the Administrator or Director of Nursing.
4. Position all beds out of a direct line with the windows.
5. Quickly get all residents out of the lounge and into the corridor.
6. Stand by to help as needed.
7. Emergency receptacles are the red outlets located throughout the hallways. These receptacles are powered by the emergency generator so when normal power is lost, emergency and essential equipment can operate as normal.
8. Temporary transfer of residents and residents' records, if required, will be arranged by the administrative staff. Permanent transfers will be done by the Administrator or the Director of Nursing. Records will be removed to a safe area.

Extreme Temperatures Hot/Cold

It is important to maintain appropriate and proper temperatures to allow the residents to have an appropriate quality of life

General Considerations:

- Facilities have written agreements with qualified contractors which gives 24-hour service, 7 days a week. Service and repair on electrical utilities and heating, ventilation and air conditioning should be completed within 24 hours.

Each facility monitors temperature of all patient areas and is recorded by the Maintenance Supervisor. The Maintenance Supervisor also keeps written records of any action service required to correct problems in order to meet the provisions for extreme temperatures

1. Temperature measurements will be taken weekly in resident areas that include activity, dining areas and at least 5% of residents' rooms; areas **should not exceed 80 degrees Fahrenheit or fall below 72 degrees Fahrenheit**.
2. In the event of an issue where the temperature does not fall within the appropriate range, the facility will contact the administrator and Maintenance Director to have a qualified person provide emergency service in the event of an electrical, heating, ventilation or air conditioning failure or malfunction.
3. If for any reasons beyond the facility's control, repairs cannot be completed in the necessary time frame, the facility will implement the following procedure:
    a. Identification of available sites within or outside the home to which patients or residents can be relocated temporarily if other portions of the facility become excessively hot/cold and of other suitable health care facilities that will be available to receive transfer of patients or residents if necessary.
    b. Implementing measures, such as providing additional fluids, using appropriate clothing and increasing air movement, to assure health, safety and comfort of residents remaining in the facility.
    c. Monitor the residents' responses to the extreme temperature. Facility will notify the resident's physician if medical interventions need to be introduced.

Earthquake

- When a noticeable earthquake takes place:
    - Staff should protect themselves from falling objects (fixtures, plaster, etc.).
    - It is best to lie face down on the floor next to an interior wall.
    - Place your hands over your head for protection.
    - DO NOT RUN OUTDOORS! You may be hit by falling debris or electrical wires.

When initial quake stops;

1. Staff should make an immediate check of the facility and report any injuries or damage to the person in charge. Administer first aid if necessary.
2. Make every effort to calm residents' fears.

3. If necessary, remove the injured or those in dangerous areas.
4. Make a check of the facility for any of the following:
    - Fires
    - Ruptured gas or water lines
    - Electrical problems or power failures
    - Weakness/cracks of walls or ceilings
    - Doors not operable
    - Broken glass or spilled liquids
5. Assure all beds are a minimum of three feet from window areas. Close all drapes or curtains. This will protect resident from the danger of falling glass during aftershocks
6. Leave all undamaged room doors open
7. Keep the residents away from large windows, skylights and overhead lighting fixtures.
8. Turn on portable battery operated radio or TV for knowledge of extent of damage.
9. Flashlights and spare batteries should be provided.
10. Notify fire, police and any other necessary governmental agencies for assistance.
11. Notify administrator and off duty staff.
12. Make every effort to carry out routine procedures.

Hazardous Chemical Spill/Release "Code Orange"

Each facility will work to manage to mitigate the risks and negative outcomes from a hazardous chemical spill.

General Considerations:

- **Defined:** Hazardous materials are substances that are flammable or combustible, explosive, toxic, noxious, corrosive, oxidizable, an irritant, or radioactive. A hazardous material spill or release can pose a risk to life, health, or property.
- A warning of a hazardous accident or incident is usually received from the Fire and/or Police Departments or from Emergency Management officials or by social media. An overturned tanker, truck, or train, a crashed airplane, a broken fuel line, or an accident in a chemical plant are all potential hazards.
- Local authorities and the Emergency Management Office will typically warn the facility of such an accident occurring within the community. Some communities may utilize a county siren or scanner to notify the community of a hazardous spill.

Procedure:

- **Immediate Action: "CODE ORANGE"** should be communicated to staff with the location of the incident, if it occurs within the facility premises.

a. Call 911 to alert the emergency response system that a hazardous materials incident is in progress. Provide the 911 dispatcher with as much relevant information as possible.
b. Contact County Emergency Management Director.
c. Tune into Emergency broadcasts on the radio/TV or weather radio for additional information and guidance
d. If an explosion is possible outdoors, close drapes, curtains or shades over windows. Stay away from windows to prevent injury from flying glass.

- **Common Staff Assignments:**
  a. Shut windows and doors.
  b. Ensure residents and visitors remain in the facility until further notice from the local authorities.
  c. Keep doors CLOSED.
  d. Be prepared to activate Evacuation Procedures.
  e. Remain calm to not upset the residents.
  f. Account for all staff members and residents.

- **Specific Staff Assignments:**
  a. Administrator and Director of Nursing, Safety Officers/Maintenance Director will be notified if not on the premises. The Recall Roster activated, if warranted.
  b. Activate the Incident Command System (ICS) to manage the incident. The most qualified staff member (in regard to the Incident Command System) on duty at the time will assume the Incident Commander position. If severity of incident warrants, then appoint other positions of ICS structure.
  c. Facility management staff report to the Incident Command Post for instruction.
  d. **Safety Officer/Administrator:**
     - Instruct all staff members, residents, and visitors to stay in the facility until further notice from local authorities.
     - Coordinate internal emergency operations with local authorities who will assist in controlling the situation provided that a good line of communication is established with the Incident Commander.
     - Upon arrival of authorities, establish contact with the officer in charge and relay all relevant information regarding the situation.
     - Based on the magnitude of the incident/accident, evacuation may be necessary. Fire Department, Police, and Emergency Management will assist in determining if evacuation is necessary.
     - Should be responsible for making the decision regarding evacuation, which would be activated via Evacuation Emergency Procedures.
     - Determine if a hazardous chemical or gas leak might endanger the residents.
     - The situation should only be deemed “under control” after the local authorities have concluded emergency operations and the Incident Commander has declared the situation “safe.” At that point an “All Clear” can be announced.

- **Maintenance**
  - Set ventilation systems to 100% recirculation so that no outside air is drawn into the building. This would be done by closing the make-up air dampers. When this is not possible, ventilation systems should be turned off. This is accomplished by pulling the fire alarm.
  - Shut down outside intake ventilation/air conditioners. Close all doors to the outside and close and lock all windows.
  - Turn off heating systems.
  - Turn off air conditioners and switch inlets to the "closed" position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper or aluminum wrap.
  - Turn off all exhaust fans in kitchens and bathrooms.
  - Close as many internal doors as possible.
  - Use tape and plastic food wrapping, wax paper or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
  - If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you. For a higher degree of protection, go into the bathroom, close the door and turn on the shower in a strong spray to wash the air.

Facility Lockdown and Active Shooter

The ability to lockdown the facility is of primary importance in emergency situations. Establishing a secure perimeter and the routing of foot and vehicular traffic to control entry/exit points that are staffed by security and/or facility personnel are key elements in controlling and maintaining the integrity of the facility's patients, patient families and staff.

General Considerations:

- **Lockdown**: the process where the facility channels and manages patient/patient family/staff to specific entry/exit points.
- A lockdown may be directed by:
  - The discretion of the Administrator, any department head, supervisor or nursing lead
  - May be made in respect to and in conjunction with local or federal law enforcement/health officials, first responders, and/or emergency manager OR
  - Department heads or Nursing supervisors during hours the administrator or DON is not present
- **Exit lockdown** is for the propose of preventing individuals from leaving due to an existing hazard outside, whether it be a civil disturbance, possible exposure to a hazardous substance or the need to screen those leaving due to a missing infant/child.

- **Entry lockdown** is for the purpose of preserving the facility's ability to operate and respond to a possible emergency event such as a threat, flood or keeping contaminated individuals from entering.
- **Total Facility lockdown** is preventing anyone from entering or exiting the facility unless it is local or federal law enforcement/health officials, first responders, and/or emergency manager
- Upon notification of the need for a lockdown of facility, the facility will secure all the following doors with available staff.
    - Front office staff – secures front door
    - Nursing staff secures the doors at the end of the hallways entering/exiting the nursing units
    - Environmental services/Dietary secures the basement door
- **Active shooter** is an individual actively engaged in killing or attempting to kill people in a confined and populated area, typically through the use of firearms.

Lockdown (Non-Active Shooter Situation):

- The facility administrator , department head or designee will announce three (3) times via overhead page **"LOCKDOWN IS IN PLACE**" when a lockdown is required
- The facility will contact local law enforcement/health officials as needed. If it is an emergency situation, contact 911.
- Designated staff will go to perimeter doors and secure the facility. In situations, like civil disturbance, active shooter outside or criminal in the area, the facility should ensure doors are locked or mag locks are engaged
- If applicable, staff will move patients away from the affected areas
- Each department head will secure their department areas as needed.
- The staff will follow its emergency management procedures as appropriate.
- All staff need to stay quiet
    - If patients need to be evacuated from the facility, the staff will follow the appropriate steps
        - In preparing the floors and the building for evacuation, all hallways should be clear.
        - All patients' doors should be closed and all staff ready to evacuate patients.
        - Never use the elevator.
        - All staff must know primary and secondary safe areas and routes of evacuation. The evacuation routes are displayed in each corridor.
- Wait for further direction from emergency personnel or Administrator.
- To end the lockdown, the facility will announce three (3) times via overhead page **"LOCKDOWN ALL CLEAR**"

Active Shooter

1. **Profile of an Active Shooter**

- An Active Shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active shooters use firearms(s) and there is no pattern or method to their selection of victims. Goal is to kill as many people as possible
- Active shooter situations are unpredictable and evolve quickly. Typically, the immediate deployment of law enforcement is required to stop the shooting and mitigate harm to victims.
- Because active shooter situations are often over within 10 to 15 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.

2. Active Shooter Preparation Training

- To best prepare the staff for an active shooter situation, the facility will perform training exercises. The plan and the training exercises will prepare your staff to effectively respond and help minimize loss of life.
- Training will review the following:
  - Review how to manage the active shooter situation as best as possible
  - The need to contact law enforcement via 911 (as soon as is safely possible)
  - How to maintain safety for all people in the facility (staff, patients and visitors)
  - Review emergency escape procedures and route assignments (i.e., floor plans, safe areas)
    - Review who needs to be contacted (Law enforcement, facility administration, corporate staff)
    - Review the emergency notification process
    - Facility will perform mock active shooter exercises with the help of law enforcement to train staff on what and what not to do.
    - Review Prevention:
      - Foster a respectful workplace
      - Be aware of indications of workplace violence and take remedial actions accordingly
  - Reactions of Administrators and Department Heads During an Active Shooter Situation
    - Staff, patients and families are likely to follow the lead of managers during an emergency situation.
    - During an emergency, managers should be familiar with their role in managing the active shooter situation, and be prepared to:
      - **Take immediate action (RUN, HIDE, FIGHT)**
      - If possible - evacuate staff and customers via a preplanned evacuation route to a safe area. Assist patients who have physical needs and/or disabilities
      - If can't evacuate - Lock and barricade doors with large objects (desks)

3. PREPARING FOR AND MANAGING AN ACTIVE SHOOTER SITUATION

- Front Office and Department Heads' Responsibilities
  - Conduct effective employee screening and background checks
  - Create a system for reporting signs of potentially violent behavior.
  - Make counseling services available to employees
- Facility has the ability to be manually or electronically locked down as need. Review access controls (i.e., keys, security system pass codes)

4. How to Respond When an Active Shooter in in Your Vicinity
RUN, HIDE, FIGHT

Quickly determine the most reasonable way to protect your own life. Remember that patients and visitors are likely to follow the lead of employees and managers during an active shooter situation.

- **RUN - Evacuate**
  - If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
    - Have an escape route and plan in mind
    - Evacuate regardless of whether others agree to follow
    - Leave your belongings behind
    - Help others escape, if possible ONLY if it does not put you in harm's way
    - If possible, prevent individuals from entering an area where the active shooter may be
    - Keep your hands visible as law enforcement won't know who you are
    - Follow the instructions of any law enforcement or emergency personnel
    - Do not attempt to move wounded people
  - Call 911 when you are safe

- **HIDE**
  - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you.
  - Your hiding place should:
    - Be out of the active shooter's view
    - Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door). To prevent an active shooter from entering your hiding place:
      i. Lock the door
      ii. Blockade the door with heavy furniture

      If the active shooter is nearby:

      iii. Silence your cell phone and/or pager
      iv. Turn off any source of noise (i.e., radios, televisions)
      v. Hide behind large items (i.e., cabinets, desks)

vi. Remain quiet
vii. Lights out

- **If evacuation and hiding out are not possible:**
  i. Remain calm
  ii. Dial 911, if possible, to alert police to the active shooter's location
  iii. If you cannot speak, leave the line open and allow the dispatcher to listen

- **FIGHT –** Take action against the active shooter. **This is a <u>last</u> resort and should only be done when your life is in imminent danger.** You will attempt to disrupt and/or incapacitate the active shooter by:
  - Acting as aggressively as possible against him/her
  - Throwing items and improvising weapons
  - Committing to your actions
- **How to Respond When Law Enforcement Arrives**
  Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.
- Officers usually arrive in teams of four (4)
  - Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
  - Officers may be armed with rifles, shotguns, handguns
  - Officers may use pepper spray or tear gas to control the situation
  - Officers may shout commands, and may push individuals to the ground for their safety
- **How to react when law enforcement arrives:**
  - Remain calm, and follow officers' instructions
  - Put down any items in your hands (i.e., bags, jackets)
  - Immediately raise hands and spread fingers
  - Keep hands visible at all times
  - Avoid making quick movements toward officers such as holding on to them for safety
  - Avoid pointing, screaming and/or yelling
  - Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises

- Information to provide to law enforcement or 911 operator:
  - Location of the active shooter
  - Number of shooters, if more than one
  - Physical description of shooter/s
  - Number and type of weapons held by the shooter/s
  - Number of potential victims at the location

- Note - The first officers to arrive to the scene will not stop to help injured persons. Expect rescue teams comprised of additional officers and emergency medical personnel to follow the initial officers. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the premises.

  Once you have reached a safe location or an assembly point, you will likely be held in that area by law enforcement until the situation is under control, and all witnesses have been identified and questioned. Do not leave until law enforcement authorities have instructed you to do so.

Recognizing Potential Workplace Violence

- An active shooter in your workplace may be a current or former employee, or an acquaintance of a current or former employee. Intuitive managers and coworkers may notice characteristics of potentially violent behavior in an employee. Alert your Human Resources Department if you believe an employee or coworker exhibits potentially violent behavior.
- Indicators of Potential Violence by an Employee
  - Employees typically do not just "snap," but display indicators of potentially violent behavior over time. If these behaviors are recognized, they can often be managed and treated. Potentially violent behaviors by an employee may include one or more of the following (this list of behaviors is not comprehensive, nor is it intended as a mechanism for diagnosing violent tendencies):
    - Increased use of alcohol and/or illegal drugs; noticeable decrease in attention to appearance and hygiene; depression / withdrawal; resistance and overreaction to changes in policy and procedures; increased severe mood swings; noticeably unstable, emotional responses; explosive outbursts of anger or rage without provocation; suicidal; comments about "putting things in order"; behavior which is suspect of paranoia, ("everybody is against me"); increasingly talks of problems at home; escalation of domestic problems into the workplace; talk of severe financial problems; talk of previous incidents of violence; empathy with individuals committing violence and increase in unsolicited comments about fiiolenc, other dangerous weapons and violent crimes

5. MANAGING THE CONSEQUENCES OF AN ACTIVE SHOOTER SITUATION

- After the active shooter has been incapacitated and is no longer a threat, the facility leadership should engage in post-event assessments and activities, including:
  - An accounting of all individuals at a designated assembly point to determine who, if anyone, is missing and potentially injured
  - Determining a method for notifying families of individuals affected by the active shooter, including notification of any casualties

- Assessing the psychological state of individuals at the scene, and referring them to health care specialists accordingly
- Identifying and filling any critical personnel or operational gaps left in the organization as a result of the active shooter

6. **ACTIVE SHOOTER PROCEDURE**
   - Building moves to LOCKDOWN procedure immediately.
   - If able, someone calls 911
   - If the scene is identified as a potential active shooter, anyone can call out "**LOCKDOWN IS IN PLACE – CODE SILVER." Optimally this should be done via the overhead page**
   - If shooter is outside of the facility and can safely lock the doors, the staff should lock the doors and keep people away from the potential active shooter
   - **ADMINISTRATOR or DESIGNEE RESPONSIBILITIES**
     - **Ensure "LOCKDOWN IS IN PLACE – CODE SILVER**" is declared
     - Await the arrival of emergency responders.
     - Provide assistance as needed.
     - Coordinate with police/EMS personal.
   - **FACULTY / STAFF RESPONSIBILITIES**
     - If a weapon has been seen, follow the procedures under **#4 HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY**
     - After incident is over if a **weapon is found**, isolate the area. Do not touch the weapon. Police will secure the weapon for evidence.
     - **If Law Enforcement breaks into the scene get on the floor, do not raise up until told to by Law Enforcement.**
   - To end the lockdown, the facility will announce three (3) times via overhead page **"LOCKDOWN ALL CLEAR**"

Snow Emergency

Inclement weather is a possibility during the winter months. It is important that the facility be prepared to handle such situations from a resident standpoint, as well as from a staffing standpoint. Below are general guidelines to consider.

The facility will maintain proper temperature to allow the residents to have an appropriate quality of life

General Considerations:

- **DEFINITIONS OF SNOW EMERGENCY CLASSIFICATIONS:**
  - **LEVEL 1:** Roadways are hazardous with blowing and drifting snow. Roads may also be icy. Motorists are urged to drive cautiously.
  - **LEVEL 2:** Roadways are hazardous with blowing and drifting snow. Roads may also be icy. Only those who feel it is necessary to drive should be out on the roads.

Contact employer to see if criteria for reporting to work. Motorists should use extreme caution.

- **LEVEL 3:** All roadways are closed to non-emergency personnel. No one should be driving during these conditions unless it is absolutely necessary to travel or a personal emergency exists. All employees should contact their employer to see if they should report to work.

- **Carespring Snow Emergency Guidelines:**
  - Salt will be kept at each entry way to be used on sidewalks and walk paths
    - It is the responsibility of the Maintenance to maintain safe walk ways
    - Contracted snow removal vendor will make rounds to clear the driveways on scheduled basis
  - A current phone list will be kept to contact staff for staffing purposes
  - During inclement weather, a "first in first out" method will be used to ensure staffing coverage
  - The only salaried staff that are permitted to transport staff during inclement weather conditions are:
    - Administrator
    - Director of Nursing
    - Maintenance Director
    - Any corporate Team Member
  - During inclement weather conditions, if it is necessary for Team Members to stay overnight, the facility will provide the following places for Team Members to rest, while off the clock:
    - Guest Rooms
    - Therapy gyms
    - Chapel
    - If approved and if there is a local hotel, the facility can send staff
  - The facility will ensure the Team Members are fed during their stay at the facility

Procedure:

- **Immediate Action:**
  a. Keep posted on all area weather bulletins and relay to others.
  b. Be prepared for isolation at the facility. Plan ahead if a big storm is coming
  c. Re-check heating system/emergency generator.
  d. Check emergency and alternate utility sources.

- **Common Staff Assignments:**
  a. Travel only when necessary and only during daylight hours. Travel only on assigned routes.
  b. Properly dress if outside trips are necessary to maintain the facility, safety of residents, or report to work.

c. Avoid overexertion by doing only what is required.

- **In General:**
  a. Secure facility against frozen pipes.
  b. Retrieve extra blankets and keep residents as warm as possible.
  c. Make sure adequate staff is available. Call scheduled staff to see if they need assistance to get into work.
  d. Keep flashlights handy and extra batteries available.
  e. Set up sleeping area for staff who can't go home after storm hits, or for staff that report to work prior to the storm.
  f. In extreme cases - Be prepared to evacuate residents if necessary. If this is required, contact the fire department and emergency services. Do not panic; remain calm.

Elopement / Missing Patient "Code 10"

Each facility will train staff, assessed patients and implement patient interventions to decrease the risk of patient elopement

General Considerations:

Elopement is divided to 3 main areas.

1. **Elopement training** - Training is initiated during orientation, reviewed annually and is part of our quality assurance with elopement drills.
2. **Elopement assessment** - Assessment starts with the admission counselor and continues with nursing assessment in the electronic medical record on admission, quarterly and change of condition as needed. The assessment procedure is designed to assure that the facility understands if the patient is a risk for elopement patient.
3. **Missing Patient Procedures**

PROCEDURE:

1. **Elopement Training**
   - All staff will be trained during orientation and reviewed annually.
   - Elopement drills will be held by the facility Safety Director or designee at different points during the year.

2. **Elopement Assessment**
   - The Admission Counselor will evaluate patient either on-site (in hospital or other care setting) or via information received from referral source.
   - Admission counselor will enter and update the patient clinical information from the outside setting into the preadmission section of the electronic medical record.
     - Elopement risk is shared with clinical team, if an issue is noted.
   - The Elopement Evaluation will be completed in electronic medical record by the admitting nurse. If issues present, Elopement Daily Charting will be initiated and

care planning/kardex interventions will be initiated to help decrease the risk of elopement behaviors.

- Patient's photographs are taken on admission and updated as indicated. High-risk patients will be identified by picture with name and placed at the nurse's stations and the reception area.
- Elopement Evaluation will be completed Quarterly/Annual/Significant Change.

3. **Missing Patient Procedures**
   a. The team member informs the nurse in charge of patient when discovered missing.
   b. Alert staff in building in the following way: Using overhead page say: "Code 10 will (missing patient name) please return to (their unit)." A nurse on the unit from which the patient is missing will stay by a phone in nurse's station for communication.
   c. Staff from the other units calls unit where patient is missing for a description, if needed.
   d. Staff on all units immediately looks for patient, making sure that all areas within building are searched.
      - Facility and immediate surroundings (every door, closet, office, space, department, shed, car, dumpster, patient room, bathroom, etc.)
      - Investigate alternative explanations for patient's absence (e.g. sign-out book, appointment book, out-on pass records, nurse's notes, van driver, etc.)
   e. The following staff members and department heads are responsible for conducting search in their assigned area(s):*
      a. Nursing: Patient rooms, bathrooms, closets and nursing units.
      b. Dietary: Kitchen, dining rooms, closets and storage areas.
      c. Admissions/Social Service/Therapy: Lobby, visiting areas, office areas, chapel.
      d. Maintenance/Housekeeping: Will be jointly responsible for exterior grounds.
      *In the event that no other department heads are present in the facility, it will be nursing's responsibility to check all areas.
   f. Other units report by phone to unit with missing patient information after their unit search is complete.
   g. After patient is found, the nurse on the unit from which patient was missing announces overhead paging "Code 10 all clear."
   h. Direct search to facility grounds if patient not located in building.
   i. Report patient's absence to Administrator and Director of Nursing.
   j. If patient not found immediately, call fire department or police, and report patient is missing and request assistance in the search.
   k. Information to assist in locating the patient will include—name, age, height, weight, race, color of hair, clothes believed to be wearing, assistive device required for mobility and where the patient was last seen.
   l. Notify family that patient is missing. Ask family if they may have an idea where the patient is headed.

m. When the patient is found and returned to the facility, examine for any possible injuries, and treat accordingly.
n. Complete incident report in Risk Management in electronic medical record.
o. Upon locating the missing patient, the following nursing assessment is conducted:
    - Mental status
    - Physical assessment
    - Vital Signs including temperature
    - Behavior
    - Mobility status
    - Any injury or first aid
p. The physician is to be notified also at this time by the A.D.O.N. or D.O.N.
q. Risk management is notified and the patient's plan of care is update

Miscellaneous:

We are smoke free facility for the health and welfare of our residents, families, and staff, we ask that everyone adhere to this policy. Smoking by employees is permitted on their break in the designated area.
In addition to fire drills, each health care facility will conduct training sessions covering a list of subjects including, but not limited to:

1. Use of fire extinguishers.
2. Review of fire and disaster plans.
3. First aid.
4. Causes, control, and prevention of fire.
5. Body carries (described below).

Resident Relocation/Evacuation

Emergency carries: In the event of the need for an evacuation, the following are examples of different types of transfer techniques that may be used to safely and quickly evacuate the residents to safe places.

1. **ASSISTING A RESIDENT WHO CAN AMBULATE WITH ASSISTANCE**: Sit on the bed as close as possible to the resident. Place your arms around the resident's chest from behind, and grasp the Resident's wrist. (Bear Hug) As you walk, lean forward and slightly "nudge" the Resident forward.
2. **ONE PERSON DRAG**: (for Residents who cannot ambulate, but are the same or close to the same size of the Rescuer) bring the heels of the resident over the edge of the bed. Sit on the bed close to the resident and grasp wrist from behind (Bear Hug). Stand up and back away from the bed. Proceed in this manner out of the room
3. **SHEET SLIDE**: (for Resident who is larger than the Rescuer) loosen the sheets and wrap the resident in a "cocoon", both sides of the material twisted tightly to form a handle at the legs and chest. Pull the Resident's legs over the edge of the bed. DON'T BACK AWAY FROM THE BED! (Your body will keep the resident from sliding out of the bed.) Move your hand from the lower body to the upper body and the hand from the upper body to

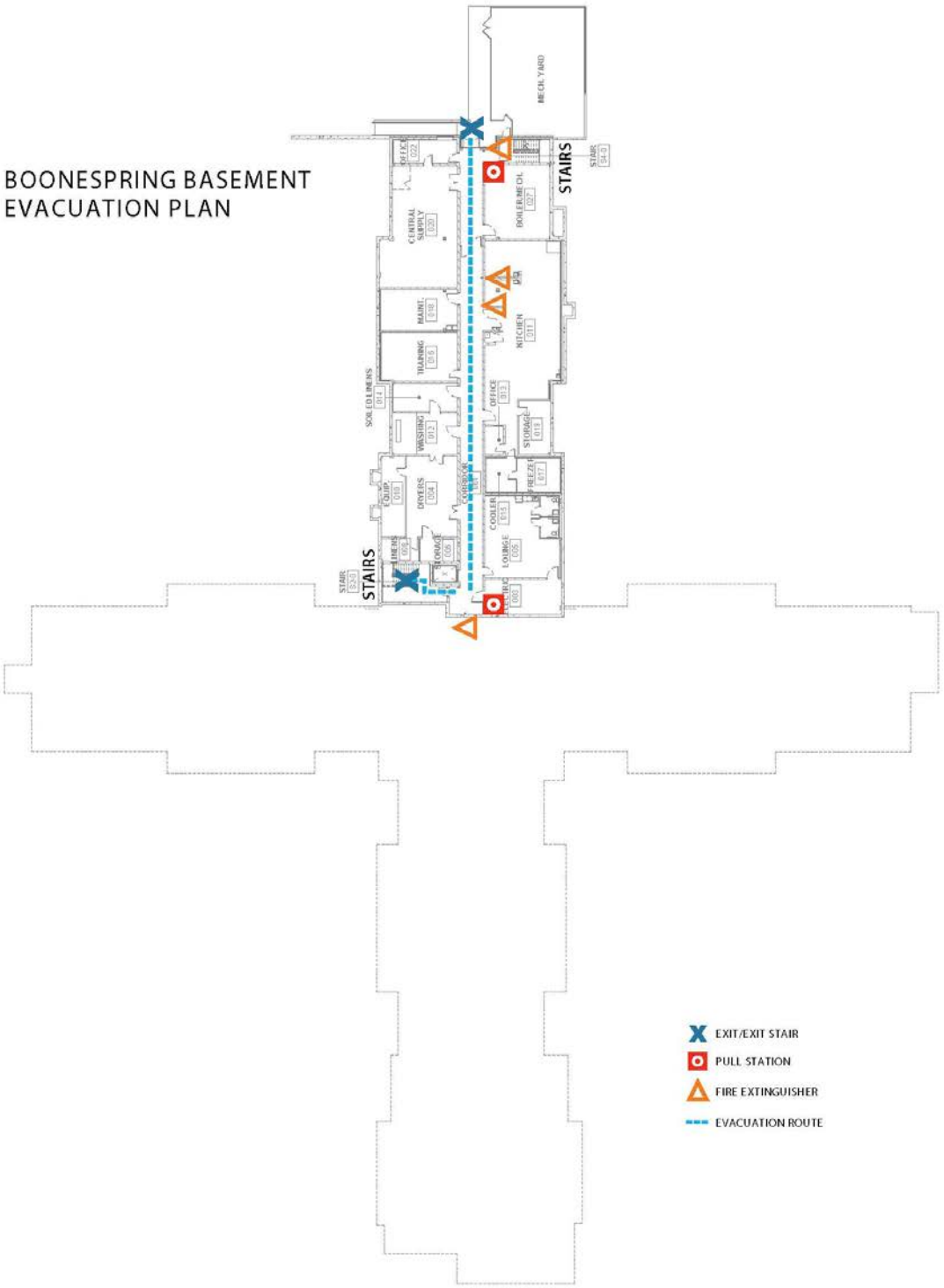
cradle the head. Allow the Resident to slide down the front of your leg and onto the floor. Proceed to drag the Resident from the room and close the door.

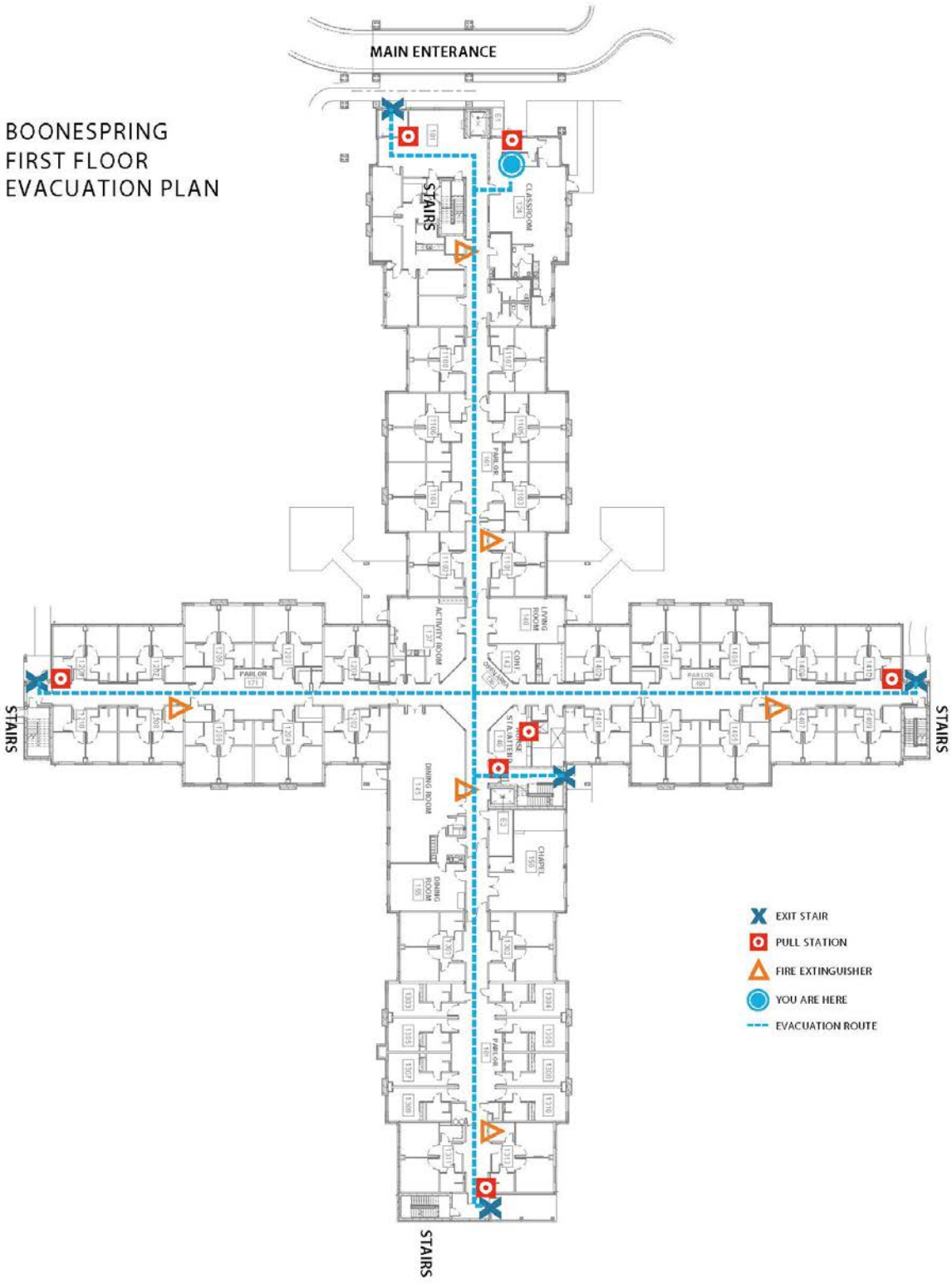
4. **TWO PERSON EXTREMITY CARRY** (for Residents who are bedridden) the first rescuer should sit down on the bed, place their arms under the knees of the Resident and lock your wrist. The second rescuer sits on the bed and brings the Resident to a sitting position and uses the "bear hug." Count to three and move as a unit to remove the Resident to a safe area.

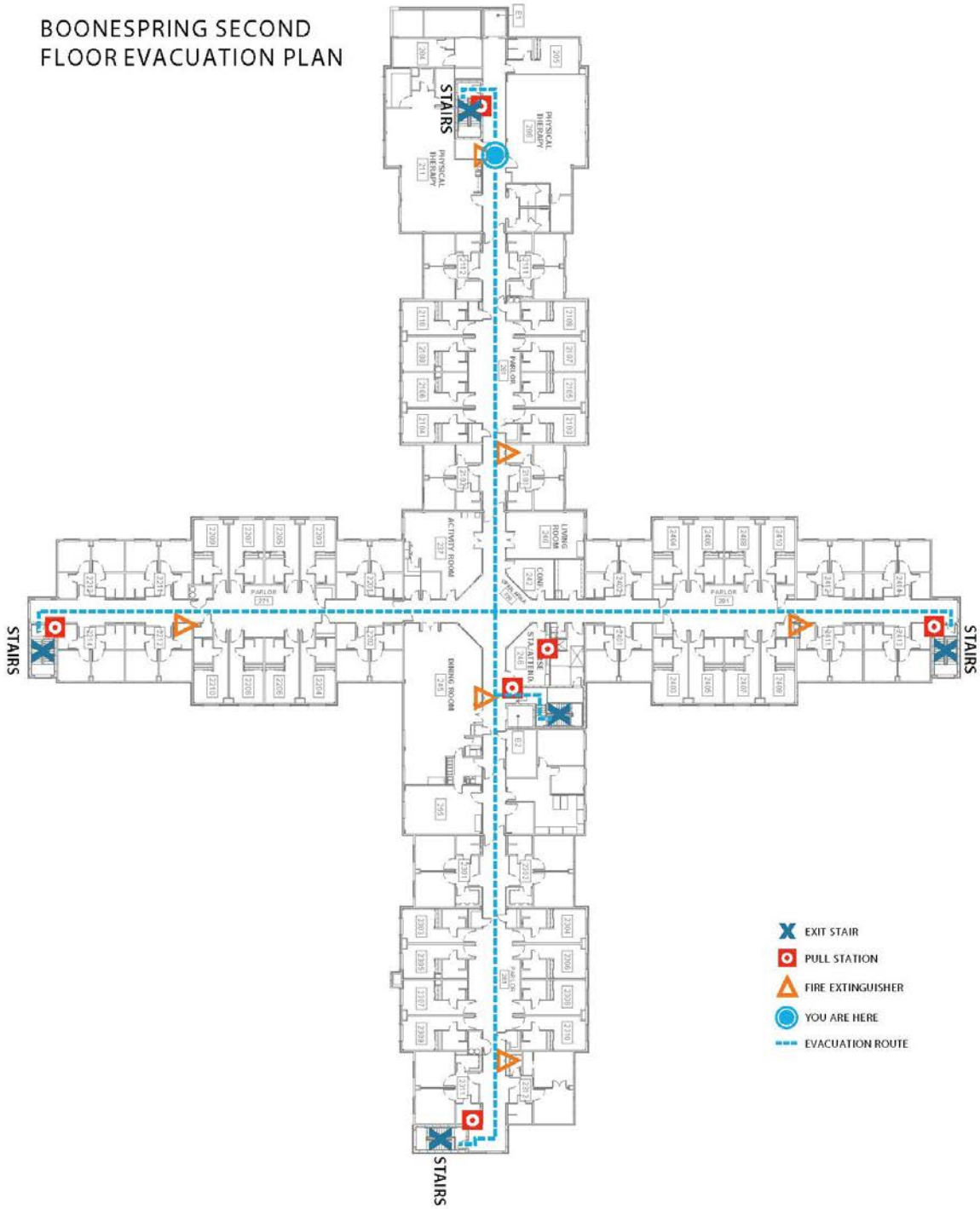
FIRE & POLICE DEPARTMENT….. 911

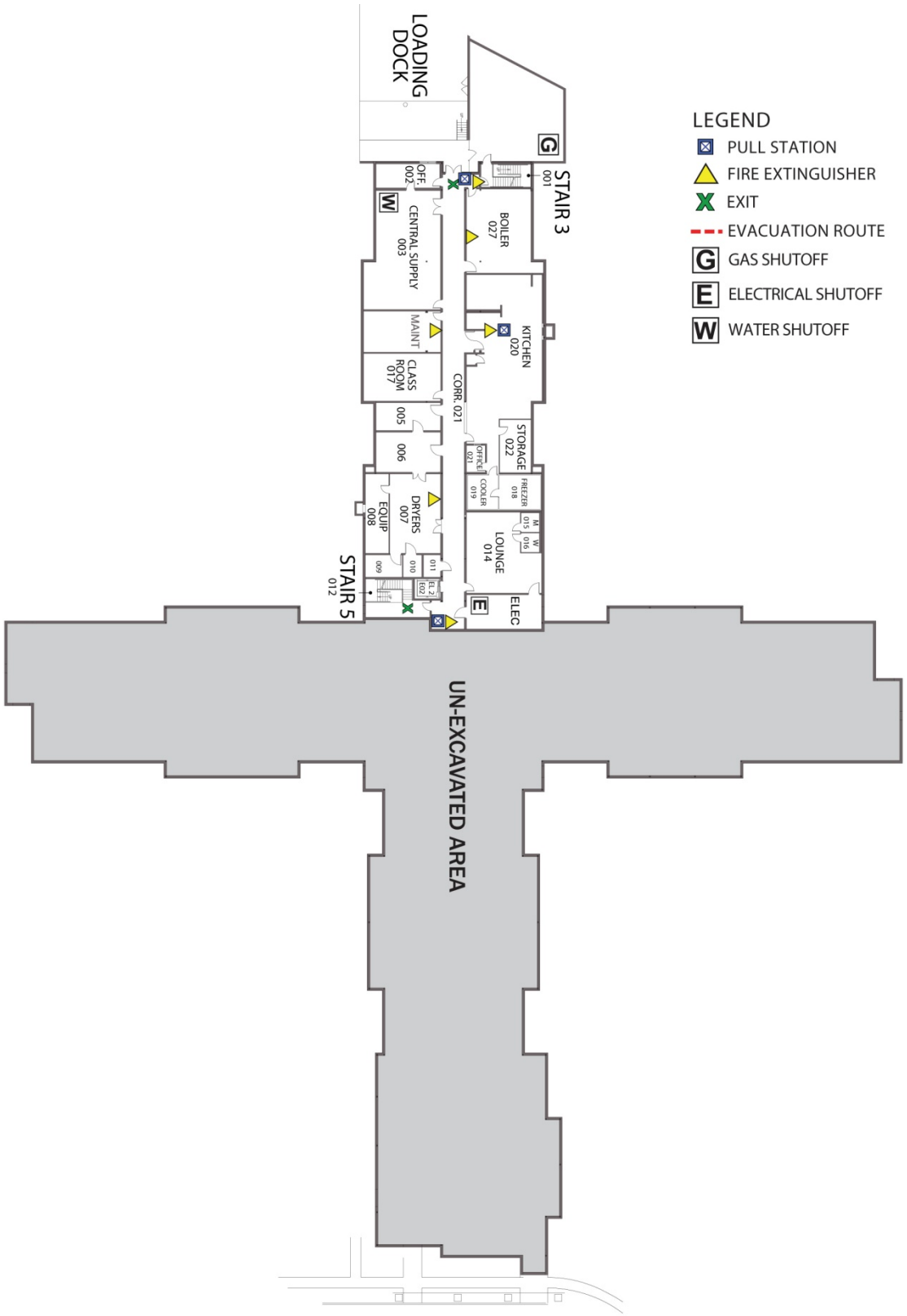
Attendance at these training sessions is mandatory. You are required to certify that you have received, read, studied, and under-stood the fire and evacuation plan. The certification becomes a matter of record.

Evacuation Plans For Facilities

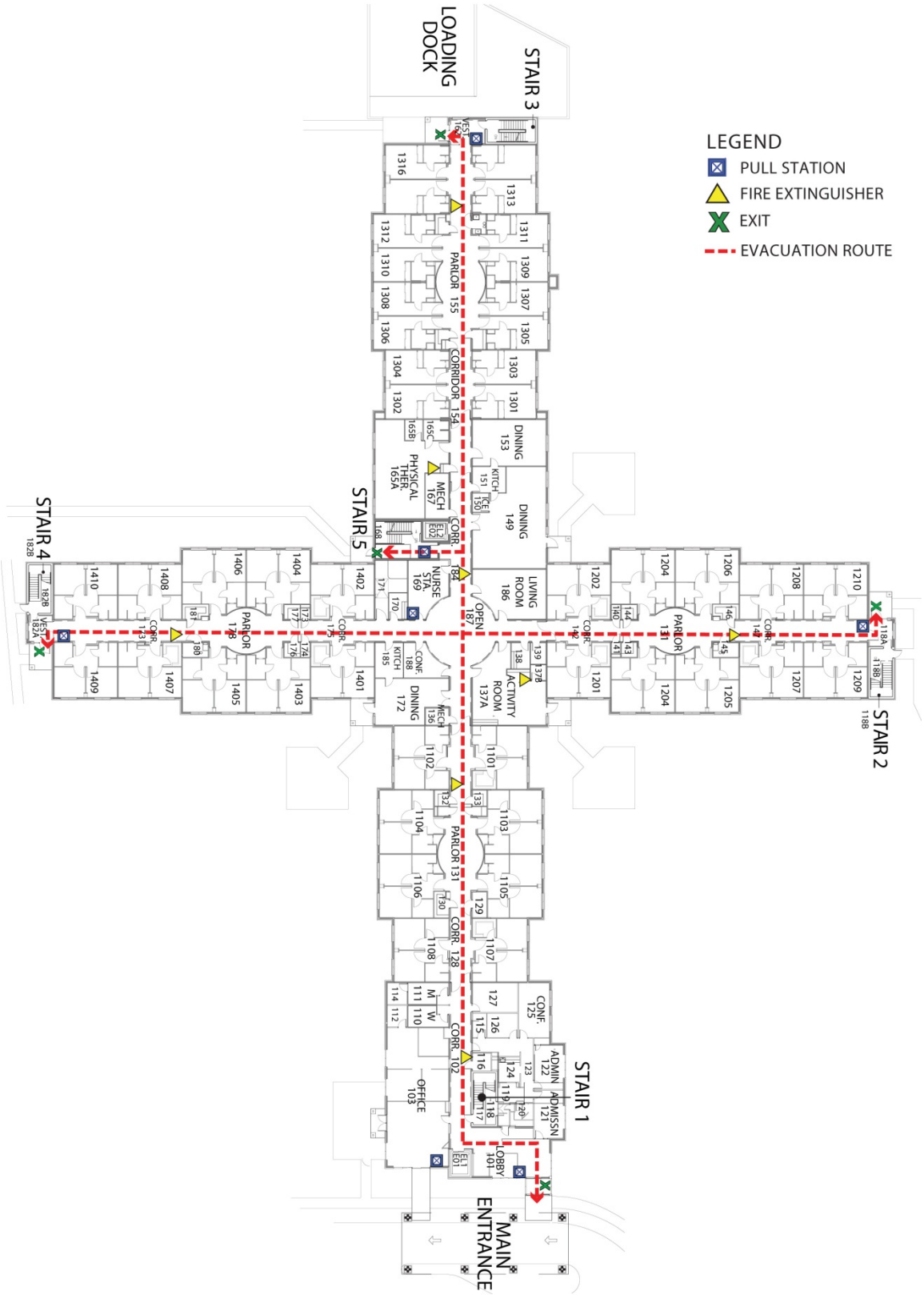



BOONESPRING
FIRST FLOOR
EVACUATION PLAN
MAIN ENTERANCE
STAIRS
STAIRS
STAIRS
EXIT STAIR
PULL STATION
FIRE EXTINGUISHER
YOU ARE HERE
EVACUATION ROUTE


BOONESPRING SECOND
FLOOR EVACUATION PLAN
STAIRS
STAIRS
STAIRS
EXIT STAIR
PULL STATION
FIRE EXTINGUISHER
YOU ARE HERE
EVACUATION ROUTE



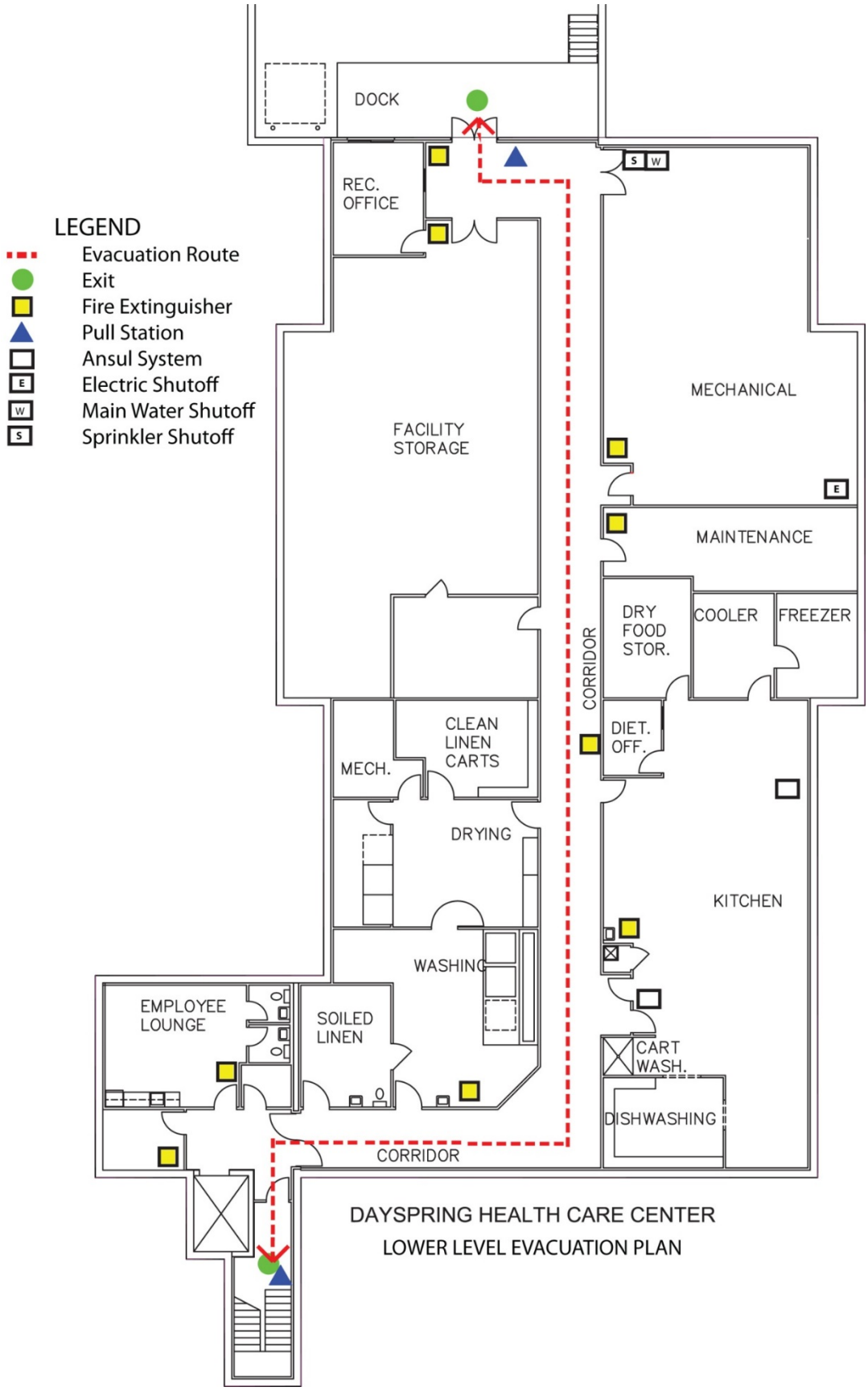
COLDSPRING
BASEMENT EVACUATION PLAN

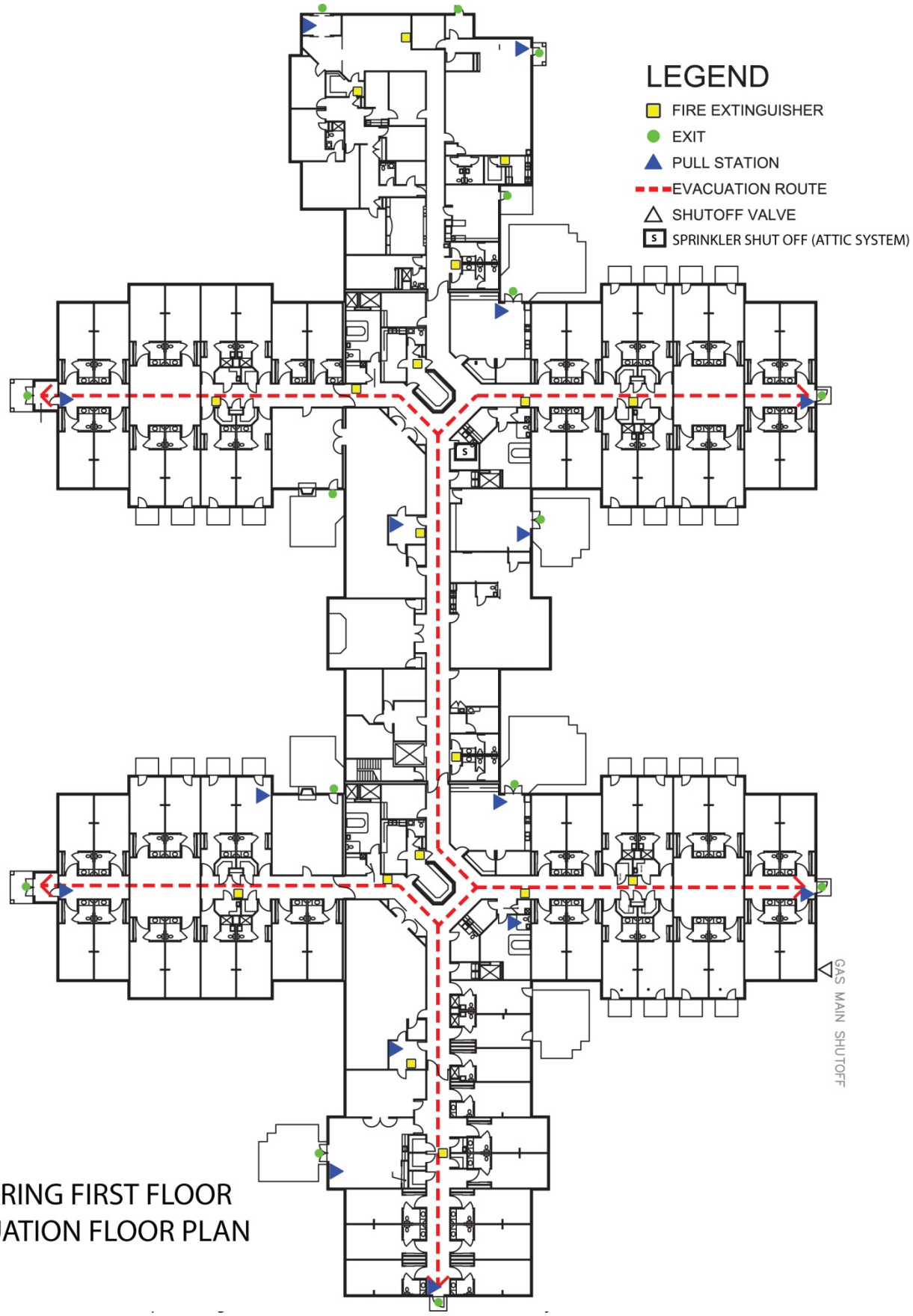


COLDSPRING

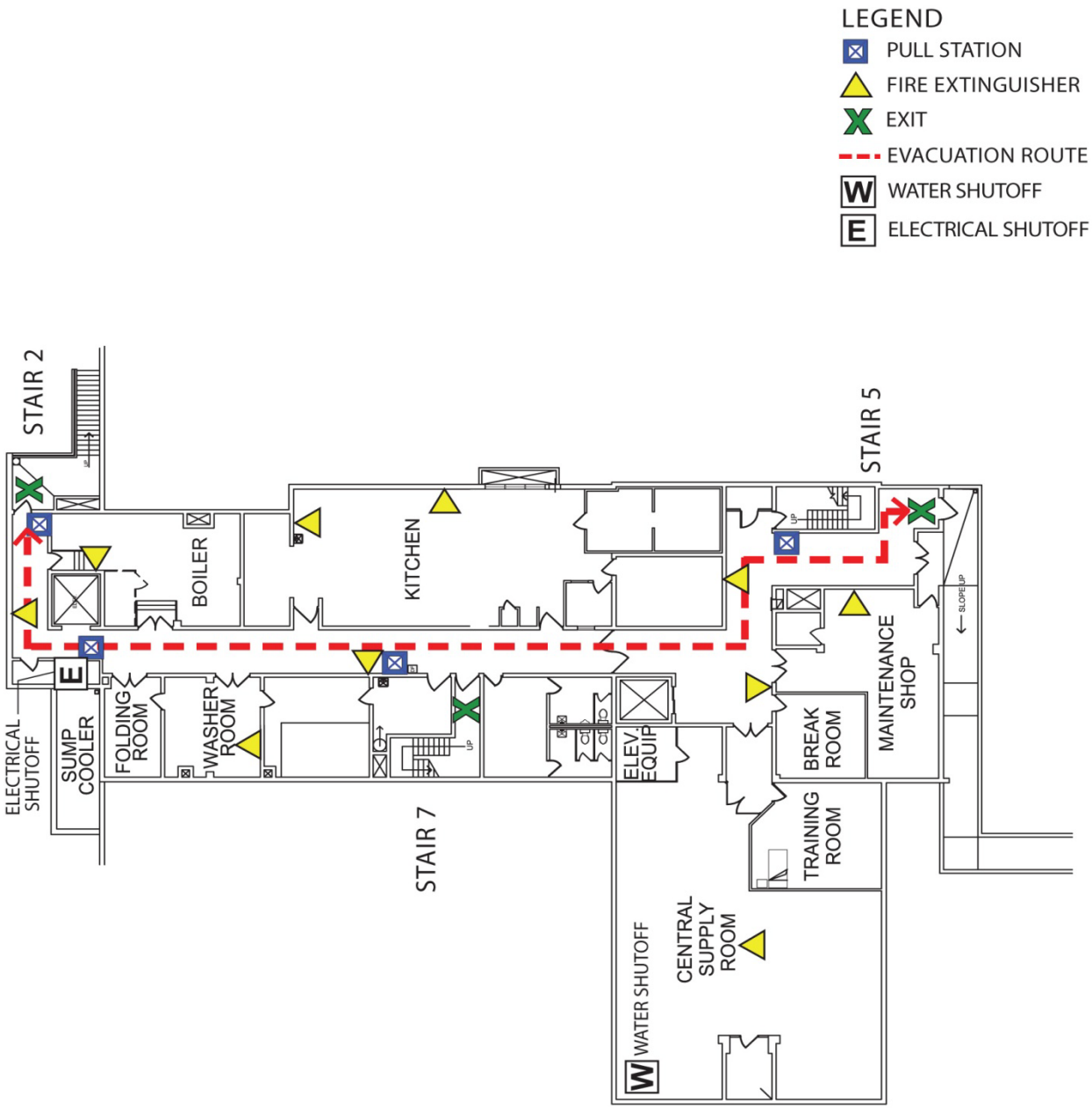
FIRST FLOOR EVACUATION PLAN

COLDSPRING
SECOND FLOOR EVACUATION PLAN

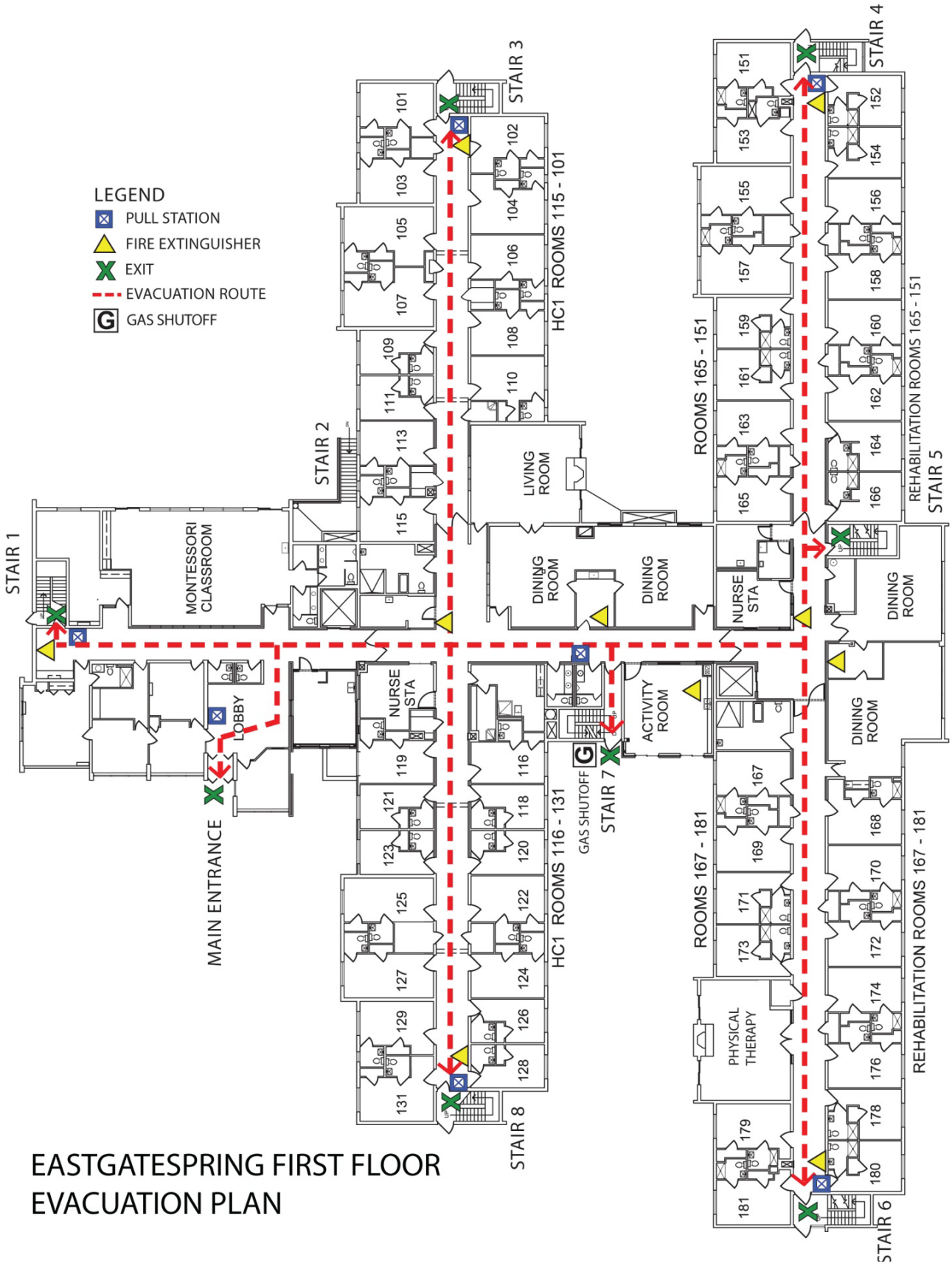

LEGEND
Evacuation Route
Exit
Fire Extinguisher
Pull Station
Ansul System
Electric Shutoff
Main Water Shutoff
Sprinkler Shutoff
DOCK
REC. OFFICE
FACILITY STORAGE
MECHANICAL
MAINTENANCE
DRY FOOD STOR.
COOLER
FREEZER
CORRIDOR
DIET. OFF.
CLEAN LINEN CARTS
MECH.
DRYING
KITCHEN
WASHING
EMPLOYEE LOUNGE
SOILED LINEN
CART WASH.
DISHWASHING
CORRIDOR
DAYSPRING HEALTH CARE CENTER
LOWER LEVEL EVACUATION PLAN



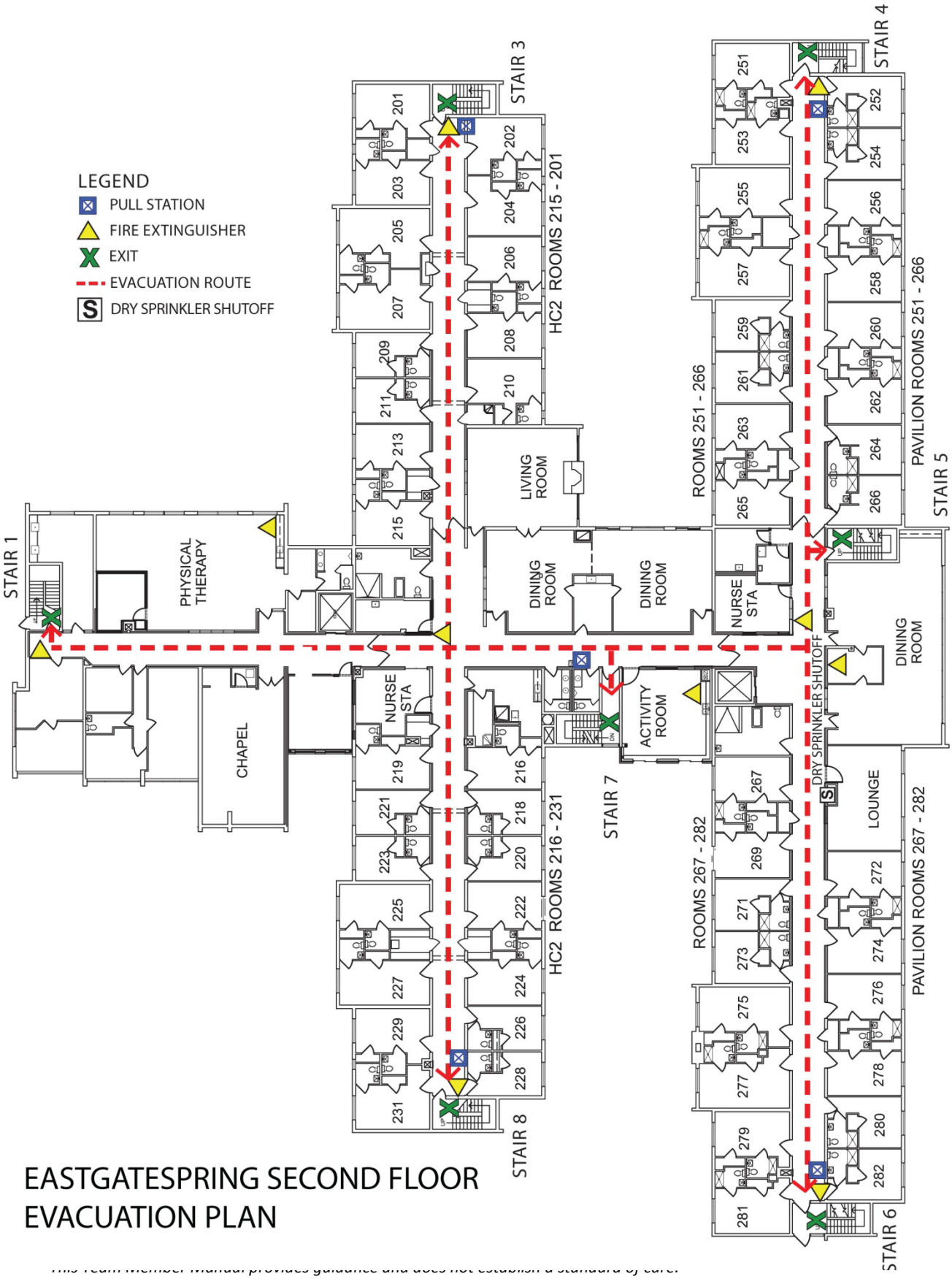
DAYSPRING FIRST FLOOR
EVACUATION FLOOR PLAN



EASTGATESPRING BASEMENT EVACUATION PLAN



EASTGATESPRING FIRST FLOOR EVACUATION PLAN



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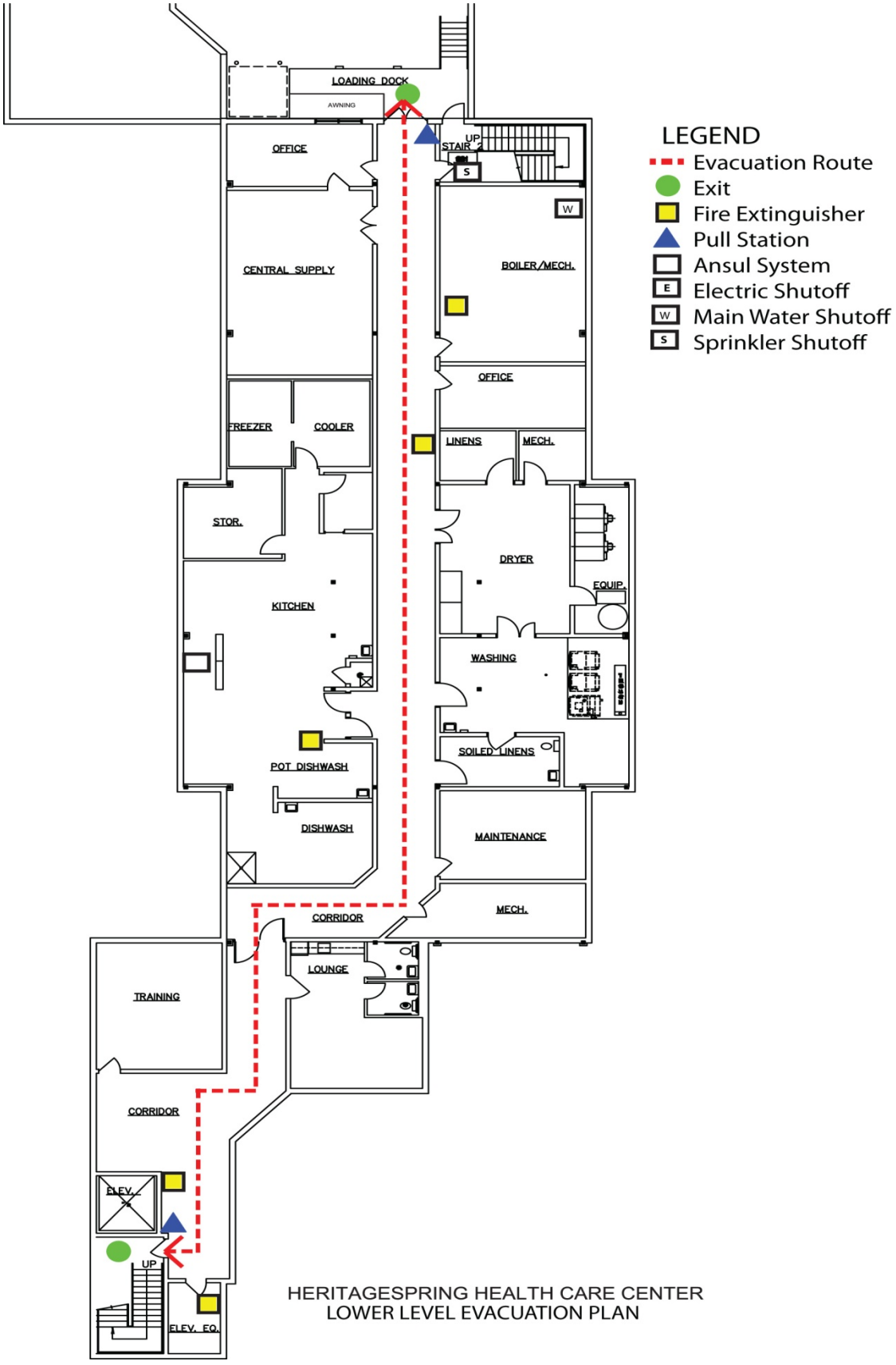
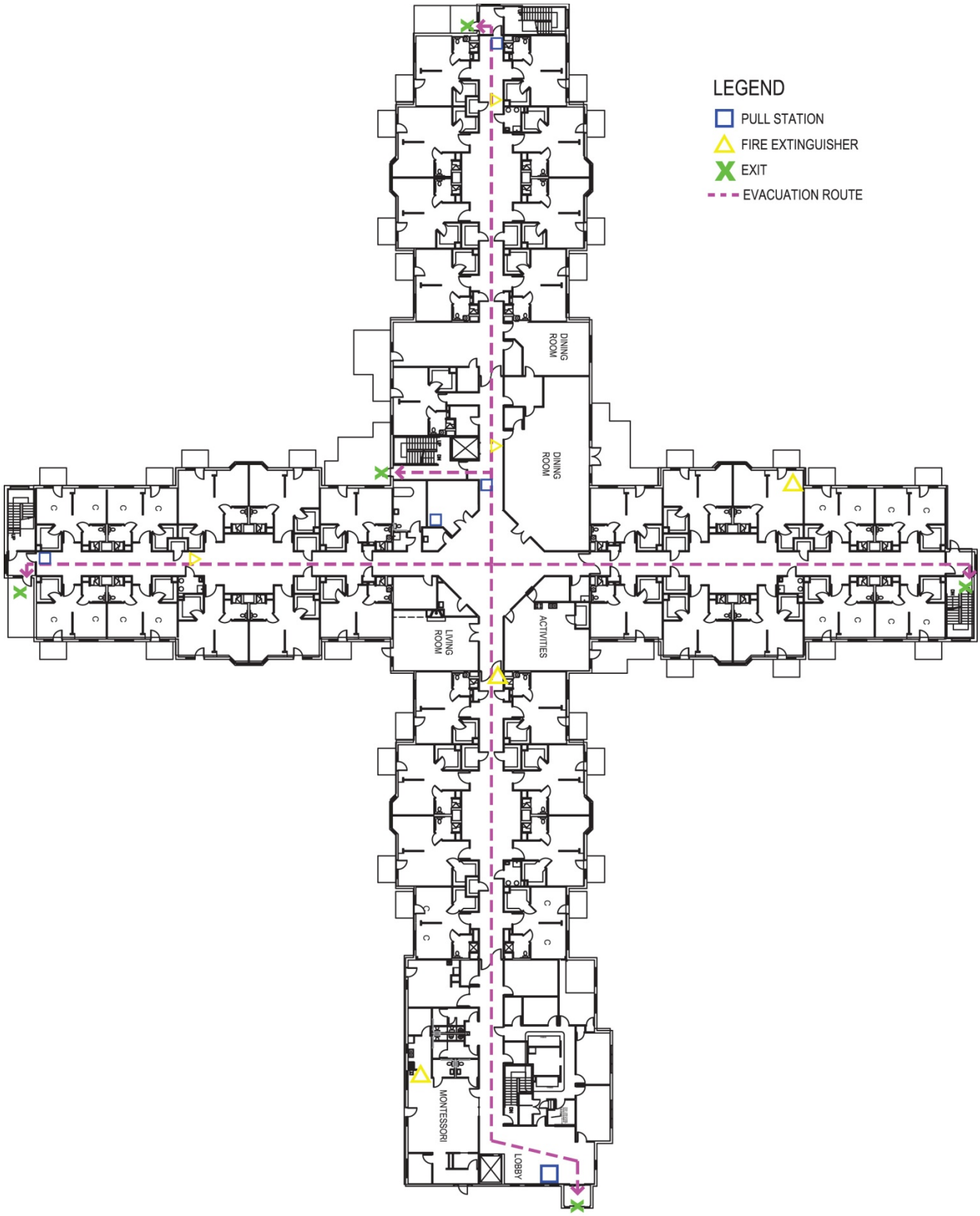
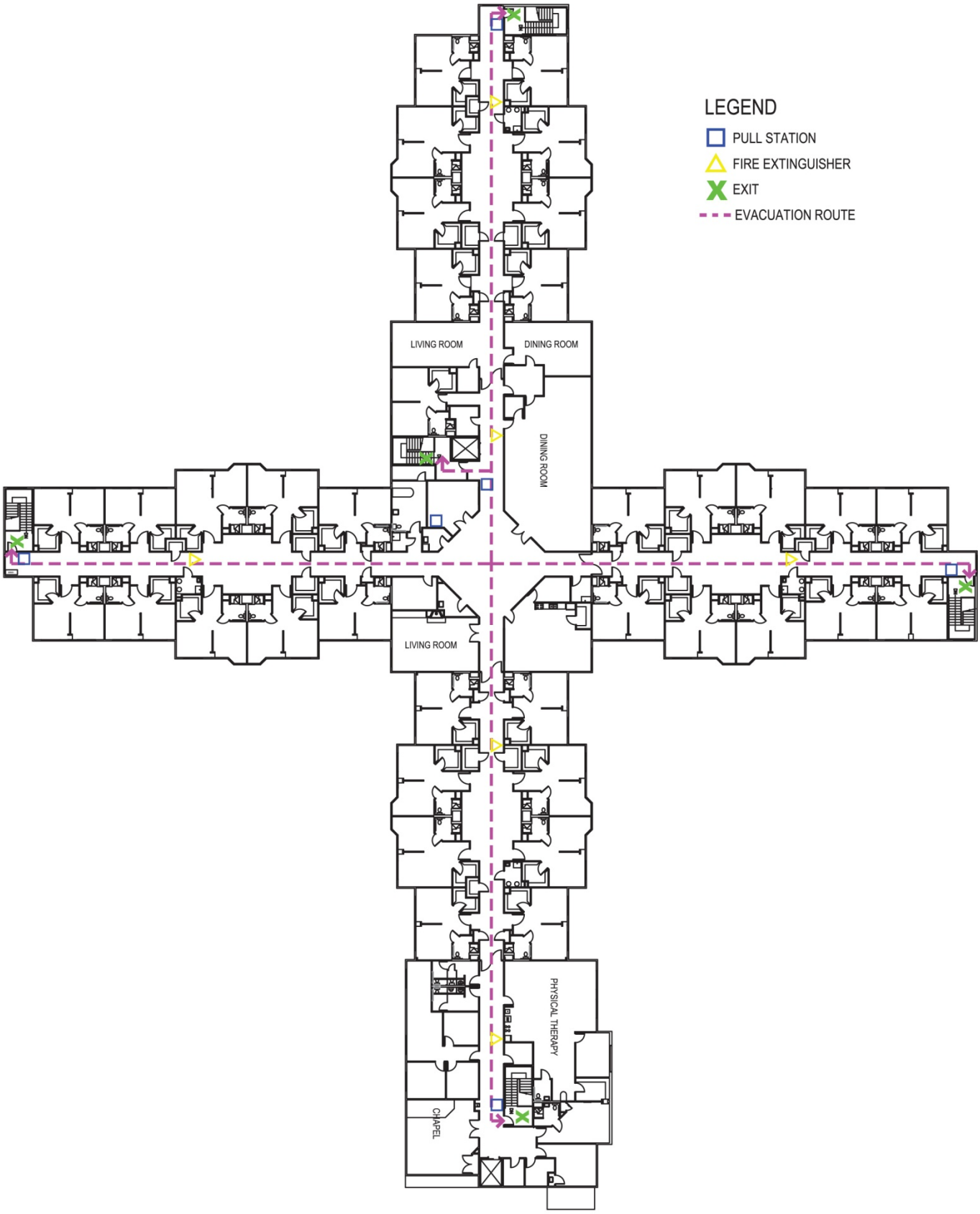


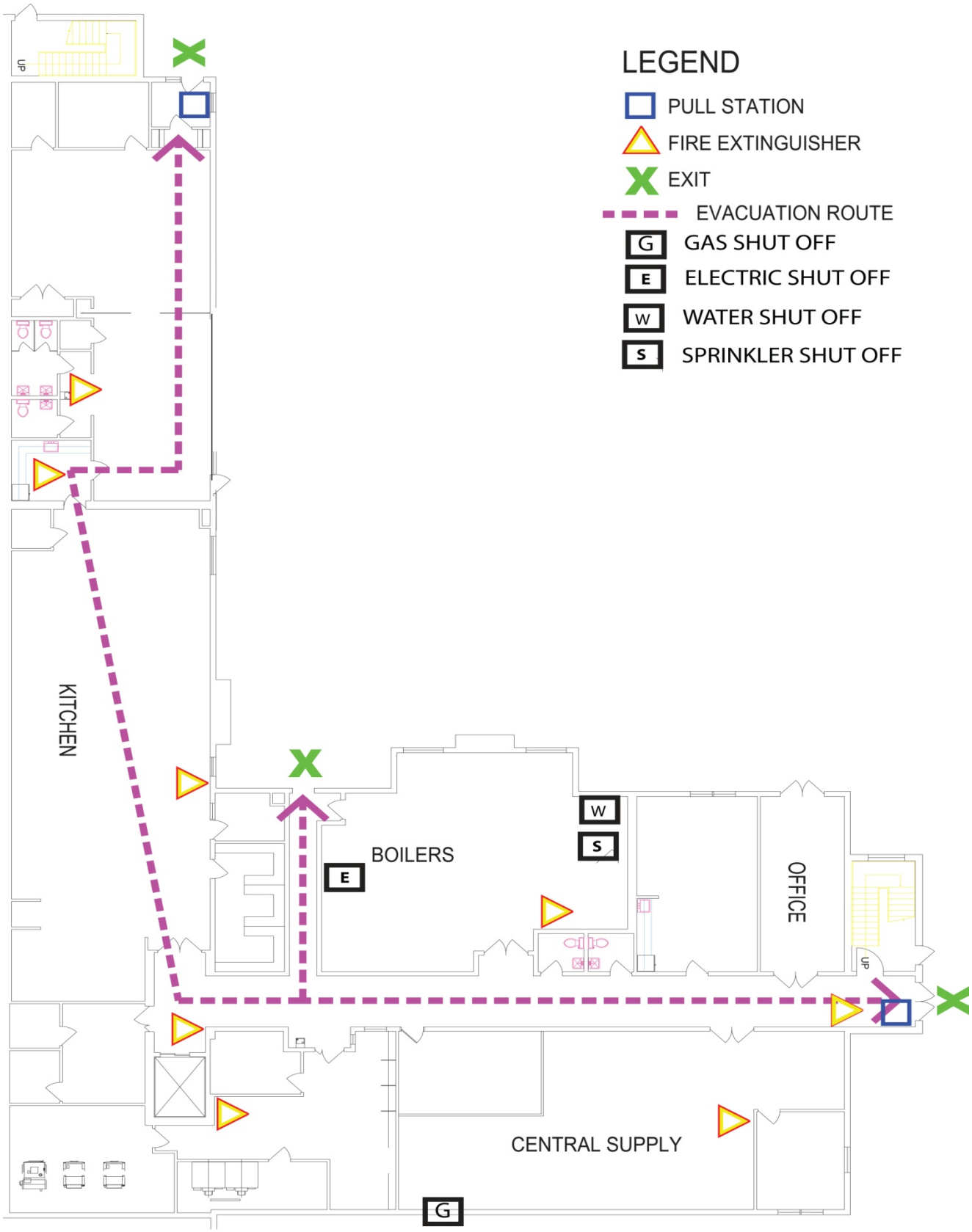
HERITAGESPRING HEALTH CARE CENTER
LOWER LEVEL EVACUATION PLAN



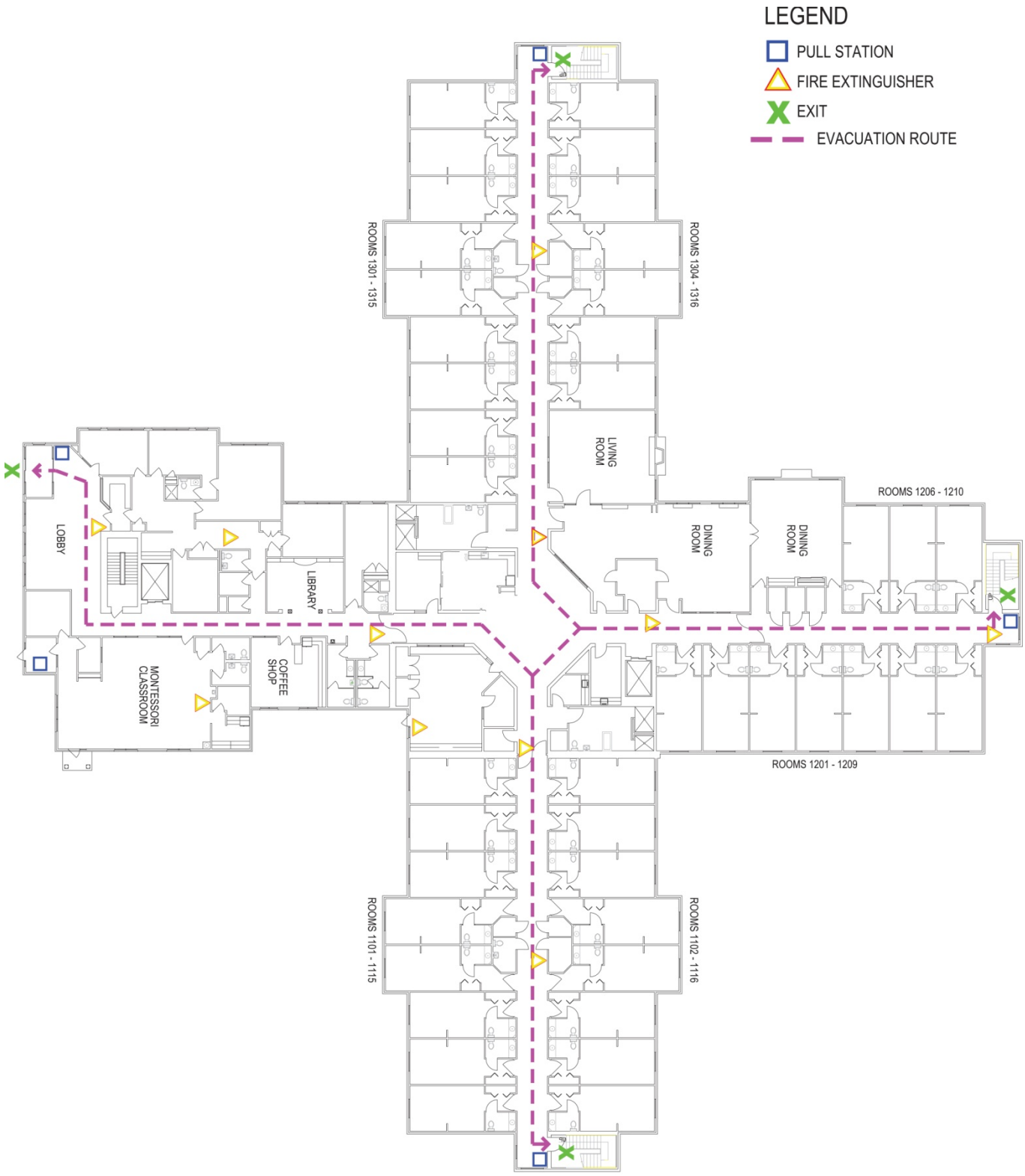
HERITAGESPRING FIRST FLOOR EVACUATION PLAN



HERITAGESPRING SECOND FLOOR EVACUATION PLAN



HIGHLANDSPRING BASEMENT EVACUATION PLAN



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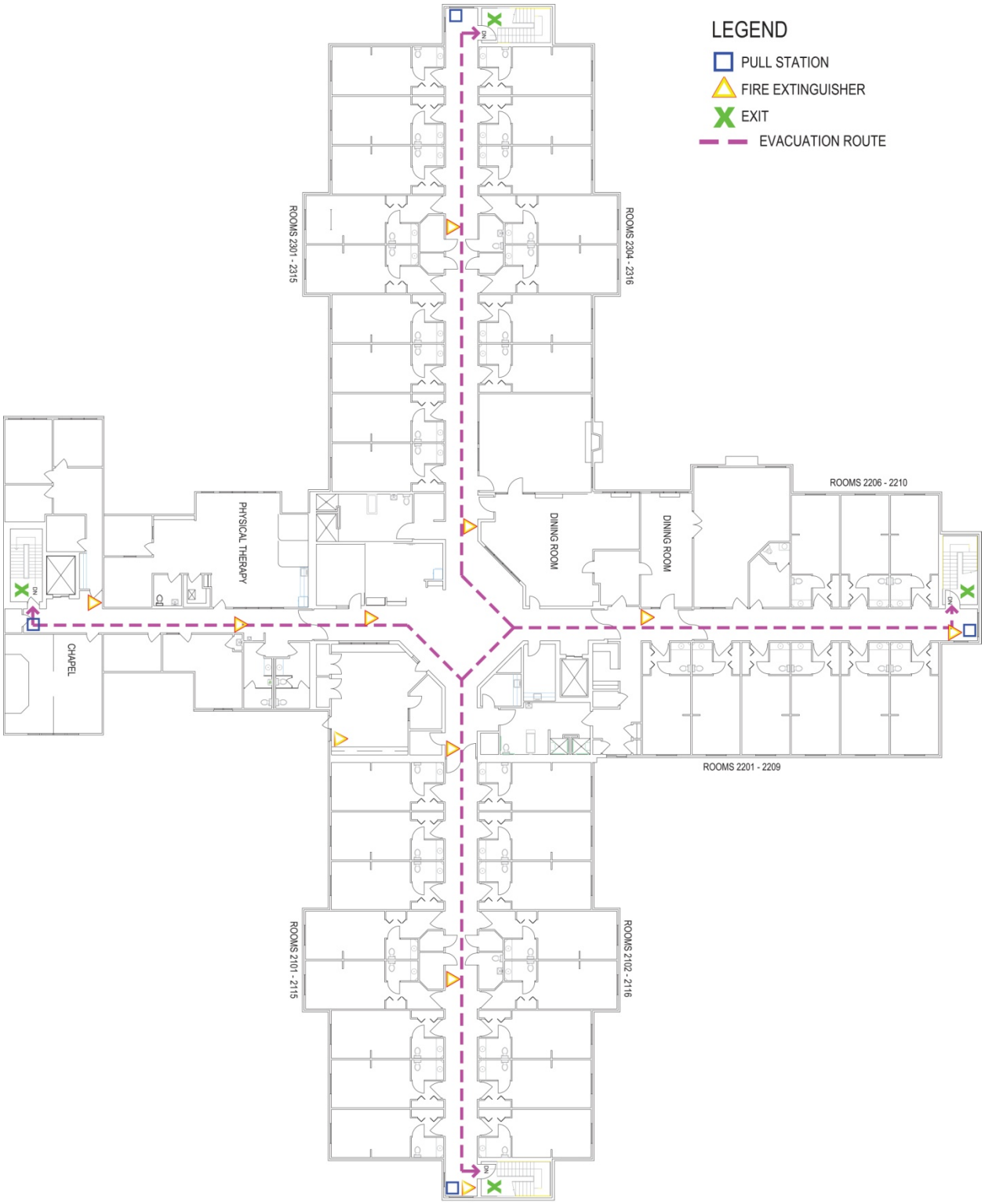

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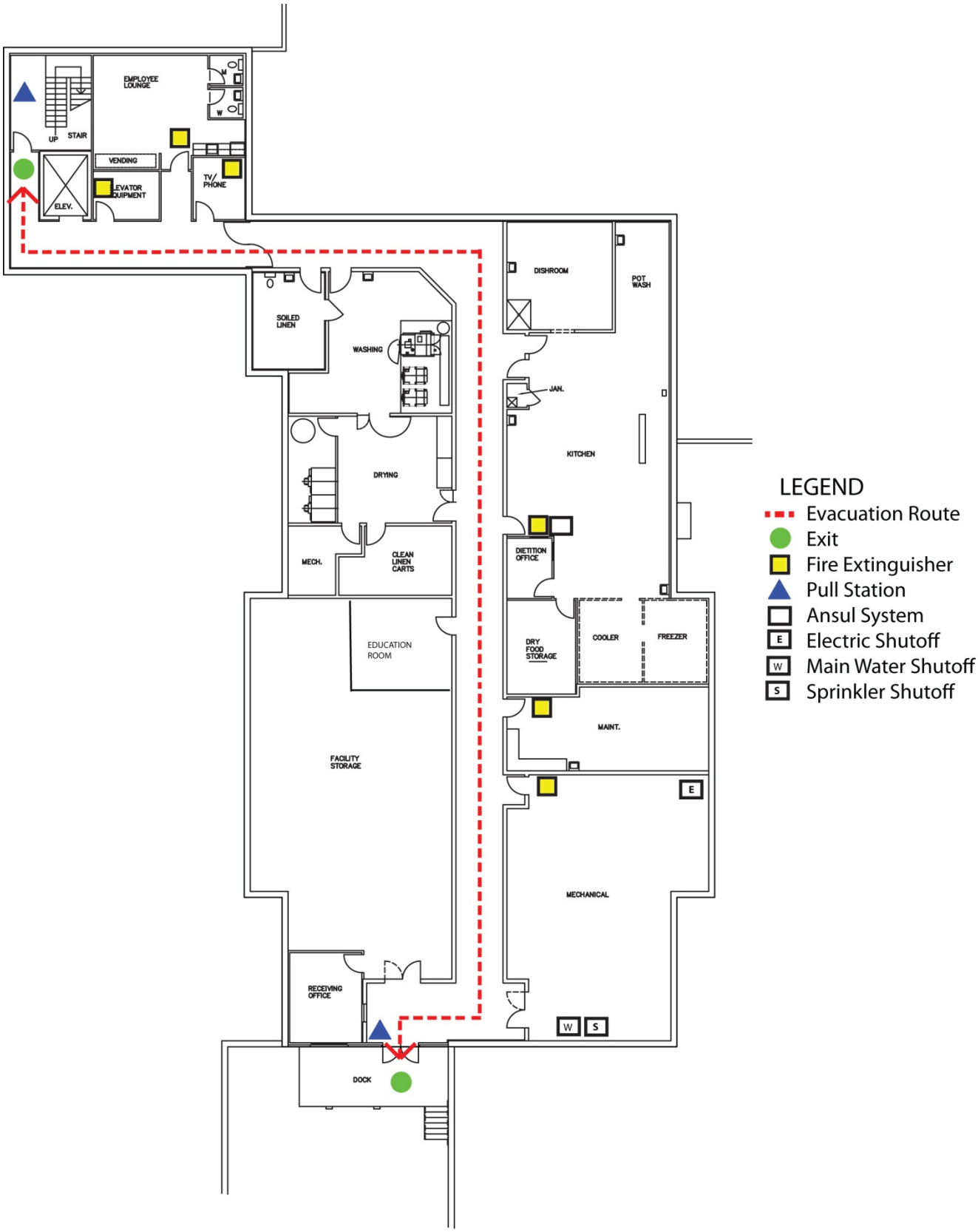
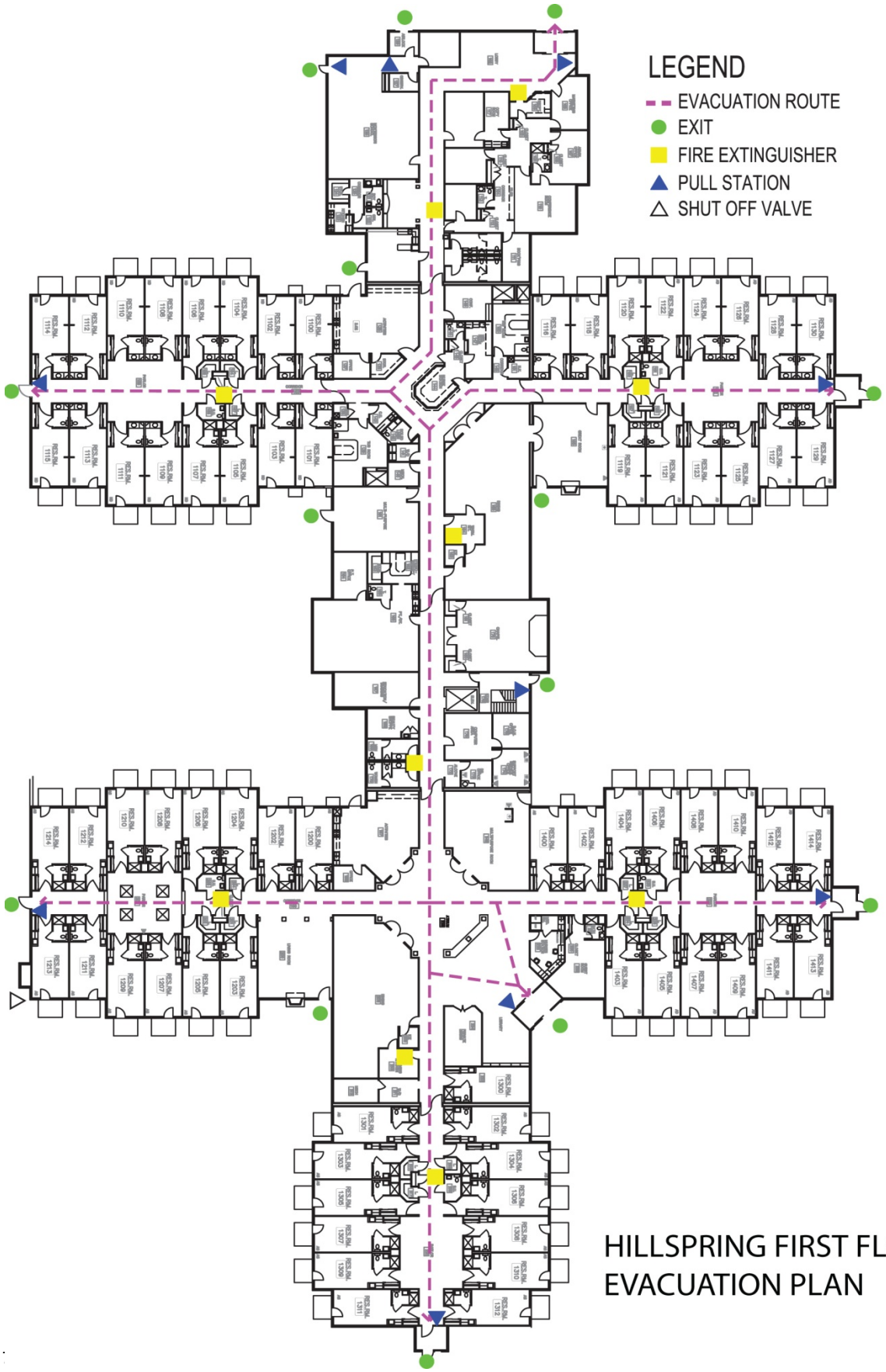
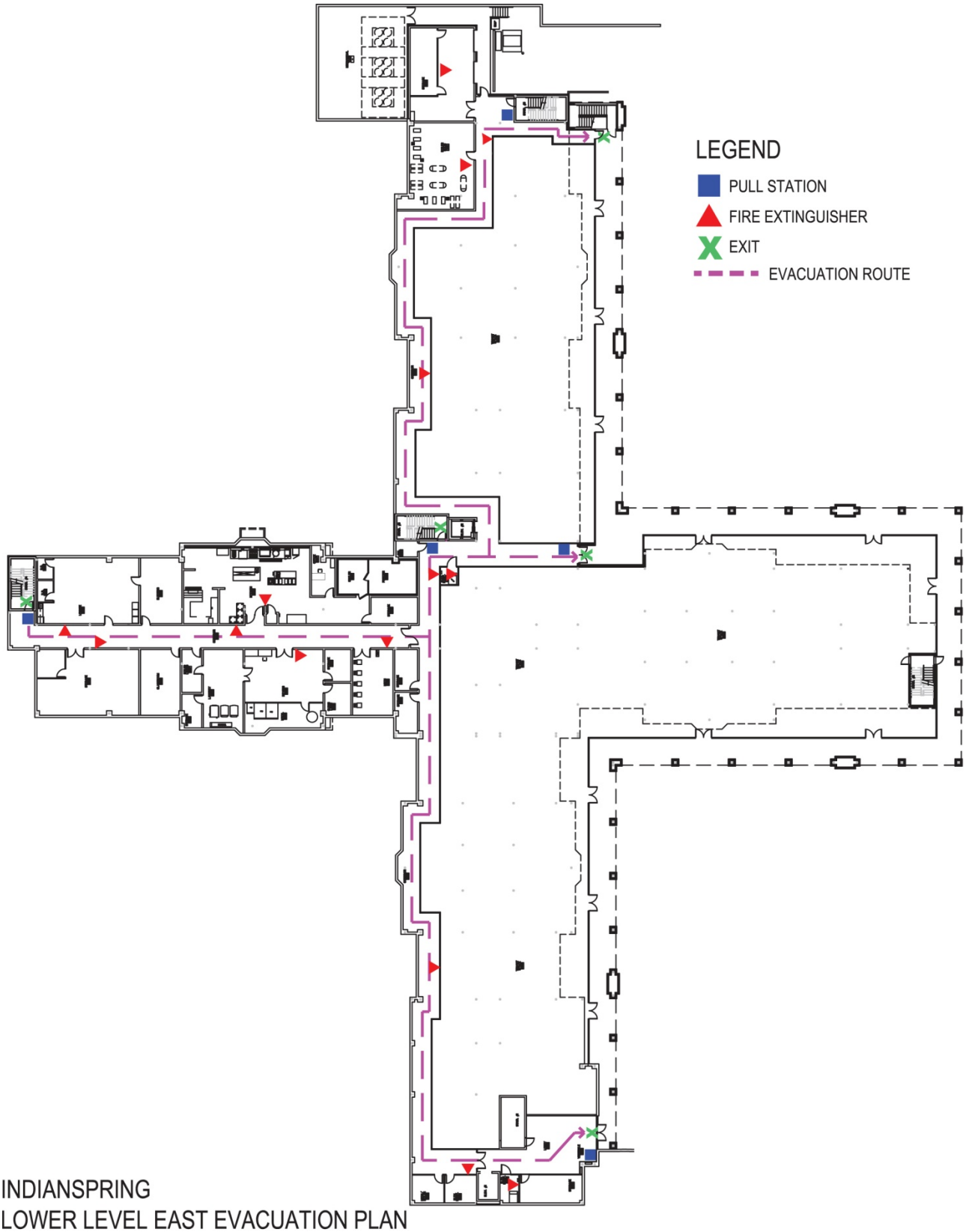


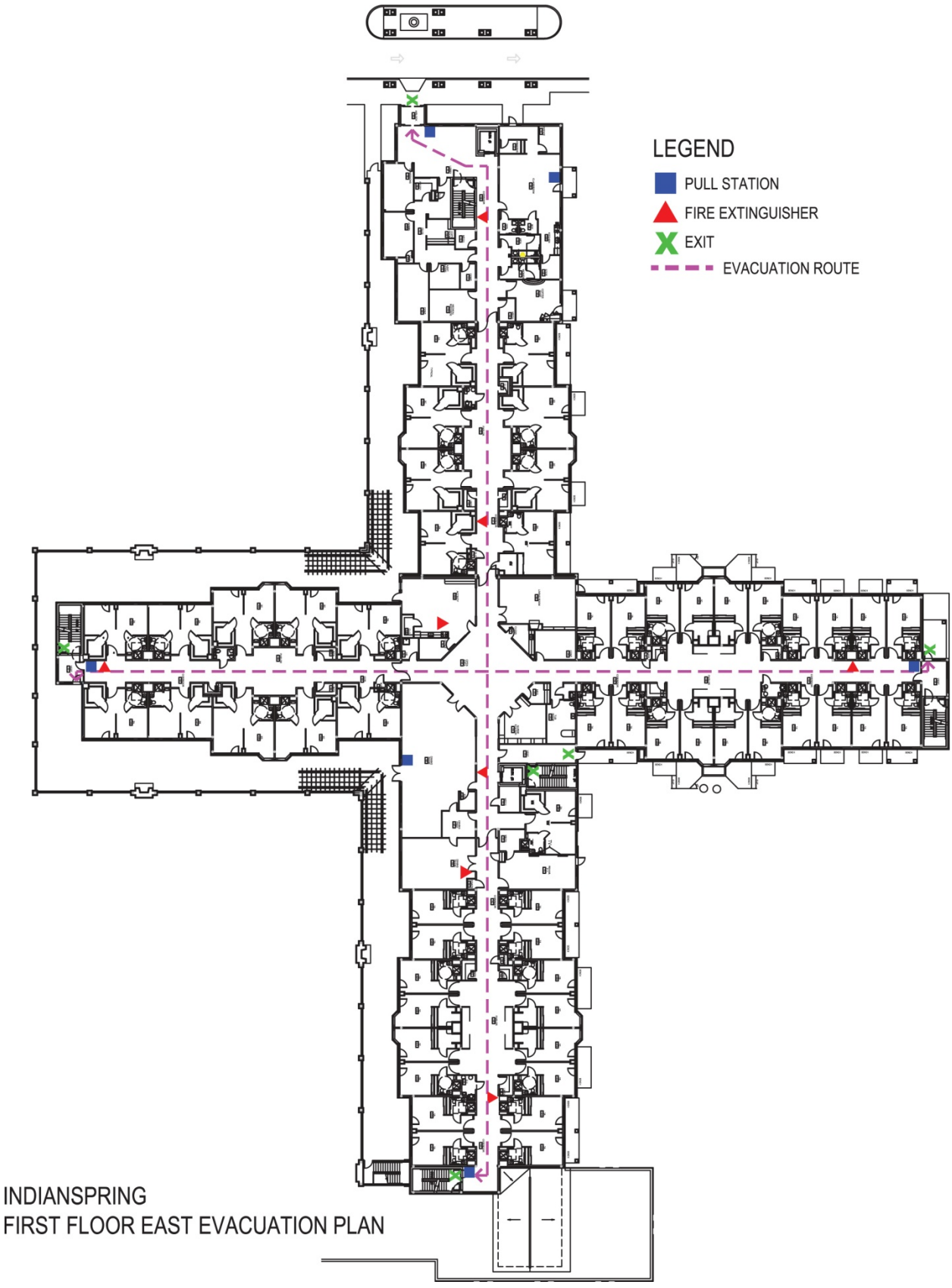
HILLSPRING HEALTH CARE CENTER
LOWER LEVEL EVACUATION PLAN



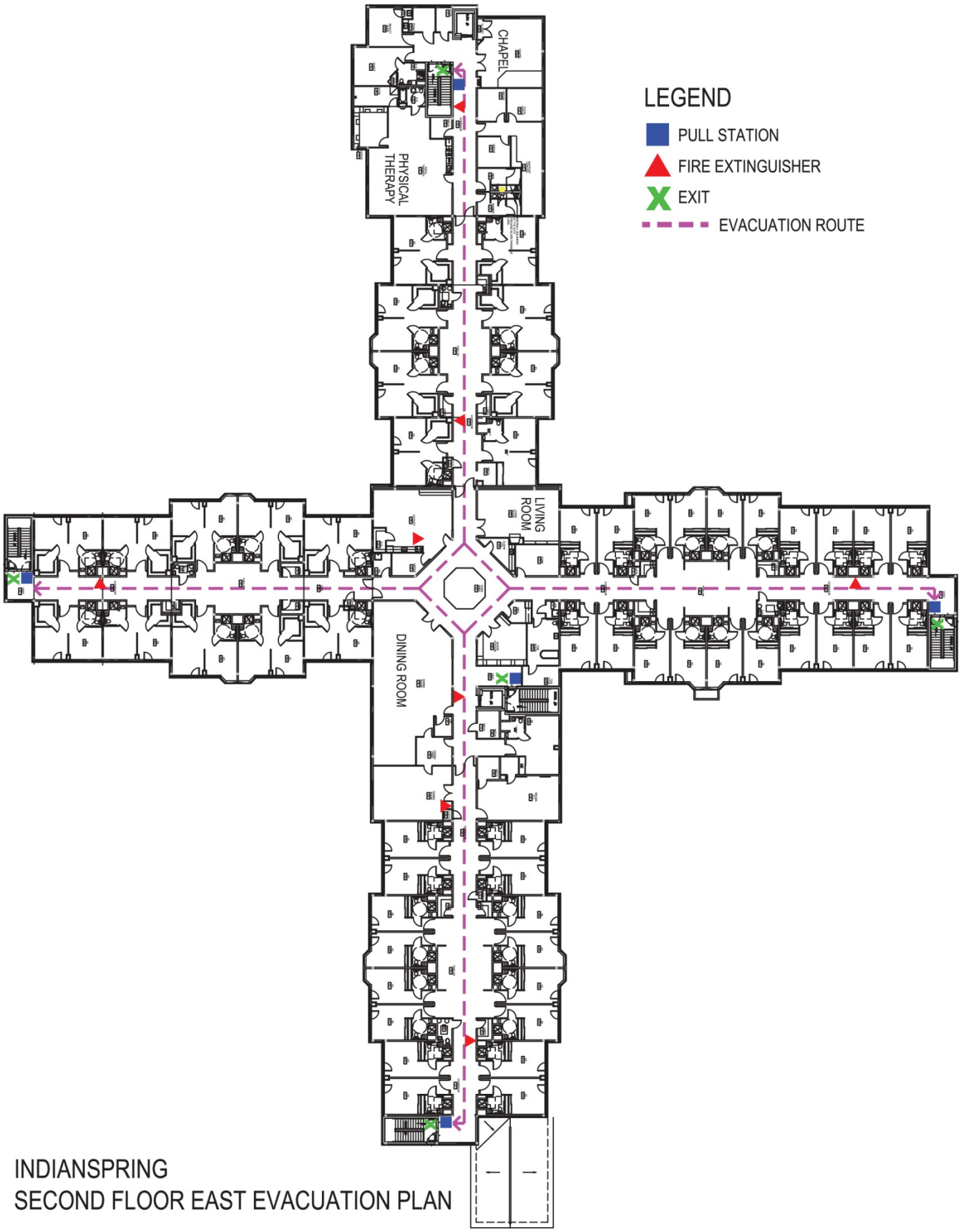
HILLSPRING FIRST FLOOR
EVACUATION PLAN



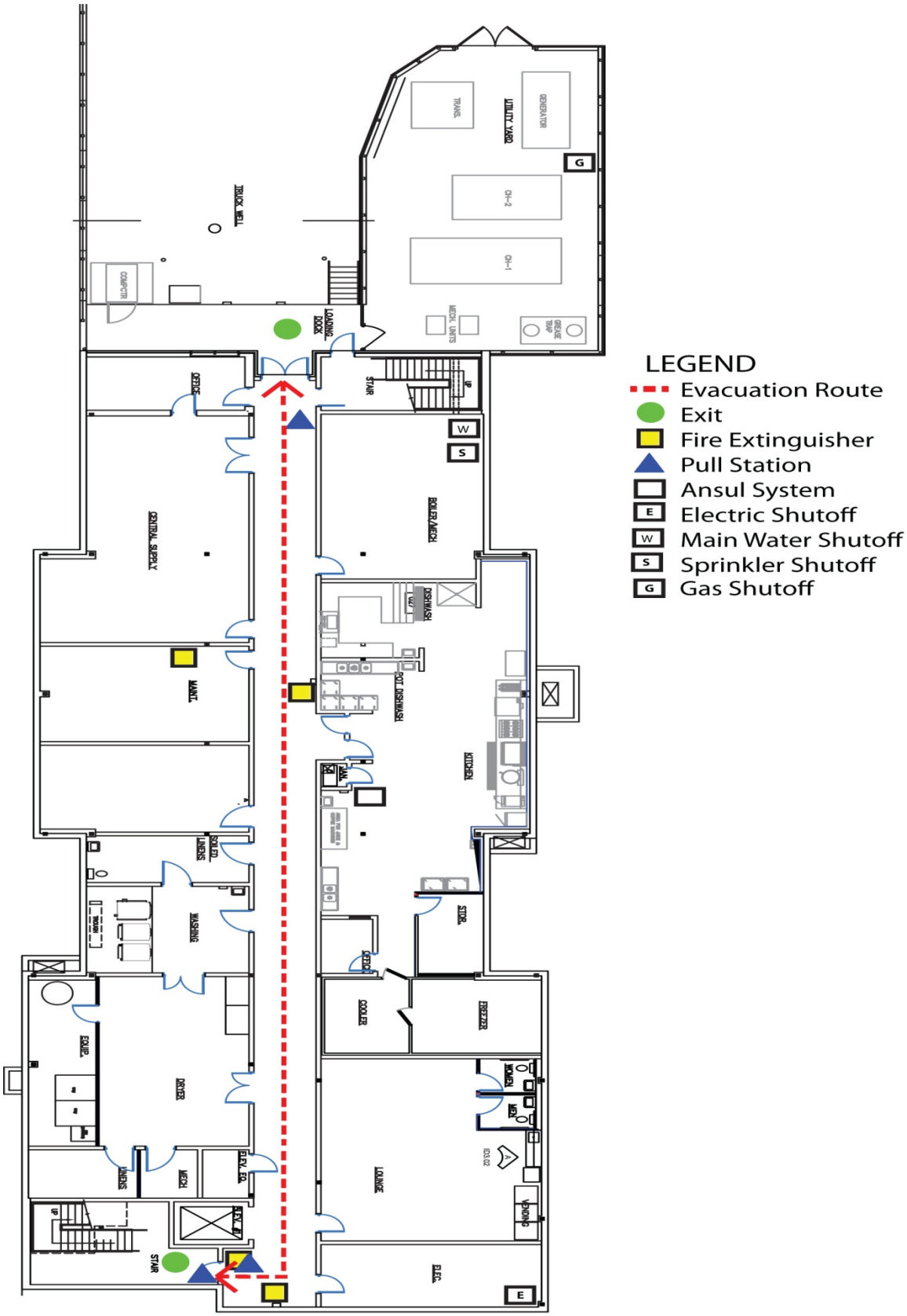
INDIANSPRING
LOWER LEVEL EAST EVACUATION PLAN



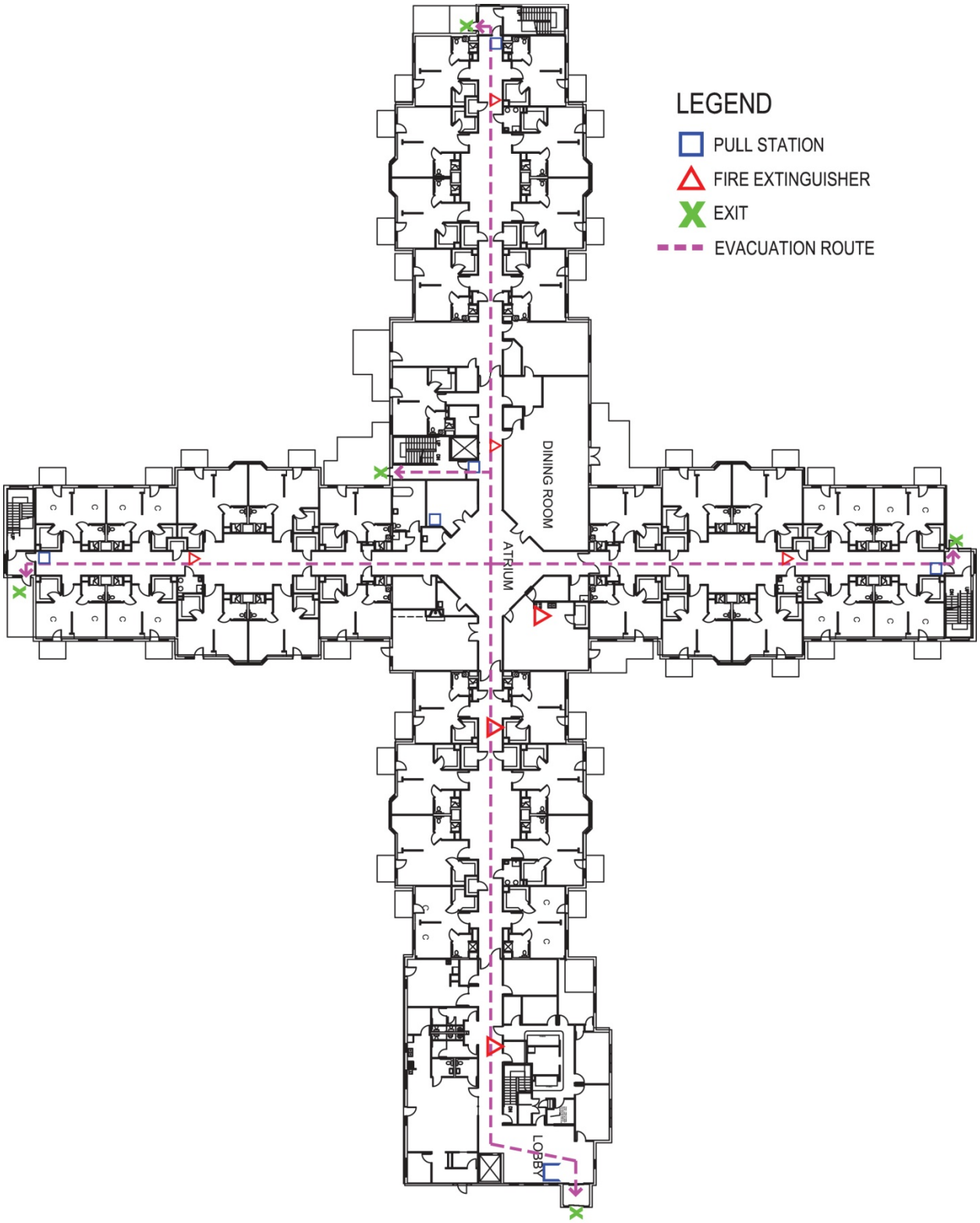
INDIANSPRING
FIRST FLOOR EAST EVACUATION PLAN



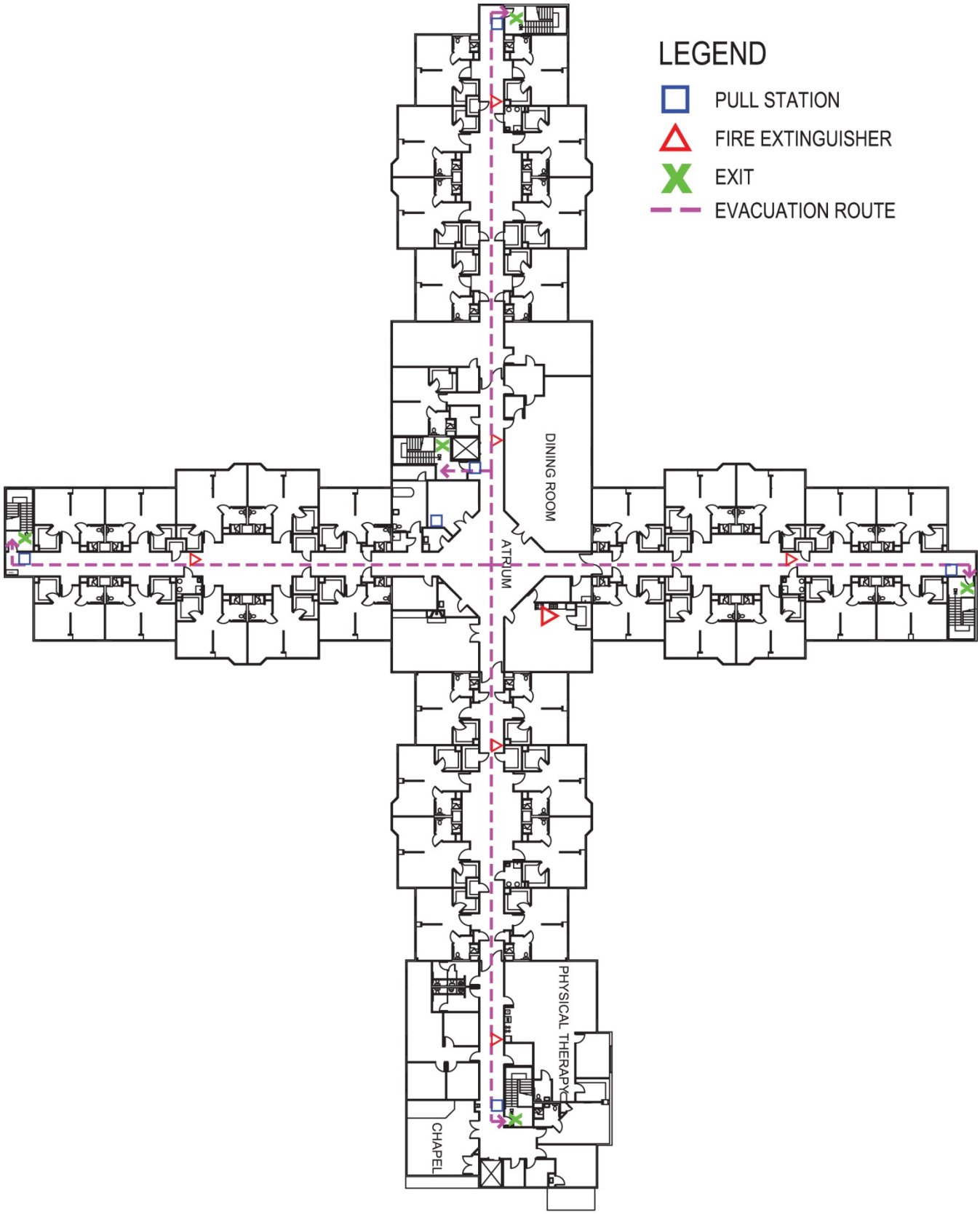
INDIANSPRING
SECOND FLOOR EAST EVACUATION PLAN



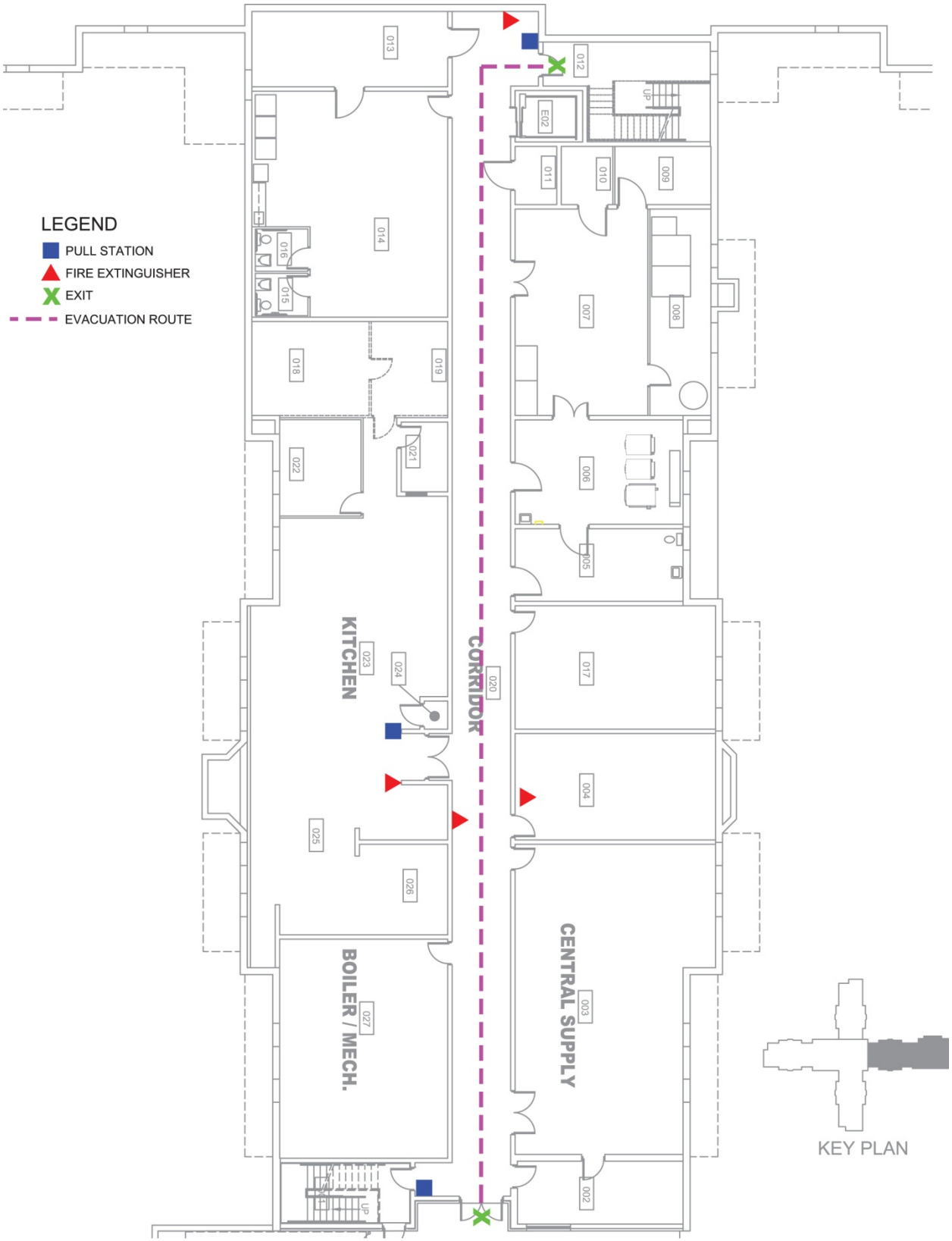
SHAWNEESPRING HEALTH CARE CENTER
LOWER LEVEL EVACUATION PLAN



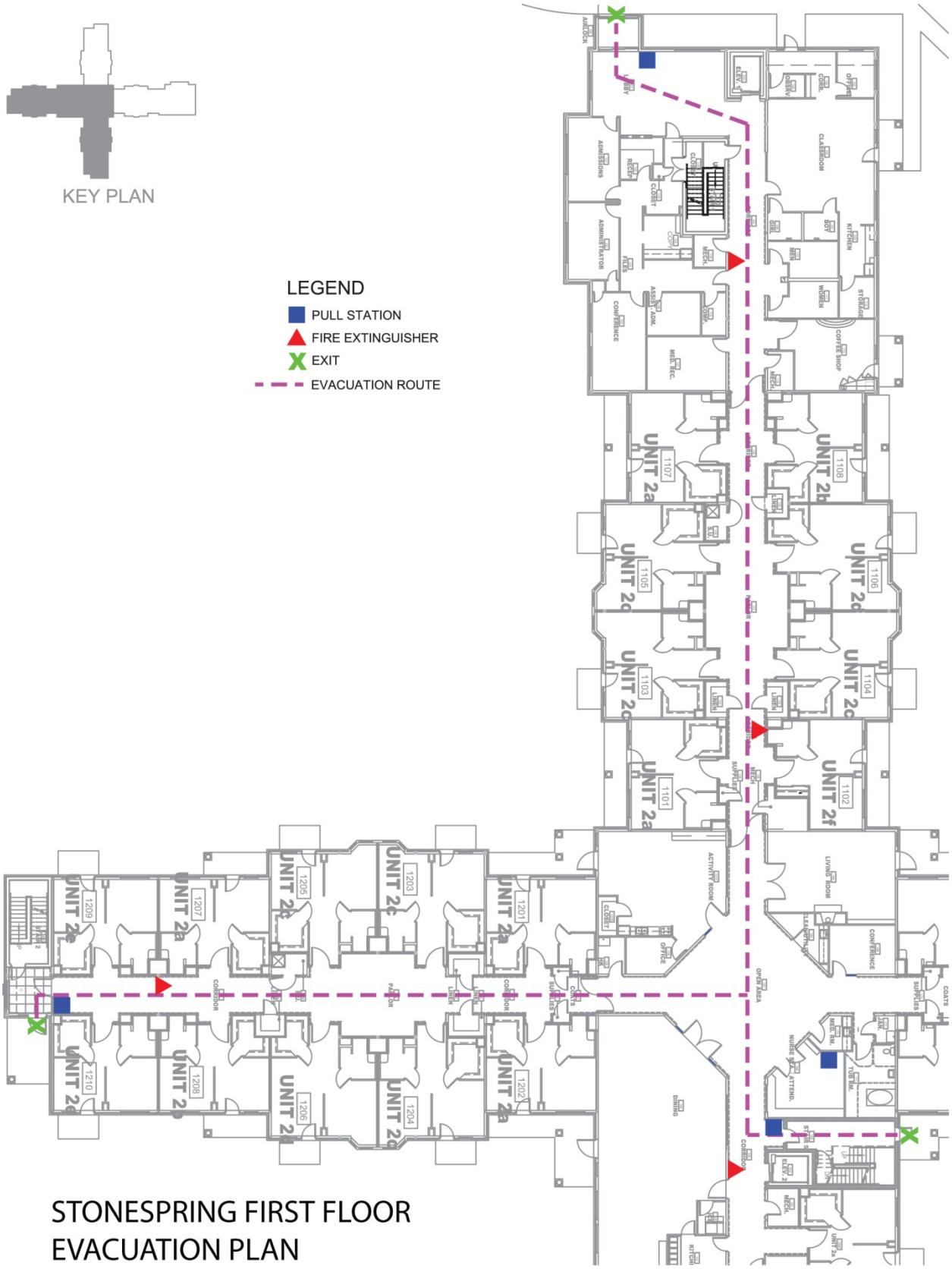
SHAWNEESPRING FIRST FLOOR EVACUATION PLAN

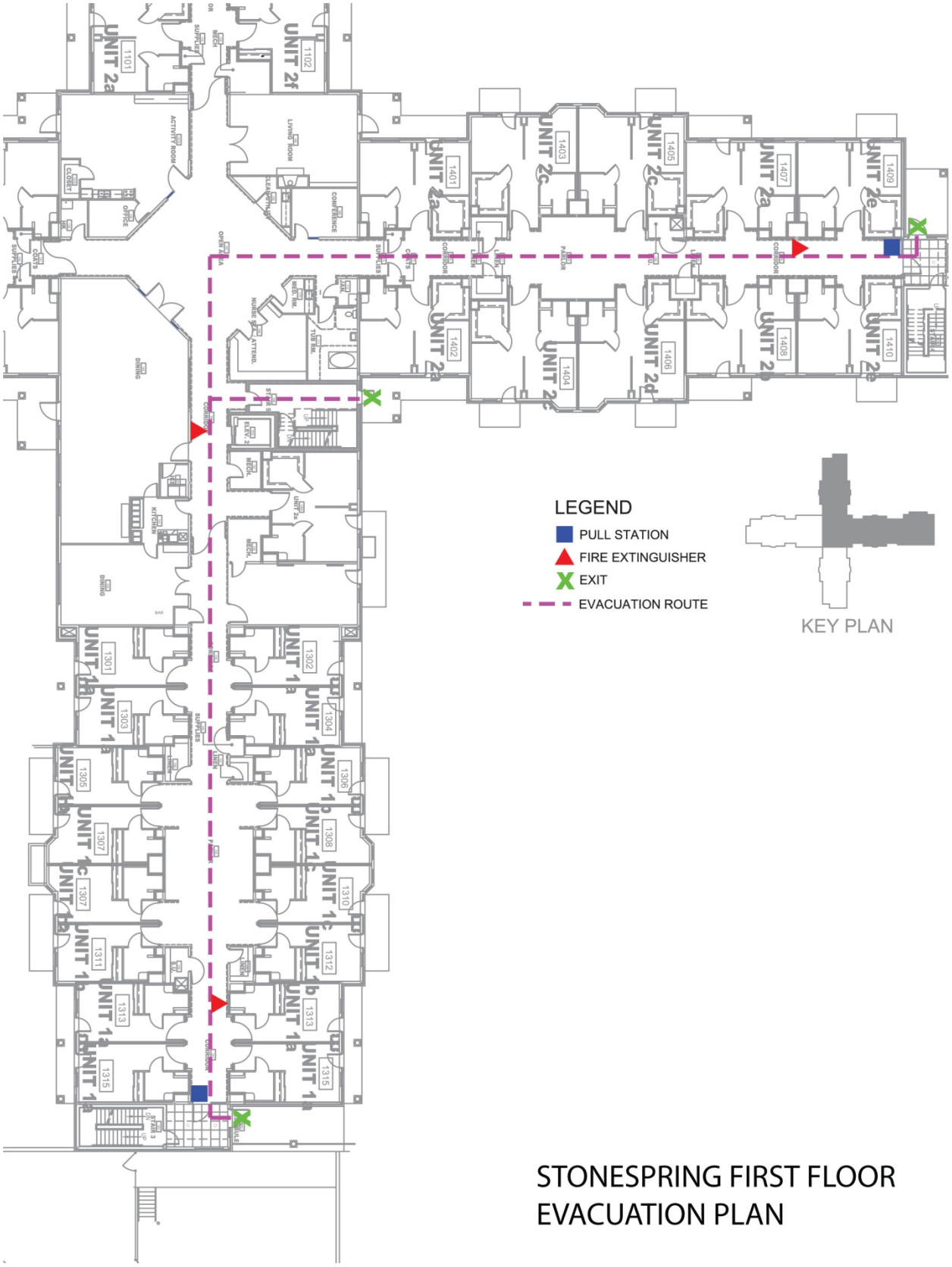


SHAWNEESPRING SECOND FLOOR EVACUATION PLAN

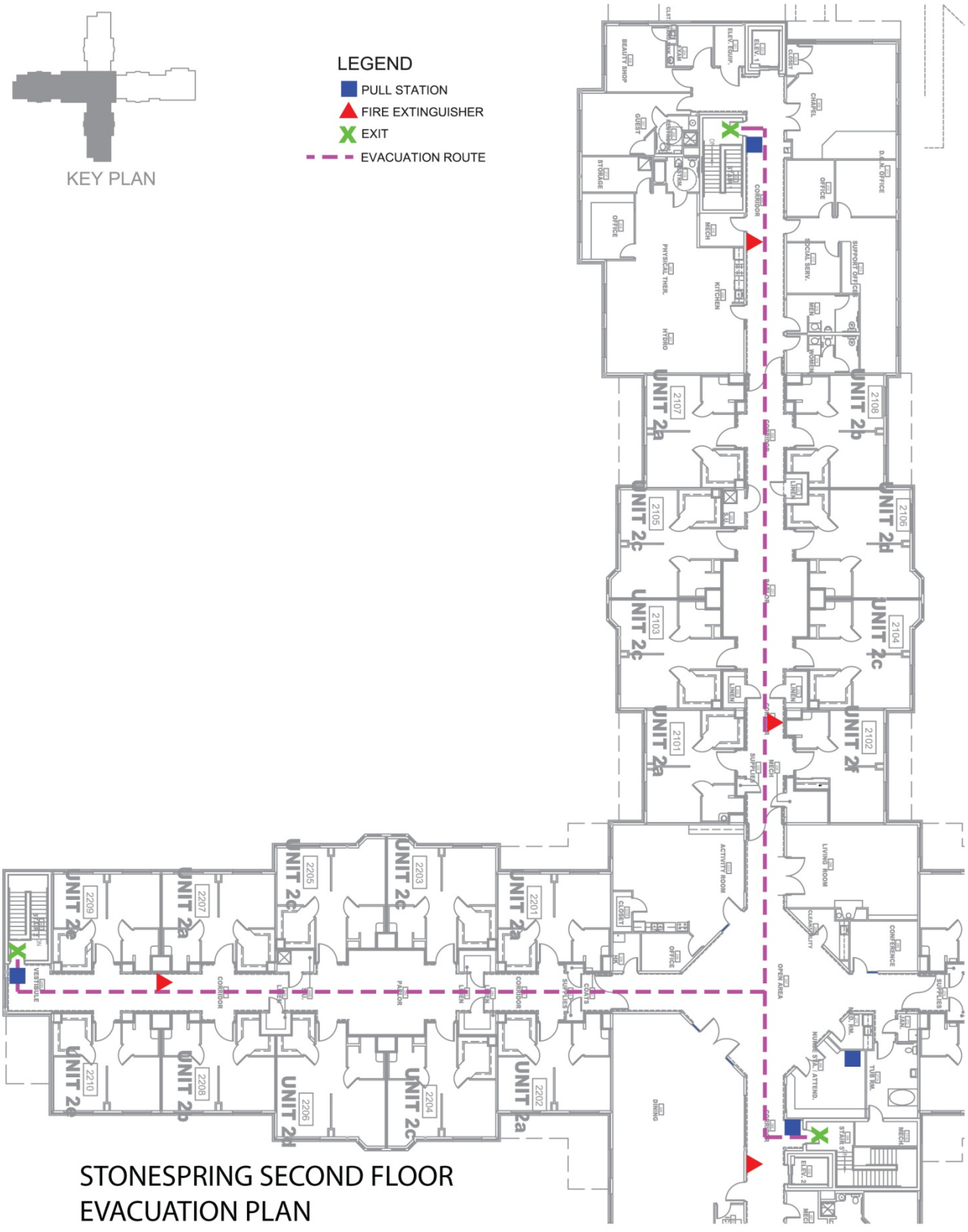


STONESPRING BASEMENT EVACUATION PLAN

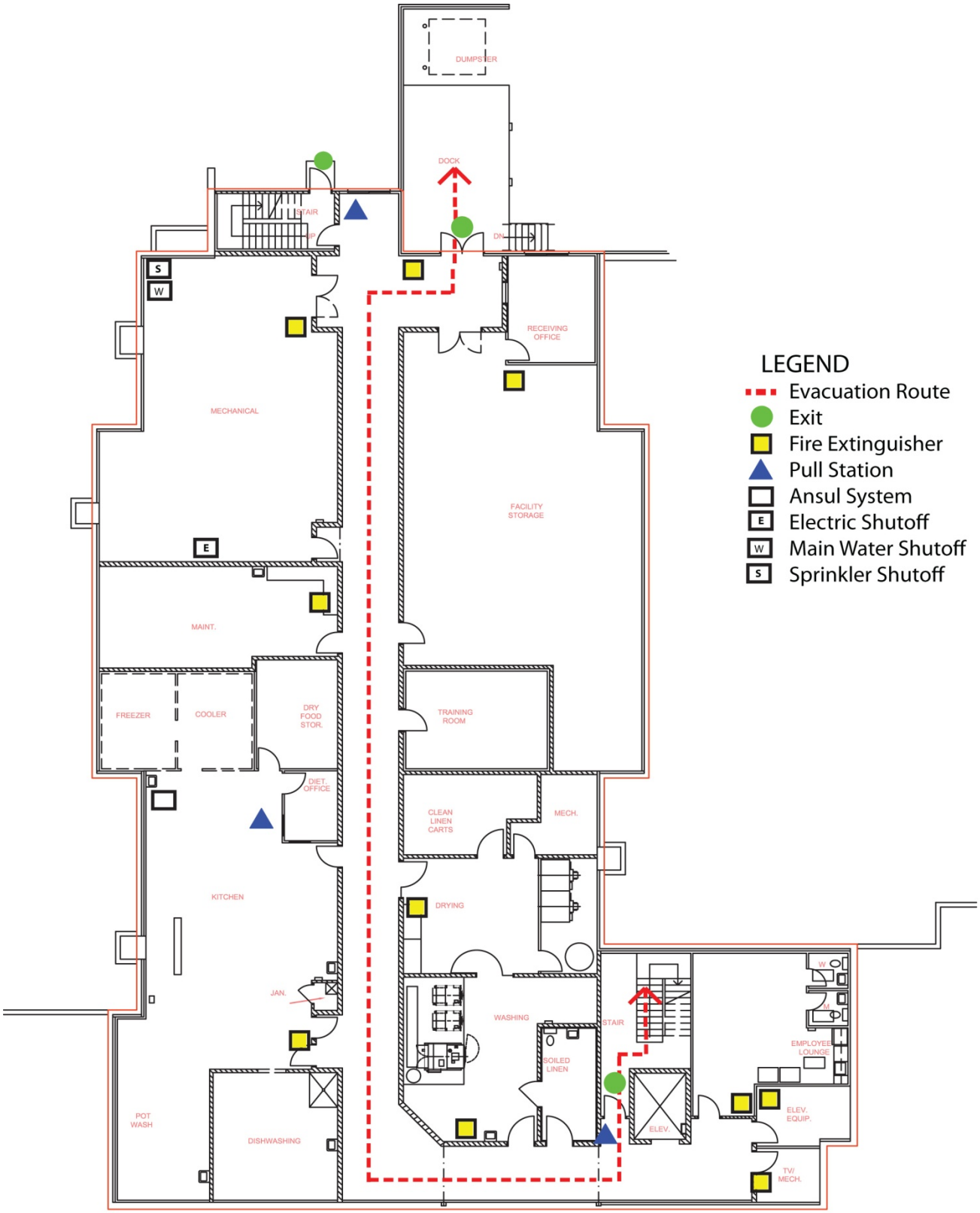

KEY PLAN
LEGEND
PULL STATION
FIRE EXTINGUISHER
EXIT
EVACUATION ROUTE
STONESPRING FIRST FLOOR
EVACUATION PLAN



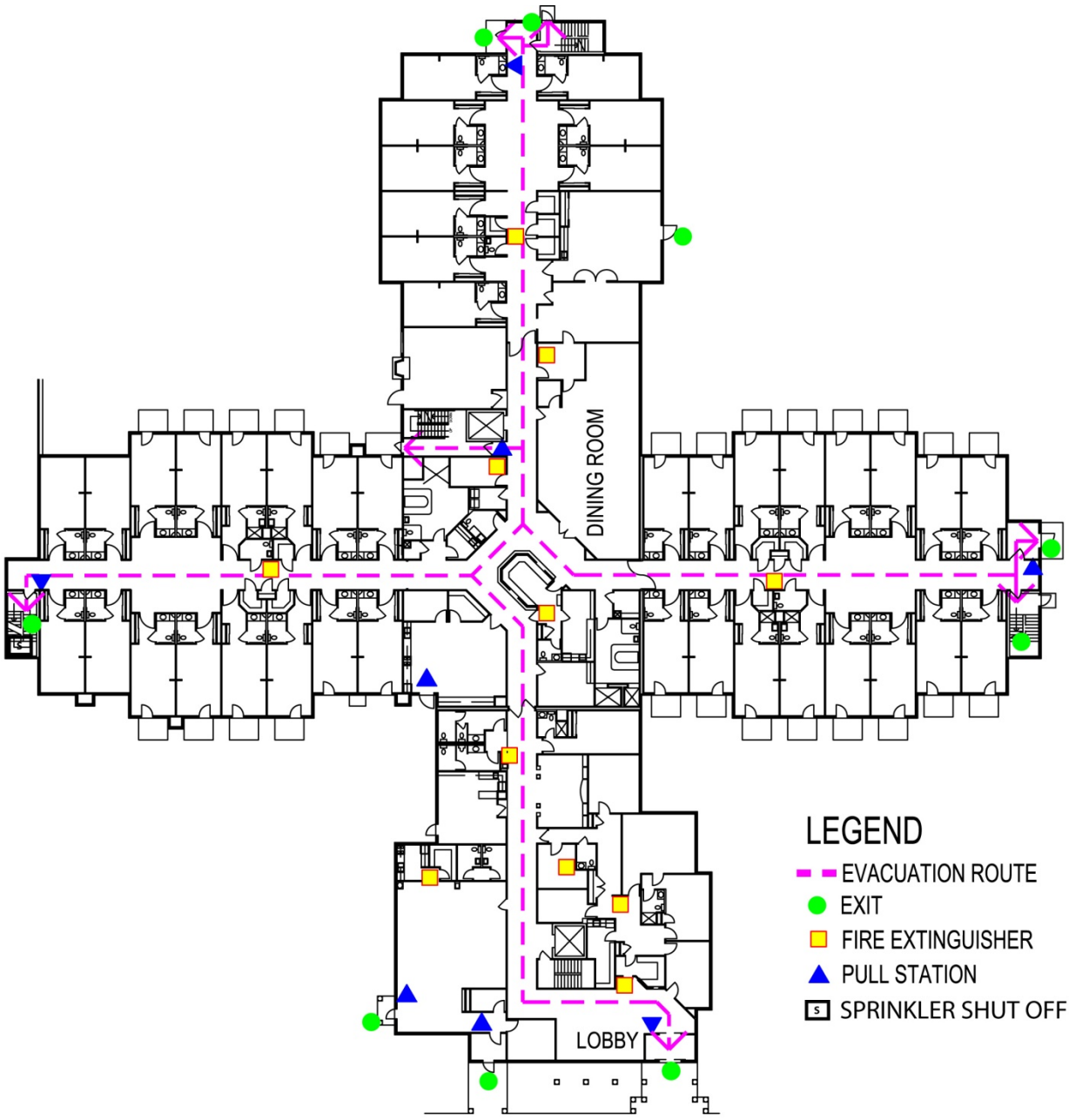
STONESPRING FIRST FLOOR EVACUATION PLAN


KEY PLAN
LEGEND
PULL STATION
FIRE EXTINGUISHER
EXIT
EVACUATION ROUTE
STONESPRING SECOND FLOOR
EVACUATION PLAN

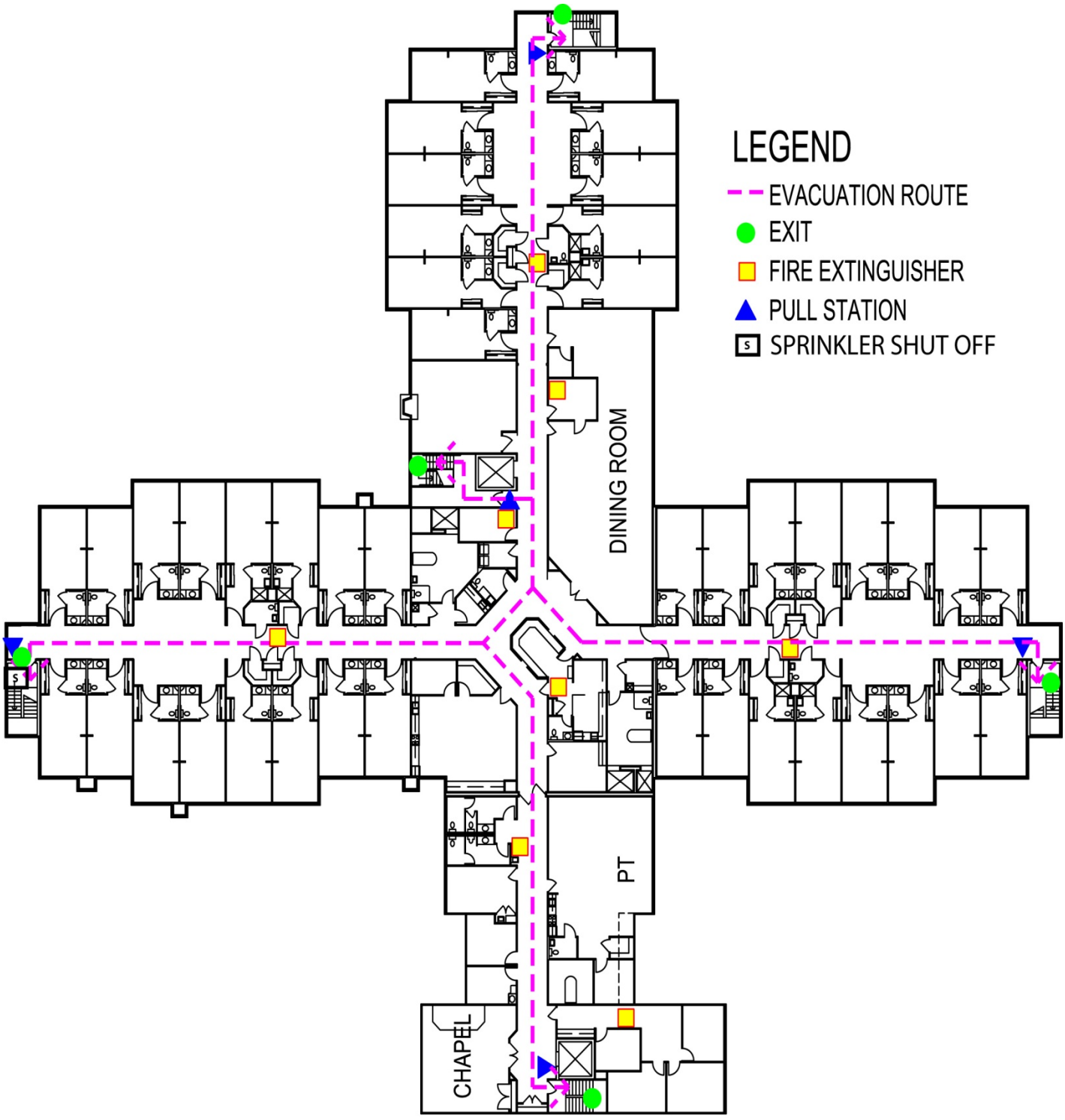
STONESPRING SECOND FLOOR EVACUATION PLAN



VILLASPRING HEALTH CARE CENTER
LOWER LEVEL EVACUATION PLAN



VILLASPRING FIRST FLOOR EVACUATION PLAN



VILLASPRING SECOND FLOOR EVACUATION PLAN

Safety Manual

Introduction

This guide has been prepared by the Safety Committee to assist you in making safe choices in your workplace. As a team member of our health care facility, your job involves helping people. In doing that, you need to be sure to protect yourself and the residents in your facility.

Various organizations, including the Centers for Disease Control (CDC), the Occupational Safety and Health Administration (OSHA), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), have designed specific safety guidelines to protect you and help keep your facility a safe and healthy workplace.

On-the-Job Injuries Can Be Prevalent

Occupational illness and injuries among healthcare workers are on the increase, contributing to 200,000 injuries annually. Lost workdays have nearly doubled over the last decade. In fact, studies show that health care workers have nearly doubled over the last decade. Studies show that heath care workers in general suffer more illness and injuries than employees in all types of private industry.

To prevent these injuries and illnesses, team members need to know:

- The hazards associated with their job.
- Proper lifting techniques.
- Safety guidelines
- Protective measures set by OSHA, CDC, and your employer.

What Are the Risks?

Health care employees are exposed to a variety of risks at work. Depending on your job, you may be exposed to one or all of these risks every day.

- **Infectious Diseases** - Blood, body fluids, and air can carry bacteria and viruses, exposing you to infections such as Hepatitis B, HIV (Human Immunodeficiency Virus), TB (tuberculosis), and other illnesses. You may not only infect yourself, but you can spread an infection to residents and other team members.

- **Back Injuries** - Unsafe lifting habits

- **Fire** - Careless smoking; electrical equipment

- **Slips, Trips, and Falls** - Cluttered work areas

- **Chemicals** - Can burn, explode, cause skin damage, or lead to serious health hazards when handled incorrectly

- **Hazardous Drugs** - Cause poisonings from improper handling. These may include anti-cancer agents which can increase birth defects and cancer.

- **Radiation** - Damages tissues or causes sterility, genetic damage, or cancer if safety guidelines are not followed.

Your Right to Know

Many health care employees use medical gases and hazardous chemicals on a routine basis. Because certain dangers are associated with those materials when they are handled properly, OSHA has developed the Hazard Communication Standard (HazCom). It requires employers to inform employees of workplace hazards, giving you the "right to know" how to protect yourself against them.

HazCom requires chemical manufacturers, employers, and employees to take steps so everyone who works around hazardous chemicals:

- Understands their specific hazards.
- Has the information and equipment to prevent safety and health problems.

HazCom requires employers to develop a written hazard communication program that informs employees:

- About the HazCom rule and how its requirements are applied in the workplace
- How to recognize, understand, and use labels and Safety Data Sheets (SDS's)
- How to work safely when using hazardous materials

The Written Hazard Communication Program

In compliance with the OSHA HazCom Standard requirements, the written hazard communication program for your facility is contained in the Safety Manual. It contains a list of the hazardous chemicals in each work area and the steps this facility is taking to inform you about the hazards you work with.

It is the facility's responsibility to make sure you know about the Hazard Communication Program and tell you about how it is being put into effort in your workplace. It is your responsibility to become familiar with the program and do your best to follow it.

Employee Training

Training and knowledge are your best defenses for protection against hazardous materials. You should be informed about hazardous chemicals in your work area at the time of your initial assignment and whenever a new hazard is introduced into the area.

Your training will include:

- The HazCom program. How to read and interpret information on labels and SDS's, and how to obtain and use the available hazard information.
- Hazards of the chemicals in your work area.
- Precautionary measures you can take to protect yourself from potential hazards.
- Safety procedures your employer has taken, like engineering controls, work practices, and personal protective equipment.

Safety Data Sheets (SDS's) – Check with your supervisor as to the location of the SDS Material. Content of the SDS's set by OSHA. SDS's provide detailed information on a particular chemical, such as:

- Chemical Product and Company Identification
- Hazardous Ingredients - Mixtures and percentages of each ingredient in the chemical
- Hazards Identification - Key hazards to be aware of in an emergency, and information regarding potential health hazards.
- First-Aid Measures - Emergency and first-aid measures to follow immediately after exposure, along with information for physicians on treatment
- Fire Fighting Measures
- Accidental Release Measures - What to do in case of a spill leak, or release into the air
- Safe Handling and Storage - Exposure Controls and Personal Protection and Avoid exposure to hazards
- Physical and Chemical Properties - Affect how hazardous the chemical is in a given situation
- Stability and Reactivity - What could happen if the chemical is combined with air, water, or other chemicals?
- Toxicological Information - How the substance was tested for health hazards
- Ecological Information - What happens if the chemical is released into the environment?
- Disposal Considerations - Instructions or limitations for proper disposal
- Transport Information - How to safely ship the chemical
- Regulatory Information - Any regulations that apply to the chemical as issued by OSHA or the Environmental Protection Agency (EPA), etc.

Labeling Systems

There are many different labeling systems. One is the National Fire Protection Association (NFPA) System, which uses a diamond-Shaped label. Another is the bar-type label which contains similar information but it in the form of bars instead of diamonds.

In the NFPA system, colors are used to identify the type hazard:

- Red = Fire hazard
- Yellow = reactivity hazard
- Blue = health hazard
- White = specific hazard

Numbers are used to show the degree of the hazard:

- 0 = minimal
- 1 = slight
- 2 = moderate
- 3 = serious
- 4 = severe

Abbreviations (in the white sections) indicate a specific hazard:

- OXY = oxidizer
- ACID = acid
- ALK = alkali
- COR = corrosive
- W = use no water

On colored bar-type labels the white bar is for indicating PPE; sometimes it also includes health hazards. Generally, pictures or letters refer to which PPE to use.

Chemical Labels

Labels on chemicals provide important safety information and offer a quick reference to a chemical's hazards. Protect yourself by taking time to carefully read chemical labels and SDS's before you move, handle, or open a chemical container. Containers of hazardous materials must always be properly labeled, tagged, or marked with identity, hazardous ingredients, and the chemical manufacturer's name. Labels must also show hazard warnings appropriate for employee protection. Warnings can take the form of words, pictures, or symbols to convey the hazards of the chemical it contains.

Container labels must include:

- The common and/or chemical name, including any chemical ingredients
- The name and address of its manufacturer or importer
- Its potential health hazards

Some labels also provide information on:

- Protective clothing, equipment, and procedures needed to safely use the chemical
- Proper storage and handling such as "keep away from open flames" or "store in a well-ventilated area"

Routes of Entry

Hazardous substances can affect a specific organ such as the eyes, skin, or lungs, or they can affect your entire body. To help you determine a chemical's effect on your body, it is important to know how the chemical enters your body.

Four major routes of entry into the body are:

- Ingestion - Usually occurs when employees eat, drink, or smoke in areas where chemicals are stored and used. Avoid by: Good hand washing techniques and avoid eating, drinking, and smoking in the work area.
- Injection - Puncture wounds can inject toxins directly into the bloodstream. Avoid by: learning proper handling techniques when using sharps.
- Skin absorption - Cut, chapped, or damaged skin is more likely to absorb chemicals and biological agents. Avoid by: Wearing gloves and using proper skin care techniques to help minimize exposure.
- Inhalation - Toxic materials can be absorbed and transported through the bloodstream because of the large surface area of the lungs. The upper respiratory tract (nose, throat, trachea, and bronchial tubes) filters large particle materials, but microscopic particles can penetrate the tiny air sacs in the lungs and can be transported directly into the blood. Avoid by: Proper respiratory protection to reduce inhalation of toxic materials.

Common Chemicals Used in the Workplace

Hundreds of different chemicals are used daily in health care settings. Every chemical has its own unique properties and qualities. Sometimes, people become complacent in handling hazardous chemicals on a daily basis but do not let it happen to you. Always be careful with chemicals used in your work area.

Common chemicals and medical gases used in health care settings include: Flammable gases, sensitizers, pyrophorics, disinfectants, chlorine, solvents, drain and oven cleaners, pesticides, toxic chemicals, explosive and reactive agents, carcinogens, hepatotoxins, nephrotoxins, mutagens, teratogens, chemical wastes, infectious wastes, soaps and detergents, corrosives, carbon monoxide, freons, radionuclides, anesthetics, antiseptics, compressed gasses, ammonia, acetone, xylene, paint thinner, oxygen, and organic peroxides.

Infection Control: Stop the Spread

Infection control guidelines are designed to protect you against viruses and bacteria. Healthcare tasks are divided into three categories, each requiring different degrees of protection.

- Category 1: High Risk - Tasks that involve regular exposure to blood, body fluids, or tissues (surgery, phlebotomy, emergency first aid, dental work, etc) You need to follow infection control guidelines, know which protective measures are appropriate for you, and how to use them properly.
- Category 2: Low Risk - Contacts with blood and other fluids is unlikely (some activities required by paramedics, changing bed linens, checking an IV, checking a resident's vital signs, etc.) Be prepared to use PPE if necessary.
- Category 3: No Risk - Tasks requiring no contact with blood or other body fluids (dietary and office personnel).

Protecting Yourself from BBP's

Bloodborne Pathogens (BBP's) such as the Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV), are infection and disease causing microorganisms carried by the blood. These and other BBP's can be a concern for health care and public safety employees exposed on the job to blood, infectious materials, and certain other body fluids.

Exposure to BBP's can occur through:

- Contact with broken, chapped, or cut skin
- Needlestick injury
- Contact with the mucous membranes

A Word on HIV and HBV

HIV is the virus that leads to AIDS. It weakens the immune system causing the body to become more susceptible to infections and/or cancer. HIV is transmitted through blood, other body fluids, needlesticks injuries, and open cuts, or sores in the skin. Protect yourself by handling all blood and body fluids as if they are infectious.

HBV attacks the liver, causing flu-like symptoms, fatigue, cirrhosis, liver cancer, chronic liver disease, or even death. HBV is transmitted through exposure to blood and body fluids, similar to the transmission of HIV.

Approximately 18,000 health care workers contract HBV annually, but it is a preventable disease. Under OSHA Regulations, if your job puts you at risk of exposure to HBV, you have the right to receive the Hepatitis B vaccine from your facility. Take advantage of vaccination programs so you can protect yourself, co-workers and residents, as well as your family and friends.

Other Common Infectious Agents in the Health Care Setting

Some infections (other than HIV and HBV) that you can catch or spread in any health care setting include:

- Tuberculosis
- German measles and chicken pox
    - Get vaccinated
- Multi-Drug Resistant Bacteria (MRSA and VRE)
    - Wear gloves and wash hands before and after each resident contact.

OHSA's Bloodborne Pathogens Standard

OSHA has developed a standard that outlines safeguards to protect you against the health hazards related to BBP's.

BBP's may be present in the following body fluids:

- Blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva (in dental procedures)
- Any unfixed human tissue or organ

Standard Precautions

"Standard Precautions" means treating all blood and body fluids, secretions and excretions, non-intact skin, and mucous membranes as if they are infected with BBP's.

Here are some tips:

- Wash hands properly before and after each resident contact, and when gloves are removed.
- Never eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work area.
- Do not store food in refrigerators where blood or other potentially infectious materials are kept.
- Routinely check and decontaminate equipment before servicing and shipping.
- Use ventilation devices for resident resuscitation to avoid mouth-to-mouth contact.
- Wear gloves for contact with blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes.
- Wear personal protective equipment (PPE) such as gowns, protective eyewear and face masks during procedures likely to produce splashes or sprays of blood, body fluid, secretions, and excretions.
- Change gloves after each resident contact or as otherwise needed.
- Clean up potentially infectious spills promptly; wear gloves and other PPE as needed.

Never recap, remove, bend, shear, or break needles.

- Dispose of needles/sharps in puncture-resistant sharps containers.
- Handle used resident equipment and articles soiled with blood, body fluids, secretions, and excretions carefully. Use appropriate PPE to prevent transfer of microorganisms to yourself, resident, or environment.
- Discard disposable items soiled with blood and body fluids in the biohazardous waste container.

Proper Handwashing Technique

One of the most important things you can do to protect yourself from infection is wash your hands. The facility provides easily-accessible handwashing areas for your use.

Here is the correct hand washing procedure:

- Wet hands and apply soap
- Work up a good lather
- Scrub thoroughly for at least 15 seconds
- Wash at least three inches above the wrists and under your fingernails
- Rinse thoroughly
- Dry with a paper towel
- Use a dry paper towel to turn off the faucet
- Dispose of the paper towels properly

Personal Protective Equipment (PPE)

PPE helps you practice Standard Precautions and is one of your best defenses against exposure to infectious materials. When you use the appropriate PPE, and use it correctly, you can significantly reduce your risk of infection.

When using PPE, be sure that it:

- Fits properly each time you use it
- Provides you with the protection you need. It should not allow blood or other potentially infectious materials to pass through or reach your clothes, skin, eyes, mouth, or other mucous membranes.

Eye, Face, Ear, and Head Protection

Chin-length face shields and safety glasses with solid side shields or goggles protect you when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a

risk to your eyes, nose, or mouth. Masks prevent the spread of infection to and from residents. Ear plugs or muffs can be used when you need to protect your hearing.

The facility will provide the proper PPE for your job, it is up to you to use it.

Protective Clothes

The type of protective clothing you need depends on your job and the degree of potential exposure. Protective cover (lab coats, gowns, or similar clothing) should be used when there is a potential for soiling of clothes with blood or other potentially infectious material.

In general:

- Remove soiled clothing from inside out so you do not contaminate yourself.
- Place wet contaminated laundry in a leak proof, labeled, or color-coded containers before transporting.
- Bag contaminated laundry where it was used.
- Handle contaminated laundry as little as possible.

Respirator Masks

Appropriate respirator masks, when worn properly by health care workers who must share the same air with residents who have TB, provide protection against TB transmission. Standard surgical masks may not be effective because a tight seal cannot be achieved and TB particles may be inhaled. Therefore, a NIOGH-approved respirator masks has been recommended to be worn by employees taking care of residents suspected or known to have TB.

It is especially important to wear a respirator if you:

- Work with a resident who has TB
- Transport residents with TB in closed vehicles such as ambulances.

Or if:

- You suspect a resident has TB
- There are no engineering controls in place to protect you from inhaling contaminated droplets.

For the highest possible level of protection, you should:

- Know how to handle and use the respirator properly
- Ensure a proper fit
- Test for a snug seal
- Test its effectiveness

- Know proper maintenance and storage procedures

Gloves

Gloves come in many types and sizes. Be sure you use the right gloves for the job and that they fit properly. Some of the different types of gloves are rubber, neoprene, or vinyl for chemical protection; metal mesh, or other products to protect against cuts and puncture wounds; cotton fabric to protect against dirt, splinters, slippery objects, or abrasions.

In general:

- Change gloves between residents
- Select gloves to fit snugly around your wrist
- Bandage cuts or other broken skin before putting on gloves
- Use gloves when handling or touching potentially contaminated items or surfaces
- Remove contaminated gloves from inside out, so as not to contaminate your skin
- Place used gloves in appropriate receptacles for proper decontamination or disposal
- Wash hands after removing gloves. Gloves are not a substitute for good hand washing.

General Hazard Prevention

There are other hazards in the workplace that you can help prevent, such as fire and electrical hazards and slips, trips, and falls. Everyone must take accident prevention and hazard identification responsibilities seriously. The following safety guidelines can help.

Fire and Electrical Safety

- Report defective electrical outlets, so they can be replaced
- Know where fire extinguishers are located and how to use them
- Smoke only in designated areas
- Use electrical appliances that have three-wire, grounded plugs and unfrayed wires
- Know fire evacuation plans. These are posted on the wall near the elevator
- Report defective electrical equipment to Maintenance and utilize the Lock Out Tag out Center.
- Extension cords are not permitted for use in the facility

Slips, Trips, and Falls

Common workplace accidents, such as slips, trips, and falls, can be avoided when you keep your work area neat and organized.

- Keep everything in its proper place

- Be sure of adequate lighting
- Wear shoes with anti-skid soles
- Close file and desk drawers all the way
- Hold the railing on the stairs
- Keep one hand free for support or to stop a fall
- Clean up or report spills and obstructions
- Watch out for wet floors
- Use a safe ladder, not makeshift arrangements
- Report loose or worn flooring or torn carpet

Tips for Lifting and Moving Residents

- Always stand with your feet slightly apart
- Bend your knees, not your waist
- Lift with your legs and keep the resident close to your body to reduce strain
- Lower residents slowly, bending at the knees
- Work as a team with co-workers for large or heavy residents
- Use mechanical aids whenever possible

A gait belt, wrapped snugly around the resident's waist, can help to move average-sized residents.

A sliding board is used to slide residents in a sitting position from one surface to another.

Specialized lifts are designed to lift completely immobile or very obese residents.

Remember, whenever you are lifting or moving a resident, get help when you need to!

Lifting Safely to Protect Your Back

Back injuries are the most common type of injuries among health care workers in hospitals and nursing homes. You can prevent them by learning about your back and using your body correctly to lift and move residents and objects.

Safe lifting tips:

- Never reach above your shoulders, use a step stool or ladder
- When reaching down, support your upper body with one arm
- Always stay close to the load without leaning forward
- Push rather than pull whenever possible

- When bending, kneel down on one knee
- Bend your knees and hips, not your back
- When leaning forward, move your whole body, not just your arms

Tips for Healthy Back

Keep your back pain-free by following these general tips:

- Learn proper lifting techniques
- Plan ahead and take precautions
- Never twist
- Lift or carry only what you can handle safely
- When standing for long periods of time, balance your spine by placing one foot on a low stool, bend your knees slightly, and keep your pelvis tilted forward
- When sitting, use a chair that allows both feet to be flat on the floor
- Always maintain good posture; slouching puts strain on your vertebrae
- Use lumbar support cushions for your lower back if you sit a lot

Working with Computer Terminal and Office Ergonomics

A practical checklist for ergonomics training in the office can help team members work more comfortably and effectively.

Adjust the Chair

- Adjust the height of the chair's seat so that thighs are horizontal, feet rest flat on the floor, and arms and hands are comfortably positioned on the keyboard.
- If the chair is too high, use a footrest; this takes pressure off of the backs of the thighs.
- Armrests should be adjustable up/down and inward/outward, and padded.
- Adjust the back rest so that it supports the lower back and fits the curvature of the spine. Seat pans should be adjusted for proper slope and comfort.
- Seat cushions should be firm, not soft.
- Utilize chair mat to decrease carpet resistance and provide more maneuverability.

Adjust the Monitor

- Position the screen to minimize glare and reflections from overhead lights, windows, and other light sources. Place the screen so that windows are not directly in front of or behind the employee when seated.
- Adjust the monitor so that the top of the screen is slightly below eye level.
- Set the contrast and brightness of the screen at a comfortable level. This might have to been done more than once a day, as the light in the room changes.

- Where it is impossible to avoid reflections or adjust lighting, an anti-glare filter placed over the screen can be helpful. However, filters may affect the clarity of the image on the screen and should be tried only after other methods of reducing glare have been exhausted. An electrically-grounded nylon micromesh glare filter is effective in removing the static charge from a screen.

Adjust Lighting

- Draw the drapes or adjust blinds to reduce glare.
- Adjust desk lamp or task light to avoid reflections on the screen. Light sources should come at 90 degree angle, with low watt lights rather than single high watt.
- The task lighting should not be less than light at screen.
- Reduce overhead lighting (where possible) by turning off lights or switching to lower wattage bulbs.
- Use indirect or shielded lighting where possible.
- To limit reflected glares, walls should be painted a medium or dark color and not have reflective finish.

Adjust Document Holder

- Position document holder close to screen and at the same level and distance from the eye to avoid constant changes of focus.
- Rotate position of document holder to opposite side of screen periodically.

Work Smart

- Change position, stand up, or stretch whenever you start to feel tired. Use a soft touch on the keyboard, keeping hands and fingers relaxed, and wrists and body in neutral positions.
- Be aware of tasks, such as manual stapling, sorting through large volumes, and mail sorting, where repetition and awkward positions may contribute to repetitive motion injuries. Seek alternative ways to perform the tasks or rotate tasks to vary your motions.

Consider Posture

- The head should be straight and balanced over the spine while looking forward at the screen. Eliminate the flexed-neck position.
- Elbows should be bent at 90 degrees when hands are on keyboard.

- Wrists should be in neutral positions. Utilize wrist rest at the edge of the keyboard for support. Keyboards should be detached from monitors and slightly sloped at 10-15 degrees.
- Utilize a back rest for support in lumbar area of back.
- Feet should rest flat on the floor or a foot rest should be utilized.

Good Housekeeping

Good housekeeping can help prevent accidents. Remember:

- Make daily housekeeping a priority.
- Use your common sense.
- Watch out for potential safety hazards.
- Correct problems or report any unsafe conditions immediately.

Keeping Yourself Safe and Healthy at Work Summary

The everyday operation of a health care facility may create numerous risks that can have serious, even tragic, consequences. This type of environment makes safety a top priority.

Help make your work environment safe. Always follow safety guidelines, precautions, and procedures. Maintain an attitude of safety. To report a safety hazard: Report to your manager, department Safety Committee member, or Safety Officer.

General Safety Tips

In general, always:

- Stay attentive.
- Do not daydream or take shortcuts, no matter how many times you have done the job.
- Routinely clean and decontaminate all equipment and work surfaces.
- Handle hazardous and contaminated materials safely.
- Use appropriate PPE.
- Place waste in appropriate receptacles.
- Never reach inside refuse containers, they may contain broken glass or needles.

Definitions of Workplace Hazards

Carcinogen is a substance that causes cancer. A cancer is characterized by the proliferation of abnormal cells, sometimes in the form of a tumor. Examples of carcinogens include asbestos, vinyl chloride, and benzene. OSHA states that: “A chemical is considered to be a carcinogen if: a) It has been evaluated by the International Agency for Research on Cancer (IARC) and found to be a carcinogen or potential carcinogen; or b) It is listed as a carcinogen or a potential

carcinogen in the Annual Report of Carcinogen published by the National Toxicology Program (NTP) (latest edition); or c) It is regulated by OSHA as a carcinogen". Substances regulated by OSHA as carcinogens would be found in 29 CFR 1910.1001-1910.1047.

Caustic - capable of destroying or eating away by chemical action; corrosive

Combustible liquid - any liquid having a flash point at or above 100° F (37.8° C), but below 200° F (93.3° C), except any mixture having components with flash points of 200° F or higher, the total volume of which makes up 99% or more of the total volume of the mixture.

Corrosive - a chemical that causes the destruction of living tissue by chemical action at the site of contact.

Explosive - chemical that cause a sudden, almost instantaneous, release of pressure, gas, and heat when subjected to sudden shock, pressure, or high temperature.

Eye hazards - pose a risk to the eye or to the ability to see

Flammable - capable of being easily ignited and of burning quickly

Hematopoietic system – the blood-forming mechanism of the human body

Irritant – a chemical that is not corrosive but that causes a reversible inflammatory effect on living tissue by chemical action at the site of contact.

Mutagen - a substance or agent capable of altering the genetic material in a living cell

Nephrotoxin – a substance that causes injury to the kidneys

Neurotoxin - a material that affects the nerve cells and may produce emotional or behavioral abnormalities

Oxidizer - a chemical other than a blasting agent of explosive that initiates or promotes combustion in other materials, thereby causing fire either of itself or through the release of oxygen or other gases.

Pyrophoric - a chemical that will ignite spontaneously in air temperatures of 130° F (54.4° C) or below

Teratogen - a substance or agent that, when a pregnant female is exposed to it, can cause malformation in the fetus

Unstable - a chemical that in the pure state, or as produced or transported, will vigorously polymerize, decompose, condense, or become self-reactive under conditions of shock, pressure, or temperature.

Water- reactive - chemical that reacts with water to release a gas that is either flammable or presents a health hazard.

Elopement of Resident

Should a resident be missing, the entire staff must be prepared for swift mobilization. Inform the nurse in charge of resident when discovered missing. Alert staff in building in the following way: Using overhead page say: "Code 10 will (missing resident name) please return to (their unit)." A nurse on the unit from which the resident is missing will stay near a phone in nurse's station for communication. Staff on all units should immediately look for the resident, making sure that all areas within building are searched.

Facility and immediate surroundings (every door, closet, office, space, department, shed, car, dumpster, resident room, bathroom, etc.)

Investigate alternative explanations for resident's absence (e.g. sign-out book, appointment book, out-on pass records, nurse's notes, van driver etc.)

The following staff members and department heads are responsible for conducting search in their assigned area(s):*

- Nursing: Resident rooms, bathrooms, closets and nursing units
- Dietary: Kitchen, dining rooms, closets and storage areas
- Admissions/Social Service: Lobby, visiting areas, office areas, chapel
- Maintenance/Housekeeping: Will be jointly responsible for exterior grounds

*In the event that no other department heads are present in the facility, it will be nursing's responsibility to check all areas.

Other units report by phone to unit with missing resident information after their unit search is complete. After resident is found, the nurse on the unit from which resident was missing announces overhead paging "Code 10 all clear." Direct search to facility grounds if resident not located in building.

If resident is not found immediately, call fire department or police, and report resident is missing and request assistance in the search. Information to assist in locating the resident will include—name, age, height, weight, race, color of hair, clothes believed to be wearing, assistive device required for mobility and where the resident was last seen.