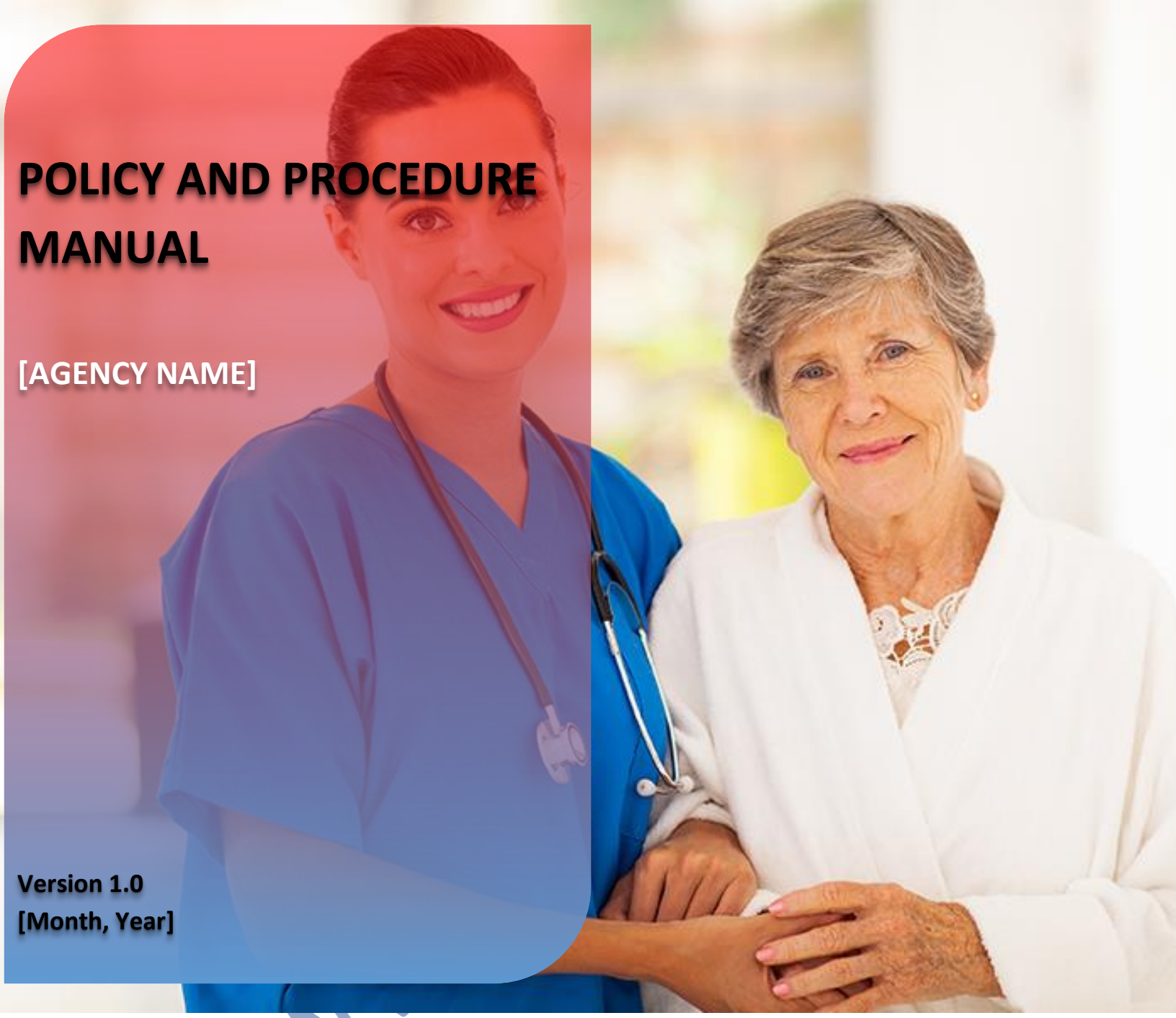

POLICY AND PROCEDURE MANUAL

[AGENCY NAME]

Version 1.0
[Month, Year]

YOUR LOGO HERE

[Agency Name]
[Agency Address]
[Contact Number]
[Email Address]
[Website]

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INTRODUCTION

At [AGENCY NAME] Home Care, we are confident that today there are a variety of health care needs that can be provided in the home which means more patients can be in the comfort of their homes while they are recuperating from a hospital admission or a lot of time patients may require additional assistance and support as a continuation to maintain their highest level of functioning.

[AGENCY NAME] is a home care agency who is proud to deliver healthcare that combines our nursing expertise with our dedication to treating our patients with the dignity they deserve. Our background is in treating patients with cancer and patients with most complex health conditions. We offer a range of services so we can create a personalized treatment plan that is unique to each patient's needs by working together with your physician which would include family members.

Graduated from one of the best state colleges in the nation. Employed by one of the best hospitals in the world. Trusted by physicians and highly respected and experienced Registered Nurse in the field, as a result, together we will provide the excellent care that you deserve.

In consultation with your physician, we will set up a plan of care. Our nursing care may include: Wound Dressing, Ostomy Care, Intravenous Therapy, Administering Medication, Monitoring General Health of the patient, Pain Control, and Other Health Support.

STATEMENT OF PURPOSE

The purpose of this policy is to define organization-wide processes and activities that maximize the coordination of quality and safe services to clients at [AGENCY NAME] HOME CARE. The goal of this plan is to coordinate client's care in a manner that is seamless from their perspective. This policy shall be made available for review, upon request, to clients and their designated representatives and shall be readily available for staff use at all times within [AGENCY NAME] HOME CARE.

STATEMENT OF POLICY

[AGENCY NAME] HOME CARE prohibits discrimination in all its activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, and any political beliefs.

[AGENCY NAME] HOME CARE is consistent with the:

- Federal and State Law of Florida
- Needs of our staff and the community we serve;
- Agency policies and procedures;

We strongly adhere to compliance requirements stated by **Florida State Law**, Department of Health and follow the guidelines as per the Florida Health and Human Services implemented in terms of policies and procedures within [AGENCY NAME] HOME CARE.

DOCUMENT CONTROL & APPROVALS

Document Revisions shall be recorded in the table below;

Ver. No.	Rev. No.	Page No.	Description of Amendment	Approved By	Date

Document review and approvals shall be recorded in the table below;

Description	Title	Signature	Date
Prepared By			
Reviewed By			
Approved By			

Note: All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval, as necessary.

RECORD KEEPING MANAGEMENT POLICY

In order to comply with the regulation a written policy has been established for record management and includes incident reporting, confidentiality, accessibility, security and retention of records pertaining to client being served.

(Please refer Annexure 01 for Record Keeping Log)

Procedures:

An individual file will be maintained as a record of services delivered for all clients in the care of [AGENCY NAME] HOME CARE. Records will be paper unless noted as electronic file.

A. Access and limitation of access, duplication, or dissemination of client's information to persons who are authorized to access such information according to federal and state laws of Florida.

1. The files cabinets containing the service record for each client will be locked with, flame retardant file cabinet which will be located in the administrative office: this office has a locked door and must be opened by the employees authorized to share the key.

2. Access to the client's file will be limited to employees having a role in the development of the Individual Support Plan (ISP), and dependent on the level of support being provided.

3. Limited access to the client's files will be determined by the role of the professional requesting access and having responsibilities for supports such as: assessment and admission determination, medical care, direct care, and clinical interventions etc.

    a) Supervisor and directors or designees will determine level of employees and grant permission to access the client file of record.

    b) Limited access the file by the client's is dependent on their capacity as determined by a medical professional such as a psychiatrist, primary physician etc.

4. Duplication of the client's file may only be completed by the supervisor, director or designee and the purpose of the duplication must be documented on the "Record Retrieval Form" and include the date of the duplication, and employee name and title.

    (Please refer Annexure 02 for Record Retrieval Form)

5. Dissemination of the record must be with written approval of the client when applicable,

placing agent, legally authorized representative (LAR), authorized representative (AR) etc. and documented on the "Authorization to Release Information Form."

a) The written approval to disseminate record must be placed in the file

b) No general written approval will be accepted for dissemination of record

c) The written notice must have the name of the recipient, business name, business address, relationship to the client, name of the person given the permission to dissemination the record and the time frame in which the written authorization is valid

d) Provider will comply with the state licensing representative and grant access, duplication and dissemination of the client file of records when requested and or during required agency business such as investigation, inspections and annual reviews etc.

(Please refer Annexure 03 for Authorization to Release Information Form)

Incident Reports Retention Period

[AGENCY NAME] HOME CARE must keep the incident reports on file at the operation for two years. The reports must be easily accessible to Licensing upon request.

Personnel Records

Maintaining Personnel Records

a) [AGENCY NAME] HOME CARE must maintain all active personnel records at the operation.

b) [AGENCY NAME] HOME CARE must maintain archived personnel records at the operation and/or in a designated location, as long as they are available for our review within 48 hours.

c) [AGENCY NAME] HOME CARE may archive entire closed personnel records electronically.

d) [AGENCY NAME] HOME CARE system for maintaining all personnel records must be uniform throughout the operation.

e) [AGENCY NAME] HOME CARE must maintain in the main office of the operation a master list of active and archived personnel records with a notation of the location of those records.

For each employee, the personnel record must include:

1. Documentation showing the date of employment;

2. Documentation showing how the person meets the minimum age and qualifications for the position;
3. A current job description;
4. Evidence of any valid professional licensures, certifications, or registrations the person must have to meet qualifications for the position, such as a current renewal card or a letter from the credentialing entity verifying that the person has met the required renewal criteria;
5. A statement signed and dated by the employee indicating the employee must immediately report any suspected incident of client abuse, neglect, or exploitation to the Florida Abuse and Neglect Hotline and to the operation's administrator or administrator's designee;
6. Proof of request for background checks required by state law of this title (relating to Background Checks);
7. For each person who transports a client, a copy of: The person's valid driver's license; or A driver's license check conducted through the Florida Department of Public Safety within the last 12 months;
8. A record of training, including the date of the training, the number of training hours, and the curriculum covered;
9. Any documentation of the person's performance with the operation; and
10. The date and reason for the person's separation, if applicable.

All background check results must be kept confidential, in accordance with Florida state requirements and must be protected from unauthorized access or release.

(Please refer Annexure 04 for Employee Checklist)
(Please refer Annexure 05 for Acknowledgment)
(Please refer Annexure 06 for Staff Training and Development Form)

Client Records

An active client record consists of the client's record for the most recent 12 months of service.

Active Client Record

a) [AGENCY NAME] HOME CARE must keep active client records at the operation where the client is receiving services. This may include electronic records.
b) On an on-going basis, [AGENCY NAME] HOME CARE must ensure that each client's record:

1. Includes the client's full name and another method of identifying the client, such as a client number;
2. Includes documentation of known allergies and chronic health conditions on the exterior of the client's record or in another place where the information is clearly visible to persons with access to the record, including a notation of "no known allergies" when applicable;
3. Is kept accurate and current;
4. Is locked and kept in a safe location; and
5. Is kept confidential as required by law.

(Please refer Annexure 07 Active Client Form)

b) All documentation must be in the record: No later than 30 days after the occurrence or event.

c) Unless [AGENCY NAME] HOME CARE are releasing the record to the parents, to state authorities, or as required by law, [AGENCY NAME] HOME CARE may not release any portion of a client's record to any agency, organization, or individual without the written consent of the person legally authorized to consent to the release.

d) [AGENCY NAME] HOME CARE must make all active records available for state requirements of Florida for immediate review.

e) State authorities shall have reasonable access to [AGENCY NAME] HOME CARE storage and file areas in order to monitor [AGENCY NAME] HOME CARE record keeping.

f) These records must be available for review within 48 hours. Otherwise, the records may be archived electronically or kept anywhere and, in any manner, as long as they are safe from damage or destruction.

Record Retention

a) [AGENCY NAME] HOME CARE must maintain annual training records for current personnel for the last full training year and current training year.

b) With the exception of subsection (a) of this section, [AGENCY NAME] HOME CARE must maintain personnel records for a year after an employee's last day of employment or until any investigation involving the employee is resolved, whichever is longer.

c) [AGENCY NAME] HOME CARE must maintain a client's complete record from admittance to discharge for two years from the date of discharge, or until the resolution of any investigation involving the client, whichever is longer.

Unauthorized Absences

a) If a client has three unauthorized absences within a 60-day timeframe, [AGENCY NAME] HOME CARE must conduct a triggered review of the client's unauthorized absences that is consistent with the rules in this division; and

b) [AGENCY NAME] HOME CARE must conduct an overall operation evaluation for unauthorized absences every six months, as required by the State requirements.

c) For each unauthorized absence during the relevant year, [AGENCY NAME] HOME CARE must document the following information in an annual summary log:

1. The name, age, gender, and date of admission of the client who was absent;
2. The time and date the unauthorized absence was discovered;
3. How long the client was gone or if the client did not return;
4. The name of the caregiver responsible for the client at the time the client's absence was discovered;
5. The intake report number, if a report was made to Licensing or the Department of Family and Protective Services; and
6. Whether law enforcement was contacted, including the name of any law enforcement agency that was contacted and the number of the police report, if applicable.

d) [AGENCY NAME] HOME CARE must maintain each annual summary log for five years.

e) [AGENCY NAME] HOME CARE must make the annual summary logs available to Licensing for review and reproduction, upon request.

f) Every six months, [AGENCY NAME] HOME CARE must conduct an overall operation evaluation for unauthorized absences that have occurred at [AGENCY NAME] HOME CARE operation during that time period.

g) The objectives of the evaluation are to:

1. Develop and maintain a trauma informed environment that supports positive and constructive behaviors by client in care; and
2. Ensure the overall safety and well-being of client in care.

h) The evaluation must include:

1. The frequency and patterns of unauthorized absences of client in [AGENCY NAME] HOME CARE operation; and
2. Specific trauma informed strategies to reduce the number of unauthorized absences in [AGENCY NAME] HOME CARE operation.

i) [AGENCY NAME] HOME CARE must maintain the results of each six-month overall operation evaluation for unauthorized absences for five years.

j) [AGENCY NAME] HOME CARE must make the results of each overall operation evaluation for unauthorized absences available to Licensing for review and reproduction, upon request.

(Please refer Annexure 8 Continuous Unauthorized Leave)

Strategies for service continuity and record recovery

From interruptions that result from disasters or emergencies including contingency plans, electronic or manual back-up system and data retrieval system.

1. The employees will be reminded that safety and well-being is the priority; however, services not documented (abridged or full range) means no service rendered.

2. In the event of service interruption, the supervisor, director or designee will provide copies of paper documents/forms for the employees to use when documenting services in their temporary location or current location.
3. Records not immediately retrievable from file cabinets will be sought through requesting copies from placing agency, Authorized representative (AR), Legally authorized representative (LAR), or other persons who may have records due to exchange of information or service provider to a mutual individual.
4. Records may be recreated from the data where possible in the form reports and identified and a duplicated record due to interruption of services by disaster or emergency. The reason for the duplicated record must be identified

Operation Records

a) [AGENCY NAME] HOME CARE must maintain a copy of [AGENCY NAME] HOME CARE policies and procedures at the operation. They must be available for review by employees, contract staff, caregivers, Licensing, or [AGENCY NAME] HOME CARE clients, upon request.

b) [AGENCY NAME] HOME CARE must maintain copies of all current and previous policies for at least two years.

c) [AGENCY NAME] HOME CARE must have policies and procedures for:

    1. Protecting paper and electronic records from destruction and loss; and

    2. Clarifying the persons:
        i. Within [AGENCY NAME] HOME CARE operation who are authorized to access records;and

ii. Outside of [AGENCY NAME] HOME CARE operation who are authorized by law to have access torecords.

Records Destruction, Loss, Access and Authorization Management

1. Electronic record will not be used at this time

Security measure that protects records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites

1. Paper Records

a) All employee accessing the file cabinet must lock after each use to protect the content from unauthorized use.
b) Loss information must be reported to the supervisor, directors and designee who will inform the client, family, authorized responsible agent and significant others of the loss of information. Retrieval of the loss information from other sources must be done immediately to ensure continuity of care and service.
c) Assessment of the incident involving the loss of information must be completed within 24 hours to avoid any future incidents. Outcome of investigation may include, retraining and record security, change in storage procedures, suspension or termination (depends on severity and volume of loss information)

(Please refer Annexure 09 Information Breach Form)

d) Errors in documents must be identified by striking through the error and writing the word "error" and the "employees initial" above the inaccurate information.
e) Employees will be trained on monitoring where they sit /stand when working in the records and to avoid leaving the files unsupervised in public places or in places where someone can look into the record without permission.
f) All disclosures and exchange of information must be done with permission and only to persons or facilities identified in writing on the approved agency "authorization to release information form" for each client.
g) Authorization forms may not be used after the documented end date
h) Records must be transported or shared between program and authorized persons or agency by facsimile, encrypted emails, postal services or delivered in person. Records used between services sited must be placed in locked box, briefcase or a similar case and placed in the trunk when the vehicle is unmanned.
i) Records must be returned to the appropriate locked file cabinet when not in use or is undeliverable.

2. Electronic records

a. Electronic Records will not be used at this time.

Designation of person responsible for records management

1. The supervisor, director or their designee will be tasked with monthly quality assurance review of the files of records.
2. The records will be checked against the table of content and other agency policies and procedures for completing forms, and documents for service delivered
3. All findings from the monthly QA review that requires further attention or need to be completed will be responded to by the appropriate employee within fourteen days.

(Please refer Annexure 10 Monthly Records Management Review)

Disposition of records

1. In the event that the service ceases operation the records will be returned to the placing agency. The face sheet, copies of vital records documents, health history, application for admission, discharge information will be shared with placing agency representative.
2. If the provider opens another business, the face sheet, application for admission, discharge information will be stored in a secured location to be identified prior to placing the files in that location for ten years or until they cease operation of the new business. They will notify the original placing agency of this business and records stored. Records may be destroyed with permission of the placing agency and or their representative when it deemed to be no longer needed.
3. If the records will be transfer to another provider, the provider must have a written agreement with the provider whose business is ceasing. A document containing the name of both providers (sender and receiver parties) will be completed and files in the permanently stored record.
4. The transferred records receipt will be shared with the placing agency, AR, LAR and stored a copy of the transfer agreement with the archived record held by the provider.

(Please refer Annexure 26 Transfer/ Discharge Form)