

TEXAS PRIME HEALTHCARE, INC.

Personal Attendant-CBA/PHC/FC

JOB SUMMARY

Primary function is to provide personal assistance services to the patient in their place of residence; to assist in providing a safe and clean environment, work cooperatively with patient and family, and share observations and problems with the supervisor.

JOB QUALIFICATIONS

Education: High School diploma preferred.

License: Must have current drivers licence, if drive on the job.

Experience: One year experience in providing personal care to individuals needing healthcare assistance, is preferred.

Skills: Must be able to read and write in English and follow written and verbal instructions in English effectively. Demonstrated interest in the welfare of ill and elderly. Competent to perform task assigned by supervisor.

Criminal History: Must agree to and pass criminal history check

Environmental and working conditions: Works in patient's residence in various conditions, possible exposure to blood, bodily fluids, and infectious disease; proof of Hepatitis Profile; ability to work flexible schedule; ability to travel locally; some exposure to unpleasant weather.

Physical and Mental Effort: Prolonged standing and walking required. Ability to lift up to 50 pounds and move patients. Requires working under some stressful conditions to meet deadlines, to identify patient's needs, to make quick decisions and meet patient/family psycho social needs. Requires hand eye coordination and manual dexterity. Ability to utilize durable medical equipment in the home.

Essential Functions:

Evaluation:

Promote positive, supportive, respectful communication to patient/family and other employees	
Provide an environment which promotes respect for patient, privacy, and property	
Provide personal care and health-related tasks to patient under direction of the Supervisor and according to the Plan	
Provide necessary skills to appropriately report change to ensure continuity of care	
Provide accepted infectious control principles	
Provide a clean, safe, and comfortable environment	
Provide skills necessary to perform treatments and procedures according to agency policy	
Demonstrate effective time management skills	
Demonstrate commitment, professional growth and competency by attending required in-services	
Promote the agency philosophy and administrative policies to ensure quality of care	

Statement of understanding: I have read the above job description and essential functions. I understand and agree to carry out these responsibilities as assigned. I understand and acknowledge that nothing contained in this job description may be construed as limiting the employer's right to discipline or terminate my employment at any time for the failure to perform satisfactorily.

Signature: _____ Date: _____

Evaluation codes: 1-Does not meet job requirements/expectations 2-Occasionally meets job requirement 3-Normally meets job requirements 4-Meets and occasionally exceeds job requirements 5-Regularly exceeds job requirements

Comments/Goal:

NO HIGH SCHOOL DIPLOMA

I _____ did not complete high school. Therefore, I do not have a high school diploma or transcript to provide, Texas Healthcare.

Employee Signature _____

Date _____

NO AUTO INSURANCE

618 E. Lamar Street, Royse City, Texas 75189

Phone: 972-635-6666 Fax: 972-635-6667

Employee Name: _____

Phone Number: _____

I do not have auto insurance at this time. I will provide proof of auto insurance as soon as it is obtained.

Employee Signature _____ Date _____

Verified by _____ Date _____

TEXAS PRIME HEALTHCARE, INC.

PCH COMPETENCY CHECKLIST

Do you have experience with this task?		Are you competent in performing the following?		Please indicate if you have experience and if you are competent in each task with an "X" in the appropriate column.		----- On hire ----- Annual review ----- Date		
YES	NO	YES	NO	TASK	SATISFACTORY	NEEDS FURTHER TRAINING	DATE	INITIALS
				I. DRESSING				
				Dressing the client				
				Undressing the client				
				Laying out clothes				
				II. FEEDING, EATING, MEAL PREP				
				Cooking a full meal				
				Warming up prepared food				
				Planning meals				
				Helping prepare meals				
				Cutting client's food for eating				
				Feeding				
				III. BATHING				
				Drawing bath water				
				Assisting in or out of the tub or shower				
				Sponge or bed bath				
				Tub bathing				
				Standby assistance for safety				
				IV. EXERCISE				
				Walking with the client				
				V. GROOMING				
				Shaving				

				Brushing teeth				
				Nail care(non-diabetic)				
				Halr care				
				Hand washing				
				Applying non-prescription lotion				
				VI. SHOPPING				
				Picking up medications				
				Going to store for items needed				
				Storing purchased items				
				VII. ESCORT				
				Accompanying dlient to clinic,doctors office,or location for medical diagnosis				
				Accompanying client outside of home or public transportation;DOES NOT Include direct individual transportation				
				VIII.TRANSFER / AMBULATION				
				Assisting In rising from sitting to standing position				
				Helping client in or out of wheelchair				
				Helping client in or out of bed				
				Adjusting or changing client position in bed or chair				
				Assist in positioning for use of assistive device (i.e. cane, walker, wheelchair)				
				Assisting with ambulation or using step				
				Providing standby assistance for safety				
				IX.TOILETING				
				Changing diapers				
				Assisting with urinal or bedpan				
				Assist with clothing during toileting				

				Assist with toilet hygiene,including toilet paper and washing hands				
				X.CLEANING/LAUNDRY				
				General cleaning clients bathroom				
				Washing clients dishes, refrigerator counter top,and stove top				
				Changing bed linens or making bed				
				Geaning floors				
				Carrying out trash and setting out garbag for pick-up				
				Emptying and cleaning bedside commodes				
				Gathering and sorting laundry				
				Loading and unloading machines at residence or in laundromat				
				Hanging and folding clothe				
				Putting away dothes				
				XI. ASSIST WITH MEDICATIONS				
				Reminding client to take medications				

Attendant name (print): _____

Attendant signature: _____

Evaluator signature: _____

Date of evaluation: _____

ATTENDANT ORIENTATION

Client name: _____

Client member number: _____

Date: _____

Total hours authorized: _____

Attendant (A) _____ In person By phone _____ Hours attended to provide

Attendant (B) _____ In person By phone _____ Hours attended to provide

Has attendant been oriented on how client's conditions affect the performance of tasks? Yes No

Brief summary of client's condition:

Indicate tasks to be performed by checking tasks below: _____

The PHC Program only provides the tasks allowable in the program as described in 547.41 of this chapter (relative to Allowable Tasks) and agreed to on the service delivery plan. (mark all that apply)

<input type="checkbox"/> BATHING <input type="checkbox"/> GROOMING/SHAVING/ORAL <input type="checkbox"/> TRANSFER/AMBULATION <input type="checkbox"/> ESCORT <input type="checkbox"/> EXERCISE/WALKING	<input type="checkbox"/> DRESSING <input type="checkbox"/> HAIR/SKIN <input type="checkbox"/> TOILETING <input type="checkbox"/> SHOPPING	<input type="checkbox"/> MEAL PREPERATION <input type="checkbox"/> ASSIST W/MEDICINE <input type="checkbox"/> CLEANING <input type="checkbox"/> LAUNDRY <input type="checkbox"/> OTHER
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AT LEAST ONE PERSONAL CARE TASK MUST BE AUTHORIZED BY DADS, SCHEDULED AND PROVIDED FOR FC/CAS AND PHC CLIENTS.

Attendant(A) Schedule: Fixed() Variable()*

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
TIME IN								
TIME OUT								
TOTAL PER DAY								

Attendant(B) Schedule: Fixed() Variable()*

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
TIME IN								
TIME OUT								
TOTAL PER DAY								

Attendant instructed to report the following to Supervisor:

- Attendant instructed about client's condition and how it may affect provision of tasks.
- Attendant instructed on tasks to be provided safety and emergency procedures, including universal precautions.
- Attendant instructed to report any known or suspicions of abuse, neglect or exploitation.
- Attendant provided with HIV/Hepatitis education.
- Attendant instructed on complaint procedures.
- Attendant instructed to also report to the supervisor any or all of the following:

- Change in client's condition
- Hospitalization of client Supervisor: Rex Uzzi, Administrator
- Client's absence or relocation Phone: 972-635-6666
- Changes in client's needs
- Client's loss of Medicaid
- Any inappropriate behavior by client
- Attendants' inability to work or schedule change

All attendants have been oriented as described in Chapter 97, Chapter C, of this title relative to minimum standards for all HCSSA and 97.404 of this title relative to standards specific to agencies licensed to provide personal assistance services.

Client's signature _____ Date _____

Agency representative _____ Date _____

Attendant (A) _____ Date _____

Attendant (B) _____ Date _____

EVV TRAINING EFFECTIVE 6/1/2015

It has been explained that effective June 1st 2015, Texas Prime Health and Human Services Commission (HHSC) has mandated agencies to implement a new system of call in/call out.

I acknowledge that as an active Attendant for Texas Prime Healthcare Inc., I have been thoroughly trained on the proper process of using the Vesta EVV call in/call out system.

Within the training, I have been provided the following:

- Printed instructions for both Landline and Token calls.
- List of acceptable Landline phones in order to better assist my client.
- Weekly Service Plan for my client which includes Attendant and Client ID.
- Toll Free number for call in/call out system.

I agree to use the call in/call out system in the manner prescribed by Texas Health and Human Services Commission (HHSC). I also agree that I have been provided material in order to maintain proper compliance.

NO PAY will be given for hours not called. **NO EXCEPTIONS!!**

By signing, I agree that all statements above are true and confirm my understanding of all information provided.

Attendant Printed Name: _____

Attendant Signature: _____ Date: _____

EVV/TOKEN DISCIPLINARY NOTICE

Greetings Attendant,

This is to act as confirmation that you have been made aware of the following information:

The importance of following and executing the State regulated process for Calling In and Calling Out has been repeatedly stated and strongly emphasized. Several phone calls and memos have come from Texas Prime Healthcare staff in order to remind and/or correct absent or improper use of this process. State has now regulated that each agency implements a discipline process for non compliant staff members.

Texas Prime Healthcare was given and **will follow** the following levels of disciplinary acts from Texas Department of Aging and Disability:

First and Second Offence: Verbal Warning

Third Offence: Written Warning

Fourth Offence: Termination

Texas Prime values every staff member, which is why every effort has been taken prior to this rule coming into effect, in order to instruct and In-Service on the proper use of this system.

Please be informed that these are rules put in place by the State, **not** Texas Prime Healthcare, which means it is required for all Texas agencies providing Attendant/Caregiver services.

I, _____ acknowledge and understand the disciplinary acts in the event that I fail to comply with the Calling In and Calling Out process for my attendant shifts with Texas Prime Healthcare, Inc. If there were any questions regarding this process, I addressed them with Texas Prime Supervising staff and received answers and understanding.

Attendant Signature: _____

Date: _____

