

NORMAN'S NURSING HOME CARE SERVICES, LLC.

CHECKLIST FOR INDEPENDENT CONTRACTOR'S REGISTRATION FILES

Independent Contractor's Name: _____

Registration Date: _____ Title: _____

SIDE 2

PROOF OF TRAINING AND DOCUMENTS	√	Exp. Date
1. Job Description		
2. Administration of Drugs and Biologicals		
3. H.I.P.A.A		
4. Initial and Updated – HIV/AIDS Training		
5. CPR Training		
6. Verification of Certificates		
7. Copy of HHA Curriculum		
8. Copy of HHA & CNA Certificates		
9. Copy of LPN/RN License		
10. Proof of Other Training		
11. Acknowledgement of Receipt Registration Policies, Orientation, Confidentiality, Agreement, Maintain a Professional Image, Driver Safety Agreement, PPE Possession		
12. Copy of Completed Competency Test		

**NORMAN'S NURSING HOME
CARE SERVICES, LLC.**

HHA/CERTIFIED NURSING ASSISTANT

JOB DESCRIPTION

CNA's and home health aides referred by nurse registries must receive a minimum of 2 hours of initial training in HIV/AIDS and 1 hour biennially of HIV/AIDS training, pursuant to s. 381.0035, F.S.; and training to maintain a current CPR certification.

1. Be limited to assisting a patient in accordance with s. 400.506(10)(b), F.S.;
2. Be responsible for documenting services provided to the patient or client and for filing said documentation with the nurse registry on a regular basis. These service logs will be stored by the nurse registry in the client's file, along with the monthly nurse assessments. The service logs shall include the name of the patient or client and a listing of the services provided;
3. Be responsible for observing appearance and gross behavioral changes in the patient and reporting these changes to the caregiver and the nurse registry or the responsible facility employee of staffing in a facility; and
4. Be responsible to maintain a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient's dishes or laundry, and such tasks to maintain cleanliness and safety for the patient.
5. Perform other activities as taught and documented by a registered nurse, concerning activities for a specific patient and restricted to the following:
 - a. Assisting with the change of a colostomy bag, reinforcement of dressing;
 - b. Assisting with the use of devices for aid to daily living such as a wheelchair or walker;
 - c. Assist with prescribed range of motion exercises;
 - d. Assist with prescribed ice cap or collar;
 - e. Doing simple urine tests for sugar, acetone or albumin;
 - f. Measuring and preparing special diets;
 - g. Measuring intake and output of fluids; and
 - h. Measuring temperature, pulse, respiration or blood pressure.
6. Be prohibited from changing sterile dressings, irrigating body cavities such as giving an enema, irrigating a colostomy or wound, performing a gastric irrigation or enteral feeding, catharizing a patient, administering medications, applying heat by any method, caring for a tracheotomy tube.
7. Report incidents and accidents immediately to the Nurse Registry.

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and I fully understand all of the above and what is expected of me as a HHA/CNA.

SIGNATURE

DATE

ADMINISTRATION OF DRUGS AND BIOLOGICALS

NORMAN'S NURSING HOME CARE SERVICES, LLC. will disseminate to its Independent Contractor Nurses the procedure required by Chapter 464, F.S. and rules of the Agency for Health Care Administration governing the administration of drugs and biologicals to clients. Such procedures include the following:

- 1) Any order for medications signed and dated by the attending physician to be given by the nurse registry's licensed nurse.
- 2) An order for medication shall contain the name of the drug, dosage, frequency, method or site of injection, and a permission from the attending physician if the patient or the family are to be trained how to give the medication.
- 3) A verbal order for medication or change in the medication orders shall be taken by a licensed registered nurse and transcribed in writing by the registered nurse to include date, time order received, signature and title. The physician shall acknowledge the telephone order within fourteen (14) days by signing and dating the orders. A verbal order or change in medication order shall be on file in the clinical record at the nurse registry within fourteen (14) days.

ACKNOWLEDGE OF RECEIPT

By signing below, I acknowledge that I have received and understand the above policy and procedures.

Signature

Title

Date

Health Insurance Portability and Accountability Act of 1996 (H.I.P.A.A.)

The privacy Rule establishes safeguard to protect the confidentiality of medical information and other personal health information.

NORMAN'S NURSING HOME CARE SERVICES, LLC. in compliance with HIPAA is committed to maintain the safeguarding of private health and medical information, such as:

- Notifying patients about their privacy rights and how their information may be used.
- Adopting and implementing privacy procedures for its operation.
- Training employees so that they understand the privacy procedures.
- Designating an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to unauthorized individuals or those who do not need them.
- Informing Independent Contractors' pre and post orientation / registration of the H.I.P.A.A. Laws by reviewing and providing printed materials on the PRIVACY RULE. *NORMAN'S NURSING HOME CARE SERVICES, LLC.* will ensure that documented proof of acknowledgment of receipt of such documents, is maintained on the Independent Contractors' Registration files.

Individually Identifiable Health Information can be evident in the following forms:

- Invoices
- Facsimile
- Paper
- E-Mail
- Orally
- Computer Systems

Health Insurance Portability and Accountability Act of 1996 (H.I.P.A.A.)

NORMAN'S NURSING HOME CARE SERVICES, LLC. in safeguarding patient medical / health information from authorized viewing in addition to the old system of paper records in locked filing cabinets, has implemented the following:

- A. Urgent NOTICE/WARNINGS on fax cover sheets regarding legal consequences of viewing P.H.I. by unauthorized persons.
- B. Requires written authorization from patients with their responsible parties for disclosing medical or personal health information.
- C. Individuals who claim to be patients' legal representative are required to provide legally documented evidence as proof, prior to disclosure of any Projected Health Information (P.H.I.)
- D. No health or medical information will be disclosure to any unauthorized person via telephone by an NORMAN'S NURSING HOME CARE SERVICES, LLC. Representative. THIS IS PROHIBITED. (Note: An employee is subjected to **immediate** termination for violating this rule.)
- E. All Independent Contractors are required to hand deliver or mail their time sheets and assignment sheets to NORMAN'S NURSING HOME CARE SERVICES, LLC.
FAXING IS PROHIBITED.
- F. A shredding machine is placed in the office for the appropriate disposal of any written document that is considered "trash" and unacceptable for filing any patient records or registry files.

ACKNOWLEDGMENT OF RECEIPT

By signing below, I am acknowledging that I have received, read, and understand the foregoing statements in this document and will adhere to them accordingly.

Independent Contractor's Signature

Date

**INITIAL AND UPDATE-HIV/AIDS
TRAINING**

CPR TRAINING (BOTH SIDES)

VERIFICATION OF CERTIFICATES

Name: _____ Title: _____

Type of Certificate: _____

Date of Birth: ____/____/____

Social Security: ____/____/____

Name of School: _____

Date of Completion: _____

Curriculum attached yes () no ()

School Contact Person: _____ Telephone: _____

Dates Attended: _____ to _____

Name and Title of Registry Staff

Signature

Date

COPY OF HHA CURRICULUM

NORMAN'S NURSING HOME CARE SERVICES LLC.

**COPY OF HHA & CNA
CERTIFICATES**

NORMAN'S NURSING HOME CARE SERVICES LLC.

PROOF OF OTHER TRAINING

NORMAN'S NURSING HOME CARE SERVICES LLC.

**Acknowledgment of Receipt of Registration
Policies, Orientation, Confidential
Agreement, Maintaining a Professional
Image, Driver Safety Agreement**

NORMAN'S NURSING HOME CARE SERVICES, LLC.
ORIENTATION PROGRAM

INDEPENDENT CONTRACTOR: CHECK TITLE ☐ RN ☐ LPN ☐ CNA ☐ HHA

PRINT NAME: _____ DATE: _____

I. OVERVIEW OF NORMAN'S NURSING HOME CARE SERVICES, LLC.

1. NORMAN'S NURSING HOME CARE SERVICES, LLC. Mission Statement
2. Application Process
 - a. Home Health Aide/CNA Competency Test
 - b. LPN/RN Proficiency Test
 - c. Application to Register Form
 - d. I-9 Employment Eligibility Verification Forms
 - e. W-9 Form for Independent Contract
 - f. Background Screening Request Form
 - g. Level II Background Screening Results
 - h. Attestation of Compliance with Background Screening
 - i. Physician's Statement Form
 - j. Job Responsibilities
 - k. Independent Contractor's Job Referral Conformation Form

II. REGISTRATION POLICIES

Registration Requirements
Supervision Guidelines and Goals
Office Hours
Orientation to Time Sheet
Compensation
Maintains a Professional Image
Code of Ethics
Independent Contractor's Service Agreement
Responsibilities of the Independent Contractor
Job Description per Discipline (59A-18.007 RN/LPN)(59A-18.0081 C.N.A./HHA)
F.S. Section 400.506, 400.512, 400.462 C.N.A./HHA
F.S. Section 400.506, 400.484, 400.488, 400.462 and 59A.18.009 Homemaker Companion

III. POLICY AND PROCEDURES

Policy and Acceptance of Patients
Patient Handbook/Patient Clinical Record Contents (59A-18.001, 59A-18012)
Incident Reports
Privacy / Confidentiality of Patient's Medical Data (H.I.P.A.A.)
Policy on Drugs and Biologicals (59A-18-013) RN/LPN
Policy on Client /Patient Grievance/Abuse 408.810 (5)(a)F.S.
Communication Records
Clinical Assessment
Progress Notes (When to Submit Them)
Client Medical Plan of Treatment and Time Frames (59A-18.001)
Patient's Bill of Rights
In-Service Training
Supplemental Staffing
Patient Emergency Management Plan – 59A-18.018
F.S. Section 400-506, 400-512, 400-484, 400-462, 400-488, 408-801 (5)(a)F.S.

IV. ACKNOWLEDGEMENT OF COMPLETION

By signing below, I, _____ acknowledge that I attended the Orientation Program & received information on the above listed topics and applicable rules and statuses.

X _____
Independent Contractor's Signature Date

X _____
Trainer's Signature Date

MAINTAINING A PROFESSIONAL IMAGE

YOUR APPEARANCE AND ETHICS REFLECT YOUR PROFESSIONALISM

Due to the factor that the Independent Contractor's represent NORMAN'S NURSING HOME CARE SERVICES, LLC's image, all professionals should be well groomed and dressed in proper attire according to OSHA dress requirements. Failure to dress and appear appropriately at the client's location could result in the process of contract termination.

PERSONAL PHONE CALLS

Independent contractors are not permitted to make any personal calls by using the client's phone while on duty. If an emergency call must be made, you must ask the client for approval. If you're working in a full-time position such as live-in, you must you are allowed to make local phone calls with the permission of the patient.

If your family needs to contact you, while you are on duty, have them call the office. Our coordinators will immediately relay the message. Home Health Aids and Companions are not to call the patient's doctor, except to schedule an appointment for the patient.

Only a nurse is permitted to receive orders from the patient's physician.

HANDLING MONEY

Do not accept money or any form of gift from the patient. Independent contractors must produce receipts for all the purchases made on behalf of the patient.

SOLICITATION

Solicitation while on duty infers with the business of the Registry. Solicitation of any kind is not permitted.

PUNCTUALITY

All Independent Contractors are expected to be at their work area on time. If any emergency likely to cause tardiness of more than fifteen minutes, telephone your client and give him/her the expected time of arrival.

Please **DO NOT** call the office after business hours for availability. (The person on-call is only available for **EMERGENCIES**).

All notification for time off or relief must be submitted 5 business days prior.

CHANGES WITH THE PATIENT

All abnormalities observed with the patient must be reported to the registry office immediately. This includes aides that are on staff in a facility. **(PLEASE NOTE THAT THE SUPERVISOR AT THE FACILITY MUST ALSO BE NOTIFIED).**

TIME OFF

If you are unable to report to an assignment due to unforeseen circumstances, the office must be notified within 48-72 hours in order to provide a suitable replacement.

WORKER'S COMPENSATION AND LIABILITY INSURANCE

Due to the fact that you are an independent contractor, in accordance with your agreement with the Registry are required to purchase and maintain you own Worker's Compensation and Liability Insurance.

INDEPENDENT CONTRACTOR NAME (Please Print)

INDEPENDENT CONTRACTOR SIGNATURE

DATE

DRIVER'S SAFETY AGREEMENT

My signature below verifies that I have read and understand the following:

1. Holding a current valid Florida driver's license and carrying liability insurance on personally owned vehicles used for company business.
2. Using agency vans and automobiles only for employee transporting and related company business.
3. Taking the most direct route to my destinations and deviating only for work related reasons.
4. Locking doors and keeping windows closed when vehicle is parked and not in use.
5. Wearing seatbelts when vehicle is in use.
6. Not transporting or providing rides to unauthorized people during work hours.
7. If an accident occurs, complete an Accident Report Form and notifying my supervisor immediately.
8. Not admitting any liability if in an accident.
9. Personally, resolving any citations received for violation of Florida driving regulations.
10. Understanding that suspension or revocation of my driver's license will automatically negate my privilege to drive as a representative of this registry.

INDEPENDENT CONTRACTOR'S SIGNATURE

DATE

INDEPENDENT CONTRACTOR'S ACKNOWLEDGEMENT

Statement of PPE Possession

This statement serves to inform NORMAN'S NURSING HOME CARE SERVICES, LLC that as an independent contractor representing the nurse registry. I am possession of the necessary Personal Protective Equipment (PPE) necessary to perform the duties as required for the protection and safety of the client that I serve. These include but are not limited to gloves, hand sanitizers, goggles, masks, face shields and gowns.

I am aware that I am responsible for taking appropriate precautionary measures, consistent with CDC Guidelines, while providing services to my clients. I also agree that I will always have adequate supplies on hand to protect myself and the client from unwarranted exposure to the COVID-19 virus as we work hard to safely provide care during this ongoing crisis.

Printed Name and Title: _____

Signature: _____

Date: _____

NORMAN'S NURSING HOME CARE SERVICES, LLC.

Applicant's Name _____ Date _____

HOME HEALTH AIDE COMPETENCY TEST **WRITTEN EXAMINATION**

ROLE OF THE HOME HEALTH AIDE

An aide may perform certain duties. Mark the following **true** or **false** for tasks you may legally perform as a home health aide.

T = True, F = False

- | | | | |
|----------|---------------------------|-----------|---------------------------|
| _____ 1. | Reinforce a dressing | _____ 6. | Change a colostomy |
| _____ 2. | Apply a hot pack | _____ 7. | Give a rectal suppository |
| _____ 3. | Give an enema | _____ 8. | Give a tube feeding |
| _____ 4. | Administer medication | _____ 9. | Give insulin |
| _____ 5. | Change a sterile dressing | _____ 10. | Cut nails |

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. As a home health aide, you:
 - a. Work alone
 - b. Work as part of the health care team
 - c. May become the leader of the health care team
 - d. Will never get any training after orientation
2. When you work in the home, you will be:
 - a. responsible for making decisions without any help
 - b. working under the supervision of a professional supervisor
 - c. away from your office and have no way to contact your employer
 - d. responsible for calling the physician with information
3. As a home health aide, it is your responsibility to:
 - a. Plan the client's care
 - b. Do only the tasks that the registered nurse assigns to you
 - c. Try to do your best, but not ask for any help
 - d. Compare assignments with your co-workers
4. A patient has a cancer which has spread, and the doctor says he is not likely to live long. The patient asks you several questions about how long he will live. What should you do?
 - a. Tell the patient what you think
 - b. Explain to the patient that he should ask his nurse and doctor
 - c. Tell the patient he is going to live a long time
 - d. Tell the patient that doctors don't know everything

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HOME HEALTH AIDE COMPETENCY EVALUATION
WRITTEN EXAMINATION

I. COMMUNICATION

Mark the following true or false. T=true, F=false

- _____ 1. In the home, it is important to be a good listener
- _____ 2. Always tell the patient what you are going to do before starting a procedure.
- _____ 3. You only communicate through words.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

- 1. Which of the following is important in communicating with people?
 - a. Courtesy
 - b. Tact
 - c. Listening
 - d. All of the above
- 2. Body language is:
 - a. A way of communicating feelings by using the body, facial expression and the eyes
 - b. Only used by clients to tell their doctors what is causing them problems
 - c. Only used by persons who are deaf and mute
 - d. The newest dance craze
- 3. Nursing care for a conscious patient should be preceded by:
 - a. Asking the patient for his permission to go ahead with the procedure
 - b. Telling the patient you would like to have his cooperation
 - c. Giving an explanation of what is going to be done
 - d. Explaining to the patient that the doctor ordered this done

II. OBSERVATION, REPORTING AND DOCUMENTATION

Mark the following true or false. T = true, F = false

- _____ 1. If you do not chart a task that you do for a patient, legally, it was not done.
- _____ 2. If the patient has a new area of skin breakdown, and the nurse is coming in two days, you do not need to report the skin breakdown to your supervisor.
- _____ 3. A rapid pulse and shortening of breath in a patient usually indicated the patient is excited and does not need to be reported to the nurse.

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CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. The patient tells you he has not moved his bowels in three days. What should you do?
 - a. Tell him not to worry about it
 - b. Tell him to take a laxative
 - c. Report it to the nursing supervisor
 - d. Pretend you didn't hear him
2. After arriving to care for Mr. Jones, he complains he has had severe cramping pains in the calf of his left leg for the last three hours. You call your supervisor and then record on your progress note the following:
 - a. "States he has leg cramps"
 - b. "Complains of pain"
 - c. "Left leg hurt a lot"
 - d. "States he has severe cramping pains in the calf of his left leg for three hours"
3. Objective observation means:
 - a. Using all your senses (seeing, hearing, touching, etc.) in detecting changes in the patient's condition
 - b. Signs and symptoms described by the patient
 - c. Deciding what the patient needs
 - d. Describing objects in the patient's room

III. **READING AND RECORDING TEMPERATURE, PULSE AND RESPERATIONS**

Mark the following true or false. T = true, F = false

- _____ 1. Always report a puke rate if the beats per minute are under 60 or over 100.
- _____ 2. The temperature of an unconscious patient should be taken orally since they are not moving about.
- _____ 3. Recording a patient's "TPR" or vital signs is not important as long as you remember what they were.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. For which, if any, of these body areas is 99.6 degrees F. a normal temperature?
 - a. Axilla
 - b. Mouth
 - c. Rectum
 - d. None of the above

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2. When taking a patient's pulse, you should take it for:
 - a. 15 seconds
 - b. One full minute
 - c. 45 seconds
 - d. Two minutes
3. When a patient's respirations are being counted, it is best that the patient:
 - a. Try to breathe evenly
 - b. Breathe as deeply as he can
 - c. Sit up straight
 - d. Not be aware that the respirations are being counted

IV. INFECTION CONTROL

Mark the following true or false. T = true, F = false

- _____ 1. Hand washing is the single best way to decrease the transfer of pathogens.
- _____ 2. Gloves should be worn when handling items soiled by bodily fluids.
- _____ 3. The catheter drainage bag must be lower than the bladder, but not on the floor.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. During a visit, you need to wash your hands:
 - a. Before you give physical care to the patient
 - b. After you pet the dog
 - c. Before you leave the patient's home
 - d. All of the above
2. In what situation should gloves be used?
 - a. The patient is vomiting
 - b. The patient has been incontinent of stool
 - c. The patient has a draining wound
 - d. All of the above
3. When soiled linen is removed from the patient's bed, it should be:
 - a. Shaken
 - b. Folded exactly hem to hem
 - c. Held away from one's uniform
 - d. Inspected for tears

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V. BODY FUNCTION AND CHANGES

Mark the following true or false. T = true, F = false

- _____ 1. Diarrhea can cause dehydration and other serious complications and should be reported
- _____ 2. If a person complains of pain, it is important to have the patient describe the pain and then report it to the nurse and record it in your notes.
- _____ 3. It's normal for most people to complain of pressure, swelling, or bloating in their ankles, feet, stomach or legs.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. If you notice the patient's catheter is not draining, the first thing you should do is:
- Call your supervisor
 - Empty the drainage bag
 - Check the tubing to see if it kinked
 - Do nothing, this is the nurse's problem
2. Which of the following is **not** recommended for promoting good daily bowel habits?
- Plenty of water
 - Laxatives
 - Exercise
 - Well balanced meals
3. The patient's pulse has been between 90 to 110 beats per minute since his first aide visit. Now you find it to be 58 beats per minute. What should you do next?
- Tell the patient he must be getting better
 - Wait 15 minutes and take the pulse again
 - Inform the supervisor right away
 - Just record the pulse in the normal way

VI. MAINTAINING OF A CLEAN, SAFE AND HEALTHY ENVIRONMENT

Mark the following true or false. T = true, F = false

- _____ 1. A bedside call bell needs to be available so the bed bound patient can summon assistance.
- _____ 2. Bedrails should never be used to secure vest restraints.
- _____ 3. Smoking in bed is fine for anyone who is not confused.

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CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. To prevent poisoning of people (including children) which of the following actions is best:
 - a. Keep poisons locked up or in places where children cannot reach them
 - b. Keep an antedate ready in case someone takes poison
 - c. Have an emergency number to call
 - d. Store in a cool, dry place
2. Part of your duties as a home health aide is to assure a safe home environment. This includes:
 - a. Proper infection control with good hand washing
 - b. Electrical and fire safety
 - c. Moving things which may cause the patient to fall
 - d. All of the above
3. Bad breath or body odors on a home health aide will be LEAST likely to be noticed by the:
 - a. Patient
 - b. Nurse
 - c. Aide
 - d. Patient's family

VII. EMERGENCY PROCEDURES

Mark the following true or false. T = true, F = false

- _____ 1. For an injury with profuse bleeding, apply pressure and call for assistance.
- _____ 2. If the patient begins to have a seizure, your first responsibility is to prevent the patient from injuring himself.
- _____ 3. If the patient falls and complains of pain in his hip, you should help him to get up and walk to the bed.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. In case of fire in the home, what is the best procedure to follow?
 - a. Tell the patient to be calm, call the fire department and then take the patient out of the house
 - b. Get the patient and yourself out of the house and call the fire department
 - c. Try to put the fire out yourself
 - d. Call your supervisor and the fire department, then leave the house
2. A patient is choking on some object that is caught in his airway. Before any first-aid measures are applied, find out:

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- a. If a patient's pulse rate is over 80
 - b. If the patient can swallow clear fluids
 - c. If the patient can speak or cough
 - d. What medications the patient has taken in the past 24hrs
3. While giving a bath on a shower chair, the patient suddenly gasps and becomes unresponsive. The home health aide should:
- a. Call for family assistance and continue with the bath
 - b. Leave the patient and call 911
 - c. Lower the patient to the floor, call for the family to call 911, determine if CPR is needed and initiate it if indicated
 - d. Tell the family to stay with the patient while you call 911 and the supervisor

VIII. HUMAN DEVELOPMENT

Mark the following true or false. T = true, F = false

- _____ 1. Every patient is the same and has the same needs and wants
- _____ 2. It is right to use an item in the home without asking as long as it is for the patient's personal care.
- _____ 3. You may use the telephone in the patient's home without asking permission.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. Patient's may sometimes talk about religious beliefs with which you do not agree. What would be your best reaction?
- a. It is best to pretend you have the same beliefs as the patient
 - b. You have the right to explain your own beliefs in detail
 - c. When a person is sick, it is best to teach him true religion
 - d. Each person has a right to his own beliefs which should be respected
2. A neighbor has asked you some questions about the patient you are presently taking care of. "Mrs. Collier is dying, isn't she?" How will you answer her?
- a. "Mrs. Collier is doing as well as can be expected."
 - b. "I am sorry, but I cannot discuss Mrs. Collier."
 - c. "Yes, it's too bad, but she is very ill."
 - d. "How did you know about Mrs. Collier and her illness?"
3. The main purpose of having written client rights in home care is to:
- a. Protect the client from abuse or neglect by the homemaker/home health aide
 - b. Make sure the client is getting the service he is entitled to
 - c. Ensure the homemaker/home health aide is doing the job correctly
 - d. All of the above

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IX. PERSONAL CARE

Mark the following true or false. T = true, F = false

- _____ 1. It is important to keep a patient covered during a bed bath except for the part being washed.
- _____ 2. Massaging of bony prominences helps to prevent skin breakdown by increasing the blood supply to the area.
- _____ 3. When giving peri-care to a patient after a BM, wash using a front to back motion in order not to spread fecal material to the other areas.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. Which of the following is the most appropriate practice to promote good skin care in the elderly:
- a. Keep the skin clean and well moisturized
 - b. Apply alcohol to bony areas of the skin
 - c. Wash daily with scented soap
 - d. All of the above
2. If dentures are not worn when sleeping, where should you store them?
- a. Wrap in washcloth
 - b. Put in a sterile container
 - c. Wrap in a gauze pad
 - d. Place in a clean container in clean water
3. If you do not know how to do an assigned task, you should:
- a. Call another aide to ask him
 - b. Ask the client if he knows how to do it
 - c. Call the supervisor and ask for help
 - d. handle every situation by yourself

X. SAFE TRANSFER TECHNIQUES AND AMBULATION

Mark the following true or false. T = true, F = false

- _____ 1. Always transfer a patient towards his good side.

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- _____ 2. There is no need to be near an object to pick it up, just reach.
- _____ 3. It's best to use a gait belt if a patient is unsteady.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. A patient lying on his back has slid down in bed and needs help in moving up again. To start this, the patient should, if possible:
 - a. Raise himself on his elbows
 - b. Separate his legs widely
 - c. Arch hi back
 - d. Flex his knees and push with his heels
2. Before helping a patient in to or out of a wheelchair, which of these actions are necessary?
 - a. Have the breaks unlocked and leave the foot pieces down
 - b. Lock the breaks and fold the foot pieces up
 - c. Have the breaks unlocked and the foot pieces up
 - d. Lock the breaks and leave the foot pieces down
3. When assisting a patient to walk with his walker, you should:
 - a. Clear a pathway and remove all safety hazards
 - b. Stay close to the patient's side
 - c. Stand on the other side of the room
 - d. a and b

XI. NORMAL RANGE OF MOTION AND POSITIONING

Mark the following true or false. T = true, F = false

- _____ 1. Passive range of motion exercises are for the prevention of contractures in patients with paralyzed limbs.
- _____ 2. During the range of motion exercise, if you feel resistance or the patient complains of pain, you should continue anyway.
- _____ 3. It's best to have a pillow between the legs of a patient with a new hip replacement.

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. To prevent bedsores in the elderly, you should:
 - a. Change the patient's position every two hours if they are unable to do so themselves
 - b. Get the patient out of bed if they are allowed to do so

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- c. Ensure adequate nutrition with special emphasis on protein intake
 - d. All of the above
2. When turning a bed bound patient to rub his back, you find a slightly red area the size of a quarter at the base of the patient's spine. What would be the best thing to do for the patient before reporting the finding?
- a. Omit the back rub
 - b. Rub his back well and tape a large "donut" over the red area
 - c. Apply an antiseptic to the spot
 - d. Complete the back rub and leave the patient supported in his side
3. When positioning a patient with a fractured hip, it is best to:
- a. Ask the patient to relax
 - b. Turn the patient to the unaffected side with a pillow between his legs
 - c. Turn the patient to the unaffected side without a pillow
 - d. Ask the patient to bend his knees.

XII. NUTRITION

Mark the following true or false. T = true, F = false

- _____ 1. Soy sauce is good to spice up a low salt diet.
- _____ 2. A regular diet is a well-balanced diet with no restrictions
- _____ 3. Bread and potatoes are a good source of protein

CHOOSE ONE CORRECT ANSWER FOR EACH QUESTION BELOW AND CIRCLE THE CORRESPONDING LETTER.

1. Foods on a liquid diet should include:
- a. Chicken, eggs and toast
 - b. Chopped and strained foods
 - c. Broth, tea and jello
 - d. Lightly seasoned foods
2. Foods that are high in vitamin C should include:
- a. Oranges, tomatoes and watermelon
 - b. Potatoes, raisins and bananas
 - c. Liver, beef and chicken
 - d. Cheese, milk and cottage cheese
3. If there is 50cc left in a glass and the glass holds 150cc you should record the intake as:
- a. 90cc
 - b. 120cc
 - c. 100cc
 - d. 50cc

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ESSAY QUESTIONS

1. Mr. Jones says, "No way; no bathe today!" What would you do?

2. Mrs. Smith tells you she wants to shower, and the care plan says a sitting commode bath, What do you do?

3. On your first visit to Mr. Doe, he tells you he always wants to be bathed at 10:00 a.m. What do you do?
