

SARATOGA CENTER
FOR REAHABILITATION AND SKILLED NURSING

I understand that I have an obligation to adhere to the standards set forth in Saratoga Center Compliance Program and to report any incidence of possible fraud or fiscal abuse. I also understand that I am protected from retaliation under False Claims Act and that any retaliatory action against me for reporting compliance issues will not be tolerated by Saratoga Center.

I understand that violation of any stated and/or implied confidentiality requirements may result in disciplinary action, up to and including termination, or as imposed by any applicable local, state, or federal laws.

Employee Signature

Date

Print Name

I acknowledge that I have read the Orientation Booklet and will adhere to the policies and practices described within.

Employee Signature

Date

Print Name

Welcome To Saratoga Center

for Rehab and Skilled Nursing

Here are a few things that you need to know.

We are a 6 Unit – 257 bed facility which includes a Rehab Unit (B1) and a Dementia Unit (B2).

Administrator

Director of Nursing

Steve Millington – Days Supervisor

Louann Scorsone – Evening Supervisor

Dannette Chillemi – Nights supervisor

Supervisor's Phone Number –

518-502-3849

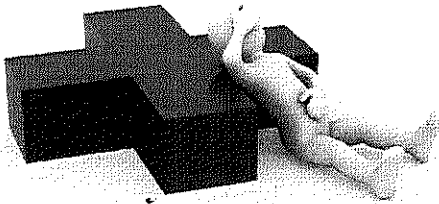
Our mission is to provide **superb physical care**, while **preserving human dignity** and meeting the total needs of every resident.

Our Philosophy is that all residents have a right to a dignified existence in a safe, comfortable home-like environment. Residents' medical and psychosocial needs, as they relate to their current experience, are identified and, through care, counseling, education, and advocacy, we strive to empower the resident to utilize their individual strengths to reach their optimum level of physical, psychosocial, and intellectual functioning.

COMMON POLICIES AND PROCEDURES

The following are common policies and procedures. Failure to comply with these policies may result in disciplinary action, up to and including termination.

1. There is no eating or drinking when rendering care. All food and beverages should be kept in the break rooms. Food and beverages cannot be kept at the nurse's station.
2. Cell phones and other electronic devices can only be used during breaks and in break areas. They cannot be used in resident areas. Pictures of residents are never to be taken with cell phones.
3. There is no smoking by the building entrances. Smoking is only allowed in cars or off facility property



your purse.

4. Swiping out and back in is required in order to leave the facility grounds during your 30 minute lunch break.
5. If you are not coming into work you must notify us in advance. If calling in you must do so at least one hour prior to the start of your shift.
6. Each work area has an assigned spot for personal belongings and we will assign lockers. We will not be responsible for any valuables brought to work and it is strongly discouraged to bring

7. All unit doors need to be closed and locked except resident room and bathrooms.
8. Resident call lights must be answered in a timely manner by all staff.
9. There is no such thing as "I am not your aide" or "I am not assigned to you," if the resident needs help they are helped. If you are in the middle of doing something at least address the resident. This is common respect.
10. LPNs are expected to assist their staff with care after medications are done.
11. There is no reading personal magazines, papers or books in resident areas.
12. Nametags must be worn at all times while on duty in the work areas. During flu season if nametag is not worn and has the flu shot indicator, the expectation is that a mask be worn.
13. During the 15 minute breaks staff are not to leave the facility grounds.
14. Staff should be dressed in well-fitting, neat, modest, clean clothing appropriate to your position and responsibilities. Perfumes and colognes should not be worn. Body piercings should be covered.
15. Nursing staff must limit jewelry to a watch, engagement and wedding bands and single post earrings. Artificial nails may not be worn.



NURSING DRESS CODE

Jewelry must be limited to post earrings no larger than 1/2" in diameter, engagement and wedding band, watch and pin of school employee graduated. **All nursing employees should have a watch with a second hand and scissors for cutting treatment supplies.**

Nurses - RN's and LPN's

1. White uniform slacks/pants/capris/crop pants/split skirts - no denim or knit material. Scrub tops - solid or print.
2. Low/medium cut shoes, sneakers or clogs.
3. Lab coat.
4. Uniform jackets or cardigan sweaters (solid color or print).
5. Long hair must be secured back.
6. Any color coordinating socks or beige hosiery.

Certified Nursing Assistants and Nursing Rehab Assistants

1. Solid or print smock or scrub top. Print tops allowed. No sweatshirts.
2. Colored uniform slacks/pants/capris/crop pants/split skirts in coordinating color to tops.
Nursing Rehab Assistants - Navy cotton slacks with matching print tops.
3. "Uniform" scrub dresses or jumpers.
4. Any color coordinating socks or beige hosiery.
5. Low/medium cut shoes, sneakers or clogs.
6. Long hair must be secured back.

CORPORATE COMPLIANCE AND ABUSE REPORTING

Our Director of Social Work is our Corporate Compliance Officer and Abuse Hotline. Contact:

COMPLIANCE OFFICER – ERICA O'BRIEN

To report adult abuse, call (within New York State only)

1 844 697 3505

SAFETY

Our Goal is to be **Proactive not Reactive**, that means everyone must report things that are unsafe and everyone does their best to keep the facility safe.

Remember RACE - In the event of a fire

Rescue

R If there is a person in immediate danger the first thing you need to do is rescue the individual in danger. Once everyone in immediate danger is safe;

Alert/Alarm

A Exit the room and yell Code Red and pull the pull station. Someone who hears the code being called must call 9-911.



Contain/Confine

C Close the windows and doors of each room as you clear them. Make sure all fire doors are closed.

Extinguish/Evacuate

E If the fire is small, extinguish it. Evacuate rooms on each side of and across from the fire. Residents in other rooms should shelter in place. Residents being moved should move beyond the fire doors. Obtain masking tape from the Brigade Chief on your floor and apply tape from the door knob to the door jamb on all empty rooms. One person should remain outside the site of the fire to prevent others from entering and to direct the fire fighters to the correct location.

If extensive evacuation is needed the fire department will advise whether it will be horizontal or lateral. Horizontal evacuation moves the residents to a different wing, Vertical evacuation moves residents to lower levels and then out of the building.

Fire Extinguisher Use

If attempting to extinguish the fire using a fire extinguisher, there are foam extinguishers, carbon dioxide extinguishers and many others. Our facility uses Dry Chemical fire extinguishers that will extinguish A B and C type fires.

A fire extinguisher is only to be used for small fires. As a rule call 911 or have someone call before you attempt to put out a fire. Even if you manage to put out a small fire yourself call the fire department to have them come check it out.

To use a fire extinguisher remember **PASS**

Pull

- The first step is to pull the pin (it usually has the inspection tag attached to it) that prevents the handle from being squeezed.

Aim

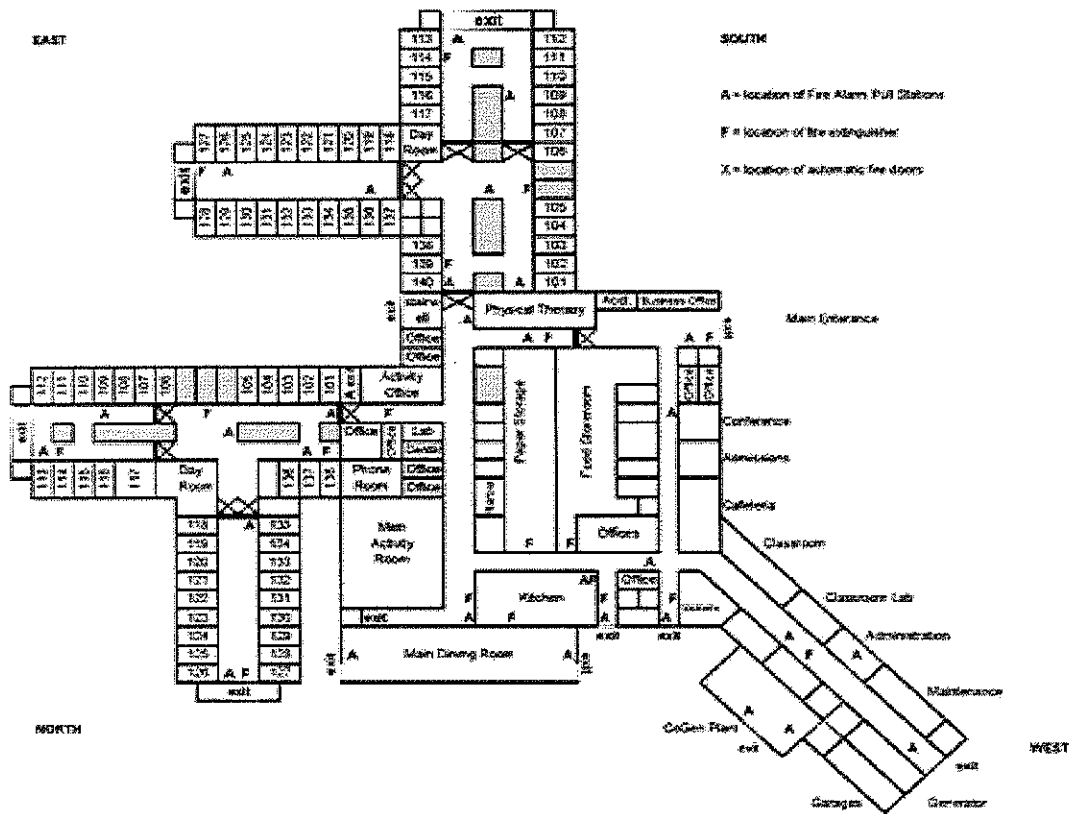
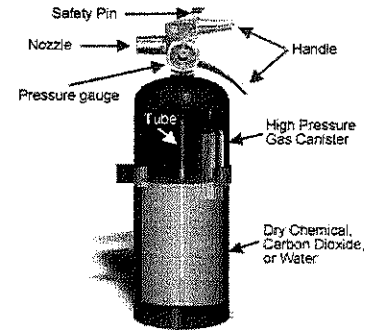
- The second step is to aim the spray nozzle, or if attached the hose nozzle, at the fire. Aim low at the base of the fire.

Squeeze

- The third step is to squeeze the handle to spray the contents. Remember a standard fire-extinguisher has less than 30 seconds of spray time.

Sweep

- The final step is to sweep back and forth as you spray the base of the fire.



Other Emergencies

Chemical Spills

Upon finding any type of internal hazardous material/chemical spill, the discoverer should immediately open the window, remove the residents and staff from danger and close the door, while calling out code words **Code Orange** then call the receptionist to announce **CODE ORANGE**. The Administrator, Director of Nursing, or Supervisor will respond. Maintenance and utility workers who are not shutting down air handling units will also respond. Further actions will be determined by the responding team. Make sure you are trained and wearing appropriate protective gear before a clean-up.

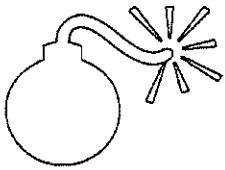
To find out information about Chemicals in the facility you will find the MSDS binder in the Receptionists office.

Evacuation will occur if determined necessary by authorities who have jurisdiction. In the case of evacuation you will hear **CODE GREEN** through the overhead paging system. This will entail the movement of residents from within the facility to a holding area or safe alternate location outside the facility.

Teams will be created to facilitate either horizontal or vertical evacuation. Horizontal evacuation moves residents from their current location to a safe holding area while evacuation decisions are being made or to the area where vertical evacuation is occurring. Vertical evacuation moves residents down to ground level via stairs or elevator.

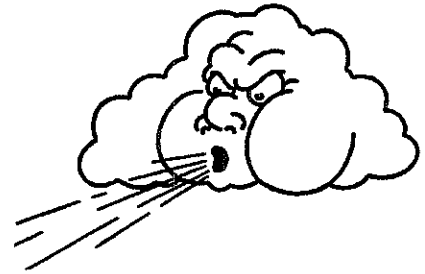
It is essential that residents continue to receive needed care during the evacuation process.

Bomb Threat search will begin if any employee receives a bomb threat. Write down what was said. Make note of how the information was told to you. Indicate on the form any characteristics the person's voice had. After the caller hangs up write down any information you remember from the call. Notify the administrator, director of nursing or supervisor immediately. They will initiate the search by calling "**DR. SEARCH, REPORT TO YOUR DUTY STATION**". Each department will respond according to the directions located in the emergency policy and procedure manual. Be sure to familiarize yourself with your department's responsibilities.

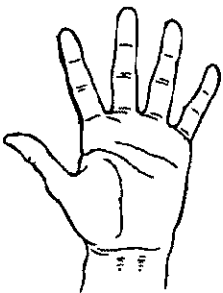


Lockdown will occur if there is a dangerous situation outside the facility. All exterior doors will be locked and alarms turned on. Staff should close all windows and close the drapes on ground floor. A staff member will monitor the front entrance to open doors if necessary. A sign will be placed at the front door to encouraging individuals to leave and return at another time. Inside the building things will proceed normally. Staff should not leave the building during lockdown.

Weather Advisory - If there is an external threat due to high winds, hurricane, or earthquake the receptionist will announce Weather Advisory – **Category 1** or – **Category 2**. If Category 1 is announced all curtains should be closed, residents should be moved away from the windows and into the halls. Residents that cannot be moved into the hallway should, at the minimum, be moved to the far side of the room away from the window and the privacy curtain pulled. Maintenance will secure anything moveable outside the building and housekeeping will prepare WetVacs and mops in case of flooding. If a Category 2 is initiated the procedure is similar. Residents may be covered with extra blankets for protection if necessary. A strict smoking ban is initiated.



After severe weather events maintenance will check for gas or water leaks, and electrical shorts. Damaged utilities will be turned off and staff will be notified if water emergency or gas emergency is initiated and provided with plans for the situation.

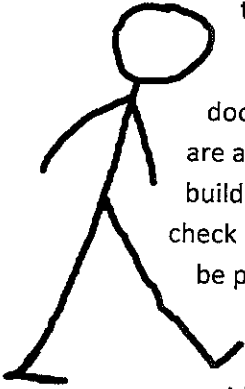


If there is a **workplace disturbance**, such as unruly visitors, staff or residents, and assistance may be required call the receptionist to announce "**Dr. Hand, Please Report to ____**". This

will alert the all available personell and administration to respond to intervене in the situation.

WANDERING AND ELOPEMENT

For the safety of our residents all staff must be aware of whom our elopement residents are. We use alarms to help maintain the safety of our wanderers. The central stairs of the building require a code for entry. This code is 915 and should not be shared with the residents. Assure that the residents cannot follow you through this door. To exit; the stairwell can be opened by pushing the red button to the right of the door. When the door closes behind you the alarm will reset.



Each unit has alarms on the stairways located at the far end of the unit and a door alarm on the double door entrance to each unit. Alarms on the second and third floor are a different code than the alarms on first floor, which are in the employee section of the building and at each external door. If an alarm goes off without staff observation a bracelet check must be done. Even if the triggering of the alarm is witnessed; a bracelet check should be performed to assure that more than one resident did not wander.

A Bracelet Check entails assuring that every resident with a wander guard on is accounted for. If you cannot find a resident with a wander guard or any missing resident notify the supervisor and call for a **Bed Check**. In this case every resident is accounted for whether they wear a wander guard or not. If you still are unable to find the resident you must announce a **Code Yellow, Mr. (Name) return to (Unit)**. The entire building will respond to find our missing wanderer.

Nursing staff will check all patient rooms, Housekeeping will check the central rooms of their assigned floor, utility and maintenance will check outside and in maintenance rooms. Other departments will follow the direction of their department head. Those in the Administrative offices will search their areas and monitor the doors to the facility. If you find a wanderer **DO NOT LEAVE THEM ALONE**. Move them to a safe place and recruit additional help. If resident is not found within 15 – 20 minutes of search, family and police are notified.

WHEN THE FIRE ALARM SYSTEM IS ACTIVATED AND ALARMING; BOTH THE KEY PADS AND WANDER GUARD SYSTEM BOTH ARE DEACTIVATED. THIS MEANS ALL DOORS MUST BE MONITORED UNTIL THE FIRE ALARM SYSTEM IS NO LONGER SOUNDING OR FLASHING. YOU WILL HEAR THE OVERHEAD PAGE OF SURVEILLEINCE IN EFFECT.

Identifying residents

Our identification bracelets come in 2 colors; white and green.

- If the bracelet is **white** with black lettering it indicates that the resident's code status is Do Not Resuscitate.
- If the bracelet is **green** with black lettering it indicates that the resident is "full code".

Call Light Functions

Call lights are a necessary communication tool for our residents. If our call lights malfunction you will see a Yellow Triangle over the Red Heart and you will hear a low beep every 30 minutes. If they are not functioning it must be reported to the supervisor immediately. While lights are not functioning staff must circulate every 15 minutes on all residents and provide tap bells to residents able to use them.



Code White/ Code Blue

If you discover any resident or visitor not on a resident unit that is suspected to be unresponsive any employee on the scene will request that a “Code White” be paged overhead. A nurse from every unit and all available supervisors will respond to the designated area immediately. All code carts are in the A wing therefore the A wing nurse on the floor of the emergency will bring the code cart to the scene of the Code. The A1 or B1 unit nurse will obtain the defibrillator (which is located over the drinking fountain across from the elevator) on the way to the scene.

The first BLS certified person to arrive on the scene will determine if the person is breathing and has a pulse. If the person has a pulse and is breathing the Registered Nurse will collaborate with the doctor to determine further action. If the person does not have a pulse or respirations, first identify if the resident wants to be resuscitated (Full Code – Green Bracelet), then call “Code Blue” and proceed with CPR if they are full code. All visitors are presumed to be full code. While nursing staff are performing CPR 9-911 should be called.



QUALITY ASSURANCE

To assure that our residents are getting the best possible care we review all incidents and accidents as well as auditing compliance with our policies and procedures. Policy and Procedure manuals are available on each unit. *Please do not leave the facility without completing a statement if there was an injury to a resident or completing an incident report in the case of your own injury.* If we identify a problem associated with your performance we will share our documentation of the problem with your agency.

HIPAA

We know that you have been trained by your agency in HIPAA regulations but please sign the back page and return to us so that we know that you will apply that knowledge to our facility. We expect that no resident PHI be shared unnecessarily.

- **What is PHI?** Health information and individually identifiable health information (Jones, 2014). *Health information* means any information, whether **oral or recorded** (includes electronic transmission and storage), that–
 - (A) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and
 - (B) relates to the past, present, or future **physical or mental health or condition** of any individual, the **provision of health care** to an individual, or the past, present, or future **payment** for the provision of health care to an individual.”

ELDER ABUSE

Types of elder abuse include:

- Physical Abuse
- Sexual Abuse
- Emotional or Psychological Abuse
- Neglect
- Financial or Material Exploitation

Elder abuse is:

- Overwhelmingly perpetrated by the victims' own family members;
- The only form of family violence for which the federal government has provided virtually no resources until the passing of the Elder Justice Act in 2010.
- Elder abuse victims tend to be older, very frail and often dependent on their abusers for basic, life sustaining care.

Signs of physical or sexual abuse include bruises or breaks on the body or in the genital or breast area, broken or torn belongings or clothes, medication overdose, a caregiver's unwillingness to leave the resident alone with others, or the elder's report of sexual or physical abuse. Emotional or psychological abuse will cause a resident to become more withdrawn or demonstrate and increase in self-consoling behaviors. If an elder reports emotional or psychological abuse an investigation must be done. Neglect may present as malnutrition, dehydration, bed sores, or poor personal hygiene. If a resident reports neglect it is assumed that neglect has occurred and an investigation is begun. Financial or material exploitation looks for patterns of withdrawals or unknown family members appearing. Failure to pay bills or disappearance of funds or belongings are suggestive of financial exploitation. Provision of unnecessary services or charge for services not rendered should be reported immediately. You are more likely to be at risk of elder abuse if you abuse substances, lack of knowledge of duties, resources, and/or services, are suffering from caregiver stress, fatigue and/or dissatisfaction, if you have a history of violence or if you have poor impulse control.

Please always report any abuse or new bruises, skin tears, falls or

To report adult abuse, call
(within New York State only)
1-844-697-3505

pressure ulcers to the supervisor immediately. Remember that anything that an elder reports as abuse is considered abuse.

We are glad to have you working with us. Please take a few minutes when you arrive on the floor to talk with the outgoing staff so they can introduce you to our residents. CNAs should speak to the CNAs they are receiving to learn the charting that must be done. LPNs please take time to get report from the leaving shift, including who will need charting or other evaluation. If you have any problems do not hesitate to contact your Unit Manager or the Supervisor.

Thank you!

In-service Supervisor

Confidentiality and Compliance Program Agreement

I understand that in performance of my job duties as agency staff relief for Saratoga Center for Rehabilitation and Skilled Nursing, I must maintain and safeguard the confidentiality of all information that does or could involve personally identifiable resident or practitioner information.

I understand that I must also maintain the confidentiality of any information regarding the organization, its administration, employees, policies and procedures, or business practices.

It is essential that the personal privacy of the residents and staff of our facility be safeguarded with respect and privacy. I understand that I cannot:

- Discuss confidential resident information-inside or outside the facility
- Discuss confidential staff information-inside or outside the facility
- Examine documents or data containing confidential information unless required within the scope of my duties
- Remove or copy confidential information or data unless I am acting within the scope of my duties
- Discuss the content of any medical documentation or data with any person unless that person has authorized access to such documentation or data

A copy of Saratoga Center HIPAA policy and procedure and Saratoga Center Procedure for Access, Use and Disclosure of individually identifiable health information is located in staff education office and the computer under Administrative Policy and Procedure. I agree to conform to the requirements of those policies and procedures as they apply to me.

I understand that I have an obligation to adhere to the standards set forth in Saratoga Center Corporate Compliance Program and to report any incidence of possible fraud or fiscal abuse. I also understand that I am protected from retaliation under False Claims Act and that any retaliatory action against me for reporting compliance issues will not be tolerated by Saratoga Center.

I understand that violation of any of these stated and/or implied confidentiality requirements may result in disciplinary action, up to and including termination, or as imposed by any applicable local, state, or federal law(s).

Employee Signature X _____ Date _____

Employee Name (Print) X _____

Orientation Acknowledgement

I acknowledge that I have read the attached Orientation Booklet and will adhere to the policies and practices described within.

Employee Signature X _____ Date _____

Employee Name (Print) X _____

THE NURSE CONNECTION
STAFFING, INC
11 COMPUTER DRIVE WEST
ALBANY, NY 12205