



## **H & C NURSING CARE SERVICES EMPLOYMENT PACKET**

**Instructions:** Please save the form after completion, attach it to an e-mail and send it to [employment@hcnursing.com](mailto:employment@hcnursing.com).

# H & C NURSING CARE SERVICES

## EMPLOYEE CHART CHECKLIST

HAVE YOU WORKED WITH H & C NURSING CARE SERVICES BEFORE?      YES      NO

Name:

Date:

	Yes
EMPOLYMENT APPLICATION/RESUME (ALL)	
REFERENCES (ALL)	
JOB DESCRIPTION (ALL)	
HOME HEALTH AIDE SKILLS ASSESSMENT (HHA ONLY)	
HOME HEALTH AIDE PRACTICAL EXAM (HHA ONLY)	
UNIVERSAL PRECAUTIONS QUIZ (HHA, NURSES, THERAPIST)	
W-4 EMPLOYEE FORM (ALL) <a href="https://www.irs.gov/pub/irs-pdf/fw4.pdf">https://www.irs.gov/pub/irs-pdf/fw4.pdf</a>	
EMPLOYMENT STATEMENT OF CONFIDENTIALITY (ALL)	
HEP. B VACCINATION REPORT/DECLINATION (ALL)	
INTERVIEW SUMMARY (ALL)	
EMPLOYEE ORIENTATION (ALL)	
PRE-EMPLOYMENT QUESTIONNAIRE (LICENSED NURSES ONLY)	
LPN/RN SKILLS CHECKLIST (NURSES ONLY)	
LICENSE/CERTIFICATE (ALL)	
POLICE CLEARANCE – (ALL) (MUST BE 45 DAYS OR LESS)	
DRIVERS LICENSE (ALL)	
SOCIAL SECURITY CARD (ALL)	
CPR CARD (ALL)	
IMMIGRATION DOCUMENTS (EXCLUDING CITIZENS BY BIRTH)	
I-9 FORM <a href="https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf">https://www.uscis.gov/sites/default/files/document/forms/i-9-paper-version.pdf</a>	
BACKGROUND CLEARANCE (ALL)	
MUST BE CLEARED OF CHILD ABUSE	
EMPLOYMEE HEALTH EXAMS – (PHYSICAL) (ALL)	
EVALUATION	

**H & C NURSING CARE SERVICES LLC**  
**EMPLOYMENT APPLICATION**

Position Desired:		Date:
Referred Resource:		
Name:		
Address:		
Home Telephone:	Cell:	E-mail:
Social Security Number:	Are you above the age of 18?	Gender:
D.O.B	Marital Status:	U.S. Citizen:
Ethnicity:	U.S. Veteran <i>(if yes status?)</i> :	Status:
Disabled:	Disability Description:	
Emergency Contact:		Relationship:
Address:		Telephone no:

Classification: **RN**    **LPN**    **HHA**    **OT**    **PT**    **OTHER**

License no.	State	Expiration Date
License no.	State	Expiration Date
License no.	State	Expiration Date

Experience Information	No. of years
Medical/Surgical Nursing	
Pediatric Nursing	
Intravenous Therapy	
Home Visits	

Availability: **FT**    **PT**    **Days**    **Evenings**    **Nights**    **Weekends**

Caseload Preferences: **Adults**    **Children**    **Visits**    **Shifts**

*\*If a resume is provided exclude this section attach resume to application sheet\**

**Education**

School Type	Location	No. of Years	Major
High School			
College			
Vocational			

**Employment History**

*Please provide us with your work history for the past five years.*

Name of Company:

Address:

Job Title:

Start Date:

End Date:

Reason for leaving:

Salary:

Can we contact this employer?

Contact Number:

Name of Company:

Address:

Job Title:

Start Date:

End Date:

Reason for leaving:

Salary:

Can we contact this employer?

Contact Number:

Name of Company:

Address:

Job Title:

Start Date:

End Date:

Reason for leaving:

Salary:

Can we contact this employer?

Contact Number:

I certify that my answers are true and complete to the best of my knowledge. I authorize **H & C Nursing Care Service** to make such investigation and inquiries of my personal employment, education, and financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools and individuals from all liability when responding to inquiries in connection with my application.

In the result that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I further understand that **H & C Nursing Care Service** clients' information is strictly confidential and can only be used for the reason it was collected.

Signature of applicant: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**H & C NURSING CARE SERVICES, LLC**

**PREVIOUS/CURRENT EMPLOYMENT**

TO: Name:

Date:

Address:

Tel:

**REFERENCE FORM**

The person listed below has applied to **H & C Nursing Care Service, LLC** for employment. This applicant submitted a name as a former employer for references purposes. We would appreciate your cooperation in replying the questions listed below. Please be assured that your response will be in the strictest confidence. Thank you in advance for courtesy.

\_\_\_\_\_ / \_\_\_\_\_

Signature of applicant/ Initials

\_\_\_\_\_  
H & C NURSING CARE SERVICES REPRESENTATIVE

APPLICANT'S NAME:

SOCIAL SECURITY #:

POSITION HELD:

EMPLOYMENT DATE: (FROM)

(TO)

REASON FOR LEAVING (CHECK ONE)

APPLICANT RESIGNED

APPLICANT WAS A TEMPORARY EMPLOYEE

APPLICANT WAS TERMINATED

WOULD YOU REHIRE?

<b>PERSONAL EVALUATION</b>	<b>ABOVE AVERAGE</b>	<b>SATISFACTORY</b>	<b>NEEDS IMPROVEMENT</b>	<b>POOR</b>
Quality of work				
Quantity of work				
Interest and Enthusiasm				
Ability to relate to patients				
Ability to relate to staff				
Adaptability to change				
Willingness/Ability to float				
Attendance				
Punctuality				
Personal Appearance				

COMMENTS:

SIGNATURE: \_\_\_\_\_ INITIALS: TITLE: DATE:



# H & C NURSING CARE SERVICES, LLC

## PERSONAL REFERENCE

TO: Name:

Date:

Address:

Tel:

### REFERENCE FORM

The person listed below has applied to **H & C Nursing Care Service, LLC** for employment. This applicant submitted a name as a former employer for references purposes. We would appreciate your cooperation in replying the questions listed below. Please be assured that your response will be in the strictest confidence. Thank you in advance for courtesy.

\_\_\_\_\_ / \_\_\_\_\_

Signature of applicant/ Initials

\_\_\_\_\_  
H & C NURSING CARE SERVICES REPRESENTATIVE

APPLICANT'S NAME:

How long have you known this person?

PERSONAL EVALUATION	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	POOR
Ability to relate to people				
Adaptability to change				
Ability to handle stress				

COMMENTS

SIGNATURE (INITIALS): \_\_\_\_\_ (\_\_\_\_\_)

DATE:

## **TITLE OF POSITION: REGISTERED NURSE**

**TITLE OF IMMEDIATE SUPERVISOR: Director of Nursing**

**RISK OF EXPOSURE TO BLOODBORNE PATHOGENS - HIGH**

### **DUTIES**

To provide nursing care in accordance with the patient's plan of care to include comprehensive health and psychosocial evaluation, monitoring of the patient's condition, health promotion and prevention coordination of services, teaching and training activities and direct nursing care.

### **RESPONSIBILITIES**

Coordinate total patient care by conducting comprehensive health and psychosocial evaluation, monitoring the patient's condition, promoting sound preventive practices, coordinating services and teaching and training activities.

Evaluate the effectiveness of nursing service to the patient and family on an ongoing basis.

Perform admission, transfer, re-certification, resumption of care and discharge OASIS for the home care patient.

Prepare and present patient's record to the Clinical Record Review Committee as indicated.

Consult with the attending physician concerning alterations of Patient Care Plans, checks with the appropriate supervisor and makes changes, as appropriate.

Coordinate patient services.

Submit clinical notes no less often than weekly, and progress notes and other clinical record forms outlining the services rendered as indicated.

Submit a tally of patient care visits made each day.

Participate in case conferences, discuss with the supervisor problems concerning the patients and how they may best be handled.

Discuss with the appropriate supervisor the need for the involvement of other members of the health team such as the Home Health Aide, the Physical Therapist, the Speech Therapist, the Occupational Therapist, The Medical Social Worker, etc.

Obtain orders for paraprofessional service and submits a referral to the appropriate personnel.

Participate in the patient's discharge planning process.

Cooperate with other agencies providing nursing or related services to provide continuity of care and to implement a comprehensive care plan.

Participate in staff development meeting.

Continually strive to improve his/her nursing care skills by attending in-service education, through formal education, attendance at workshops, conferences, active participation in professional and related organizations and individual research and reading.

Participate in the development and periodic revision of the physician's Plan of Treatment and processes change orders as needed

Submit clinical notes within seventy-two (72) hours, and progress notes and other clinical record forms outlining the services rendered.

Participate in the patient's discharge planning process.

Maintain an on-going knowledge of current drug therapy.

Adhere to Federal, state and accreditation requirements including Medicare and Medicaid regulations.

May be requested by Director of Nursing to fill in for the other nurses.

### **COORDINATES THE ADMISSION OF A PATIENT TO THE AGENCY**

Conduct an initial and ongoing comprehensive assessment of the patient's needs, including Outcome and Assessment Information Set (OASIS) assessments at appropriate time points.

Obtain a medical history from the patient and/or a family member particularly as it relates to the present condition.
Conduct a physical examination of the patient, including vital signs, physical assessment, mental status, appetite and type of diet, etc.
Evaluate the patient, family member(s) and home situation to determine what health teaching will be required.
Evaluate the patient's environment to determine what assistance will be available from family members in caring for the patient.
Evaluate the patient's condition and home situation to determine if the services of a Home Health Aide will be required and the frequency of this service.
Explain nursing and other Agency services to patients and families as a part of planning for care.
Develop and implement the nursing care plan.
May be requested by the Director of Nursing to fill in for other nurses who are on vacation or sick.
<b>PROVIDES SKILLED NURSING CARE AS OUTLINED IN THE NURSING CARE PLAN</b>
Nursing services, treatments and preventative procedures requiring substantial specialized skill and ordered by the physician.
The initiation of preventative and rehabilitative nursing procedures as appropriate for the patient's care and safety.
Observing signs and symptoms and reporting to the physician reactions to treatments, including drugs, as well as changes in the patient's physical or emotional condition.
Teaching, supervising and counseling the patient and caregivers regarding the nursing care needs and other related problems of the patient at home.
<b>ASSUMES RESPONSIBILITY FOR THE CARE GIVEN BY THE HOME HEALTH AIDE</b>
Supervise and evaluate the care given by the Home Health Aide as needed, and at a minimum of once every 14 days.
Submit to the appropriate department/individual a written evaluations of the Home Health Aides who are providing service to the patients in his/her geographical area.
Participate in periodic conferences with the Home Health Aide supervisor concerning the Aide's performance.
Chart those services rendered to the patient by the staff nurse and changes that have been noted in the patient's condition and/or family and home situation, makes revisions in the nursing care plan as needed, records supervisory visits conducted with the Home Health Aide, evaluates patient care and progress and closes charts of discharged patients.
Evaluate the effectiveness of her nursing service to the individual and family.
Consult with the attending physician concerning alteration of the plan of treatment in consultation with the supervisor.
Submit clinical notes no less often than weekly, and progress notes and other clinical record forms outlining the services rendered as indicated.
Submit a tally of visits made each day.
Participate in case conferences.
Discuss with the supervisor problems concerning the patients and possible resolution.
Discuss with the supervisor the need for involvement of other members of the health team such as the home health aide, physical therapist, speech therapist, occupational therapist, social worker, etc.
Obtain orders for paraprofessional service and submits referral to appropriate personnel.
Provide guidance and supervision to the LPN and supervises the LPN once monthly.
Coordinate total patient care.
Cooperate with other agencies providing nursing or related services to provide continuity of care and to implement a comprehensive care plan.
Participate in staff development meetings.
Participate in the educational experiences for student nurses.

Continually strive to improve his/her nursing care by attending in-service education, through formal education, attendance at workshops, conferences, goal setting, active participation in professional and related organizations and individual research and reading.

Participate in the planning, operation and evaluation of the nursing service.

Participate in the development and periodic revision of the physician's Plan of Treatment and processes change orders as needed.

Participate in the patient's discharge planning.

Submit clinical notes no less often than weekly, and progress notes and other clinical record forms outlining the services rendered as indicated.

Maintain an on-going knowledge of current drug therapy.

Prepare the care plan for the Home Health Aide.

### **JOB CONDITIONS**

Must have a driver's license and be willing and able to drive to patient's residences.

The ability to access patients' homes which may not be routinely wheelchair accessible is required. Hearing, eyesight and physical dexterity must be sufficient to perform a physical assessment of the patient's condition and to perform and demonstrate patient care.

Physical activities will include, walking, sitting, stooping, and standing and minimal to maximum lifting of patients and the turning of patients.

The ability to communicate both verbally and in writing in English is required as frequent communication by telephone and in writing is involved.

### **EQUIPMENT OPERATION**

Thermometer, B/P cuff, glucometer, penlight, hand washing materials.

### **COMPANY INFORMATION**

Has access to all patient medical records, personnel records and patient financial accounts which may be discussed with the Director of Nursing.

### **QUALIFICATIONS**

1. Must be a graduate from an accredited School of Nursing.
2. Must be licensed in Pennsylvania as a Registered Nurse.
3. One or more years of experience in community/home health agency or in a hospital setting is preferred.
4. Must have knowledge of Medicare and Medicaid guidelines.
5. Must have a working knowledge of home health care and the principles and techniques of professional nursing and required documentation that pertains to it.
6. Should be skillful in organization and in the principles of time management and have knowledge of management processes.
7. Must be able to contribute to the quality of care being rendered through constructive communication with nursing managers and staff.
8. Must have a criminal background check.
9. Must have a current CPR certification.

### **ACKNOWLEDGMENT**

EMPLOYEE NAME			
EMPLOYEE SIGNATURE		DATE	

**SKILLS CORE COMPLENCY CHECKLIST FOR REGISTERED NURSES**

Employee Name: \_\_\_\_\_

<b>SCALE</b>	<b>E-EXCELLENT</b>	<b>G-GOOD</b>	<b>F-FAIR</b>	<b>P-POOR</b>
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SKILLS ASSESSED BY OBSERVATION OF ACTUAL PERFORMANCE	COMPETENCY ASSESSMENT CONDUCTED BY A COMPETENCY VALIDATED REGISTERED NURSE								AREAS NEEDING IMPROVEMENT * Employee may not perform task independently until competency established
	E	Date Assessed	G	Date Assessed	F	Date Assessed	P	Date Assessed	
Task									
<b>System Assessments:</b>									
Temperature									
Pulse-Radial and Apical									
Respirations									
Blood Pressure									
Pulse Oximetry									
Weight									
Respiratory									
Cardiovascular									
Digestive/Gastrointestinal									
Endocrine									
Nutrition									
Neurological/Emotional									
Pain									
Musculoskeletal									
Sensory									
Functional Limitations									
Ears/Nose/Throat/Eyes									
Integumentary									
<b>Teaching:</b>									
Disease process									
Diet/Nutrition									
Medication									
Diabetic Management									
<b>Wound Care:</b>									
Sterile									
Non-Sterile									
Wound Vac									
Wound measuring									

**Employee Name:** \_\_\_\_\_

SKILLS ASSESSED BY OBSERVATION OF ACTUAL PERFORMANCE	COMPETENCY ASSESSMENT CONDUCTED BY A COMPETENCY VALIDATED REGISTERED NURSE								AREAS NEEDING IMPROVEMENT * Employee may not perform task independently until competency established
Task	E	Date Assessed	G	Date Assessed	F	Date Assessed	P	Date Assessed	
Patient Care:									
Venipuncture/Lab Draws									
Specimen collection									
Catheter Care									
Foley Insertion									
Replace Suprapubic									
Care of G-tube									
Blood Glucometer use									
Care of JP drain									
Suture removal									
Staple removal									
Incentive Spirometry									
Colostomy care									
Ileostomy care									
Ileal conduit care									
Cast care									
Use of splints									
Safe transfer techniques									
Use of assistive devices:									
Walker									
Cane									
Wheelchair									
Crutches									
Medication Administration:									
Oral									
Intramuscular									
Subcutaneous									
Eye drops									
Ear drops									
Nose drops									
Enteral feedings									
Inhaled medications									
Oxygen therapy									
Nebulizer therapy									
IV Therapy (if applicable refer to Infusion Nurse competency checklist)									

SKILLS ASSESSED BY OBSERVATION OF ACTUAL PERFORMANCE	COMPETENCY ASSESSMENT CONDUCTED BY A COMPETENCY VALIDATED REGISTERED NURSE								AREAS NEEDING IMPROVEMENT * Employee may not perform task independently until competency established
	Task	E	Date Assessed	G	Date Assessed	F	Date Assessed	P	
Infection									
Universal Precautions									
Hand Washing									
Bad Technique									
Glove use									
Biohazard waste									
Sharps disposal									
Specimen transport									
Documentation:									
Admission paperwork									
Care Plan development									
Visit notes									
Supervisory visits:									
LPN									
CNA									
CMT									

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Comments:

# CONFIDENTIAL AGREEMENT

The nature of services provided by  
(Company) requires information to be handled in a private, confidential manner.

Information about our business or our employees or clients will only be release to people or agencies outside the company with our written consent. Following legal or regulatory guidelines provide the only exceptions to this policy. All reports, memoranda, notes, or other documents will remain part of the company's confidential records.

The names, address, phone numbers or salaries of our employees will only be released to people authorized by the nature of their duties to receive such information and only with the consent of management or the employee

The undersigned employee agrees to abide by this confidentiality agreement.

_____ Employee	_____ Initials	_____ Date
_____ Witness	_____ Initials	_____ Date



## HEPATITIS B VIRUS (HBV) VACCINATION CONSENT

I understand that, due to the occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed of the importance to be vaccinated with hepatitis B vaccine. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis b which is a serious disease.

I know it's my own responsibility to get three doses of hepatitis b vaccine

Name of employee:

Signature: \_\_\_\_\_ Initials:

# H & C NURSING CARE SERVICES, LLC

## *Face to Face Interview Summary Sheet*

Date of interview:

Position desired:

Name of Applicant:

### OBSERVATION

YES

NO

Punctual for appointment		
Application legibly completed		
Good communication skills		
Appropriately dressed		
Job experience meets requirements		
Starting salary discussed		
Understands work schedule		
Understand overtime policy		
Understand late notes policy		
Professional references completed		
Personal references completed		
Pre-employment requirements completed		

Available for:    Full-time    Part-Time

Wages:                      Hourly Rate is \$

Benefits:    Offered    not offered

Immediate Supervisor:

Signature of Employee: \_\_\_\_\_ Initials: \_\_\_\_ Title:                      Date:

Signature of Interviewer: \_\_\_\_\_ Initials: \_\_\_\_ Title:                      Date:

**NUMBER: 1230**

**SUBJECT: EMPLOYEE ORIENTATION**

**APPROVED BY:**

**TITLE:**

**EFFECTIVE DATE:**

**DATE REVIEWED:**

#### POLICY STATEMENT

Each employee of the agency who provides direct care, supervision of direct care, or management of services for **H & C Nursing Care Services**, shall complete an orientation to the agency and the home care services provided to clients.

#### SPECIAL INSTRUCTIONS

Orientation for all employees shall include:

1. Overview of agency mission, operation, and services
  - a. Goals, philosophy, and objectives
  - b. Medicare and Medicaid regulations
  - c. Organizational structure
  - d. Various disciplines (personnel within each)
  - e. Overview of functions and coordination between services
  - f. Contract agreement, if applicable
  - g. Principles and responsibilities related to quality improvement
2. Agency personnel policies
3. Orientation to clinical and written procedures
4. Infection Control/OSHA Blood borne Pathogen Policies, TB Education, and HBV Vaccine.
5. Advance Directives/DNR-DNI/Procedures regarding death and dying.
6. Types of care or service to be delivered in clients home
7. Home safety issues including bathroom, fire, environmental, and electrical safety
8. Storage, handling and access to supplies, medical gases, and drugs in relationship to services
9. Hazardous material/waste management

10. Confidentiality of client information
11. Applicable/available community resources
12. Appropriate actions in unsafe situations
13. Any specific test to be performed by staff
14. Infield Experience
15. Licensed staff will complete a basic skill test with a 70% passing grade before providing client care.

Specific skills will be tested and observed by qualified individuals before the new employee is allowed to perform specialty services.

Home Health Aides will complete competency testing before providing a client with care.

EMPLOYEE SIGNATURE: \_\_\_\_\_ INITIALS:      DATE:

# H & C Nursing Care Services, LLC

## TO ALL EMPLOYEES

I \_\_\_\_\_ understand that if I am not at my place of work (with my client) during my shift, it is considered patient's negligence which will result to **TERMINATION** of my duties.

Name:

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

H & C Representative Name:

H & C Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Employment Separation Notification**

**At least a 30 day notification is required for any reason of employment separation**