



Arkansas Department of Health and Human Services
Division of Behavioral Health Services
ARKANSAS HEALTH CENTER
NURSING FACILITY



6701 HIGHWAY 67, BENTON AR 72015-8909
TELEPHONE (501) 860-0500 TTD (501) 860-0504 FAX (501) 860-0537

Date: _____

I, _____, LPN, C.N.A., R.T., agree to work
for _____ Agency as my **primary and only Agency** while
working at Arkansas Health Center. If I decide to change agencies I **must** provide a
written 2 week notice to AHC before the change will take place.

Employee: _____

Staffing Coordinator: _____

Agency Home Office: _____

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

Alternate formats of this correspondence (large print, audio tape, etc.) will be provided upon request.

AGENCY STAFF ORIENTATION

Date: _____

I, _____, from _____,

(Agency)

have read the Agency Orientation Manual for the Arkansas Health Center (AHC) and agree to adhere to the Policies and Procedures for the Facility.

Signature of Agency Employee

**ATTENTION ALL STAFF
(AHC & AGENCY)**

**ZERO TOLERANCE REGARDING CELL PHONE
USE**

**WHILE YOU ARE AT WORK YOU ARE
NOT ALLOWED TO HAVE YOUR CELL PHONE ON
YOUR PERSON OR TALK ON
CELL PHONES UNLESS IT IS YOUR BREAK /
LUNCH TIME. YOU ARE NOT TO
HAVE CELL PHONES OUT ON THE HALLS. THEY
ARE TO BE LOCKED UP IN BREAK ROOM OR
LEFT IN YOUR VEHICLE. THIS
INCLUDES BEING AT THE NURSES STATION, IN
RESIDENT ROOMS, WHEN YOU ARE TAKING OUT THE
TRASH & WHEN YOU ARE ASSIGNED TO TAKE
RESIDENTS OUT FOR THEIR SMOKE BREAK, ETC.**

**ANY VIOLATIONS OF THE ABOVE WILL RESULT IN
IMMEDIATE DISCIPLINARY ACTION AND
CONFISCATION OF CELL PHONE UNTIL THE END OF
YOUR SHIFT**

TEENA CAMPBELL, RN, DON
JACQUELINE CREDIT, RN, ADON

SHELLEY GARDNER, RN, ADON
ANGELA McCUTCHEON, RN, ADON

Please sign and date here.

ARKANSAS HEALTH CENTER

Policy type	Subject of Policy	Policy No.
Nursing	Dress Code for Nursing/Activity Personnel	111

1. **PURPOSE:**
It is the purpose of this policy to project a professional appearance by all nursing personnel.
2. **SCOPE:**
This policy applies to all nursing personnel at the Arkansas Health Center Nursing Home.
3. **ACCEPTABLE DRESS:**
 - A. **Specifics**
 1. Color coordinated scrub pants and scrub top
 2. No open toe shoes for obvious safety reasons
 3. Uniform/scrubs are to be clean, neat and in good repair and wrinkle free
 4. **ID badge with title is to be worn at all times while on duty.**
 5. **Gait belts are to be worn by c.n.a's around your waist and/or readily available while on duty**
 6. Direct care staff is to keep **fingernails short** and clean for the safety of the residents and the staff member; nail polish may be worn but should be kept neat
 7. Hair must be neat and clean at all times
 8. **Only small earrings will be permitted**
 9. Casual wear, Denim blue or white/colored jeans may be worn by nursing staff on casual Fridays but must be modestly worn (**NO low rider or tight jeans, no holes in garments**) Moderate length Capri's (below knees) are acceptable on casual day.
 10. **All shirts/blouses must have sleeves**
 11. RN's may wear casual street clothes with optional lab jacket
 12. In the event of inclement weather (i.e. ice/snow) nursing personnel may wear appropriate casual clothes.
 13. During warm summer months, **nursing uniform brand capris** may be worn. They must be at moderate acceptable length (below knees).
 14. You may be asked to cover tattoos with Band-Aid/bandage if present on the neck/face, hands etc.
4. **RECREATION ACTIVITY LEADERS**
 - A. **Specifics**
 1. May wear casual attire and or scrubs.

ARKANSAS HEALTH CENTER

Policy type	Subject of Policy	Policy No.
Nursing	Dress Code for Nursing/Activity Personnel	111

5. UNACCEPTABLE DRESS

A. Specifics:

1. Gaudy jewelry is not permitted; large ear-rings, dangling jewelry, large beads, large rings, large necklaces, etc are not permitted
2. Large hair decorations are not permitted (bows, flowers, etc)
3. No hats, bandanas or dew rags are to be worn while on duty
4. Shorts, above the knee skirts/skorts, etc are not acceptable apparel for nursing personnel on any unit
5. Tight garments or garments with holes
6. No "low rider", "low waist" clothing
7. No Tank-tops, sleeveless, spaghetti strap shirts are allowed with out a cover top/shirt.
8. No Mid-drift shirts are allowed.
9. No facial piercing are to be worn while on duty including, but not limited to: (Nose rings, eye-brow rings, cheek rings, lip rings, tongue rings, gauge ear-rings, bar-bell ear-rings) **THIS IS AN INFECTION CONTROL/SAFETY HAZARD. IF WORN, THEY MUST BE COVERED.**

- B. Failure to comply with this policy will result in being sent home to change, along with discipline from the immediate supervisor, RN supervisor, shift RN supervisor or the DON/ADON.

Printed Name (Legibly)

Signature

Date

Director of Nursing		Date
Director		Date

ARKANSAS HEALTH CENTER

FIRE & SAFETY

I, _____ have read the Fire & Safety
(Employee Name)

In-service in the A.H.C. Agency Manual for _____
(Agency)

RESIDENT'S RIGHTS AND UNIVERSAL PRECAUTIONS

I, _____ have participated in an In-
(Employee Name)

service on Residents' Rights and Universal Precautions in the A.H.C. Agency
Manual for _____
(Agency)

Signature

Date

HEPATITIS B VACCINE

PARTICIPATION AGREEMENT:

I have read the Hepatitis B information sheet and/or other information about Hepatitis B and the Hepatitis B Vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B Vaccination. I understand that I must have (3) doses of vaccine to confer immunity, however, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. **I request that that the vaccine be given to me.**

Signature of Employee Receiving Vaccine

Date

Print Name of Employee

1. _____

2. _____

3. _____

REFUSAL TO PARTICIPATE

This is to verify that I have had the opportunity to be informed about Hepatitis B and the fact that working in a nursing home facility increases my chances on contracting this disease. Further, immunizations means of the Hepatitis (3) Vaccine, I hereby release the State of Arkansas, Arkansas Health Center, and all employees of AHC from liability.

Signature of Agency Employee

Date

Signature of Witness

Date

CONFIDENTIALITY AND COMPLIANCE WITH HIPPA

The parties hereto shall hold in confidence the information contained in this agreement.
_____ and the Business Associate (BA) hereby acknowledge and

(Agency)

agree that all information related to this Agreement, not otherwise known to the public, is confidential and proprietary and is not to be disclosed to third persons, without the prior written consent of each of the parties except to comply with any law, rule or regulation or the valid order of any governmental agency or any court of competent jurisdiction; as part of its normal reporting or review procedure, to its auditors and its attorneys; to the extent necessary to obtain appropriate insurance, to its insurance agent; or as necessary to enforce its rights and perform its agreements and obligations under this Agreement.

Business Associate (BA) is defined as: any Registered Nurse (RN), Licensed Practical Nurse (LPN) or Certified Nursing Assistant (C.N.A.).

In providing the services hereunder, the BA warrants that he/she shall fully comply with all applicable federal, state and local statues, rules, regulations and accreditation standards or requirements of Medicare or Medicaid or other federal or state health programs. In addition to the Joint Commission on Accreditation of Healthcare Organizations, the Health Insurance Portability and Accountability Act (HIPPA) of 1996, the National Committee for Quality Assurance and updates to incorporate any changes to such laws, rules, regulations, requirements and standards. This Agreement shall be deemed breached by the Associate if he/she fails to observe this requirement. .

WHEREAS, services provided to various local healthcare facilities, and the BA receives, has access to, or creates Protected Health Information (PHI) in order to provide those services.

Permitted Uses and Disclosures of PHI: BA shall use and disclose PHI solely and necessary to perform services. BA shall not use or disclose PHI for any other purpose.

Adequate Safeguards for PHI: BA warrants that he/she shall implement and maintain appropriate safeguards to prevent the use and disclosure of PHI in any manner other than that as permitted by the Agreement.

Reporting Non-Permitted Use of Disclosures: BA shall immediately notify contracted Agency of each use and disclosure, of which he/she becomes aware, that is made by BA, or contracted Agency employees, representatives or agents that is not specifically permitted by this Agreement.

Agency

Agency Employee

**ATTENTION ALL STAFF
(AHC & AGENCY)**

PHONES IN THE NURSES STATION
ARE NOT FOR PERSONAL USE.
YOU MUST GET APPROVAL BY
THE RN OR LPN SUPERVISOR IF
YOU NEED TO MAKE A CALL.
PLEASE SHARE WITH YOUR
FRIENDS OR FAMILY THAT YOU
CANNOT RECEIVE CALLS AT
WORK UNLESS IT IS AN
EMERGENCY. MESSAGES
CAN/WILL BE TAKEN FOR YOU TO
RETURN THEIR CALL ON YOUR
ALLOWED BREAK-TIME
VIOLATIONS OF THE ABOVE WILL RESULT
IN IMMEDIATE DISCIPLINARY ACTION

TEENA CAMPBELL, RN, DON
SHELLEY GARDNER, RN, ADON
JACQUELIN THOMAS-CREDIT, RN, ADON
ANGELA McCUTCHEON, RN, ADON

PRINTED NAME

SIGNATURE

DATE

RESIDENT ABUSE, NEGLECT AND THEFT INSERVICE ATTENDANCE SHEET

DATE: _____

INSERVICE INSTRUCTOR: _____

INSERVICE OVERVIEW:

- WHEN YOU ENTER THE NURSING HOME ENVIRONMENT, YOUR WORLD AND THE LAW CHANGES.
- DISCIPLINE IN YOUR OWN HOME MAY BE A FINDING FOR CRIME IN THE NURSING HOME.
- PUT YOURSELF ON GUARD- JUST DON'T REACT
- COPING SKILLS TO PROTECT YOURSELF
- WHAT, WHEN AND WHO TO REPORT ABUSE/ NEGLECT TO

EMPLOYEES ATTENDING INSERVICE	

03/18/2015

To: All Agency Staff (CNAs and LPNs)

It is a requirement that you log into the Desktop Computers (behind the Nurses Station) each week, on your first shift. You will use your DHS User ID and password to log into these computers. You were issued your User ID and changed your password, at the time you took your I.T. Security Test. Please remember to log off, after you have completed your task. You have to keep your DHS Account active and if you do not log in as needed, you will be inactivated and will not be able to access the system. In order to get you set back up, it requires more paperwork to be completed and turned in and puts more work on our computer staff. It is also a requirement of DHS that you change your password every so often and by logging into the Desktop Computers, you will be prompted to do this.

You do not need a DHS User ID to log onto the Kiosk. The purpose of the Kiosk is for Matrix only. You are only required to use your pin number for the Kiosk. Your pin number should be a set of numbers you set up yourself or it is the last 4 digits of your social security number.

If you are having difficulty signing-in, please contact the Staffing Office immediately so that we can try to resolve your issue. If 7p or weekend shift, you will need to notify an RN Supervisor and they can assist you.

By signing the attached signature sheet, you are acknowledging that you have read and understand this In-Service.

Thank you,

Staffing Office

CALL IN POLICY/PROCEDURE FOR ALL NURSING STAFF (RN, LPN, C.N.A)

DHS POLICY 1084.3.2 COMPLIANCE- (Employee must comply with workplace policies, rules and all job related standards, standard practices, and requirements including without limitation laws, including traffic laws, rules, regulations, judicial and administration decisions, agency interpretations and all reasonable work related instructions)

1084.3.4 RESPONSIBILITY & DEPENDABILITY (This category includes, without limitation behavior traits such as reliable and timely attendance, willingness when necessary to perform tasks that would not ordinarily be the employees responsibility, follow through and timely completion of assigned tasks).

Therefore, if you are calling in, you MUST PERSONALLY call in ONE HOUR before the beginning of your assigned shift. YOU CANNOT LEAVE A MESSAGE ON THE MACHINE

If you work the 7A-7P rotation-- You MUST call in at 0530am or before. Call the switchboard operator 860-0500 and they will put you through to the staffing office or the 11-7 RN on duty. **You must speak to the staffing person or the RN. You MUST leave a return phone number so you can be reached if needed. You CANNOT leave a message on the phone.**

If you work the 7P-7A rotation — You MUST call in at 1730 or before. Call the switchboard operator 860-0500 and they will put you through to the staffing office or the 3-11 RN on duty. **You must speak to the staffing person or the RN. You MUST leave a return phone number so you can be reached if needed. You CANNOT leave a message on the phone.**

THE NURSING SERVICE DEPT WILL FAX A CALL IN SLIP TO YOUR UNIT SUPERVISOR NOTIFYING THEM OF YOUR CALL IN.

*****Switchboard Operator-860-0500 they will put you through to the staffing office or the RN on duty.**

IF AN EMPLOYEE CALLS IN ON THE WEEKEND (FRIDAY, SATURDAY, SUNDAY)OR HOLIDAY: A DOCTORS STATEMENT WILL BE REQUIRED FOR THE DATE CALLED IN, EVEN IF IT REQUIRES GOING TO THE EMERGENCY ROOM. FAILURE TO PROVIDE THE STATEMENT ON THE FIRST DAY BACK TO WORK WILL RESULT IN LWOP AND DISCIPLINARY ACTION.

Date: _____

Signature: _____

Print name: _____