

CHADON HEALTH SERVICES, INC.

2180 Satellite Blvd, Ste.400, Duluth, GA 30097

Phone: (770) 575-0547 • Fax: (404) 420- 2139 www.chandonhealth.com

New Hire Requiremerits

Employee Name:

D a t e

K Current GA Driver's License K

Current GA RN/LPN/CNA License

S Physical with TB Test Results completed within the last 3 months IE CPR Certification
completed within the last 12 months E First Aid Certification completed within the last 12 months

E Criminal Background Check pulled within the last 3 months

E Social Security Card E Voided Check/Direct

Deposit Account Info

Please make sure that you allow your interviewer to make copies of the above items before leaving today. Any item that you do not have with you at this time please discuss with your interviewer before you leave our office today so arrangements can be made to obtain these items. Please be aware that if you do not have these items on file we cannot allow you to see patients until received.



CHADON HEALTH SERVICES, INC.

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Employee Information Form

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Alternate Phone: ()

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: Marital Status: _____

Spouse's Name: _____

Spouse's Employer: Spouse's Work Phone: ()

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: () Alternate Phone: ()

Relationship: _____

Service	Area	&	Availability
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Service Area: _____

Availability:

H Sunday	H Monday	H Tuesday	H Wednesday	H Thursday	H Friday	H Saturday
from: _____	from: _____	from: _____	from: _____	from: _____	from: _____	from: _____
to: _____	to: _____	to: _____	to: _____	to: _____	to: _____	to: _____

Job Information (OFFICE STAFF WILL COMPLETE)

Title: _____

Supervisor: _____

Work Location: _____

E-mail Address: _____

Start Date: _____

Salary: \$ _____

CHADON HEALTH SERVICES, INC.

APPLICANT INFORMATION

Date

Last Name	First	M.I.
Street Address		Apt/Unit #
City	State	Zip Code
Phone	Alternate Phone	
Email Address	Soc Sec No.	
Date Available	Desired Salary	
Position(s) Sought	<input type="checkbox"/> Full Time <input type="checkbox"/> EH Part Time <input type="checkbox"/> EH On-Call	
Are you legally eligible for employment in the United States?		EH Yes EH No
Are you over the age of 18?		EH Yes 1 1 No
If you are offered a position, you will be required to provide documentation to verify eligibility.		
Have you ever worked for Chadon Health Services, Inc. ?	EH Yes EH No	If yes, when?
Have you ever been convicted of a crime other than a minor traffic offense?	LH Yes LH No	ff yes, explain
A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.		

EDUCATION AND TRAINING

High School		Address (City, State)	
From	To	Did you graduate? EH Yes EH No	Diploma? Yes No GED? <input type="checkbox"/> Yes EH No
College/Technical School		Address (City, State)	
From	To	Did you graduate? EH Yes EH No	Degree/Major
Other School		Address (City, State)	
From	To	Did you graduate? EH Yes EH No	Degree/Major
Professional License/Membership Type			
State & Number		Expiration Date	
Professional License/Membership Type			
State & Number		Expiration Date	
Please list any additional training, education or skills			



CHADON HEALTH SERVICES, INC.

EMPLOYMENT APPLICATION

PREVIOUS EMPLOYMENT (Must show a minimum of 5 years employment history.) Please list most recent employment first, including military experience.

Company			Address		
Phone			Position Held		
Dates of Employment (mo/yr) From			To		
Immediate Supervisor					
Department	<input type="checkbox"/> FT <input type="checkbox"/> PT	Hrs/wk	Beg Salary	End Salary	
Duties					
Reason for Leaving			May we contact this employer? EH Yes EH No		
Company			Address		
Phone			Position Held		
Dates of Employment (mo/yr) From			To		
Immediate Supervisor					
Department	<input type="checkbox"/> FT <input type="checkbox"/> PT	Hrs/wk	Beg Salary	End Salary	
Duties					
Reason for Leaving			May we contact this employer? EH Yes EH No		
Company			Address		
Phone			Position Held		
Dates of Employment (mo/yr) From			To		
Immediate Supervisor					
Department	<input type="checkbox"/> FT <input type="checkbox"/> PT	Hrs/wk	Beg Salary	End Salary	
Duties					
Reason for Leaving			May we contact this employer? EH Yes EH No		
Company			Address		
Phone			Position Held		
Dates of Employment (mo/yr) From			To		
Immediate Supervisor					
Department	<input type="checkbox"/> FT <input type="checkbox"/> PT	Hrs/wk	Beg Salary	End Salary	
Duties					
Reason for Leaving			May we contact this employer? EH Yes EH No		
Please explain any gaps in your employment history					
Have you ever been discharged or asked to resign from a position? EH Yes EH No					
If yes, please explain					
Please describe any additional relevant work experience					

Name	Relationship
Company	Phone
Email Address	Years Known
Name	Relationship
Company	Phone
Email Address	Years Known
Name	Relationship
Company	Phone
Email Address	Years Known

CHADON HEALTH SERVICES, INC.
EMPLOYMENT APPLICATION

REFERENCES

Please list three professional references.

APPLICANT CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Chadon Health Services, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Chadon Health Services, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Chadon Health Services, Inc. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Date

Applicant Signature



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EMPLOYMENT/INDEPENDENT CONTRACTOR AGREEMENT

This Employment/Independent Contractor Agreement (Agreement) is entered into this _____ day of _____ year _____, by and between Chadon Health Services, Inc., located at 2180 Satellite Blvd, Ste. 400, Duluth, Ga 30097 referred to as in Agreement as "CHS", and _____, Employee/Independent Contractor _____, located at _____, and working under IE E1N _____ or E Social Security Number _____, in consideration of the mutual promises made herein, as follows:

ARTICLE 1. TERM OF AGREEMENT.

Section 1.1 TERM. This Agreement will become effective on _____ and will continue in effect until: _____.

Section 1.2 TERMINATION. The company may terminate Employee's/Independent Contractor's employment/contract with or without cause at any time and the employee may resign at any time, with or without advance notice, subject to the rights and obligations of the parties under this agreement.

ARTICLE 2. RESPONSIBILITIES OF EMPLOYEE/INDEPENDENT CONTRACTOR:

Section 2.1 REQUIREMENTS. Employee/Independent Contractor will provide and maintain current evidence of the following:

- ☐ Current Professional State license/registration and/or certification, to comply with state law.
- ☐ Current CPR certification, to comply with state law.
- ☐ Current First Aid certification, to comply with state law.
- ☐ Current physical completed within the last 12 months, to comply with state law.
- ☐ Current TB skin test or chest X-ray with negative results for TB, Criminal Background Check, and professional references.
- ☐ Certificates of completion on current OSHA and HIPPA training.
- ☐ Current skills competency which can include (I) written exam; (II) skills checklist; (III) verified work history.

Section 2.2 SERVICES. The Employee/Independent Contractor agrees to:

- ☐ Perform necessary duties to maintain a safe, comfortable, and secure environment for patients of CHS.
- ☐ Prioritize the specific needs of CHS patients accordingly.
- ☐ Assist CHS patients with activities of daily living, such as but not limited to: bathing, dressing, grooming, nail care, oral hygiene, light housekeeping, errands, etc.
- ☐ Provide adequate care to CHS patients as directed by CHS nursing staff.
- ☐ Accurately observe, recognize, and communicate any changes in CHS patients immediately to nursing staff.
- ☐ Comply with Standard Precautions and OSHA Guidelines (i.e. MRSA contact, respiratory) as necessary, Infection Control.
- ☐ Comply with ALL CHS policies and procedures to include but not limited to: ALL Federal, State, Local & Medicaid policies and procedures.



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Comply with all CHS policies, procedures, and protocols as detailed in Employee/Independent Contractor Orientation.

Employee/Independent Contractor will determine the method, details, and means of performing the above- described services, and will keep Company informed of any issues, concerns, risks, and emergencies. Failure to do so can result in immediate termination of this Employment/Independent Contractor Agreement, legal action and/or imprisonment based on the offense. CHS will prosecute, to the fullest extent of the law, ALL persons that violate the rights of CHS patients and/or staff.

Section 2.3 CONDUCT. The conduct and control of the work to be performed by the Employee/Independent Contractor under this Agreement rest exclusively with Employee/Independent Contractor. The Employee/Independent Contractor shall perform services for CHS in accordance with ethical standards applicable and customary to the industry and profession, and at no time will mislead patients or clients, or conduct him or herself in a way that could potentially be damaging to CHS, its reputation, or its staff. Notwithstanding the foregoing, Employee/Independent Contractor shall make his or her best faith effort to comply with all of CHS's Company policies, philosophies, standards, guidelines, and procedures in effect, and shall comply with the highest ethical and business practices and procedures in the performance of activities and services pursuant to this Agreement. Any acts to the contrary will result in immediate termination of the agreement. During employment/contract with the company, the employee/independent contractor may have access to the company's and its affiliates' intellectual property, along with confidential, proprietary and trade secret information. It is desirable and in the best interest of the company to protect its intellectual property and to protect the confidential, proprietary and trade secret information of the company and its affiliates. Employee/Independent Contractor acknowledges, consents, and agrees that employment/contract with the company depends on among other things, employee's willingness to agree to and to abide by the covenants contained in this agreement. For purposes of this agreement, inventions includes any and all new or useful art, discovery, improvement, technical development or invention, whether or not patentable and all related know how, designs, masks, works, trademarks, formulae, processes, manufacturing techniques, trade secrets, ideas, art works, software, source code, whether or not copy writable or patentable, work that employee/independent contractor solely or jointly with others, makes, conceives, or reduces to practice within the scope of employee's work for company under this agreement employee/independent Contractor agrees to promptly disclose every invention to the company. Employee/Independent Contractor hereby assigns and agrees to assign to company or its designee employee's entire right, title and interest worldwide in all such inventions and any associated property rights or intellectual property rights to the company. Any and all inventions developed, in whole or in part by the employee, during the course of employee's employment with the company are the sole and exclusive property of the company. Employee agrees to execute upon the company's request a signed transfer of copyright and/or patent to the company for all inventions subject to copyright and/or patent protection including computer programs, notes, sketches, drawings, reports, merchandising, software programs, software codes, source codes, specifications and methodologies. Employee agrees to assist the company in any reasonable manner to obtain and enforce for company's benefit, patents, copyrights, masks works, and other property rights in any and all countries, and employee agrees to execute, when requested, patent, copyright or similar applications and assignments to company and any other lawful documents deemed necessary by company to carry out the purpose of this agreement. In the event that company is unable for any reason to secure employee's signature to any document required to apply for or execute any patent, copyright, or other application in respect to any invention (including improvements, renewals, extensions, continuations, divisions, or continuations or part thereof), or any copyright, employee hereby irrevocable designates and appoints company and its duly authorized officers and agents as the employee's agents and

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attorney in fact to act for and in employees behalf, and instead of employee to execute and fde any and all such applications and to do all other lawfully permitted acts to further the prosecution and issuance of patents, copyrights, masks works, or other rights thereon with the same legal force and effect as if executed and signed by the employee.

Section 2.4 CONFIDENTIALITY. Employee/Independent Contractor shall not use to their own advantage or the advantage of any other person, business or entity, except as specifically provided in this Agreement, either during their association or at any time thereafter, any information gained for or from business, files, patient/client records, and/or records of CHS. Employee/Independent Contractor shall maintain all Confidential Information disclosed to Employee/Independent Contractor hereunder by CHS in strict confidence. This confidential obligation and all restrictions imposed upon Employee/Independent Contractor by this Agreement shall not extend to information which (a) is or becomes part of the public domain through no fault of Employee/Independent Contractor; or (b) that Employee/Independent Contractor can prove was in Employee/Independent Contractor's possession prior to the time it was acquired hereunder; or (c) is received by Employee/Independent Contractor from a third party rightfully in possession of the information and having no direct or indirect obligation to EHCS with respect to the information. Employee/Independent Contractor shall take at least the same precautions to protect the confidential information imparted to it by CHS as Employee/Independent Contractor would to protect valuable confidential information originating with Employee/Independent Contractor. Employee/Independent Contractor agrees that all documents, drawings and writings of any kind provided to Employee/Independent Contractor by CHS are the sole property of CHS and/or its patients/clients. Employee/Independent Contractor acknowledges that such information is proprietary, and that in the event of an unauthorized disclosure and/or use of such information; significant damages may be incurred or suffered by CHS. Employee/Independent Contractor will destroy all copies of the confidential information once it is no longer required by them to perform work for CHS, or as directed by CHS. Employee/Independent/Independent Contractor is expected to comply with ALL HIPPA guidelines & regulations. "Confidential information" as used in this agreement shall mean amend all technical and nontechnical information including patent, copyright, trade secret, proprietary information, techniques, sketches, drawings, models, inventions, know-how, processes, apparatuses, equipment, algorithms, software programs, software source documents, software codes, source codes, and formulae related to current, future, and proposed products and services of the company, its suppliers and customers, and includes, without limitations, all information concerning research, experimental work, development, designs, details and specifications, engineering, financial information, accounting, procurement requirements, purchasing, manufacturing, customer lists, business forecasts, sales, and merchandising, marketing plans, business policies, practices and methodologies, of the company. Confidential information described hereinabove, also includes proprietary or confidential information of any third party who may disclose such information to the company or employee in the course of company's business. Employee will use the confidential information solely to perform employee's employment for the benefit of the company. Employee will immediately give notice to the company of any unauthorized use of disclosure of the confidential information and employee agrees to assist the company in remedying any such unauthorized use or disclosure of any confidential information. During employment with the company, and at all times thereafter, the employee shall not divulge, furnish or make accessible to anyone or use in any way other than in the ordinary course of the business of the company and its subsidiaries and affiliates any confidential, proprietary or secret knowledge or information of the company or any of the company's affiliates that employee has acquired or shall acquire during employment with the company, whether developed by employee or anyone else, concerning (a) any trade secrets of the company, and/or its affiliates, (b) any confidential, proprietary or secret designs, processes, formulae, plans, devices or materials (whether or not patented or patentable or whether or not copyrighted or copyrightable) directly



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or indirectly useful in any aspect of the business of the company and/or its affiliates, (c) any customer or supplier lists of the company and/or its affiliates, (d) any confidential, proprietary or secret development or research work of the company and/or its affiliates, (e) any strategic or other business, marketing or sales plans of the company and/or its affiliates, (f) any financial data or plans respecting the company and/or its affiliates, or (g) any other confidential or proprietary information or secret aspects of the business of the company and/or its affiliates. Employee acknowledges that the above described knowledge and information constitutes a unique and valuable asset of the company and/or its affiliates, as applicable, and represents a substantial investment of time and expense by the company and/or its affiliates, as applicable, and that any disclosure or other use of such knowledge or information other than for the sole benefit of the company and/or its affiliates, as applicable, would be wrongful, and would cause irreparable harm to the company and/or its affiliates, as applicable. Employee shall refrain from any acts or omissions that would reduce the value of such knowledge or information to the company and/or its affiliates, as applicable. During employee's employment with the company and consistent with employee's duties and obligations to the company, employee shall disclose to company any business opportunity that comes to employee's attention during employee's employment with company and that relates to business of company or its affiliates, or otherwise arises as a result of employee's employment with the company, and (b) not take advantage of or otherwise divert such opportunity for employee's own benefit or that of any other person or entity without prior written consent of company. During employee's employment and for a period of **five (5) years** following the date of any voluntary or involuntary termination of employee's employment, employee agrees not to, directly or indirectly contact, solicit, divert, or call upon with the intent of doing business with the customers or clients of company, including prospects of company with whom employee had any contact, if the purpose of that activity is either (1) to solicit such customers or clients or prospective customers or clients for a competitive business, or (2) to otherwise encourage any such customer or client to discontinue, reduce, or adversely alter the amount of its business with company. Employee acknowledges that due to employee relationship with company, employee will or may develop special contacts and relationships with company's customers, clients, and perspective customers or clients, and that it would be unfair and harmful to company if employee took advantage of these relationships in a competitive business. A competitive business is any enterprise which is substantially similar to or identical to the business of the company or its otherwise in competition with the company. During employee's employment and for a period of **five (5) years** following the date of a voluntary or involuntary termination of employee's employment, employee covenants and agrees that an employee shall not directly or indirectly: (a) solicit, recruit, or hire (or attempt to solicit, recruit, or hire) or otherwise assist anyone in soliciting, recruiting, or hiring any employee or independent contractor of company who performs or performed work for company within the last five years of employee's employment with company or (b) otherwise encourage, solicit or support any employee or independent contractor to leave their employment with company. For a period of **five (5) years** from the date of any voluntary or involuntary termination of employee's employment with company, employee agrees that he or she shall not directly or indirectly as a partner, stockholder, member, employee, proprietor, consultant, joint venture, investor or in any other capacity engage in, or own or manage, operate, or control or participate in the ownership, management, operation, or control of any business or entity that engages anywhere within a **fifty (50) mile radius** of 2180 Satellite Blvd, Ste. 400, Duluth, Gwinnett County, Georgia, 30097, in any business that is in direct or indirect competition with the company's business, without company prior written consent, which said consent shall be in company's sole discretion. Employee furthermore shall not provide assistance of any type whatsoever to any other person or entity who wishes to engage in such competitive activities during this time frame. Employee further agrees that during said time frame, employee will not lend credit or money for the purpose of establishing or operating any such competitive business and that employee will not in his or her own behalf or on behalf of any other person or business entity, hire or solicit for hiring an



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employee of company to work in a business that is in competition in any manner with company, and that employee will not furnish consultation or advice to any such competitive business and will not permit his or her name to be used in connection with any such competitive business without company's prior written consent, which said consent shall be in company's sole discretion For a period of five (5) **years** upon any voluntary or involuntary termination of employee's employment with company, employee shall not directly or indirectly as a partner, stockholder, member, employee, proprietor, consultant, joint venture, investor or in any other capacity, solicit or attempt to solicit or take any actions calculated to persuade (or that could otherwise reasonably be expected to cause) any person who is or who has been a customer, supplier, distributor, licensor, licensee, sales representative, sales agent, consultant or any other business relation of the company to cease doing business with, or to alter or limit its business relationship with, the company. Neither shall employee take any action designed or intended to have the effect of discouraging any customer, supplier, distributor, licensor, licensee, sales representative, sales agent, and consultant nor has any other business relation of the company from maintaining the same business relationships with the company after employee's relationship with the company terminated. Neither shall employee criticize, defame, denigrate, or disparage the company or its respective stockholders, officers, directors, affiliates, agents, representatives, attorneys, employees, or successors in interest whether past, present or future. Employee hereby acknowledges and recognizes that this agreement is necessary for the protection of the legitimate business interest of the company; that the scope of this agreement in time, geography and types and limitations of types of activities restricted is reasonable; that employee has no intention of competing with company within the area and the time limits set forth hereinabove.

Section 2.5 TOOLS AND EXPENSES. Employee/Independent Contractor will supply all tools, equipment, and supplies required to perform the services under this Agreement. CHS will not reimburse Employee/Independent Contractor for expenses incurred in connection with providing services pursuant to the Agreement. Should Employee/Independent Contractor borrow CHS equipment or supplies, Employee/Independent Contractor understands that said equipment or supplies, in same working condition as was leant to Employee/Independent Contractor, must be received by CHS before final payment for services will be released. If said equipment or supplies, in same working condition as was leant to Employee/Independent Contractor, is not returned within 14 days from last date of services, Employee/Independent Contractor agrees that CHS will deduct the amount equal to unreturned or damaged equipment or supplies from Employee/Independent Contractor final payment for services will be released.

Upon any voluntary or involuntary termination or employee's employment with company or at any time upon request of the company, employee agrees to immediately return to company all property of or relating to the company, and its affiliates, including, but not limited to, all documents, equipment, supplies, electronic files, client related and other records, notes, materials, computer generated or computer retrievable data, other data, computer disks, software, source codes, or other tangible or intangible things that may or may not relate to or otherwise comprise or contain confidential information or trade secrets, that employee created, used, possessed or maintained while working for company, from whatever source and whenever created, including all reproductions, excerpts thereof, all of which the employee acknowledges are the property of the company. This provision applies to, but is not limited to, business calendars, rolodexes, client lists, contact sheets, computer programs, cell phones, personal digital assistants, disks, and their contents, and like items or information and even though they may contain some personal matters of employee. Employee expressly agrees that company, upon termination of employee's employment, or any time upon request of company, may have access to or review any computer utilized by employee at least in part for company's business, whether owned by the employee or the company, to determine if there is any business related information thereon, and company may require that any such



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information be totally deleted and wiped clean if it determines that such is in the best interest of the company.

Section 2.6 WORKER'S COMPENSATION . Employee/Independent Contractor agrees to provide their own Worker's Compensation insurance and agrees to hold harmless and indemnify CHS and their patients/clients for any and all claims arising out of any injury, disability, or death.

Section 2.7 INSURANCE. Employee/Independent Contractor agrees to maintain a policy of insurance in the minimum **amount of \$1,000,000/occurrence & \$3,000,000/aggregate** to cover any negligent acts committed by Employee/Independent Contractor during the performance of duties under this Agreement. Employee/Independent Contractor further agrees to hold CHS free and harmless from any and all claims arising from any such negligent act or omission.

Section 2.8 COMPENSATION. In consideration for the services to be performed by Employee/Independent Contractor, CHS agrees to pay Employee/Independent Contractor the sum of (_____ dollars) § per visit H per hour, upon completion of the work to be performed. Employee/Independent Contractor will provide CHS with weekly timesheets detailing duties performed. CHS may require Independent Contractor to provide invoices to CHS via fax, email, direct mail, or in person, detailing duties performed. CHS will pay/withhold no taxes from Independent Contractor compensation.

Section 2.9 ASSIGNMENT. Neither this Agreement nor any duties or obligations under this Agreement may be assigned by CHS or Employee/Independent Contractor without the prior written consent of Employee/Independent Contractor and CHS .

Section 2.10 TERMINATION OF AGREEMENT. Notwithstanding any other provisions of this Agreement, either party hereto may terminate this Agreement at any time by giving thirty (30) days written notice to the other party.

Section 2.11 NOTICES. Any notices to be given hereunder by either party to the other may be effected either by personal delivery, email or by mail, registered or certified, postage prepaid with return receipt requested. Mailed notices shall be addressed to the parties at the addresses appearing in the introductory paragraph of this Agreement, but each party may change that address by written notice in accordance with this paragraph. Notices delivered personally shall be deemed communicated as of the date of actual receipt; mailed notices shall be deemed communicated as of three (3) days after the date of mailing.

Section 2.12 ACCEPTING ASSIGNMENTS. While Chadon Health Services, Inc. is a home health agency and not a staffing agency, due to the nature of the home health industry, most of the positions at Chadon Health Services, Inc. are PRN positions. This includes PCA, CNA, LPN, and RN positions. Since PRN positions are based on client needs, they are not guaranteed and the schedule may change at any time.

Assignments are given to those who have completed Chadon Health Services, Inc. Orientation, have current credentials on file in our office, are in good standing with the company and who have followed the proper protocol for requesting assignments. You have the ability to either accept or deny an offered assignment with our agency; however, denial of assignment with our agency may result in the denial of unemployment insurance benefits.



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Section 2.13 REQUESTING ASSIGNMENTS. Employees may request assignments by calling our main office at 770-575-0547 Monday-Friday during the hours of 9:00 AM-5:00 PM or emailing us at info@chandonhealth.com. An employee's failure to properly request new assignments may result in the denial of their unemployment insurance benefits.

ARTICLE 3 AGREEMENT:

Section 3.1 ENTIRE AGREEMENT. This Agreement supersedes any and all other agreements, either oral or in writing, between the parties hereto with respect to the performance of services by Employee/Independent Contractor for CHS, and contains all of the covenants and agreements between the parties with respect to the rendering of such services in any manner whatsoever. Each party to this Agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing signed by the party to be charged. The parties covenant and agree that the provisions contained in this agreement are reasonable and are not known or believed to be in violation of any federal, state, or local law, rule, or regulation. In the event that a court of competent jurisdiction finds any provision herein or any part thereof, to be illegal or unenforceable the parties agree that the court shall modify the provisions or any part thereof to make the provision, or any part thereof and this agreement valid and enforceable. Any illegal or unenforceable provision or any part thereof, or any modification by any court, shall not affect the remainder of this agreement, which shall continue at all times to be valid and enforceable. This agreement constitutes the entire understanding between the parties regarding the subject matters addressed herein and supersedes any prior oral or written agreements, promises, representations, warranties or inducements between or by the parties in regard thereto. This agreement may be amended or modified only by a written instrument, duly executed by each party hereto. No breach of any covenant, agreement, warranty or representation shall be deemed waived unless expressly waived in writing by the party who might assert such breach. No waiver of any right hereunder shall operate as a waiver of any right or of same or similar rights on another occasion. Employee acknowledges, agrees and consents that employee has had an opportunity to read, review, and consider the provisions of this agreement and that employee has in fact read and does understand such provisions, and that employee has voluntarily entered into this agreement without any duress, coercion, or undue influence of any kind. In the event that it is necessary for company to employ legal counsel to represent it or present its claims for damages, injunctions, specific performance, or recovery of money as against employee by reason of this agreement or breach of any of the terms or provisions hereof, employee shall pay in addition to such sums as may be due or for such other relief to which company may be entitled, actual legal fees and expenses incurred by company for company's legal counsel and other costs related to such action. Employee agrees that any subsequent change in employee's title or relationship with the company will not affect in any respect the validity or enforceability of this agreement. Employee further agrees that this agreement shall be binding upon employee whether he or she is an employee or an independent contractor for company, the intention of both parties being that all provisions relating to employment of employee as an employee of the company shall apply with equal force to engagement of the employee as an independent contractor of company.

Section 3.2 PARTIAL INVALIDITY. If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions shall nevertheless



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continue in full force without being impaired or invalidated in any way. Employee further covenants employee will not challenge the reasonableness, enforceability of any of the restrictive covenants set forth in this agreement. Notwithstanding the foregoing, if any court of competent jurisdiction determines that any of the covenants or agreements contained herein are any part thereof are unenforceable, because of the character, duration, geographic scope of such provision, such court shall have the power to reduce the duration or scope of such provision as the case may be, and in its reduced form, such provision shall then be enforceable to the maximum extent permitted by applicable law.

Section 3.3 GOVERNING LAW. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia. This agreement is executed within the State of Georgia, and shall be governed by the laws of the State of Georgia, without regard to the conflicts of law's provisions of this state. Furthermore, employee hereby consents to, acknowledges, and agrees to personal jurisdiction for the purpose of any action by company to enforce this agreement or recover damages for the breach thereof or for any equitable relief requested, in the Superior Court of Carroll County, Georgia.

Section 3.4 CONSEQUENCES OF BREACH Should employee/independent contractor be found in breach of this agreement, you agree to pay to CHS the amount of **fifteen thousand dollars (\$15,000.00)** plus, in the event that it is necessary for CHS to employ legal counsel to represent it or present its claims for damages, injunctions, specific performance, or recovery of money as against employee/independent contractor by reason of this agreement or breach of any of the terms or provisions hereof, employee/independent contractor shall pay in addition to such sums as may be due or for such other relief to which company may be entitled, actual legal fees and expenses incurred by company for company's legal counsel and other costs related to such claim, all legal fees incurred by CHS. Also, should any employee be found in breach of this agreement, unemployment insurance benefits can be denied.

Having read and knowingly and voluntarily entered into this agreement, the parties have affixed their hands and seals as of the date written above.

CHS Representative Printed Name
Chadon Health Services, Inc.

Employee/Independent Contractor Printed Name

CHS Representative Signature
Employee/Independent Contractor Signature

Date

Date



CHADON HEALTH SERVICES, INC

**Please complete the information below and return to Human Resources.
Please attach a copy of your voided check.**

I authorize Chadon Health Services , Inc. to initiate electronic credit entries of each of my contractor payments or paychecks, to my:

checking account (or)

savings account

I acknowledge that the origination of CHS transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

One change per year is allowed for direct deposit information.

PRINTED NAME SIGNATURE

Date

FINANCIAL INSTITUTION NAME (PLEASE PRINT). ACCOUNT NUMBER AT FINANCIAL INSTITUTION
FINANCIAL INSTITUTION ROUTING NUMBER _
FINANCIAL INSTITUTION CITY AND STATE

Separate Accounts

Primary Account

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____
ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____
FINANCIAL INSTITUTION ROUTING NUMBER _____
FINANCIAL INSTITUTION CITY AND STATE _____
AMOUNT/PERCENTAGE BEING DEPOSITED _____

Secondary Account

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____
ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____
FINANCIAL INSTITUTION ROUTING NUMBER _____
FINANCIAL INSTITUTION CITY AND STATE _____
AMOUNT/PERCENTAGE BEING DEPOSITED _____



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BASIC UNDERSTANDING OF PRN (As Needed) EMPLOYMENT

While Chadon Health Services, Inc. is a home health agency and not a staffing agency, due to the nature of the home health industry, most of the positions at Chadon Health Services, Inc. are PRN positions. This includes PCA, CNA, LPN, and RN positions. Since PRN positions are based on client needs, they are not guaranteed and the schedule may change at any time.

ACCEPTING ASSIGNMENTS

Assignments are given to those who have completed Chadon Health Services, Inc. Orientation, have current credentials on file in our office, are in good standing with the company and who have followed the proper protocol for requesting assignments. You have the ability to either accept or deny an offered assignment with our agency; however, denial of assignment with our agency may result in the denial of unemployment insurance benefits.

REQUESTING ASSIGNMENTS

Employees may request assignments by calling our main office at 770-575-0547 Monday-Friday during the hours of 9:00 AM-5:00 PM or emailing us at info@chadonhealth.com . Failure to properly request new assignments may result in the denial of unemployment insurance benefits.

STATEMENT OF UNDERSTANDING

I, _____, have read and understand the above given information. I am fully aware of how to request assignments with Chadon Health Services, Inc. and failure to follow proper company protocol can result in the denial of my unemployment insurance claim benefits.

Employee Printed Name

Company Representative Printed Name/Title

Employee Signature

Company Representative Signature

Date Signed

Date Signed



Chadon Health Services, Inc.

RN/LPN SKILLS CHECKLIST

Name:

Please complete the following checklist relative to your professional experience. Be assured this checklist will be used in assessing your clinical proficiency in certain areas.

Levels of Experience A - No experience B - Intermittent experience C - One year consistent experience D - Two years consistent experience E - Able to teach and supervise

TYPES

OF

A B O D

SETTINGS:

E

Acute Hospitals:	Medical/Surgical					
	Neonatal					
	Obstetrics/Gynecology					
	Labor & Delivery					
	Orthopedic					
	Operating Room					
	Pediatrics					
	Psychiatric					
	Trauma/ER					
	Intensive Care: General MICU/SICU					
	Cardiac					
	OTIC					
	Neonatal					
	Pediatric					
	Acute Rehabilitation: OVA					
	SCI					
	TBI					
Skilled Nursing						
Home Health						
Schools						
Medical Practices						
Sub-acute Facilities						
Other:						

ASSESSMENT DOCUMENTATION - Admission & Physical

A B O D E

Adult					
Pediatric					
Neonatal					
Care Plan					
Charting					
Chase Conference Summary					
Discharge Summary					



RESPIRATORY

CARE

Trache Care: Trache site care	A	B	O	D	
Trache dressing change					
Trache tie change					
Trache tube change (Portex, Shirley, etc.)					

RESPIRATORY

CARE

Continued

A B O D

E

	Cannula removal and cleaning					
	Saline installation					
Suctioning	Sterile procedure					
	Cleaning technique					
	Positioning					
Chest Physiotherapy	Postural drainage					
	Percussion/vibration					
	Positioning					
General Respiratory/	Administration of oxygen					
Management &	Humidified RA/O2 (trach collar)					
Equipment	Sterile/distilled water change					
	Tubing change-mist system					
	Ambu bag: Mask					
	Ambu bag: Trach/Stoma					
	Oxygen cylinders					
	Use of O2 face mask					
	Nasal cannula for oxygen					
	Fill portable O2 tank					
	Oxygen regulator					
	Oxygen concentrator					
	Analyze Oxygen					
	Humidification/heating device					
	Temperature probe					
	Nebulized med treatments					
	Oral airway insertion					
	Stationary suction machine					
	CPAP					
	Portable suction machine					
	Pulse oximetry					
	End tidal CO2 monitor					
	Clean and disinfect equipment					
Ventilator:	Types: PLV 100/102					
	Types: LP6/LP10 series					
	Types: Sechrist (continuous flow)					
	Types: Puritan Bennett 2600					
	Types: PEEP Valve					
	Types: Other					
	Negative pressure vest					
	Clean and set-up of vent tubing					
	Trouble shooting equipment					
	Clean and disinfect equipment					



Chadon Health Services, Inc.

URINARY

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CARE

E

Foley catheter insertion-female					
Foley catheter insertion-male					
Clean technique for intermittent catheterization					
Supra pubic catheters					
Bladder training					
Catheter care					
Ostomy care					
Vesicostomy care					

BOWEL

CARE

A B O D

Management for fecal impaction					
Bowel regimen					
Ostomy care					
Administration of enema					

DRESSING AND WOUND CARE

Suturing					
Suture removal					
Wound cleansing/irrigation					
Packed dressing					
Wet-dry dressing					
Sterile dressing					
Use of Stomadheseive					
Use of Occlusive dressing					
Use of Transparent dressing					
Use of Duoderm					

MEDICATION ADMINISTRATION

Intra-dermal SQ/IM injections					
Eye drops/ointment					
Suppositories					
Pain Management					
Alternative access:	NG				

CARDIOPULMONARY:

CHADON HEALTH SERVICES, INC.

Monitor

A B O D E

Cardio Respiratory Monitor	Type:					
	Type:					
	Lead placement					
	Belt placement					
	Setting/checking alarm limits					
	Aonea delay interventions					
	Bracycardia interventions					
	Tachycardia interventions					
	Pneumograms					
	Multichannel sleep studies					
	Perform monitor download					



Chadon Health Services, Inc.

G I/NUTRITIONAL:

NASOGASTRIC/OROGASTRIC

A B O D E

Nasogastric/Orogastric:	Insertion					
	Size selection					
	Check placement					
	Bolus feeds					
	Continuous feeds					
	Pump feeds					
	Change/replace mushroom tube					
	Change/replace balloon tube					
	Change/replace button tube					
	Use of Gastrointestinal Flexiflo					
	Equipment Pump/Gastros- Kangaroo					
Oral Feeding:	Other					

ENDOCRINE

A B O D

E						
Capillary sampling, heel, or finger stick						
Sputum for C&S						
Urine, sugar and acetone						
Wound for C&S						
Clean voided urine						
Stool collection						
24-hour urine collection						
Nasopharyngeal swab for C&S						
PH probe						
Other						

A B O D

PEDIATRIC

CHADON HEALTH SERVICES, INC. PROCEDURES
A B O D

E

Nutritional assessment					
PO feeding premature infant					
Feeding infant with cleft lip/palate					
Management of home					
Medicine Administration:	Intradermal SQ/IM injections				
	Infants				
	Toddlers				
	School age				
	Adolescents				
	Ear drops				
Phototherapy:	Use of phototherapy				



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Equipment					
Wallaby					
Biliblanket					
Case lights					
Conventional overhead					
Other					

OTHER SKILLS/PROCEDURES	A	B	C	D	E
Lactation counseling					
Antepartum follow-up					
Other					

ADDITIONAL INFORMATION

Please list any other areas in which you feel you have extensive experience which were not included in the skills survey:
The information I have given is true and accurate to the best of my knowledge. In addition, I hereby authorize **Chadon Health Services, Inc.** to release this Skills Checklist to client institutions in relation to my assignment with that institution.

Signature

Date

Name . please print

LICENSES HELD

State	Number	Expiration Date

CERTIFICATIONS

Name	Date Certified



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LICENSE PRACTICAL NURSE (LPN) JOB DESCRIPTION INCLUDING CRITERIA-BASED QUALIFICATIONS & RESPONSIBILITIES

Nurse Name: _____ Date: _____

1. License Practical Nurse (LPN) Qualifications

Private home care provider licensed practical nurses render services in accordance with the provisions of the Georgia Practical Nurses Practice Act, (O.C.G.A.) Section 43-26-30, and must have a current license to practice as a licensed practical nurse in the State of Georgia. One year of Skilled Nursing Services by Private Home Care Providers experience in home health services, public health, geriatrics, long-term care or a related field is preferred.

2. License Practical Nurse (LPN) Criteria-based Duties & Responsibilities

A Activities that can be performed by a Licensed Practical Nurse(LPN) include but are not limited to:

1. Any service in accordance with and outlined in the Official Code of Georgia Annotated (O.C.G.A.), Section 43-26-30 through 39, Georgia Practical Nurses Practice Act;
2. Documenting clinical and progress notes
3. Assisting the registered nurse
4. Assisting the member in learning appropriate self-care techniques
5. Teaching the member and family
6. Performing and/or assisting with range-of-motion exercises and ambulation
7. Administering and setting up medications ordinarily self-administered and which have been ordered by a physician and supervised by the RN
8. Reporting of changes in the member's condition and needs to the RN along with any problems or progress.
9. Taking and recording vital signs

B. Activities which MAY NOT be performed by a Licensed Practical Nurse (LPN) include:

1. The initial evaluation visit;
2. Initial development of the Member Care Plan
3. Initiation of the plan of care; and
4. Re-evaluation of member.

C Medication Teaching

The RN or LPN must provide instruction to the member, family and friends in medication administration, according to the physician's orders. The RN or LPN must supervise self administration and teach methods of medication administration when appropriate. Teaching includes the indication for the medication, possible side effects, and side effects to report to the physician.

Copy of Job Description Reviewed with Nurse: _____ Yes _____ No

Nurse acknowledgement of receipt of Job Description:

LPN Signature:

Director's Signature:



CHADON HEALTH SERVICES, INC

Acknowledgement of Nurse s Documentation Requirements

I, _____, have been informed of the following
Acknowledgement of Nurse's Documentation Requirements:

i All error-free, Original **Nurse's Notes (2 page Patient Treatment & Flow Sheet)** are due in the office no later than 12:00 PM on Tuesday of the week proceeding your visits.

M All **Nurse's Notes** must be filled out completely & properly and have original signatures of the Nurse (including printed name & credentials following the nurse name) and the patient. **M** All Dates of Service **MUST** be **covered** in your **error-free, Original Nurse's Notes (2 page Patient Treatment & Flow Sheets)**. **NO EXCEPTIONS!!!**

I acknowledge that I have been trained on how to complete error-free, **Original Nurse's Notes (2 page Patient Treatment & Flow Sheet)** properly. I understand if error-free, **Original Nurse's Notes (2 page Patient Treatment & Flow Sheet)** are not received by the office as stated above I will not be paid until the payday after I submit the required documents.

Date:

Nurse's Printed Name:

Date:

Nurse's Signature:

Office Signature:

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Chadon Health Services, Inc. requires all employees/independent Contractors to pass a Criminal Background check before being considered for employment/contract. Individuals who have been convicted of the following crimes are ineligible for employment/contract by Chadon Health Services, Inc.:

- ☐ Murder or Felony Murder
- ☐ Attempted Murder
- ☐ Kidnapping ERape
- ☐ Anned Robbery
- ☐ Robbery
- ☐ Cruelty to Children
- ☐ Sexual Offenses
- ☐ Aggravated Assault
- ☐ Aggravated Battery
- ☐ Arson
- ☐ Theft by Taking or by
conversion
- ☐ Forgery (in the first or
second degree)

Chadon Health Services, Inc. also requires that all employees/independent contractors of the above mentioned convictions during their tenure. Annual Criminal Background required of all employees/independent contractors to maintain employment. Failure to above-mentioned policy will result in immediate termination of employment/contract. No exceptions will be made.

Employee/Independent Contractor Signature

Date

remain free
Checks will
be comply
with the

CHS Signature

Date

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Name:

Staff Orientation/Annual Training

Classification: § RN H LPN H CNA H PCA

TOPICS	DATE	STAFF INITIALS	INSTRUCTOR INITIALS
Company Policy & Procedures			
Job Description/Duties			
Procedures for reporting client progress and problems to supervisors			
Service Papers & Daily Log			
Reporting client problems/progress			
Procedures for handling medical emergencies and incidents			
Client Rights and Responsibilities			
Reporting unknown exposure to TB and Hepatitis			
Code of Conduct/Dress Code			
Infection Control			
Confidentiality of Client Information			
Personnel Code of Ethics			
Business Ethics			
CCSP Overview			
Senior Sensitivity Training			
Training employee(s) on the following prior to service delivery: <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Basic skills necessary to provide care <input type="checkbox"/> Confidentiality regarding the services provided <input type="checkbox"/> Environmental/fire safety <input type="checkbox"/> Accident Prevention <small>(All training must be documented in writing and maintained in the employee file)</small>			



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TOPICS	DATE	STAFF INITIALS	INSTRUCTOR INITIALS
Medication Management			
Disaster Planning/Emergency Procedures			
Caring for clients with Alzheimer's and related illnesses			
Accessing community resources			
Developing a staffing plan and backup staffing plan			
Mediation, conflict management and problem solving skills			
Revising the care plan; reassessment and review schedules			
Risk Management Intervention: Incident reporting an unexpected activity to the care coordinator			
Procedure for handling complaints			
Medically Fragile/Frail and/or Medically Compromised			
Financial Planning (Administration Only)			
Medicaid Waivers (Administration Only)			
Medicaid and Medicare Benefits (Administration Only)			
Miscellaneous:			

Upon completion of the orientation, please signify by signing below that you fully understand the information provided to you.

Date

Staff Signature

Person Conducting Orientation (1)

Title

Person Conducting Orientation (2)

Title

Total Completion Time: _____ (hours) _____ (minutes)



CHADON HEALTH SERVICES, INC

ACKNOWLEDGEMENT OF ORIENTATION / POLICIES & PROCEDURES

I acknowledge that I have completed/reviewed a copy of Chadon Health Services, Inc.' Orientation/Policies & Procedures and understand it in its entirety.

Employee Name

Employee Signature

Date

Director Signature

Date



CHADON HEALTH SERVICES, INC

ACKNOWLEDGEMENT OF RECIEPT OF PRIVACY PRACTICES

I acknowledge that I received a copy of the *Notice of Privacy Practices* of Chadon Health Services, Inc.

Printed Name of Employee/Independent Contractor

Signature of Employee/Independent Contractor

Date



CHADON HEALTH SERVICES, INC.

CODE OF CONDUCT & CODE OF ETHICS

Chadon Health Services, Inc. employees/independent contractors must:

- ☐ Respect all clients and clients' premises and property.
- ☐ Not use client's phone for personal calls and get permission to use client's phone to call office.
- ☐ Not smoke and/or use any kind of drugs and alcohol while on duty.
- ☐ Depart from client's home upon completion of duties.
- ☐ Complete all assignments before requesting client to sign or initial timeslips or service paper/forms.
- ☐ Not do anything that is outside of their assigned duties.
- ☐ Be punctual to work, and phone Chadon Health Services, Inc. when required or necessary.
- ☐ Not borrow and/or loan, money, and accept any gifts or gratuities from client.
- ☐ Not release any information or talk about any client with anyone other than supervisor of services or designated Chadon Health Services, Inc. Representative.
- ☐ Refrain from confrontational behavior when dealing with issues while on duty.
- ☐ Refrain from bringing children and unrelated personal belongings to work with them.
- ☐ Refrain from talking, texting or web surfing on personal phones and devices while on duty.
- ☐ Have written permission from client and authorization from Chadon Health Services, Inc. Management before being given a key to enter client's home.
- ☐ Wear my Chadon Health Services, Inc. ID badge at all times while on duty.

I, _____, acknowledge the receipt of the Code of Conduct and Ethics of Chadon Health Services, Inc.

Date

Signature

Date

CHS Representative

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ABUSE, NEGLECT, EXPLOITATION, FINANCIAL MISCONDUCT AND/OR ABANDONMENT OF VULNERABLE PERSONS

Abuse, Neglect, Exploitation, Misconduct and/or Abandonment of vulnerable persons herein referred to as client or patient.

Every contractor of Chadon Health Services, Inc. (CHS) must sign a copy of the Abuse, Neglect, Exploitation, Misconduct and/or Abandonment Statement prior to their first assignment.

To prevent abuse, neglect, exploitation, misconduct or abandonment from happening, I must know and implement the following:

1. I must report to patient's residence on time.
2. I must know and call patient's phone number:
 - a. If I am not sure of patient's address or directions to patient's residence.
 - b. To report any event or reason which may prevent me from arriving at patient's residence on time.
3. I must call CHS as soon as possible to report any situations that might interfere with my punctuality.
4. I must understand that "NO CALL NO SHOW" is a crime and punishable by law and it will be reported to the proper authorities. I must not abandon a sick person for any reason whatsoever except in life-threatening emergency. I must understand that CHS has a ZERO tolerance policy for no call no shows.
5. I must understand that EHSC WILL PROSECUTE any offenders if the state department that protects vulnerable persons does not.
6. I must understand that caring for vulnerable persons under the influence of ALCOHOL, DRUGS, or other intoxicating substances is a serious crime and is punishable by law.
7. I must always contact CHS's office promptly to report:
 - a. Any anticipated late arrivals or absences from work.
 - b. Any incidents at work, including patient's non compliance, patient's changing conditions, or care interference from family members.
 - c. Any violent behaviors, name calling, medication refusals (must call immediately), injuries, and emergency situations.
8. I must understand that any unauthorized use of patient's belongings constitutes THEFT and ABUSE and is punishable by law.
9. I must understand that I cannot threaten a patient in any possible way, even in an attempt to induce compliance.

I,

have read and understand this policy.



CHADON HEALTH SERVICES, INC.

Employee Signature

Date

Director Signature

Date



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ABUSE AND NEGLECT STATEMENT

I, _____, have never been shown by credible evidence
(e.g. court or jury, a department investigation, or other reliable evidence) to _____ Date
have abused, neglected, sexually assaulted, exploited, or deprived any
person or to have subjected any person to serious injury as a result of _____ Date
intentional or grossly negligent misconduct.

Signature

Witnessed By

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INFECTION CONTROL POLICIES & PROCEDURES

PROCEDURE

Chadon Health Services, Inc. staff must observe the following procedures in the provision of services to prevent exposure to infectious disease. These procedures are universal precautions to prevent the spread of infectious diseases in compliance with occupational safety and health administration requirements (OSHA) and state regulations for home care providers.

All blood and body fluids visible with blood are to be treated as potentially infectious. Wash hands and other skin surfaces immediately and thoroughly if soiled with blood or body fluids, **and change gloves after contact with each client.** Wash hands before and after giving care to clients.

- A. Wear latex gloves when:
 - 1) Touching blood/body fluids, mucous membranes, or non-intact skin.
 - 2) Handling items or surfaces soiled with blood/bloody fluid visible with blood.
 - 3) Performing venipuncture and other vascular access procedures.
 - 4) Cleaning and decontaminating spills of blood/bodily fluids.
 - 5) Although no diseases are known to be spread by direct contact with feces and any body fluids, gloves should be worn when having contact with feces and any body fluids as a basic hygiene measure.
- B. Standard housekeeping cleaning procedures to be used:
 - 1) For spills of blood and bodily fluids, wipe up spill with soap and water and then disinfect area with a commonly used germicide or freshly prepared 1:10 bleach solution (1 part bleach to 9 parts water).
 - 2) All soiled linen should be bagged at the location where it was used; not be sorted or rinsed in the client-care areas. Linen soiled with blood fluids should be placed and transported in bags that prevent leakage.
 - 3) Linens and personal clothing items laundered should be washed using routine laundering procedures.
 - 4) Dish washing using routine cleaning procedures effectively destroys pathogenic (disease causing) organisms. Dishes of clients with Hepatitis B or AIDS do not need to be separated from the rest of the facility clients. Do not share unwashed utensils or use common drinking glasses with any client.
- C. Environmental procedures to be used:
 - 1) Use a gown or apron during procedures that are likely to generate splashes of blood or other body fluids. Universal precautions also recommend the use of masks/eye wear during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of the mucous membrane of the mouth and nose/eyes.
 - 2) Dispose of secretions directly into the toilet. An individual toilet for a client is not required, but is recommended if the person has diarrhea.
 - 3) Care should be taken to prevent injuries caused by needles and other sharp instruments or devices.
 - 4) To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located close as practical to the use area.
 - 5) Direct mouth-to-mouth contact is not recommended. It is recommended that mouthpieces, ventilation bags or other ventilation devices be kept in areas where the need is predictable. However, if such devices are not available an employee should not hesitate to provide CPR (Cardiopulmonary Resuscitation) procedures.



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I AM CPR & FIRST AID CERTIFIED, I WOULD REPORT TO CHADON HEALTH SERVICES, INC. SERVICES, INC. OF ANY EXPOSURE TO TB & HEPATITIS B; WHETHER THE EXPOSURE OCCURRED ON OR OFF THE JOB. I SHALL REPORT THE EXPOSURE IMMEDIATELY TO THE CHADON HEALTH SERVICES, INC. DIRECTOR OF NURSING. IF THE DIRECTOR OF NURSING IS UNAVAILABLE I WILL REPORT THE EXPOSURE TO ANOTHER DIRECTOR OR THE ADMINISTRATOR INSTEAD.

Employee Signature:

Date:

Director's Signature:

Date: