

Premier Health Care Management  
**PERSONNEL POLICY MANUAL**

**2012**

**EMPLOYEE MANUAL**

for the following facilities:

Cherrywood Nursing and Living Center

Evergreen Health and Living Center

Shelby Nursing Center

ShorePointe Nursing Center

ShorePointe Village

West Bloomfield Nursing Center

Woodward Hills Nursing Center

Published July 1997

Last revised and updated March 2012

## **MISSION STATEMENT** (Revised November 2011)

The facility multidisciplinary team will provide to our patients, families, visitors and guests the highest quality of service on each encounter. Our commitment to excellence is evident in our state of the art facilities and strengthened with our partnership with the Beaumont Health System. Our professional team will deliver all aspects of service in accordance with our performance standards of education, nurture, respect, integrity, compliance and honesty.

## **E N R I C H**

### **E D U C A T I O N**

We will educate the patient, family, visitor and guest with accurate information clarifying the services to be provided and the outcomes of service. We will greet all customers with a warm and friendly smile.

### **N U R T U R E**

We will assist all of our customers with prompt and caring service striving to exceed the customer expectations. We will provide a quiet, clean, and a healing atmosphere.

### **R E S P E C T**

We will treat everyone with dignity and respect and hold all information regarding the patient, family, visitor, and guest or coworker in strict confidence.

### **I N T E G R I T Y**

We will provide exceptional service to our guests with a firm adherence to the integrity of the person as our core mission.

### **C O M P L I A N C E**

We will have the strength and courage to identify what may not be right and the strength to be accountable in our actions.

### **H O N E S T Y**

We will address the customer concerns with empathy and honesty. Knowing that: Our words and actions will make a difference.

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## **EMPLOYEE MANUAL REVISIONS**

### **2012 REVISIONS**

- Sect. 212 Emergency Coverage (3/12)
- Sect. 401 Employee Appearance and Hygiene; Uniform policy (01/12)
- Addendum A Patient / Resident Bill of Rights (01/12)
  - William Beaumont Hospital changed to Beaumont Health System (01/12)

### **2011 REVISIONS**

- Mission Statement (11/11)
- Sect. 210 Employment Status and Employee Classifications (5/11)
- Sect. 311 Health, Dental, Life, Vision, Disability and Other Insurances (2/11)

### **2010 REVISIONS**

- Sect. 413 Telephone Usage Including Cell Phones (w/ camera & text ability) (6/10)
- Sect. 202 Agreement to Notify Employer of Arraignment or Conviction and Fingerprint Capture (6/10)
- Sect. 401 Employee Appearance and Hygiene; Uniform Policy (4/10)
- Sect. 222 Lunch Period (1/10)
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- Sect. 406 Training (2/10)

### **2009 REVISIONS**

- Sect. 103 Corporate Compliance Plan (2/09)
- Sect. 104 Code of Business Conduct (6/09)
- Sect. 105 Confidentiality & Computer Usage Agreement (6/09)
- Sect. 202 Criminal Background Checks (6/09)
- Sect. 209 Orientation Period (10/09)
- Sect. 215 Notification of Leaving Building, Time Keeper ID Cards, Name Badge & Missing Punch (6/09, 11/09)
- Sect. 224 No-competitive Employment (5/09)
- Sect. 302 Vacations (6/09)
- Sect. 303 Holiday Pay (11/09)
- Sect. 305 Family and Medical Leave Act Policy (1/09)
- Sect. 311 Health, Dental, Life, vision, Disability & Other Insurances (6/09)
- Sect. 401 Employee Appearance & Hygiene; Uniform Policy (6/09)
- Addendum: Patient/Resident Bill of Rights (1/09)

## **2008 REVISIONS**

- Sect. 210 Employment Status and Employee Classifications (1/08)
- Sect. 213 Work Shift (1/08)
- Sect. 214 Daily Work Fluctuation (11/08)
- Sect. 216 Tardiness (1/08)
- Sect. 217 Attendance and Absenteeism (1/08)
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- Sect. 305 Family Medical Leave Act (FMLA) Policy (4/08)
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- Sect. 402 Dress Code for Non-Uniform Employees (New 10/08)
- Sect. 411 Non-Work Related Restricted Duty (4/08)
- Sect. 412 Noise (1/07)

## **2007 REVISIONS**

- Sect. 106 False Claims Act (3/07)
- Sect. 204 Discrimination and Harassment (1/07)
- Sect. 205 Sexual Harassment (1/07)
- Sect. 206 Violence in the Work Place (1/07)
- Sect. 209 Orientation Period (10/07)
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- Sect. 215 Notification of Leaving Building, Time Keeper ID Cards,  
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- Sect. 225 Personnel Files (10/07)
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- Sect. 301 General Benefit Eligibility (New 1/07)
- Sect. 303 Holidays (1/07)
- Sect. 306 Personal Leave Non-FMLA (1/07)
- Sect. 307 Jury Duty (1/07)
- Sect. 308 Bereavement (1/07)
- Sect. 311 Health, Dental, Life, vision, Disability & Other Insurances (10/07)
- Sect. 313 Tuition Reimbursement (1/07)

Sect. 401	Employee Appearance & Hygiene; Uniform Policy (10/07)
Sect. 405	Smoking (10/07)
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Sect. 410	Accidents, Injuries, Communicable Disease, Worker's Compensation & Work-Related Restricted Duty (4/07)
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Sect. 421	Infection Control (4/07)
Sect. 422	Written Hazard Communication Program (4/07)

## **2006 REVISIONS**

Sect. 107	Acceptable computer Use Policy & Procedure (11/06)
Sect. 310	401-K Retirement Plan (12/06)
Sect. 413	Telephone Usage Including Cell Phones (1/06)
Sect. 415	Parking Lots, Lockers & Packages (1/07)

## **RE-NUMBERING OF SECTIONS 402 THROUGH 422**

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## 101 SUMMARY OF EMPLOYMENT RELATIONSHIP AND HANDBOOK

This handbook has been prepared to acquaint you with various policies, procedures, and benefits of your at-will employment at one of facilities managed by **Premier Health Care Management, which includes Evergreen Health and Living Center; Cherrywood Nursing and Living Center; Shelby Nursing Center; West Bloomfield Nursing Center; Woodward Hills Nursing Center; ShorePointe Nursing Center; and ShorePointe Village** (hereafter referred to as the “Facility” and pertaining to the location where you are employed unless otherwise indicated). The policies, procedures and benefits in this book are merely guidelines. They do not confer any enforceable rights or privileges and may be changed, altered, deleted or modified unilaterally by the Facility upon reasonable notice. This handbook and its provisions are not intended to and do not create a contract between the Facility and its employees.

The policies and procedures in this handbook are not intended to be all inclusive; therefore, if you have a question about anything in the handbook, or about policies or procedures not contained in the handbook, you should discuss it with your supervisor. Additional policies will be distributed as well as updates to existing policies.

All employees should understand that the employee relationship between themselves and the Facility is “at-will,” which means it is a voluntary relationship which may be terminated by either party at any time without notice, and with or without cause. All employees should further understand that no representative of the Facility, other than its Administrator, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the above-described voluntary relationship, and any such agreement must be in a writing entitled “Employment Agreement” and executed by the Administrator of the Facility and the employee to be enforceable. While generally, this handbook is intended to apply to all employees at the Facility, different rules may be required under state and federal law as to certain “key” or “exempt” employees. Where required, the Facility will conform its practices to comply with all such requirements

## 102 SERVING OUR RESIDENTS - ABUSE POLICY

The Facility is proud of its reputation for serving its residents responsibly and with genuine concern. In addition, the Facility believes that quality care, our ultimate goal, is best provided in a courteous, friendly, and professional manner. As a member of the team of our center, you will be serving a very important role in providing such care. By working together efficiently, compassionately, and in a spirit of cooperation, we will all become the best that we can be.

It is the policy of Premier Health Care Management to support an environment where each resident shall be free from abuse, neglect, mistreatment, exploitation, and misappropriation of property. Abuse includes, but is not limited to physical harm, mental anguish, verbal abuse, sexual abuse, and involuntary seclusion. Residents will not be subjected to abuse by anyone including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies, family members or legal guardians, friends, and other individuals. Each employee will receive abuse information and training during their facility orientation.

### **EMPLOYEE'S OBLIGATION REGARDING ABUSE:**

All employees have a duty to respect the rights of all residents, to treat them with dignity and to prevent others from violating the resident's rights. Any employee who witnesses or has knowledge of an act of abuse to a resident is obligated to report such information immediately to his/her supervisor. His/her supervisor is responsible for informing the administrator of such a report promptly. Employees are expected to report any concerns of potential abuse or actual incidents of abuse without fear of retribution to their supervisor or the administration.

**103 CORPORATE COMPLIANCE PLAN** (revised 2/09)

The Office of Inspector General (“OIG”) of the Department of Health and Human Services and other Federal agencies have emphasized the importance of corporate compliance programs. This Corporate Compliance Plan (“Plan”) will allow the Premier Health Care Management (“Premier or PHCM”) nursing facilities (“Facilities”) to participate in the nationwide effort to reduce health care fraud and abuse. This Plan will help each Facility achieve its goals to provide quality medical care to its patients, to have efficient and effective operations, accurate financial reporting and be legally compliant.

The Plan sets forth the principal elements of Premier’s Corporate Compliance Program and provides a structure that makes it easy for employees to communicate questions and concerns. Fundamentally, the Plan works with Premier’s Corporate Code of Conduct (the “Code”) to help Premier deter, detect and correct errors and improper conduct. It is also designed around the seven elements listed below, which are contained in the OIG’s Compliance Program Guidance for Nursing Facilities.

**THESE ELEMENTS INCLUDE:**

- 1 The development and distribution of written standards of conduct, policies, procedures and protocols that promote the Facility’s commitment to compliance with areas of potential fraud and abuse, quality of care issues, including financial arrangements with outside contractors and physicians that may affect the health care provided to beneficiaries.
- 2 The appointment of a Compliance Officer (“C.C.O.”) and a Compliance Committee (“Committee”) charged with the responsibility for developing, operating and monitoring the Compliance Program and who reports directly to the governing body. To that end, Premier Health Care Management has appointed a Corporate Compliance Officer who has, in turn, developed a Corporate Compliance Committee that meets regularly to review pertinent policies, procedures, compliance issues and concerns.
- 3 The development and implementation of regular, effective education and training programs for all employees.
- 4 The creation and maintenance of an effective line of communication between the Compliance Officer and all employees, including the establishment of confidential communication lines as a reporting system to receive complaints.
- 5 The enforcement of standards through disciplinary guidelines.

- 6 The use of audits and quality assurance reviews to monitor compliance, identify problem areas, and assist in the reduction of identified problems.
- 7 The development of policies that initiate prompt response to detected offenses with the development of corrective action, repayments and preventive measures.

The Plan is intended to be an evolving document that will be routinely evaluated for effectiveness and modified when necessary.

### **BENEFITS OF THE PLAN**

- It assures compliance with statutes, regulations and rules;
- It establishes the Facility's commitment to responsible corporate conduct;
- It allows for accurate assessment of employee and contractor behavior;
- It helps to identify and prevent unlawful and unethical behavior;
- It improves the quality, efficiency, and consistency of providing services;
- It allows for employee participation in reporting potential compliance problems and a quick response;
- It provides a centralized source for distributing information on health care statutes, regulations and other program directives;
- It's a method to improve internal communications;
- It provides procedures that allow the prompt, thorough investigation of alleged misconduct;
- It minimizes loss to the Government from false claims, and thereby reduces the Facility's exposure to civil damages and penalties, criminal sanctions, and administrative remedies;
- It helps administrators keep abreast of the organization's operations, giving them a more accurate picture of the business;
- It allows the facilities to make quick policy changes when necessary;
- It improves the speed and quality of responses to lawsuits, investigations and other emergencies

### **FACILITY'S COMMITMENT TO COMPLIANCE**

To safeguard against inappropriate practices, the nursing facilities have identified **specific risk areas** that are potential corporate compliance problems and have developed auditing tools to monitor these risk areas.

### **DESIGNATION OF A CORPORATE COMPLIANCE OFFICER ("C.C.O.")**

Premier Health Care Management has appointed a Corporate Compliance Officer ("C.C.O.") who is responsible for overseeing compliance with all applicable laws, the

Plan, the Code, and all related Corporate Compliance policies and procedures. The C.C.O. is responsible for coordinating the annual review and modification, if necessary, of the Plan, the Code and related policies. The C.C.O. is also responsible for regularly reporting to the Premier Board of Directors on the implementation of the Plan.

The designation of a C.C.O. in no way diminishes or vitiates the responsibility of all personnel to comply with all policies and procedures. Nor does it diminish every department director to ensure that the employees, for whom he or she is responsible, comply with the Code, the Plan and related policies.

### **COMPLIANCE DIRECTOR AND COMMITTEE**

The C.C.O. has appointed a Corporate Compliance Director (“Director”) and has developed a Compliance Committee to assist in the implementation of the Compliance Program.

### **COMPLIANCE TRAINING UPON HIRE**

A critical aspect of the Program is the effective communication to employees of the contents of the Plan, the Code and related policies. It is the policy of the Facilities to thoroughly educate all employees regarding Corporate Compliance upon hire.

After training, each employee is expected to sign an acknowledgement of their training, their agreement to report any suspected violations of the policies, and their agreement to conduct themselves in accordance with the policies.

### **ONGOING COMPLIANCE EDUCATION AND TRAINING**

The proper education and training of all corporate and facility staff is critical in maintaining an effective Compliance Program. There will be ongoing Compliance training programs that include review of the seven elements of the Plan, fraud and abuse laws, and any other new or revised policies, laws or regulations related to compliance. Training of more specific issues shall be targeted at those employees and contractors whose job requirements make this information relevant.

Premier Health Care Management shall communicate its standards and procedures regarding Corporate Compliance to all affected employees, physicians, independent contractors and other significant agents by a publication that explains the specific requirements in a practical manner.

In addition to the specific general training in the risk areas, managers and specific facility staff shall be trained on compliance with Medicare participation requirements relevant to their respective duties and responsibilities. Examples of additional training may include appropriate documentation requirements, prohibitions on paying or receiving remuneration to induce referrals, proper clinical and financial record documentation, resident's rights, and the duty to report misconduct. Each facility employee will receive a review of the compliance program yearly with the possibility of more extensive training as their specific job requires.

### **DEVELOPING EFFECTIVE LINES OF COMMUNICATION**

With the development of the Corporate Compliance Program, we urge and encourage employees to contact the Corporate Compliance Officer any time they have a question concerning the appropriateness of the Facility's actions or those of others. In addition, Premier realizes that in order for a Compliance Program to work, all employees must be able to report problems. **First line supervisors play a key role in responding to employee's questions and concerns and it is appropriate that they serve as the first line of communication.**

It is the duty of each employee to promptly report any suspected violation of the Compliance Policies and Standards to the C.C.O. **You may identify yourself or you may remain anonymous.** The C.C.O. office is located at Woodward Hills Nursing Center Business Office, 39312 Woodward Avenue, Bloomfield Hills, MI 48304. Telephone number is 248-644-5522, ext 300. According to law, Premier has developed a non-retaliation policy regarding the reporting of problems.

**Premier has developed two systems for the reporting of suspected violations of the Plan and its related policies that involve fraud, abuse or any other illegal activity.**

- 1 The first is a written communication system with a locked depository so that complaints, concerns and problems can be reported anonymously. This locked depository is located in the employee's dining room. The only person with a key is a member of the Corporate Compliance Committee and he/she shall check the box regularly.
- 2 The second is a "hotline" telephone recording system. This is a separate telephone in the Compliance Officer's office that has twenty-four hour voice mail. The phone number is **248-644-5522 ext. 300.** Anyone can call this number and leave a message



regarding their concern, either directly or anonymously. The only person that has access to that voice mailbox is the C.C.O. or a member of the Compliance Committee.

In addition to the above two lines of communication, anyone may write their concerns and send them to the C.C.O at the above noted address or call for a personal appointment with the C.C.O.

Fraud, abuse or any other illegal activity should be reported immediately.

The communication systems are posted in the public posting binder of each Facility located in the reception lobby accessible to residents, families, visitors and employees twenty-four hours per day.

Reported suspected violations of: (a) the Facility's Corporate Compliance Plan, (b) the Business Code of Conduct or any related policies, (c) any Federal health care program laws and regulations, and (d) any fraud, abuse or waste policies shall be thoroughly investigated to determine their validity. The C.C.O. shall maintain a log of all such reports along with any required investigations. This report of suspected violations shall be submitted to the Compliance Committee on a regular basis. The C.C.O. shall attempt to maintain the confidentiality of an employee's identity. The employee shall be notified if this becomes impossible due to the nature of the complaint or report. An employee will not be retaliated against for reporting violations. Any employee that abuses this system to make any false reports, shall be subject to discipline up to and including termination.

### **ENFORCING STANDARDS THROUGH DISCIPLINARY GUIDELINES**

The Plan shall include disciplinary policies that set the consequences of violating the facility's standards of conduct, policies, and procedures. Intentional noncompliance shall be subject to significant sanctions up to and including termination of employment or termination of services. Each situation must be considered on a case-by-case basis to determine the appropriate discipline or sanction. Any non-compliance issue shall be reviewed by the Committee who will advise the facility's manager on how to handle the situation.

**Discipline and sanctions apply to all personnel and shall be handled in a consistent manner. Factors include:**

1. the nature of the violation and its effect on the Facility
2. the discipline imposed for similar violations
3. whether the employee has a history of violations
4. whether the violation was willful or unintentional
5. whether the employee was directly or indirectly involved in the violation
6. whether the violation represented an isolated occurrence or a pattern of conduct
7. if the violation included the failure to supervise another individual who violated the Code or related policies
8. whether the violation consisted of retaliation against another individual for reporting a violation or cooperating with an investigation
9. whether the employee reported the violation himself or herself
10. the degree to which the employee cooperated with the investigation

The Committee will document the reasons for all disciplinary actions taken against Premier and Facility employees for violations of the Code, the Plan, or any related policies.

### **RESPONDING TO DETECTED OFFENSES**

Any reported Corporate Compliance or Code deficiency shall be investigated to determine whether a material violation of applicable law or the requirements of the program has occurred and, if so, take decisive steps to correct the problem. Under some circumstances, the investigation may engage the services of outside counsel, auditors and health care experts. The investigative file shall contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents. A log of witnesses interviewed the results of the investigation, any disciplinary action taken and the corrective action implemented.

If the Compliance Committee determines that disciplinary action is warranted, it should be promptly imposed in accordance with the written standards of disciplinary action.

When the Compliance Officer or the Compliance Committee discover credible evidence of misconduct from any source and, after a reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil or administrative law, the facility shall

promptly report the existence of misconduct to the appropriate Federal and State authorities within a reasonable period, but not more than 60 days after determining that there is credible evidence of a violation. When reporting to the Government, the facility shall provide all evidence relevant to the alleged violation of applicable Federal or State law(s) and potential cost impact. Once the investigation is completed, the compliance officer shall notify appropriate governmental authority of the outcome of the investigation, including a description of the impact of the alleged violation on the operation of the applicable health care programs or their beneficiaries. If the investigation ultimately reveals that criminal, civil, or administrative violations have occurred, the facility shall immediately notify appropriate Federal and State authorities.

## 104. **CODE OF BUSINESS CONDUCT** (revised 6/09)

### **INTRODUCTION:**

The Facility recognizes that it has an obligation to its patients, its payors, its employees and the communities it serves to observe and maintain high standards of integrity and business ethics. These standards must be adhered to by Facility employees during the day-to-day activities of caring for patients and conducting business. The Facility's Code of Business Conduct provides the general principles to guide all employees in meeting these standards. However, it does not cover every situation that a Facility employee will face. Therefore, each employee must exercise good judgment and be committed to upholding the Facility's standards of integrity and business ethics.

Adherence to all provisions of this Policy is expected when dealing with patients, families and the public, the business community, payors, vendors, fellow designees and governmental and regulatory authorities.

### **COMPLIANCE LINE:**

The Compliance Line provides a way for individuals to directly or anonymously report, without fear of reprisal, concerns such as potentially inappropriate billing/coding (false claims), suspected fraud, ethical violations, waste or abuse within the Premier system. Federal and State laws protect individuals who in good faith provide confidential information regarding potentially inappropriate billing/coding (false claims) or other prohibited activities in the workplace. The Compliance Line is available through voice mail 24 hours a day by calling 1-248-644-5522 ext 300.

### **LEGAL REQUIREMENTS:**

- The facility and its employees must conduct its business in accordance with all applicable laws and regulations. The Facility is committed to adhere fully to all laws and regulations and to make sound business decisions on the basis of what is considered to be in the best interests of the Facility, its patients, and the community it serves.
- Employees must acquaint themselves with the legal requirements that apply to their assigned duties and responsibilities, and conduct themselves in full compliance of those requirements.
- Facility employees are expected to observe high standards of honesty and integrity in dealing with patients, families, the public, the business community, payors, vendors, fellow employees, and governmental and regulatory authorities.

**RELATIONSHIPS WITH VENDORS:**

- It is the intent of Premier Health Care Management to separate the influence of Vendors from the delivery of health care services. This policy prohibits any business courtesy or other benefit that is understood by either party to be offered or provided as an inducement to refer patients or business.
- A Facility employee may accept an occasional meal or an invitation to a social activity that clearly facilitates the business purpose of an existing relationship between a vendor and the Facility, as long as such conduct does not influence the employee's decision-making on behalf of the Facility and they have received written permission from a Premier Health Care Management Administrator.
- No refreshments, candy, or decorative gifts may be accepted from a vendor by a Facility employee.
- Facility employees must decline any gifts from vendors including discounted goods or services.
- Loans from vendors, of either a business or personal nature, may not be received by Facility employees.
- A Facility employee receiving a prize or award from a vendor must disclose receipt of the prize or award to the employee's supervisor. The employee must abide by the decision regarding the final disposition of the prize or award.
- Travel or lodging costs may not be paid by a vendor for an employee unless the payment is pre-approved, in writing, by the employee's supervisor and it fulfills an educational or consultative purpose which directly benefits the Facility.
- No vendor is allowed on the Facility premises without first making a specific appointment with an employee of the Facility for business purposes only. Vendor access to patient care areas is restricted.
- A Facility employee is not permitted to receive any form of payment from a vendor for speeches, presentations or articles if it could be interpreted as influencing the employee's decision-making on behalf of the Facility. All such payments must be disclosed in advance to the employee's supervisor.

**CONFLICT OF INTEREST:**

- Employees must not incur or maintain any kind of financial or personal obligation or interest that affects (or may appear to affect) their judgment in transacting business on behalf of the Facility with outside firms or individuals.

- Each employee must examine his/her own activities and those of his/her family to be sure that no such obligation or relationship exists that could create (or appear to create) a conflict of interest.

#### **FALSE CLAIMS ACT:**

- The Federal False Claims Act (“FCA”), Section 3279 of Chapter 31 of the United States Code, prohibits all of the following:
  - 1 Knowingly presenting or causing to be presented a false or fraudulent claim to the U. S. government.
  - 2 Knowingly making, using, or causing to be made or used a false record or statement to get a false or fraudulent claim paid by the U. S. government.
  - 3 Conspiring with another to get a false or fraudulent claim paid by the U. S. government.
  - 4 Knowingly making, using or causing to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay money or transmit property to the U.S. government.
- The Michigan Medicaid False Claims Act, Sections 400.603 – 400.607 of the Michigan Compiled Laws, imposes prison terms and fines upon any person who:
  - b Makes a false statement in any application for Medicaid benefits;
  - c Offers or receives kickbacks or payments for referrals to another for Medicaid-funded services;
  - d Enters into an agreement with another to defraud Medicaid through a false claim; or
  - e Makes or causes another to make or present to the State of Michigan a false claim for payment.
- Both federal and state law protects individuals who investigate or report possible false claims made by their employer against discharge or discrimination in employment because of such investigation. employees who are discriminated against based on whistle-blowing activities may sue in court for damages.

#### **CONFIDENTIAL/PROPRIETARY INFORMATION:**

- Every Facility employee must maintain and protect the confidentiality of any proprietary information that the employee learns or obtains during the course of his or her employment. Proprietary or confidential information includes

information on patients, strategic plans, business objectives, financial performance or targets, integration initiatives and the like.

- Every Facility employee must use such information only in a manner consistent with the purposes for which it was shared with the employee. Confidential/proprietary information shall not be used by the employee, either during or after his or her employment for any other purpose.

#### **POLITICAL ACTIVITIES:**

- Federal law prohibits the Facility from making contributions to candidates for political offices. Political contributions for any candidate are not to be made for or on behalf of the Facility by a Facility employee, or reimbursed by the Facility.
- Facility employees may not support political candidates or committees by using the Facility funds or resources such as telephones, copying machines, stationary, etc.
- Facility employees may support candidates for political office, a political party, organization or committee on the employee's own time and at his or her own expense.

#### **PROFESSIONAL ORGANIZATIONS:**

- Facility employees serving in leadership positions in professional organizations must not participate in activities and decisions that do not serve the mission or best interest of the Facility.

#### **INTEGRITY OF RECORDS (TRUTH IN DOCUMENTATION):**

- Transactions between Facility and outside individuals and organizations must be carefully and honestly prepared and must be an accurate representation of the transaction. False or misleading entries in such records are not permitted, and may be illegal.
- Clinical decisions for patients are based on identified patient health care needs. Clinical decisions are not to be based on the way the Facility compensates or shares financial risk with its management, clinical staff, and licensed independent contractors.

#### **ENVIRONMENT, HEALTH & SAFETY:**

- The Facility is committed to protecting the environment and to providing a healthy and safe work environment for its employees. Each employee is responsible for complying with all environmental, health and safety laws and regulations.

**USE OF COMPANY ASSETS:**

- Proper use of the Facility's property, facilities and equipment (assets) is the responsibility of each employee. The use of Facility time, material or facilities for purposes not directly related to business is not allowed.
- The borrowing or removal of Facility property for non-business purposes is prohibited.

**POSITIVE WORK ENVIRONMENT:**

- The Facility is committed to a policy of equal employment opportunity without regard to race, age, religion, national origin, weight, height, sex, disability, veteran, familial or marital status or any other classification protected by law.
- It is the responsibility of each and every employee to treat their fellow employees and patients with honesty, integrity, and respect in order to provide a work environment free from discrimination and harassment. Please refer to the reporting procedure for harassment and discrimination.

**CORRECTIVE ACTION:**

- Employees who fail to adhere to the regulations stated in this Policy may be subject to disciplinary action/corrective action including discharge.



## 105. CONFLICT OF INTEREST/ DISCLOSURE OF REMUNERATION (revised 6/09)

It is the goal of Premier Health Care Management to assure the corporate standard of integrity and business ethics and the quality of patient care. This Policy covers general conflicts of interest and remuneration and disclosure. This is also noted in the Business Code of Conduct Policy (104).

The purpose of this policy is to disclose any conduct or financial arrangements that might create a conflict between the interests of the Company and the interests of any individual or group of employees. This policy supplements any applicable State laws governing conflict of interest.

This policy applies to all employees, especially those who represent the Company in business relationships, or who make recommendations regarding the position of the Company in such relationships. This policy includes, but is not limited to, financial or other forms of remuneration or release of confidential information that arises due to or result from influences or decisions made by agents of Premier.

The Corporate Compliance Officer (“C.C.O.”) is responsible to determine appropriate action necessary, upon notice or discovery of a potential or actual conflict of interest. In general, appropriate steps will be taken, which will include an investigation of the potential conflict of interest, including but not limited to interviewing the disclosing party or other individuals involved in the relationship.

All employees of Premier and the various Facilities must disclose any potential conflict of interest. Employees must not engage in any kind of financial or personal obligation or interest, which affects their judgment in internal or external business matters for the Company. Each employee must examine his/her own activities and those of his/her immediate family members to be sure that no such obligation or interest exists, which could create a conflict of interest. It is the responsibility of all employees, to self-disclose and report any known potential or actual conflict of interest to the C.C.O.

Employees who fail to disclose or continue to participate in any type of conflict of interest (once determined to be such), may be subject to disciplinary action up to and including discharge.

The following examples of Conflicts of Interest are intended as a guide for understanding this policy. These examples are not inclusive of every type of conflict of interest.

Conflicts of interest may result when an employee holds a financial interest in another organization that has business relationships with the Company / Facility and when the employee might be able to influence those relationships. Such interests may exist as follows:

- **Remuneration (payment of money)**

A conflict of interest or need to disclose remuneration may exist if an employee or any member of their immediate family receives compensation in any form for services rendered in any capacity to any organization or individual that has any past, present or prospective business dealings with the Company / Facility, if such compensation might be reasonably construed as tending to prevent the employee from acting solely and wholly in the best interest of the Company / Facility. Employees are not permitted to receive any form of payment or gift from a vendor and must disclose any vendor offers of remuneration, including payments, funds, fees, stock, stock options, capital equipment, salaries, grants, loans, gifts, awards, honoraria, or any other items of value greater than \$ 25.00. Book royalties, honoraria, expert witness/review fees, consulting fees may be deemed by the Company / Facility to be outside the scope of this policy, but must be disclosed to the C.C.O.

- **Financial Interests in Other Organizations**

A conflict of interest may exist if an employee or a member of his/her immediate family has any type of financial interest in a company or business entity of any kind that provides services, supplies, furnishings or equipment, or has any past, present or prospective business dealing with the Company / Facility. Employees shall not initiate or influence the initiation of requests for disposition of corporate owned assets where the purpose is in any way to benefit the employee, their family or any acquaintance, as opposed to the best interests of the Facility / Company.

Employees have a duty to act in the best interest of the Facility / Company. Personal business or competing professional interests must not conflict with the interest and legal duties of the Facility / Company.

- **Listed Stocks or Bonds**

A conflict of interest is unlikely to arise if an employee's financial interest consists of stocks or bonds of a company listed on a national securities exchange or whose stock is regularly traded in the over-the-counter market, etc. Such holdings are not considered to be in conflict with the Company's / Facility's interest unless the company in which the interest is held does a substantial part of its business with the Company / Facility.

- **Borrowing Money**

An employee must not borrow money from suppliers or from individuals or firms, other than financial institutions, with whom the Company / Facility does business. This would be considered a Conflict of Interest.

- **Interest in Real Estate**

A conflict of interest may exist if an employee acquires, by purchase or lease, an interest in real estate in which it is known the Company / Facility also has an interest, or which may improve in value because of the Company's interest in adjoining property.

- **Gifts, Gratuities, and Entertainment**

Employees or any member of their immediate family must not accept any gift or consideration of any kind from any source if its acceptance might reasonably be construed as preventing the employees from acting solely and wholly on behalf of the best interest of Company / Facility and must be disclosed to their supervisor or Corporate Compliance Officer. Upon approval by the Employee's supervisor, an employee may be permitted to accept reasonable gifts of gratitude such as cologne, flowers, cakes, candy, etc. from patients and families of patients only. Gifts from Vendors are strictly prohibited. Under no circumstances can gifts of cash be accepted by employees.

Invitation to local entertainment and events sponsored by a vendor may be accepted only if authorized in advance in writing by the Facility Administrator and the employee's expense shall be paid for by the Facility / Company. Participation in such events must further a legitimate business purpose for the Facility / Company and the vendor does not expressly expect to receive anything in return.

- **Honoraria**

Employees may accept honoraria for presenting at conferences, speaking engagements, and the like situations if the honoraria are reasonable for the circumstances and are not nor can reasonably be construed as preventing the employees from acting solely and wholly on behalf of the best interest of the Company / Facility.

- **Travel Expenses**

Employees may not accept travel expenses offered by a vendor or other external source. If the expenses are reasonable under the circumstances and the travel will be beneficial to the best interests of the Facility / Company, the Facility / Company will pay for the travel expenses.

- **Capital Asset Disposition for Personal Benefits**

Employees shall not initiate or influence the initiation of requests for disposition corporate owned assets where the purpose is in any way to benefit the employee, their family or any acquaintance, as opposed to the best interests of the Company / Facility.

- **Confidential Information**

A conflict of interest may exist if an employee misuses information to which the employee has access by reason of his/her employment with the Company / Facility. This includes the disclosure of confidential information concerning the business affairs of the Company / Facility.

- **No Endorsements**

Employees are expected to observe and maintain high standards of integrity and business ethics at all times. To this end, it is Premier's policy that employees speaking on behalf of the Facility / Company not endorse products or services.

Acceptance and use of items from vendors such as badge holders, lanyards, pads, pens, etc provides free marketing for, and endorsement of vendors, and is prohibited.

Questions pertaining to the Conflict of Interest/Disclosure of Remuneration Policy should be directed to the C.C.O.

**106 FALSE CLAIMS ACT** (revised 3/07)

The False Claims Act is an important tool the U.S. taxpayers have to recover the dollars paid through fraud by U.S. Government contracts every year.

The False Claims Act is covered under the Code of Conduct. If you have any questions regarding the False Claims Act, you may request a copy of the specific policy.

## 107 **ACCEPTABLE COMPUTER USE POLICY AND PROCEDURE** (revised 11/06)

### **ACCEPTABLE USE POLICY**

PHCM relies on its employees to conduct its business in a responsible, professional, ethical and lawful manner. Users are expected to access only information and information systems needed to perform their PHCM-assigned responsibilities and to maintain professionalism in all communications among peers and in public forums. Users are also expected to access only those resources and systems for which they are authorized. Information transmitted through processing systems and communication networks is not private and may be reviewed, monitored and copied by authorized representatives at any time with or without notice to employees.

Further, it is understood that all users accessing PHCM computing and communication networks understand and agree with PHCM and BHS computing and communication acceptable use policies and procedures. Violations of this policy are taken very seriously and warrant disciplinary action up to and including termination of employment and/or criminal or civil/legal action.

This policy applies to all users of information systems and communication networks worldwide. All users shall be expected to sign the PHCM Confidentiality and Systems Usage Agreement upon receiving access privileges.

All employees shall receive basic security standards training.

### **ACCEPTABLE USE PROCEDURE**

Users of Information Technology systems are accountable for their own behavior and are personally responsible for the following actions:

- Understand and adhere to the PHCM Information Security Policies.
- Safeguard all PHCM AND BHS information created, used or acquired during and after their term of employment or contact. These safeguards are intended to protect information from unauthorized disclosure, modification, compromise, or destruction.
- Protect PHCM AND BHS information residing within the computing and communications resources by using information security mechanisms.
- Be aware that there are risks associated with utilizing public communication networks (i.e. downloading files, especially those from unknown sources).

- Access only systems and networks for which you have been authorized.
- Avoid leaving login sessions open and unattended
- Select and keep passwords confidential.
- Respect the business purpose for which access to the communication networks has been authorized.
- Maintain a professional demeanor in all communications, especially those on public forums.
- Apply PHCM employee codes of conduct in any and all transactions including those dealing with harassment, political activity, personal profit or gain, or possible illegal activities.
- Comply with all notices regarding the terms and conditions applying to the use of Information Technology services provided by PHCM and BHS.
- Comply with relevant PHCM and BHS policies, Statutes, Rules, Regulations, Standards and Procedures.
- Abide by applicable laws and regulations pertaining or related to information created, used or acquired in connection with employment or contact (i.e. copyright and software licensing, laws governing pornography, harassment, etc.)
- Notify any breach of PHCM Information Security Policies to the immediate supervisor or the Information Security Officer.

#### **ACTIVITIES PROHIBITED ON PHCM COMPUTER AND COMMUNICATION NETWORKS:**

All PHCM users by logging into the network will comply with the following restrictions. System users must NOT use the network to engage in the following activities:

- Access any PHCM or BHS information residing on computing and communication systems for any illegal, unethical, unauthorized or disruptive use.
- Engage in deliberate attempts to hack, sabotage or otherwise impair the integrity of communication networks or computing systems accessed via the networks.
- Access, store or transmit material (e.g. obscene, lewd, or pornographic material) that could be interpreted as inappropriate, offensive, or disrespectful to others.
- Participate in e-mail chain letters such as “jokes of the day,” or spamming, etc...
- Access any personal e-mail accounts and perform non-work related activities.
- Present oneself in a misleading manner while utilizing PHCM communication networks.

- Intentionally seek information on, obtain copies of, or modify files, other data, or passwords belonging to other users in order to misrepresent others.
- Access any PHCM or BHS computer using a personal jump drive and/or copying any Facility or patient information onto a personal jump drive.



## 108 **CONFIDENTIALITY & COMPUTER SYSTEMS USAGE AGREEMENT** (revised 6/09)

The Confidentiality and Systems Usage Agreement is a form that is signed by an employee when granted computer access. It is an Agreement that requires all Premier Health Care Facility (“PHCM”) employees to comply with legal regulations and Facility policies regarding the confidentiality of both Premier and Beaumont Health System’s information including, but not limited to, protected health information (PHI) and proprietary information, whether that information is verbal, written, printed or electronic or electronically stored. The confidentiality and computer usage at any Premier Health Care Facility (“PHCM”) includes any Beaumont Health System (“BHS”) information.

### **FACILITY AND EMPLOYEE OBLIGATIONS**

We are all required by law to maintain the privacy of patients’ information. As designees of both Facilities you must fully comply with all applicable laws pertaining to the privacy and security of PHI including written documents, electronic information (ePHI), verbal information, video, photographic or audio recording.

- The Health Insurance Portability & Accountability Act (HIPAA) of 1996 defines Privacy and Security Regulations related to PHI.
- The Regulations define “protected health information” as individually identifiable health information that is:
  - I. Transmitted by electronic media;
  - II. Maintained in electronic media; or
  - III. Transmitted or maintained in any other form or medium

### **CONFIDENTIALITY**

There are moral, ethical, and legal responsibilities to maintain the confidentiality of patients’ personal and medical information, whether that information is verbal, written, printed or electronic. There are similar responsibilities regarding confidential information of PHCM and BHS itself. Confidential information is defined as patient care or business information which is not for the public domain. Confidential information is sensitive and valuable and is protected by law and by strict PHCM and BHS policies.

The agreement acknowledges that:

- a any access or disclosure of confidential information, except for approved job-

related uses, is strictly prohibited. If involved in clinical care, it acknowledges the minimum use point from PHCM and BHS medical records or computer systems; and allows the retrieval of data for only those individuals with whom the employee has a patient care relationship or for approved educational or administrative purposes only.

- b PHCM and BHS information is business information which is not for public domain. The employee has no right or ownership interest in any confidential information referred to in the Agreement. PHCM or BHS may at any time revoke my access to confidential information.
- c the employee will discuss confidential information only as required by their work, and only with authorized persons who have a work-related need to know such information. The employee must agree that confidential information is not an appropriate topic in casual conversation and the employee will avoid discussing confidential information in public places such as elevators or cafeterias, and will take care to avoid being inadvertently overheard while communicating or dictating such information.
- d the employee will exercise appropriate safeguards when storing, transporting, photocopying, disposing of, or faxing confidential information; and will take precautions to avoid having computer monitors, printers, fax machines, or paper records in view of unauthorized onlookers while such data is displayed.
- e the employee is responsible for all data, information, and orders which are entered into any PHCM and BHS system using their ID; and will not reveal, release, or make accessible any PHCM or BHS system user ID or password. It acknowledges that the employee will not allow anyone else to access, enter, or alter information in a PHCM or BHS system under their identity; and will not use their ID or password of anyone else in order to access any PHCM or BHS system.
- f PHCM and BHS may maintain electronic logs of user access to any PHCM and BHS information system, and may audit these logs at any time to detect inappropriate use; and will report any improper use, access, or disclosure of confidential information that they observe.
- g the employee agrees to report any improper use, access, or disclosure of confidential information that he/she observes to their manager/supervisor, the Corporate Compliance Officer, and/or the information Security Officer or if uncomfortable reporting to these individuals, agrees to call the Corporate Compliance Line

- h the employee acknowledges that all use of video or photographic recording is prohibited without written authorization of the parties involved. This includes, but is not limited to, the use of personal devices such as cameras, camera phones, PDA's, Smart Phones, or Blackberry's for recording on Facility premises.

### **COMPUTER SYSTEMS USAGE**

As part of their employment, service, association, or privileges with PHCM and BHS, the employee may have a need to access various PHCM and BHS computer systems. It acknowledges that use of this information infrastructure is a privilege, and that inappropriate use may result in denial of access to these systems.

The employee will not seek personal benefit or permit others to benefit personally by any confidential information or use of equipment available through their association with PHCM and BHS. The employee will not install or operate any non-licensed software on any computer provided by PHCM, and will not make unauthorized copies of PHCM or BHS software for use by themselves or others.

It acknowledges that PHCM and BHS-provided Intranet/Internet access and applications, including electronic mail and web browsers, are intended for job-related activities only. Their use of the Intranet/Internet may be electronically logged and reviewed by the appropriate PHCM administrative bodies without warning to detect inappropriate access and use.

It acknowledges that PHCM and BHS reserves the right to retrieve and read any data, documents, or communications composed, sent, received, or stored in its computer systems. All such information is considered to be part of the official records of PHCM and BHS and, as such, may be subject to disclosure under the law or to third parties. Consequently, the employee will ensure that information they communicate in any PHCM and BHS system is accurate, appropriate, ethical, and lawful.

An employee must acknowledge the following:

- a PHCM and BHS computer systems must be password-protected in accordance with the Corporate Compliance Policy. User logon ID's and passwords must not be written down or placed on the device. All computer systems will be accessed in accordance with the Facility's Information Security Policies.

- b Licensed material including software may not be illegally duplicated.
- c An employee's responsibility for all data and information which is entered into any PHCM or BHS systems using their designated ID and password. Also, the employee's responsibility to not reveal, release or make accessible any system User ID, badge, token, or password to any other person.
- d You may not use another person's User ID, token or password to access any PHCM or BHS computer systems.
- e Because text messaging systems are not fully secure only minimal confidential or proprietary information should be sent via this method. Use of social security numbers should never be sent via cell phone.
- f An employee is not to make any unauthorized electronic copies of confidential information.
- g BHS's Outlook E-mail is secure and encrypted only inside Beaumont. Forwarding Beaumont Outlook E-mail to an external internet E-mail account is strictly prohibited.
- h No personal devices such as laptops, tablets, PDA's or smart phones can be connected to the Beaumont Information Technology Service or Facility Software Service.

## **GENERAL**

An employee must acknowledge that their obligations regarding confidentiality under the Agreement will continue even after termination of their employment, service, association, or privileges with PHCM and/or BHS.

An employee acknowledges that if they breach the terms of the Agreement, PHCM may institute disciplinary action up to an including termination of their employment, service, association, or privileges with PHCM, as well as possible legal action under local, State or Federal law.

An employee acknowledges that any relevant PHCM policies, rules, or regulations remain applicable, in addition to the standards described above; and by signing the document; they agree to abide by and uphold the above standards.

Premier Health Care Management  
**PERSONNEL POLICY MANUAL**

**Section 200 Employment**

for the following facilities:

Cherrywood Nursing and Living Center

Evergreen Health and Living Center

Shelby Nursing Center

ShorePointe Nursing Center

ShorePointe Village

West Bloomfield Nursing Center

Woodward Hills Nursing Center

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## **201 EQUAL EMPLOYMENT OPPORTUNITIES**

The Facility is an equal opportunity employer, and employs, compensates and promotes its staff without regard to age, race, color, sex, national origin, religion, marital or familial status, height, weight, disability, veteran status or any classification protected by law. Employment decisions are made without regard to these protected statuses.

**202 CRIMINAL BACKGROUND CHECKS** (revised 6/10)

The Facilities of Premier Health Care Management (“PHCM”) shall conduct and/or require a criminal background check for all new hires, independent contractors, volunteers, privately hired CENAs and companions, and those requesting clinical privileges that will have direct access to or will provide regular direct services to residents in their Facilities.

The Premier Facilities shall comply with Section 20173a of Act No. 28 of the Public Acts of 2006 which specifically addresses the criminal background check rules and policies that became effective 4-1-06.

A PHCM Facility shall not employ, independently contract with or grant privileges to an individual who will regularly provide direct services to residents if the individual satisfies 1 or more of the crimes noted in Michigan compiled laws, Section 20173a, subsection (1).

If an employee wishes to transfer to another PHCM facility that is not under the same ownership, he or she may do so provided that a criminal history check is conducted by the new Facility.

An individual shall lose their exempt status and be terminated from employment or denied employment: if convicted of a disqualifying crime after April 1, 2006; if found to be the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency; if found to be not guilty of any offense by reason of insanity; or if found to have been convicted of a relevant crime under 42 USC 1320a-7.

An individual who applies for employment with the Facility and has received a good faith offer of employment, the employee agrees to give the Facility written consent at the time of application for a complete criminal background check including fingerprinting. Upon receipt of the written consent, the Facility shall conduct a check of all available web-site registries. At the same time, the Facility shall make an appointment for fingerprinting and a request to the department of state police to conduct a criminal history check on the applicant.

The Facility shall not seek reimbursement for a charge imposed by the department of state police or the FBI from the individual who is subject to the initial criminal history check.



The department of state police shall conduct a criminal history check on the applicant named in the request. The department of state police shall provide the Facility via the web-site any negative findings. If a criminal conviction is disclosed on the report of the criminal history check, the state police will notify the department and the department, in return, shall notify the Facility and the applicant in writing of the type of crime disclosed on the written report of the criminal history check or the FBI investigation. The notice shall include a statement that the applicant has a right to appeal a decision made by the Facility regarding his or her employment eligibility based on the criminal background check. The notice shall also include information regarding where to file and describing the appellate procedures established under section 20173b.

If the Facility determines it is necessary to employ an applicant before receiving the results of the applicant's criminal history check under this section, the Facility may conditionally employ the individual if all of the following apply:

- a** The facility completes the criminal history check. The criminal history check includes all web-based registries OIG, National Sex Offender, State Corrections and Incarcerations, Chauncey [CENA], Nurse licensure Department, and the Internet Criminal History Access Tool)
- b** The individual signs a statement in writing that indicates all of the following:
  - i** That he or she has not been convicted of 1 or more of the crimes that are described in subsection (1)(a) through (g) within the applicable time period prescribed by each subdivision respectively.
  - ii** That he or she is not the subject of an order or disposition described in (1)(h).
  - iii** That he or she has not been the subject of a substantiated finding as described in subsection 1)(i)
  - iv** The individual agrees that, if the information in the criminal history check conducted under this section does not confirm the individual's statements under subparagraphs (i) through (iii), his or her employment or clinical privileges will be terminated by the Facility as required under subsection
    - 1** unless and until the individual appeals and can prove that the information is incorrect.

- v That he or she understands the conditions described in subparagraphs (i) through (iv) that result in the termination of his or her employment or clinical privileges and that those conditions are good cause for termination.

If an individual is employed as a conditional employee and the report from the State Police and/or FBI does not confirm the individual's statement, the Facility shall terminate the individual's employment.

An individual who knowingly provides false information regarding his or her identity, criminal convictions, or substantiated findings on a statement described in subsection (5) (b)(i) through (iii) is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00 or both.

The Facility shall use criminal history record information obtained under the Act 20173a only for the purpose of evaluating an applicant's qualifications for employment in the position for which he or she has applied. The Facility or an employee of the Facility shall not disclose criminal history record information obtained under the Act to a person who is not directly involved in evaluating the applicant's qualifications for employment. An individual who knowingly uses or disseminates the criminal history record information obtained under the Act is in violation and may be guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$ 1000.00 or both.

Upon written request from another health facility or agency, psychiatric facility or intermediate care facility for people with mental retardation, or adult foster care facility that is considering employing, an individual, the Facility that has obtained criminal history record information under this section on that individual shall, with the consent of the applicant, share the information with the requesting health facility or agency, psychiatric facility or intermediate care facility for people with mental retardation, or adult foster care facility.

Except for knowing or intentional release of false information, the Facility has no liability in connection with a criminal background check conducted or the release of criminal history record information under this subsection.

As a condition of continued employment, each employee, independent contractor, or individual granted clinical privileges shall do each of the following:

- a** Agree is writing to report to the Facility immediately upon being arraigned for 1 or more of the criminal offenses listed in subsection (1)(a) through (g), upon being convicted of 1 or more of the criminal offenses listed in subsection (1)(a) through (g), upon becoming the subject of an order or disposition described under subsection (1)(h), and upon being the subject of a substantiated finding of neglect, abuse, or misappropriation of property as described in subsection (1)(i), and upon being the subject of a licensure and/or certification disciplinary action including limitation, suspension or revocation. Reporting of an arraignment under this subdivision is not cause for termination or denial of employment.
- b** If a set of fingerprints is not already on file with the department of state police, provide the department of state police with a set of fingerprints.

As used in Section 20173a, PHCM recognizes the following definitions:

- a** “Direct access” means access to a patient or resident or a patient’s or resident’s property, financial information, medical records, treatment information, or any other identifying information.
- b** “Independent contract” means a contract entered into by the Facility with an individual who provides the contracted services independently or a contract entered into by the Facility with an organization or agency that employs or contracts with an individual after complying with the requirements of this section to provide the contracted services to the Facility on behalf of the organization or agency.

### **FACILITY PROCEDURE FOR COMPLETING THE CRIMINAL BACKGROUND CHECK**

- 1** Every individual who is applying to the Facility for employment must complete an application for employment which contains specific criminal history questions and statements that the applicant must affirm by his/her signature regarding falsification of criminal information and conditions of continued employment. For those applicants who have been interviewed and are being considered for employment must also complete the “Background Check Application Form”

which allows the Facility to perform a web-based criminal and registry background check. This 4-part authorization form contains information including: (1) Consent; (2) Disclosure; (3) Conditional Employment; and (4) Applicant Rights.

- 2 The Facility participates in the Michigan Long-Term Care Workforce Background Check Program which consists of two major components: a web-based system that allows employers to search available registries for potentially disqualifying information, and a state and federal fingerprint-based criminal history check. Access to the web-based background check system is <http://www.miltcpartnership.org>
- 3 The Facility may conditionally employ ONLY after the applicant has passed all of the on-line registry checks with no disqualifying felonies and/or misdemeanors listed in the Act and fingerprints have been requested. Additionally, the applicant must sign a statement that he or she meets the applicable law's criminal history standards.
- 4 Before the Facility offers conditional employment, the payroll associate will check the available on-line registries and will advise the individual of authorized vendors for fingerprinting services provided by Cogent Systems Inc. to complete the fingerprinting process. The Facility will also continue to check other State registries before allowing an individual to serve as a nurse aide, if the Facility has knowledge of an applicant's employment in another State. The conditional employee should return the receipt of fingerprinting to the Payroll Associate as proof of their attendance at their scheduled appointment.
- 5 If the applicant does not keep the fingerprinting appointment as scheduled, the employee will be removed from the schedule and the Facility will reschedule the fingerprinting appointment. If the conditional employee misses the second appointment, he/she will become ineligible for continued employment.
- 6 If an applicant's statement about his/her identity or criminal history is contradicted by the criminal history check, the Facility shall terminate their conditional employment unless and until the individual can prove that the

information is incorrect. The applicant may appeal following the prescribed process. An applicant who has been disqualified from or denied employment based on a criminal background check may appeal to the department if he or she believes that the criminal history report is inaccurate or if the conviction contained in the criminal history report is one that may be expunged or set aside. The appeal must be submitted on the form provided by the department. The director will review the appeal and issue a written decision within 30 business days after receiving the appeal. The decision of the director is final.

- 7 Individuals who were employed by or under contract with the Facility prior to 4-1-06 are currently exempt from the full criminal history check unless they meet the criteria noted in this policy in paragraphs (a-c). However, the Facility shall comply with the State rule regarding the fingerprinting of exempt employees if it changes.
- 8 The employee's file should contain the employment application, the Background Check Application Form, the Offer of Conditional Employment pending criminal history record check, documentation that the criminal history check has been conducted, the results of the criminal history record check and fingerprinting, and the signed "Agreement to Notify the Facility in the event of an Arraignment and/or Conviction."
- 9 The Facility is responsible to pay the cost of any criminal history check and shall not seek reimbursement from the applicant.
- 10 If a covered Facility has already obtained criminal conviction record information on an individual under the new law, it may share it with another covered Facility that is considering employing that individual if they make a written request for it AND the applicant has consented to sharing the information with the requesting Facility or agency. The Facility shall maintain records of any requests made by other Facilities for criminal conviction histories on individuals it previously employed.
- 11 If the Facility receives criminal history record information from another Facility or agency, they must also complete a new criminal history record check and have the applicant re-fingerprinted at the appropriate Identix site. Fingerprint copies

from another facility cannot be accepted as part of the criminal background check UNLESS that facility shares the same ownership with our facility as stated in the regulations.

12. The Facility will continue to conduct yearly criminal background and registry checks (minus fingerprinting) on all employees.
13. Employees that self-terminate and are re-hired by the facility at a later date must have a new set of fingerprints obtained by the Michigan State Police and a new criminal background history check performed by the facility.

#### **AGREEMENT TO NOTIFY EMPLOYER OF ARRAIGNMENT OR CONVICTION AND FINGERPRINT CAPTURE 6-2010**

Pursuant to Michigan Public Acts 27, 28, and 29 of 2006 (MCL 330.1134a, MCL 333.20173a and MCL 400.734b), it is required that as a condition of continued employment in a long-term care facility, each employee, independent contractor, or individual granted clinical privileges shall agree in writing that he or she will immediately report to the Administrator of the health facility of which they are employed, contracted, or granted privileges [Evergreen Health and Living Center, Shelby Nursing Center, Cherrywood Nursing and Living Center, West Bloomfield Nursing Center, Woodward Hills Nursing Center, ShorePointe Nursing Center, and/or ShorePointe Village] upon being arraigned and upon being convicted of one or more of the criminal offenses listed below. Reporting of an arraignment, of itself, is not cause for termination or denial of employment.

- **Relevant Crime Described Under 42 USC 1320a-7** is a statutory provision within the Federal Social Security Act which describes a number of crimes, for which a conviction will exclude an individual from participation in any federal health care program. The crimes include patient abuse, health care fraud, as well as any crimes related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.
- **Felony** - Any felony or an attempt or conspiracy to commit ANY felony, or any other state or federal crime that is similar to the felonies described below:

- i A felony that involves the intent to cause death or serious impairment of a body function, that results in death or serious impairment of the body function that involves the use of force or violence, or that involves the threat of the use of force or violence.
  - ii A felony involving cruelty or torture.
  - iii A felony under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.125m to 750.145r. These statutory citations refer to crimes committed against “vulnerable adults,” i.e., individuals age 18 and over who, because of age, developmental disability, mental illness, or physical disability, require supervision or personal care or lack the personal and social skills required to live independently.
  - iv A felony involving criminal sexual conduct.
  - v A felony involving abuse or neglect.
  - vi A felony involving the use of a fire arm or dangerous weapon.
  - vii A felony involving the diversion or adulteration of a prescription drug or other medications.
  - viii Any other felonies.
- **Misdemeanor** – Any misdemeanor, or state or federal crime that is substantially similar to the misdemeanors described below:
    - i A misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat or the use of force or violence.
    - ii A misdemeanor that involves vulnerable adult abuse under chapter XXA of the Michigan Penal Code, 1931 PA 328, MCL 750.145m to 750.145r.
    - iii A misdemeanor involving criminal sexual conduct.
    - iv A misdemeanor involving cruelty or torture.
    - v A misdemeanor involving abuse or neglect.
    - vi A misdemeanor involving cruelty if committed by an individual who is less than 16 years of age.
    - vii A misdemeanor involving home invasion
    - viii A misdemeanor involving embezzlement.
    - ix A misdemeanor involving negligent homicide.
    - x A misdemeanor involving larceny.

- xi A misdemeanor of retail fraud in the second degree.
  - xii Any other misdemeanor involving assault, fraud, theft, or the possession or delivery of a controlled substance.
  - xiii A misdemeanor for assault if there was no use of a firearm or dangerous weapon and no intent to commit murder or inflict great bodily injury.
  - xiv A misdemeanor of retail fraud in the third degree.
  - xv A misdemeanor under part 74 of the Public Health Code, 1978 PA 368, MCL 333.7401 to 333.7461 involving the creation , delivery, or possession with the intent to manufacture or deliver a controlled substance.
  - xvi A misdemeanor under part 74 of the Public Health Code, 1978 PA 368, MCL 33.7401 to 333.7461 involving the creation, delivery, or possession with intent to manufacture or deliver a controlled substance, if the individual, at the time of conviction, is under the age of 18.
  - xvii A misdemeanor for larceny or retail fraud in the second or third degree if the individual, at the time of conviction, is under the age of 16.
- I agree to immediately report if I become the subject of an order or disposition finding of not guilty by reason of insanity under Section 16b of Chapter IX of the Code of Criminal Procedure, 1927 PA 175, MCL 769.16b.
  - I also agree to immediately report upon becoming the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r. This statutory citation refers to violations of those provisions of the federal Social Security Act that set forth requirements for skilled nursing facilities and nursing facilities, respectively.
  - I also agree to immediately report upon becoming the subject of a licensure and/or certification disciplinary action including, suspension, or revocation.

Further, I understand that the new background check requirements stipulate that within 24 months after the effective date of April 1, 2006, all current employees, independent contractors, or individuals granted clinical privileges shall provide the Michigan State Police with a set of fingerprints for input into the automated fingerprint identification system database that would provide for an automatic notification if and when subsequent criminal arrest fingerprints matches a set of fingerprints previously submitted. I agree to provide same when requested by the employer.



## **203 EMPLOYEES WITH DISABILITIES**

State and federal laws (The Americans with Disabilities Act) require employers to provide reasonable accommodation to employees with disabilities under certain circumstances. If you have a disability and believe that you need an accommodation to perform your duties you should speak to the Administrator of the Facility. Under Michigan law only, this request must be made in writing within 182 days of when you know, or should have known, that you had such a need.

The employee has the right to file a disability discrimination grievance with the Facility and/or Executive Management. The Section 504 Facility Grievance Procedure will be followed.

## 204. **DISCRIMINATION AND HARASSMENT** (revised 1/07)

Federal and State laws prohibit discrimination against or harassment of a person regarding employment, compensation, or a term, condition or privilege of employment because of race, color, religion, sex, national origin, age, height, weight, marital or familial status, disability, veteran status or arrest record.

Harassment is verbal or physical conduct that denigrates or shows hostility or an aversion toward a person because of the person's protected status. Harassment is unlawful if it creates an intimidating, hostile or offensive work environment, interferes with an employee's work performance, or otherwise adversely affects an employee's employment opportunities.

Examples of harassment include slurs, negative stereotyping, hostile acts and displaying written or graphic material aimed at denigrating individuals because of their protected status. The Facility firmly supports these laws. It is the Facility's policy to prohibit discrimination or harassment of one employee by another employee, non-employee or supervisor. The purpose of this policy is not to regulate our employees' personal lives but to assure that no employee is discriminated against or harassed in the work place and that no employee is led to believe that his or her employment depends on or is affected in any way by submission to or rejection of such conduct.

### **VIOLATION OF THIS POLICY WILL NOT BE TOLERATED AND SHALL RESULT IN DISCIPLINE UP TO AND INCLUDING DISCHARGE.**

Usually one who commits discrimination or harassment attempts to be discreet and it is therefore difficult if not impossible for the Facility to discover and correct these violations on its own. It is thus mandatory that any employee who feels that he or she has been discriminated against or harassed either during work or concerning his or her employment **MUST** immediately report this to the Administrator or Executive Management of the Company. Your report will be investigated as quickly and as confidentially as possible. Employees are required to cooperate in any such investigation and to provide written statements if requested. The Facility will not retaliate or take any adverse action against you for expressing good faith concerns about discrimination or harassment against you or another employee or for participating in an investigation.

The failure to report any such concerns or observations to management under this policy is also grounds for discipline, up to and including termination.

**205 SEXUAL HARASSMENT** (revised 1/07)

Federal and State laws also prohibit unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct or communication of a sexual nature which in any way relates to one's employment, interferes with one's work performance, or creates an intimidating, hostile or offensive working environment (e.g. offensive touching, sexually suggestive objects or pictures in the work place, sexually degrading comments or jokes, etc.) and prohibits employers from taking adverse employment action based on an employee's response to such requests or advances.

It is the Facility's policy to prohibit sexual harassment of one employee by another employee, non-employee or supervisor. The purpose of this policy is to assure that no employee is led to believe that his or her employment depends on or is affected in any way by submission to or rejection of such conduct.

**VIOLATIONS OF THIS POLICY WILL NOT BE TOLERATED AND SHALL RESULT IN DISCIPLINE UP TO AND INCLUDING DISCHARGE.**

Usually one who commits sexual harassment attempts to be discreet and it is therefore difficult if not impossible for the Facility to discover and correct these violations on its own. It is thus extremely important that any employee who feels that he or she has been sexually harassed either during work or concerning his or her employment **MUST** immediately report the matter to the Administrator or to Executive Management of Premier Health Care, whomever the employee is most comfortable in speaking to regarding this matter. Your report will be investigated as quickly and as confidentially as possible. Employees are required to cooperate in any such investigation and to provide written statements if requested. The Facility will not retaliate or take any adverse action against you for expressing good faith concerns about harassment against you or another employee or for participating in an investigation.

**ADMINISTRATIVE POLICY REGARDING SEXUAL HARASSMENT**

It is the policy of Premier Health Care Management to prohibit sexual harassment of one employee by another employee, non-employee, or supervisor. It is the role of the Administrator and/ or Executive Management to insure that any complaints of sexual harassment in the facility be immediately investigated and addressed with appropriate actions taken.

In regards to sexual harassment, the Administrator and/or Executive Management have the following responsibilities:

- 1 To meet with any employee who believes that the actions of another employee may constitute behavior that is sexually harassing in nature.
- 2 To fully investigate the complaint and, if there are any reasons to believe that there is potential harassment, contact Executive Management immediately to discuss the situation.
3. To insure that no adverse employment actions are taken against an employee who alleges sexual harassment from a supervisor with immediate authority (or successively higher). It is the responsibility of the Administrator and/or Executive Management to review all terminations, demotions, and lack of promotion opportunities for employees, to insure that they are not in any way related to the refusal of sexual advances or complaints of sexual harassment.
4. To insure that all department managers and supervisors understand the sexual harassment policy and procedure.

**206 VIOLENCE IN THE WORK PLACE** (revised1/07)

The Facility provides a work environment free from verbal abuse and/or physical acts of violent or intimidating behavior. There is a “zero tolerance” acceptance of any behavior by employees, volunteers, or visitors which is abusive, intimidating, harassing, threatening or coercive in nature.

Abusive or threatening behavior, explicit or implied, that is verbal, physical or otherwise, which endangers or provokes fear in the mind of any reasonable person while on Facility premises will not be tolerated, regardless of any possible provocation. Such misconduct shall be dealt with through disciplinary action and with the involvement of the local police where appropriate. All reports of such misconduct shall be promptly and thoroughly investigated in order to maintain a safe and secure environment.

Any person who believes that he or she has been threatened or who is the object of verbal or physical threats has the duty to report such misconduct immediately to their immediate supervisor, manager or the Administrator. If these individuals are not immediately available, call 911 for emergency help.

Any person who overhears or becomes aware of threats of violent behavior made against another person at the Facility MUST report that behavior immediately to their supervisor, manager or the Administrator. This report should be made even if the person making the threats appears to be “kidding.”

Carrying weapons on facility premises is strictly forbidden even if a permit for the weapon has been issued allowing the employee to carry a concealed weapon at any time, including while at work. If an employee brings a weapon on Facility premises, the local police will be notified and the employee will be terminated. The Facility also has the right to perform a search of the employee’s personal effects upon reasonable suspicion that he/she is carrying a weapon and/or the Facility will contact the local police department to perform a body search upon reasonable suspicion that the employee is carrying a weapon. For this policy, a weapon is defined as: any type of gun [loaded or not], rifle, knife of any type (except for the knives used by the kitchen personnel as deemed appropriate), explosives or chemical weapons of any type, or any other item such as brass knuckles which might be used for violence or defense purposes and which is not a work tool normally used by the employee.

Examples of workplace violence include but are not limited to:

- An act that is physically assaultive
- A substantial, communicated or suggested intent to harm another
- Endanger the safety of an employee or visitor
- Intentionally destroying one's property
- Behavior or actions that carry a potential for violence (e.g. throwing objects, waving fists, raising voice, or destroying property)
- Obsessively directed behavior (e.g. stalking, intensely focusing on a grudge, or an unwanted romantic interest in another employee)

Any violation of this policy can lead to immediate termination. Further, any violation of this policy can result in a report to the police and/or an injunction.

## 207 ILLEGAL DRUGS AND ALCOHOL

It is the policy of the Facility to provide a work environment which is free from the use, sale, possession, or distribution of illegal drugs or the improper or abusive use of legal and illegal drugs or alcohol on Facility premises and to require its employees to perform all of their job duties, either on or off Facility premises, without the presence of illegal drugs, alcohol, or inappropriate legal drugs in their system. Violation of the policy may result in disciplinary action, **including termination of employment.**

The term “illegal drugs,” for purposes of this policy, includes narcotics, hallucinogens, depressants, stimulants, and other substances capable of creating or maintaining adverse effects on one’s physical, emotional, or mental state; and controlled medications not prescribed by a licensed medical professional in a medical setting for specific treatment of the employee’s physical, emotional, or mental condition.

Medications or prescribed drugs, for purposes of this policy, are those drugs that an individual may be taking under the direction of a licensed medical professional in a medical setting to address a specific physical, emotional, or mental condition and adversely affects the employee’s ability, judgment, or performance. An employee should disclose to their supervisor if they are taking a legal drug for a legal purpose obtained with a valid prescription if they experience side effects that impair them and may cause suspicion of illegal drug use. Any employee who is found to use, sell, possess, or distribute any illegal drugs, prescribed medications or alcohol while performing Facility related job duties or during working hours, either on or off Facility premises, or while operating any Facility owned or leased equipment, will be subject to disciplinary action, including termination of employment. While a positive drug/alcohol test will be considered as use of the substance, an employee’s behavior, speech or other indicators of such use may result in disciplinary action and **termination of employment.** Any illegal substance confiscated will be turned over to the appropriate law enforcement agency for additional investigating and handling. Employees are required to give the Facility a physician’s name and confirmation of the prescription of a legal substance found in the employee’s possession, upon request.

**Any employee who is charged with illegal drug activity, either on or off the job, may be considered to be in violation of this policy and disciplinary action will be taken including termination of employment.**

In order to effectively meet the objectives of this policy, the Facility shall perform an “on suspicion” or “for-cause” testing. When a supervisor or manager observes behavior or performance problems or other evidence which appears to indicate use of drugs or alcohol by an employee, it will be brought to the attention of the Administrator, who, upon evaluation of the situation, may require the employee to undergo a screening for illegal drugs and/or alcohol. This screening test is at the Facility’s expense. The Facility also reserves the right to require an illegal drug and alcohol screening test immediately after an on-the-job accident or incident to either confirm or refute that drug or alcohol use was a possible cause.

The Facility will choose an independent laboratory to perform the test and may provide transportation for the employee to the laboratory. The employee will sign an authorization. Failure to submit or cooperate with the drug test shall result in termination. The test will be conducted in accordance with the laboratory’s procedure. The Facility administrator and the employee shall be notified of the results of the test.

The employee may request that the sample be retested or confirmed at the employee’s expense. This request must be submitted in writing to the administrator and the test performed within 5 business days of notification to the employee of the positive test result.

Any employee, who refuses to be tested, refuses to sign an authorization, or does not cooperate in the testing program, will be terminated.

At the request of the Administrator, based upon suspicions or evidence of sale, possession or use of controlled substances, an employee shall be required to submit to a personal search and a search of any item (including vehicles, purses, and clothing) brought upon Company premises and submit to seizure of any controlled substances found in the employee’s possession.



## **208 PRE-EMPLOYMENT PHYSICAL EXAMINATION FOR WORK SUITABILITY**

Before you start working for the Facility, you will be required to undergo a physical examination that shows you are physically capable of performing your job with or without reasonable accommodation. The cost of this examination will be paid for by the Facility unless you do not complete your orientation period. In the event you leave our employ before your orientation period is completed, you will be required to pay the cost of the exam. Please inquire with the payroll associate as to the specific cost of the examination. If lifting is part of your job, you must be free of all lower back ailments which would render you unable, with or without reasonable accommodation where required, to perform this job function.

Any employee who has a disability and needs an accommodation in order to perform the essential functions of his or her job must notify the Administrator in writing within 182 days of when the employee knows or should have known of the need.

**209 ORIENTATION PERIOD** (revised 10/09)

The standard orientation period for new employees is ninety (90) days. During this orientation period, the employee will be given a written job description and the employee will be instructed as to the requirements of his or her job.

Employees are not eligible to receive holiday or bereavement pay during their orientation period. However, the hours worked during the orientation period will apply toward eligibility for annual vacation.

Employees in their orientation period are not subject to the corrective action (disciplinary) policies and may be terminated at any time.

Employees who change their employment status from a “less than” full-time to a full-time status as defined in policy number 210, must complete a ninety (90) day orientation period as a full-time employee before he/she is eligible for full-time benefits. However, if an employee reduces their employment status to “less than” full-time, the reduction of benefits is immediate.

Newly hired employees will receive a general orientation which will include, at a minimum, a review of the personnel policies, the Resident Bill of Rights, the facility’s disaster plans, infection control, body mechanics, Corporate Compliance, HIPAA Privacy and Security standards, and resident abuse and reporting standards.

**209A ORIENTATION WAGE** (added 9/09)

Employees in the following positions: CENA, Unit Clerk, Housekeeper, Laundry, Cook, Food Service Assistant, Dietary Clerk, Porter, Maintenance Man, Activity Assistant, Medical Records Clerk, Admission Assistant, Receptionist, and Concierge will be paid an orientation wage equal to \$ 1.00 less than their scheduled hire rate for the first seventy-five (75) hours of their employment.

## 210 EMPLOYMENT STATUS AND EMPLOYEE CLASSIFICATIONS

(revised 7/08, 5/11)

Staff members are classified for purposes of benefits as follows: Full Time, Part Time, Contingent, and Temporary. **This is considered your employment status.**

### **FULL TIME**

For employees who work a 7.5 hour day and have successfully completed the orientation period, full-time is considered a regular schedule of 75.0 hours of work per payroll.

For employees who work an 8.0 hour day and have successfully completed the orientation period, full-time is considered a regular schedule of 80.0 hours of work per payroll.

For unlicensed employees who regularly work a 12.0 hour day and have successfully completed the orientation period, full-time is considered a regular schedule of 69.0 hours of work per payroll.

For licensed and professional nurses who work an 8.0 hour day and have successfully completed the orientation period, full-time is considered a regular schedule of 64.0 hours of work per payroll.

You must maintain your full-time status based on actual hours worked to maintain your eligibility for full-time benefits.

### **PART TIME**

For employees who work a 7.5 hour day and have successfully completed the orientation period, part-time is considered a regular schedule of less than 75.0 hours of work per payroll.

For employees who work an 8.0 hour day and have successfully completed the orientation period, part-time is considered a regular schedule of less than 80.0 hours of work per payroll.

For licensed and professional nurses who work an 8.0 hour day and have successfully completed the orientation period, part-time is considered a regular schedule of less than 64.0 hours of work per payroll.

## CONTINGENT

For employees who have limited available days to work. Hours are scheduled based on the Facility's needs.

Contingent employees will notify the person in charge of scheduling of the days they are available before the schedule has been prepared. The cut-off date for requests will be posted. If the Facility does not have a need on the employee's available day, the employee may be asked to work on a different day needed by the employer on a short notice call. This may include coverage for other employee's absences.

Contingent employees working 1-2 days per pay period are required to work 1 Saturday and 1 Sunday each month. Contingent employees working 3-4 days per pay period are required to work 2 Saturdays and 2 Sundays each month.

Employees who do not volunteer for the required weekend days will be scheduled for weekend work at the Facility's discretion. An absence on that day may terminate contingent status.

Two call-ins in 6 months on the scheduled day will terminate the contingent status. One no-call / no-show on the scheduled day will terminate the contingent status.

Contingent staff will not be assigned to a "regular" unit, but will "float" to whatever unit has a staffing need. Contingent employees are not eligible for any fringe benefits unless otherwise required by law.

## TEMPORARY

Temporary employees are called to work as needed and not scheduled for a prearranged time. This includes seasonal and summer help. Temporary employees are not eligible for any fringe benefits unless otherwise required by law.

**Departmental classifications include:** CENAs, Restorative Aides, Nursing Clerks, Professional Nurses, Licensed Nurses, Cooks, Porters, Food Service Assistants, Dietary Clerks, Housekeeping Staff, Laundry Staff, Maintenance Staff, Medical Records Staff, Activities Staff, Social Service Staff, Admission Staff, Receptionists, Office Personnel, Departmental Managers, Professionals, and Executive Staff.

**Jobs are also classified for compensation purposes.** This is considered your job classification.

**HOURLY** (“non-exempt”)

Hourly paid professional nurses, supervisors, department heads, technical, office/ clerical, nursing assistants, housekeeping, custodial, maintenance, kitchen and laundry staff.

**SALARIED** (“exempt”)

Management and key professional employees paid on a salary basis.

Employees are assigned a classification at the time of hire. An employee’s classification will not change merely because the employee works a different number of hours. A change in classification can only be made by the Facility Administrator and approved by Premier Health Care Administration.

Employees who are not sure of their classification and status should ask their supervisor because employee benefits may vary from one category to another.

The Facility does not guarantee that employees will retain their classification or status or that they will be scheduled to work a certain number of hours. Classifications and status may be changed from time to time, upon reasonable notice to the employee at the discretion of the Facility and according to applicable State and Federal Labor Laws.

If your **employment status changes from full or part time to a contingent status**, all your accrued full or part-time benefits must be used prior to the beginning of your contingent status or you will forfeit and lose those benefits.

The Employer will not count low census days for which an employee is sent home by the Employer against the employee’s employment status. All efforts will be made to rotate the employee’s sent home to prevent any adverse payroll circumstances for the employee.

**EMPLOYEE NOTIFICATION OF EMPLOYMENT STATUS**

An employee’s hours will be monitored each payroll to be sure they work the required hours to maintain their current employment status and health insurance eligibility. Each payroll where the employee DOES NOT work the required hours to maintain their employment status or insurance eligibility, they will receive a written notice by mail **with their pay-stub** that will indicate same.

An employee may receive up to five (5) written notices in one calendar year (July-to-July) without jeopardizing their status. If at any time during this calendar year, the employee receives a sixth written notice, the employee will forfeit their health and dental insurance (if applicable); and/or their employment status will be changed from full-time to part-time. In addition, they will forfeit their holiday and sick benefits (if applicable). If the employee loses their health insurance, they may COBRA the benefit and re-enroll at the time of open enrollment.

**By sending the employee notice\* to the employee with their pay-stub to the address noted in their personnel file, the employee will be considered notified.** If the employee disagrees with a notice, the employee must present their appeal to payroll within two weeks of the date of the notice. Otherwise, the notice will be valid and used to determine employment status for insurance and benefit eligibility (rev 5/11).

## **211 WORK SCHEDULES**

Since a nursing center and an assisted living facility provide continuous resident care 24 hours a day, seven days a week, it must be continuously staffed. For this reason, you may be scheduled to work on weekends and holidays to meet the needs of the residents. The administrator and supervisors are responsible for maintaining effective and efficient work schedules. You should check the posted schedule often for changes. If you should wish to make changes to your schedule, you must obtain the approval of your supervisor in advance of that change.

**212 EMERGENCY COVERAGE** (revised 3/12)

Services in our Facilities must continue on a 24 hour, 7 day a week basis. Every effort is made to schedule personnel on a regular and adequate basis. Emergency situations do arise, however, due to weather, illness, accidents, etc. Therefore, if an employee is asked by the administrator or a supervisor to work a shift other than his/her usual shift, he/she will be expected to cooperate.

In the event that mandatory overtime is required, all employees on that shift will first be asked to volunteer to stay over. If staffing minimums cannot be met with volunteers or staff that have been called in, employees will be appointed to stay over based on seniority. The least senior employees will be appointed to fulfill the mandatory overtime need first and this will be rotated among all employees on the shift at that time. All reasonable attempts will be made to accommodate individual employee's needs. However, if an employee is appointed to stay and refuses, he/she may face discipline up to and including termination.



**213 WORK SHIFT** (revised 01/08)

The Department Heads will notify employees of the work shift for their respective departments. These shifts are subject to change at any time at the discretion of Administration. A standard shift may vary with job title. Please check with your supervisor for your standard shift and applicable pay.

The facility recognizes a forty (40) hour work week as their standard.

**214 DAILY WORK FLUCTUATIONS** (3/07, revised 11/08)

In the event that the workload has decreased due to low patient census resulting in a reduced workload, employees may be sent home.

Should such instances occur, department managers are to send employees home in the following order in accordance with a rotation schedule:

- Employees who volunteer to leave
- Contingent/temporary employees
- Probationary employees (those in their 90 day orientation period)
- Employees with the lowest seniority

Employees that work 12 hour or 16 hour Baylor schedules will be included in the rotation process.

If an employee is sent home by the employer due to low census, he/she will be paid for the time worked that day as reflected on their time card.

If an employee repeatedly volunteers to go home, their full-time status may be jeopardized. If this situation occurs, the supervisor or manager should select an alternate employee. It is the employee's responsibility to monitor their own hours regarding this policy.

## **215 NOTIFICATION OF LEAVING BUILDING, TIME KEEPER ID CARDS . NAME BADGE & MISSING PUNCH**

(revised 10/07, 6/09, 11/09)

### **NAME BADGES**

The employee's name badge is their time keeper identification for clocking in and out of the building. Employees must use only their name badge to swipe the time clock to record their hours worked. Employees who use someone else's name badge to record hours, or who ask someone to use their badge, or who in any way falsifies any information on the time clock or exception report, will be subject to disciplinary action up to termination.

Employees must swipe the time clock in and out. Failure to do so will count as two (2) tardy episodes and is subject to the progressive corrective action in the tardiness policy. Employees who have repeated episodes of failing to swipe in and/or out may be subject to additional disciplinary warnings along with the tardy episodes. Employees must swipe their name badge ID immediately before beginning work, when leaving the building for any reason, when returning to the building and immediately after completing work for the day. Refer to the "Missing Punch Form" attached to this policy.

You may not swipe in earlier than 5 minutes before your shift starts or 5 minutes after their shift ends unless you have prior approval for overtime. The clock automatically deducts for lunch. In rare instances, employees may be requested to work during their lunch. In order to be paid for this time, the employee must obtain an authorization and approval slip from their supervisor and approved by the administrator. This slip must be filed with Payroll for proper reimbursement. Employees who do not work five or more hours for the clock to automatically deduct lunch must swipe in and out for lunch. Employees who arrive early or choose to stay a short time after work has ended must be sure that only their actual working hours are reflected on their time record.

An employee who fails to swipe IN or OUT for any reason is required to have their arrival and/or departure time PERSONALLY VERIFIED by the employee's immediate Supervisor and must complete a Missing Punch Form to be signed by their Supervisor. The employee's supervisor must submit the Missing Punch Form to the Payroll department for proper computation of the employee's work time.

Your name badge also acts as your computerized time card and **MUST** be worn at all times when you are working. Your name badge must be easily readable and placed on your uniform above the waist and in full view of residents, families and other employees. You are responsible for the maintenance of your card/name badge. The first badge is provided at no cost. In the event that you lose your badge, you will be charged a nominal fee for an additional badge.

#### **WORKING AT A “SISTER” FACILITY (11/09)**

Beginning 11/15/2009, while working at a related Facility, employees will punch in on the time clock at the Facility in which they are working, using their employee card from their home Facility. The punch will register at their home Facility and the employee will be paid from this Facility. The Facility Payroll Department will then make the necessary adjustments using ETime so that the proper Facility is billed for the employee’s time.

#### **LEAVING THE BUILDING**

Employees are not permitted to leave the building during their shift unless they have permission from the department manager or supervisor and must swipe in and out.

## 216 TARDINESS (revised 1/08)

Tardiness is defined as not reporting to your work station by the scheduled time of your shift, and has nothing to do with the grace period the time clock uses in calculating pay. Employees who do not report to their work stations by their scheduled time will be in violation of Facility policies and will be considered tardy. One minute late is considered tardy for disciplinary purposes.

The employee is obligated to notify the facility if they are going to be late for their shift.

Employees arriving for work late whether at the beginning of the work day or after lunch; or leaving early will automatically be docked in increments of fifteen (15) minutes.

Any tardiness will be subject to discipline including written warnings and termination.

Employees who fail to punch in and/or out will be assigned two (2) tardy episodes and is subject to the progressive corrective action noted in this policy.

While reporting to work one minute late is tardy and subject to discipline, there will be accelerated disciplinary measures issued for employees who report to work exceptionally late as defined as 16 – 60 minutes after shift and/or break time.

For tardiness 1 – 15 minutes late, each tardy will be counted as one tardy episode.

For tardiness 16-30 minutes late, each tardy will be counted as two tardy episodes.

For tardiness 31-60 minutes late, each tardy will be counted as three tardy episodes

Employees' tardiness is monitored daily and corrective action for tardiness will be initiated as follows:

Full Time = 5 tardy episodes in a 30 day or less period Part Time = 3 tardy episodes in a 30 day or less period	1st written warning same
Full Time = 5 tardy episodes in a 30 day or less period Part Time = 3 tardy episodes in a 30 day or less period	2nd written warning same
Full Time = 5 tardy episodes in a 30 day or less period Part Time = 3 tardy episodes in a 30 day or less period	3rd written warning same
Full Time = 5 tardy episodes in a 30 day or less period Part Time = 3 tardy episodes in a 30 day or less period	4th termination same

Lateness beyond 60 minutes **without notice to your supervisor** will be considered three tardy episodes AND an absence of NO CALL / NO SHOW and subject to discipline. \* Please note that you may also be sent home without pay. Two NO CALL/ NO SHOW episodes in any 12 month period will be considered voluntary termination.

Lateness beyond 60 minutes **with notice to your supervisor** will be considered three tardy episodes AND an unexcused absence and subject to discipline.\* Please note that you may also be told not to report to work.

\* Any extenuating circumstance that causes tardiness must be presented to the Administrator for his/her exclusive review and consistent consideration. Examples may include a snow emergency, car accident with police report, or similar unpredictable event that can be substantiated.

If an employee is tardy-free for 120 days from the last tardiness warning, the next tardiness violation that warrants written disciplinary action will not progress the employee to the next corrective action level. The employee will remain at their current level of action notices and a step may be repeated. (Example: an employee receives their 1st written warning for tardiness; then they receive a 2nd written warning for tardiness; then they have NO tardy episodes for 120 days but during that 120 day period they receive a 3rd written warning for carelessness in work performance; the next violation of any work rule should result in termination. However, if their next violation is a written warning for tardiness, the employee will repeat step 3 in recognition of their attempt to remain tardy-free.)

**217 ATTENDANCE AND ABSENTEEISM** (revised 1/08)

Absenteeism is defined as missing a day of work without prior written approval from your supervisor. Absenteeism shall be assigned disciplinary action including written warnings and termination. Employees' attendance will be monitored daily.

To allow consideration for an unplanned event, the facility will recognize a few scenarios that will qualify as an excused absence. Employees may receive a maximum of 4 excused absences per calendar year without disciplinary action. If an employee exhausts the excused absence allowance, any additional absences, regardless of the reason for the absence, will be deemed unexcused and corrective action will be initiated per policy.

Employees are eligible for sick/personal days as defined in policy #304. However, the fact that a day is paid is not to be construed to mean that the absence is excused. The sole purpose of a paid sick/personal day is to provide pay for a day that would otherwise be unpaid.

A "spell-of-illness" is a period of consecutive absences of 2 – 5 days due to an illness of the employee or minor child. The facility will recognize one spell of illness per calendar year.

- 1 If the spell-of-illness is accompanied by a physician's note from a currently practicing licensed medical professional, the spell of illness will be counted as one excused absence.
- 2 If the spell-of-illness is NOT accompanied by a physician's note, the spell of illness will be counted as one unexcused absence subject to disciplinary action.

Upon return from a spell-of-illness, an employee may be required to present a written physician's note allowing the employee to return to work without restrictions.

If an employee requires more than 5 days off due to an illness AND the illness does not meet the FMLA criteria OR the employee is not technically eligible for the FMLA, the employee must request an unpaid personal medical leave of absence, which may or may not be approved by the supervisor based on the facility's staffing needs at the time of request. If the leave is not granted, any additional days absent will be counted individually as either excused and/or unexcused based on the employee's individual use of the allowable days. Excessive absences beyond the allowance are subject to discipline according to policy.

An excused absence is defined as the following:

- 1 One spell-of-illness absence (2-5 days) will be recognized per calendar year if accompanied with a physician's note from a currently practicing medical professional.
- 2 A one day absence due to an illness with a physician's note from a currently practicing medical professional.
- 3 A one day absence due to the illness of a minor child (son, daughter, or ward of the court) accompanied by a physician's note from a currently practicing medical professional.
- 4 A court appearance required by subpoena involving the employee or their minor child with at least a 24 hour advance notice to the employer.
- 5 A required police or court attendance due to an unlawful act where the employee was victimized (i.e. larceny, arson, homicide, assault, etc.).

If an employee exhausts their spell-of-illness time and is subsequently absent due to illness, each day absent will be counted individually as either an excused absence (with a physician's note) or an unexcused absence (without a physician's note) and disciplinary action will be assigned according to policy.



## 217A DISCIPLINARY ACTION

5 unexcused absences	1st written warning
6th unexcused absence	2nd written warning
7th unexcused absence	3rd written warning
8th unexcused absence	Termination

If an employee has perfect attendance for 120 days from their last attendance warning, the next attendance violation that warrants written disciplinary action will not progress the employee to the next corrective action level. The employee will remain at their current level of action notices and a step may be repeated. (Example: an employee receives their 1st written warning for absenteeism; then they receive a 2nd written warning for absenteeism; then they have NO absences for 120 days but during that 120 day period they receive a 3rd written warning for carelessness in work performance; the next violation of any work rule should result in termination. However, if their next violation is a written warning for absenteeism, the employee will repeat step 3 in recognition of their attempt to improve their attendance record.)

### **EMPLOYEE’S OBLIGATION TO NOTIFY FACILITY OF ABSENCE:**

It is the employee’s obligation to notify the facility **at least 2 hours prior to their shift start.**

### **“NO CALL / NO SHOW “ ABSENCE:**

Absence without notice is a “no call / no show” absence and is not acceptable. A “no call/ no show” absence is an unexcused absence. Any two “no call / no show” episodes within a twelve month period will constitute voluntary termination unless prohibited by law. In the event an employee arrives to work 60 minutes after the start of their shift without notifying their supervisor that they were going to be late, a “no call / no show” absence will be documented regardless if the employee was allowed to work or not.

### **WEEKEND ABSENCE:**

In the event of a weekend absence(s), an employee will be required to make-up that weekend day(s) on the current or future schedule depending on the department’s needs. The schedule will be adjusted by the supervisor and the employee will be expected to comply with the new schedule.

**ATTENDANCE BONUS** (revised 4/02)

Those hourly paid employees listed in the job categories below who have worked one full calendar year (January 1st through December 31st) are eligible for a \*perfect attendance bonus.

A full-time employee with \*perfect attendance for the calendar year will receive a \$ 150.00 attendance bonus. A part-time employee with \*perfect attendance for the calendar year will receive a \$ 75.00 attendance bonus.

**\*Definition of perfect attendance:** an employee must work every scheduled day for the entire calendar year (January 1st through December 31st) except for paid vacation days, approved paid bereavement days, and paid jury duty days. There are no other exceptions.

## Applicable job categories:

Activities Staff	Food Service Assistants	Maintenance Staff	Office Staff
Admissions Staff	Front Desk Receptionists	Medical Records Staff	Porters
CENA	Housekeeping Staff	Nurses	Restorative Staff
Cooks	Laundry Staff	Nursing Clerks	Social Service Staff

The attendance bonus shall be paid, by separate check, in the first full payroll of January of each year.

**218 OVERTIME** (revised 01/07)

Overtime at a rate of one and a half times regular pay will be paid to employees who are not exempt from overtime pay under the law. The Facility will pay overtime pay for staff after forty (40) hours worked in any work week [7-day period]. The overtime computation does not include hours for bereavement days, vacation days, sick days, or holidays.

Employees who are not exempt from overtime pay under the law must receive written authorization from their supervisor to work overtime and may not decide on their own to work extra hours or during breaks. The supervisor must sign-off that you were working. Unauthorized overtime will be paid, but is considered a serious infraction and will lead to discipline up to and including termination.

Employees who are classified as hourly (i.e., non-exempt) are eligible for overtime pay in accordance with state and federal laws.

**219 EMPLOYEE TRANSFER** (3/07)

Employees that work at one of the Premier Facilities may request to be transferred to another Premier Facility.

The following policies apply to such a transfer request:

- The employee must be in good standing at their present facility with no serious performance issues documented in their employment record.
- The employee must complete a new employment application and hire packet.
- A new criminal background check must be completed.
- The transfer must be agreed upon by the supervisor and/or the administrator of each facility.
- The employee may not transfer to the new facility until they have been successfully replaced.
- The employee's wage may change and will reflect the new facility's prevailing wage scale based on the employee's original hire date from the transferring facility.
- The employee will receive a new "transfer date of hire" to the new facility for purposes of performance evaluations and salary adjustments.
- If the employee is participating in health, dental, and/or disability insurance, they may transfer their coverage to the new facility without a lapse in coverage subject to approval by the insurance carrier.

It is recommended that any accrued vacation, sick and/or personal days be utilized at the transferring facility.

**220 PAY PERIODS** (revised 1/07)

Employees will be paid bi-weekly for the period of work completed for the previous two-week period. Payday is every other Friday. All employees must elect to have their paychecks directly deposited into the financial institution of their choice or have their paychecks mailed to their home. We recommend direct deposit for immediate access of your funds. Comerica Bank has offered several programs to Facility employees or you can elect the financial institution of your choice. Please ask the payroll associate in the business office for assistance. If you elect to not have your paycheck directly deposited into a financial institution of your choice, your paycheck will be mailed on the Thursday before payday. We do not guarantee delivery time of the U.S. Post Office. It is imperative that you give the payroll department your current and accurate address in order to eliminate concerns over “lost checks.” If you report a “lost check” to the payroll department, you will receive a replacement check by Friday of the week following the normal pay date. If you report a “lost check” twice in a quarter, you will be requested to enroll in direct deposit. Checks and check stubs will not be available for pick up at the facility.

Paycheck errors caused by the employee will be corrected in the employee’s next regular payroll check.

In the event the employer overpays an employee on their paycheck, the employer has the right to deduct the overpayment without written authorization if the following conditions are met: (1) the employer gives the employee written notice one payroll before the deduction; (2) the deduction cannot be greater than 15% of the wages; and (3) the wages cannot fall below minimum wage requirements after the deduction.

**221 REST PERIODS** (revised 3/07, 10/08)

Most employees that work five (5) hours or more, but less than seven (7) hours in one workday, are eligible for one fifteen (15) minute rest period. Employees working a seven-and-one-half (7.5) or an eight (8) hour workday are eligible for two fifteen (15) minute rest periods. Employees working twelve (12) consecutive hours or more are eligible for one additional fifteen (15) minute rest period during their shift.

Certain job positions (i.e. the front desk receptionist) do not qualify for a designated rest period during their short (five hours or less) shift. However, brief breaks of necessity are permitted after obtaining proper coverage for their post.

Rest periods are paid work breaks. Anyone extending their break beyond the allotted time will be considered tardy upon return to their work area. An employee is not allowed to leave the premises during a break.

**222 LUNCH PERIOD** (revised 1/10)

Employees who work five (5) hours or more shall be allowed a 1/2 hour unpaid lunch period. Due to the nature of our business and the possibility for emergency care of residents, we require that you do not leave the building for your lunch period. If for some reason, you need to leave the building, you **MUST** get permission from your Supervisor **AND YOU MUST** punch in and out. If you leave the building and you extend your lunch period past the allowed thirty (30) minutes, you will be docked for the excess time unless you are a salaried (exempt) employee.

Certain employees, due to their job duties, may be scheduled to work in excess of five (5) hours to a maximum of seven (7) hours without receiving a lunch break. These employees will be notified of this in their job orientation period. In this event, an employee will be paid for the entire amount of hours that they work.

Lunchrooms are provided for the use of employees. Employees must keep their food in these designated areas and may not eat or store their meals outside of the lunchroom.

Employees cannot arbitrarily decide to work through their lunch period and request to be paid. Worked lunch periods will only be reimbursed by the Facility if requested and approved in writing by the Administrator.

The one-half (1/2) hour lunch period cannot be combined with other rest periods for the purpose of shortening a work day.

**223 EMPLOYMENT OF RELATIVES** (revised 1/07)

It is the general policy of the Facility not to hire the immediate relatives of current staff (spouse, parents, grandparents, siblings, children, grandchildren, step-children, and in-laws) if the employment would create a direct supervisor/subordinate relationship with a family member; or create either an actual conflict of interest or the appearance of a conflict of interest as determined by the Executive Management of Premier. The final hiring decision in such cases will be made by the Administrator with approval of Premier Health Care Management.

These criteria will also be considered when transferring or promoting an employee.

Employees who become married to each other may continue employment provided there is not a direct supervisor/subordinate relationship between the employees or an actual conflict of interest or the appearance of a conflict of interest is determined by the Facility administrator.



**224 NO-COMPETITIVE EMPLOYMENT POLICY** (revised 1/07; 5/09)

Facility employees must not be employed by any competitive nursing center while they are employees of this Facility or serve as a private duty companion, within 5 miles of the Premier Facility of which they are employed. A competitive facility is another nursing and convalescent center, nursing home, extended care facility, or assisted living center. Furthermore, you cannot be an employee of the Facility and also serve as a private duty companion, aide, nurse, housekeeper, maintenance person, or any other paid position for a previous or current resident and/or family member. Violation of this policy is a serious infraction, and the violating employee will be disciplined, up to and including termination, in the discretion of management.

Upon resignation and/or termination of employment at the Facility, a former employee cannot serve as a private duty companion or care giver to a current Facility resident for a minimum of twelve (12) months from their last day of employment at the Facility; and only with the written acknowledgement and approval of the Facility Administrator.

No employee may be hired for any reason by an existing or discharged patient/family.

**225 PERSONNEL FILES** (revised 10/07)

Employees may review their personnel records twice per year upon written request. Also, the review generally should take place at the Facility's offices during normal office hours.

An employee may request a copy of their personnel file. However, there is an administrative and copying charge. The \$ 20.00 administrative charge is for file organization, review, and page numbering; and the copying charge of \$ 0.30 per page is for actual copying costs. The charge is payable upon request by cash or certified check. Please inquire with the payroll associate as to the amount due. The copy shall be available for the employee within a reasonable period of time, not to exceed ten (10) business days.

Throughout the course of your employment, it will be your responsibility to make sure that information in your personnel record is kept current. This may include new addresses and phone numbers for us to contact you, changes in marital status, or changes in the names of dependents for insurance purposes. You should notify your supervisor immediately when such changes occur.

## **226 EVALUATION REPORTS**

Periodic performance and attitude evaluations are a valuable aid in maintaining work performance. An evaluation report may be given on any employee at the discretion of the Facility but at least annually. It is also suggested that an employee receive a report at the end of their orientation period. This report will be initially drafted by the employee's immediate supervisor and then reviewed and approved by the department head and/or administrator who may make their own independent evaluation comments. It is not intended, by the preparation of such evaluations, to create a contract between the Facility and an employee or change the at-will nature of employment at the Facility.

## 227 PERSONAL CONDUCT & WORK RULES (revised 4/07)

Our fundamental goal is to consistently provide excellent care and services to the residents and their families. Certain rules are needed to continually accomplish this goal. Your conduct can have a great impact on care delivery and on the general well-being of the residents, visitors and fellow employees. Consideration for others, cheerfulness and courtesy are your greatest assets at all times.

The Facility anticipates that all employees will abide by the Facility's policies and procedures. If, however, an employee commits one of the following infractions, or engages in other misconduct, the employee will be disciplined, up to and including termination, in the sole discretion of management based on the specific infraction and employee past work history. Disciplinary actions can also be referred to as corrective actions. By enumerating offenses for progressive discipline and/or discharge **does not change** the employment-at-will status or **does not imply** that the Facility will only discharge for cause. The Facility may suspend an employee without pay during the investigation of an offense allegation. Discipline may be accelerated due to the severity of the offense and the employee's work performance record. The following is a list of offenses that will receive disciplinary action but may not be all inclusive of disciplinary infractions.

### NATURE OF OFFENSE

- 1 Confirmed verbal, physical, or emotional abuse or negligence towards residents.
- 2 Confirmed discriminatory or harassing behavior towards another employee, including sexual harassment.
- 3 Improperly discussing or divulging confidential information regarding a resident or the Facility's operations.
- 4 Use of personal cell phone in a patient care area or other unauthorized areas of the facility.
- 5 Unapproved possession of a camera cell phone in a patient care area.
- 6 Unauthorized photographing of residents.
- 7 Breach of the Information Security Policies involving ePHI.
- 8 Non-compliance with the "Confidentiality and Systems Usage Agreement" and the computer
- 9 "Acceptable Use Procedure."
- 10 Unauthorized computer access and use.
- 11 Falsifying resident or personnel records, reports, or any information connected with the Facility's operations.

- 12 Knowingly and intentionally submitting falsified information including billing invoices to any payer source (i.e. private pay, insurance, or government program).
- 13 Damage to, or unauthorized possession or use of property belonging to the Facility or to any staff member, resident, or visitor.
- 14 Theft of facility, resident, visitor, or employee's property.
- 15 Improper or illegal use or possession of lawful narcotics, possession or a positive drug testing of illegal narcotics, possession of any intoxicating beverages on the Facility premises, or reporting to work under the influence of any of the above.
- 16 Possession of a weapon on the Facility premises.
- 17 Unauthorized vending and/or sale of items or services to staff, students, visitors or residents.
- 18 Confirmed allegations of verbal or physical abuse of staff or visitors, including sexual harassment or fighting with staff or any other person while on Facility property.
- 19 Use of obscene, vulgar, or abusive language or gestures.
- 20 Insubordination or refusal to follow instructions of immediate supervisor or any other authorized person.
- 21 Leaving the Facility without prior authorization of your Supervisor.
- 22 Sleeping on the job including during paid break periods.
- 23 Rude or uncivil behavior; disrespect or lack of courtesy when communicating with residents, families, visitors or staff.
- 24 Unauthorized absence from assigned work area during regularly scheduled work hours; entering unauthorized areas at any time.
- 25 Interfering with the work performance of other staff.
- 26 Threatening or intimidating another staff member.
- 27 Violation of safety, fire prevention, or security rules and regulations; creating or contributing to unsanitary or unsafe conditions.
- 28 Failure to maintain personal cleanliness.
- 29 Gambling, conducting games of chance, or possession of gambling devices on the premises.
- 30 Loitering, loafing, rowdiness or clowning around while on duty.
- 31 Failure to cooperate with a criminal background investigation.
- 32 Smoking in resident areas, public areas or designated areas of non-smoking.
- 33 Failure to maintain current certification/licensure.

- 34 Failure to be in prescribed work uniform and dress code.
- 35 Fraud upon or misrepresentation to the Facility.
- 36 Intentional noncompliance of the Business Code of Conduct or the Corporate Compliance Plan.
- 37 Retaliation against another individual for reporting a violation or cooperating in an investigation of the Corporate Compliance Plan.
- 38 Excessive absenteeism as defined in policy #217.
- 39 Excessive tardiness as defined in policy # 216.
- 40 Repeated failure to punch in and/or out as noted in policy # 215.
- 41 Working unauthorized overtime.
- 42 Failure to complete assigned tasks.
- 43 Excessive loud talking and behavior.
- 44 Carelessness or negligence in the performance of the job assignment.
- 45 Gross neglect of duty.
- 46 Failure or refusal to report abuse; or refusal to cooperate in an abuse investigation.
- 47 Areas of misconduct noted elsewhere in this handbook, or which common sense would indicate are not appropriate behaviors but do not pose an immediate safety threat to residents, visitors, or fellow employees.
- 48 Multiple warnings – four (4) within a twelve (12) month period unless there are repeated steps for absenteeism and/or tardiness as stated in policies # 216 and 217.

The foregoing list of offenses [numbers 1-47] is not all inclusive, and has been adopted for the guidance of personnel. The list is not intended to, and does not, create a contract between any employee and the Facility. The Facility is not required to follow progressive discipline or provide any advance notice or have cause to discharge its employees.

Disciplinary notices will remain in your employee file during the tenure of your employment. However written notices of warnings or other disciplinary action shall not be used as a basis for further discipline after the employee has maintained a clean record of conduct and has not received any written warnings for one year from the LAST DATE OF OFFENSE.

**228 LEAVING PREMISES FOR FACILITY BUSINESS**

Employees who leave the premises on Facility business must have a valid driver's license and must have insurance for their vehicles in accordance with Michigan law. Employees must inform their supervisors if they do not meet these requirements and are asked to leave the premises on Facility business. In addition, employees are required to follow all traffic and other laws while off premises on Facility business.

**229 FACILITY PROPERTY**

Employees may not use Facility property including the parking lot for their personal use. At the time of voluntary termination, employees must return all keys, badges and other property in their possession that had been entrusted to them. Employees may not leave the Facility in possession of Facility property or supplies: to do so is grounds for termination.



**230 PERSONNEL INQUIRIES REGARDING OTHER EMPLOYEES**

Employees are not authorized to answer any inquiries from anyone requesting a reference or pertaining to an employee or former employee's performance, employment, or contact information. All such requests and inquiries must be referred to the Business Office or to the Administrator. Anyone doing so is without authority to speak on behalf of the Facility and will be subject to discipline, up to and including termination.

**231 EMPLOYMENT OF MINORS** (new 2/07, revised 2/10)

The Facility will comply with the State and Federal directives regarding employment of minors. All employees under the age of 18 are considered minors. The minimum age for employment is 14 years of age. Minors must have parental approval for employment and acknowledge this by signing the appropriate employment forms.

Premier Health Care Management  
**PERSONNEL POLICY MANUAL**

**Section 300 Benefits**

for the following facilities:

Cherrywood Nursing and Living Center

Evergreen Health and Living Center

Shelby Nursing Center

ShorePointe Nursing Center

ShorePointe Village

West Bloomfield Nursing Center

Woodward Hills Nursing Center

## SECTION 300 - BENEFITS

301	p 83	General Benefit Eligibility
302	p 84	Vacations
303	p 86	Holidays
304	p 88	Paid Sick / Personal Time
305	p 90	Family Medical Leave Act (FMLA)
306	p 102	Personal Leave - non FMLA
307	p 103	Jury Duty
308	p 104	Bereavement
309	p 102	Military Leave
310	p 106	Retirement
311	p 107	Health, Dental, Life, Disability and Other Insurances
312	p 109	COBRA Policy
313	p 112	Tuition Reimbursement

**301 GENERAL BENEFIT ELIGIBILITY POLICY** (new 1/07)

Many of the Facility fringe benefits are affected by your employment status (Full-time vs. Part-time). Each employee's payroll is monitored by the Business Office to assure proper status. An employee may receive payroll notices when their full-time status is in jeopardy due to working less than full-time hours.

Benefits applicable for Full-Time employees (those who regularly work 75 or 80 hours based on their work schedule and/or 64 hours for nurses) include:

- 1 Sick / personal days;
- 2 Bereavement pay (up to 3 days) for the purpose of attending a funeral of immediate family;
- 3 Participation in health and dental insurance;
- 4 Holiday pay for non-worked holidays;
- 5 Maximum vacation days based on accrual of hours worked;
- 6 Perfect attendance bonus; and
- 7 Tuition reimbursement.

Benefits applicable for Part-Time employees (less than 75 or 80 hours based on their work schedule or less than 64 hours for nurses) include:

- 1 Bereavement pay (up to 1 day) for the purpose of attending a funeral of immediate family;
- 2 Vacation days based on accrual of hours worked; and
- 3 Pay at time-and-one-half for worked holidays.

If an employees' status changes from full-time to part-time for any reason, including a change due to their history of working less than full-time hours, then the employee shall forfeit their full-time fringe benefits including sick/personal days, holiday and bereavement pay as noted above, tuition reimbursement, perfect attendance bonus and maximum vacation hour accrual. However, the employee may still meet the hours required to qualify for health insurance (see policy # 311 for eligibility).

If an employee takes a FMLA or non-FMLA leave of absence for thirty (30) or more days, their anniversary date for receiving any applicable wage adjustment will be extended for the length of the leave and be effective on that first full payroll .

**302 VACATIONS** (revised 4/08, 6/09)

The Facility provides vacation time for all full time and regular part time employees according to the following charts. “Contingent” and temporary employees do not earn vacation time.

**CHART A**

If you are paid on an hourly basis for a 7.5 hour shift or less, you would follow this chart:

<b>YEARS OF SERVICE</b>	<b>MAXIMUM VACATION DAYS AVAILABLE</b>	<b>NUMBER OF WORK HOURS NEEDED TO EARN ONE VACATION DAY</b>
1	up to 5	390.00
2+	up to 10	195.00
5+	up to 15	130.00
10+	up to 20	97.50

**CHART B**

If you are paid on an hourly basis for 8.0 hours or more per shift, you would follow this chart:

<b>YEARS OF SERVICE</b>	<b>MAXIMUM VACATION DAYS AVAILABLE</b>	<b>NUMBER OF WORK HOURS NEEDED TO EARN ONE VACATION DAY</b>
1	up to 5	416.00
1*	up to 10	208.00
2+	up to 10	208.00
5+	up to 15	138.67
10+	up to 20	104.00

\* For one year of service for hourly paid licensed nurses only.

A vacation day consists of a maximum of eight hours pay for those employees who are regularly scheduled to work a ten (10), twelve (12), or sixteen (16) hour shift.

No employee will receive paid vacation time until their first year of service is complete. Only full days of vacation will be granted based on accrued hours (there is no “rounding” of accrued hours). No ½ days off for vacation time will be granted. You have one year to use the vacation time you have available. All vacation time must be used within the

year following the year of service in which it became available. If you do not request to have your vacation time off within the allotted year, you will forfeit the time if not taken.

No vacation time will carry over from year to year unless there are extenuating circumstances that must be approved in writing by the Administrator. If such approval is received, the vacation extension cannot exceed thirty (30) days.

An employee may receive their vacation pay, by separate check, in the payroll immediately preceding their approved vacation provided they have passed their anniversary date. An employee must notify the payroll department in advance of the date that vacation payment is to be made; and provide the payroll department with the approved vacation request form.

In the event of termination, vacation time earned and/or available but not yet used will not be paid. In the event of resignation with at least a two week notice, earned vacation time may be paid, if requested and the employee works all scheduled shifts during their resignation notice period.

Vacations are limited to 2 consecutive weeks unless otherwise approved by the Administrator. Vacations may be taken only from January 2 through November 15 unless otherwise approved by the Administrator.

Vacation requests must be pre-approved by your Supervisor and must be dated and submitted to your supervisor prior to your vacation. Dates are approved based upon staffing needs and other vacation requests. Your supervisor may require that the vacation request be submitted prior to the new schedule posting.

If an employee uses vacation time for a purpose covered under the Family and Medical Leave Act, he/she must follow the notification process set forth in Policy #303.

If an employee is called in to work during their vacation, he/she will receive time-and-one-half for all hours worked.

Vacation days cannot be used for days absent from work due to illness or personal reasons. An employee cannot borrow against vacation time not yet earned.

### 303 HOLIDAYS (revised 11/09)

Due to the nature of our business, you will be generally required to work a MINIMUM of three (3) Holidays per year and receive Holiday pay, if eligible.

The following holidays are observed by eligible employees who have completed the orientation period:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day	Christmas Day

For the midnight shift only, the Holiday begins at 11:00 PM on the evening before the actual Holiday day. (Example: New Year's Day - holiday pay will be paid to those eligible employees who begin work at 11:00 PM on 12/31).

To receive holiday pay, you must work all of the hours of your bi-weekly assignment in which the holiday occurs, as scheduled. Failure to work all of the hours in the entire assignment as scheduled will result in forfeiture of holiday pay. You may not be absent during that pay period.

The Holiday benefit will be paid as follows:

- Part-time and contingent employees must work the actual holiday to be eligible for holiday pay at time-and-one-half.
- Full time employees that work the holiday will be paid for the number of hours worked plus holiday pay at time-and-one-half for the number of hours worked to a maximum of four hours of holiday pay for an 8 or more hour / shift employee or three-and-one-half hours of holiday pay for a 7.5 hour / shift employee.
- Full-time employees who do not work on the holiday, but satisfy the attendance provision, will be paid holiday pay at straight time to a maximum of four hours of holiday pay.
- Only hourly (non-exempt) employees who work overtime on the holiday shall be paid their worked hours at time-and-one-half. [Overtime is considered any time worked in excess of eight hours on the holiday or for hours worked in excess of forty in the week for those employees who are regularly scheduled to work a 10 or 12 hour shift.]



An employee shall not be paid holiday pay if such employee is on an unpaid leave of absence for any reason, or receives pay under another fringe benefit program, except scheduled vacation. If a holiday falls during an employee's approved vacation they must work their scheduled day before and after their vacation in order to receive holiday pay.

### 304 SICK/PERSONAL DAY BENEFIT (revised 4/08)

*This policy is in effect immediately and supersedes any previously written policy regarding this benefit.*

This policy affects the following non-exempt job categories: Nurses (RN / LPN), CENAs, Resident Aides, Ward Clerks, Housekeeping Staff, Laundry Staff, Maintenance Staff, Dietary Staff, Receptionists, Recreation Staff, Medical Records Staff, Social Service Staff, Clerical/Business Office Staff and Admission Staff. This policy is a benefit for full-time employees only.

Full time employees that have successfully completed their ninety-day introductory period shall receive a personal/sick day benefit as outlined below:

- 1 After successfully completing the ninety (90) day introductory period, full time employees are eligible to receive up to two (2) personal/sick days per year. This is based upon earning one (1) day for every 840 hours worked that calendar year.
- 2 After one full year of continuous employment, full time employees are eligible to receive up to three (3) personal/sick days per year. This is based upon earning one (1) day for every 560 hours worked that calendar year.
- 3 After two full years of continuous employment, full time employees are eligible to receive up to four (4) personal/sick days per year. This is based upon earning one (1) day for every 420 hours worked that calendar year.
- 4 This benefit begins to accrue after the employee successfully completes their ninety (90) day introductory period.
- 5 All unused personal/sick days (not previously paid throughout the year) shall be paid in the first full pay period in December of each year.
- 6 Only full days earned shall be paid. No partial days/hours earned shall be paid.
- 7 A sick/personal day consists of a maximum of eight hours pay for those employees who are regularly scheduled to work a ten (10), twelve (12), or sixteen (16) hour shift.
- 8 Unused days/hours cannot be carried over to the next year.
- 9 A new benefit period begins the first of each year.
- 10 Only hours worked after successfully completing the introductory period shall count towards this benefit calculation. Vacation, paid personal/sick, jury duty, bereavement hours and etc. shall not count towards hours worked.

- 11 If a sick/personal day is requested and available, a request form must be completed and submitted to the Department Head and/or the Business Office Associate to receive pay for that day within the scheduled payroll.
- 12 All available sick/personal time must be taken at the beginning of any approved FMLA leave except for the birth or placement of a child.
- 13 Employees cannot tag on unused personal days to an approved vacation **without** prior written approval and planning.
- 14 Paid sick/personal days do not add into overtime computation.
- 15 In the event of termination or resignation, sick/personal time earned (if applicable) and/or available but not yet used will not be paid.
- 16 Additional sick/personal days taken may be subject to disciplinary action.
- 17 The Employer reserves the right to deny any request for personal days in order to ensure efficient operation of the Facility and/or compliance with Federal or State laws.
- 18 The Employer reserves the right to request verification of any illness or injury, and reserves the right to require a medical examination of the employee by a physician of the Employer's choice (at the Employer's expense). An employee who is off work due to a claimed illness for more than three (3) consecutive work days may be required to supply the Employer with written medical verification from the employee's physician that the employee is able to return to work and is able to perform the duties of the position.
- 19 The fact that a day is paid is not be construed to mean that the absence is excused. The sole purpose of this policy is to provide pay for days that would otherwise be unpaid.

### 305 FAMILY AND MEDICAL LEAVE ACT POLICY (revised 1/16/09)

In accordance with the Family and Medical Leave Act of 1993 (“FMLA”), an employee who has been employed by the employer for at least 12 months (the 12 months of employment need not be consecutive; all time worked for the employer is counted) and who has worked at least 1,250 hours during the previous 12-month period will be eligible for 12 weeks unpaid leave, provided the employer has 50 or more employees at the employee’s work site or within 75 miles of that work site. This policy is being provided to inform you of rights under Federal law. Should the need for FMLA leave arise, contact your supervisor or the administrator regarding your eligibility for leave under this policy.

An eligible employee is entitled to a total of 12 work weeks of unpaid, job protected leave during the designated 12-month period for one of the following five circumstances:

- 1 The birth of a son or daughter of the employee and in order to care for the newborn child;
- 2 The placement of a son or daughter with the employee for adoption, foster care placement, or foster care;
- 3 To care for the employee’s spouse, son, daughter, or parent (not a parent-in-law) with a serious health condition;
  - *Son or daughter means a biological, adopted or foster child, a stepchild, a legal ward of a child who is cared for financially and on a day-to-day basis and who is under 18 or over 18 and “incapable of self-care because of a mental or physical disability.”*
  - *The definition of a parent is not limited to biological parents. Leave may be available fo any person who stood in “loco parentis” to the employee.*
4. To take medical leave when the employee is unable to perform the essential functions of the employee’s job because of a serious health condition; or
5. For qualifying exigencies arising out of the fact that the employee’s spouse, son, daughter, or parent is on active duty or call to active duty status as a member of the National Guard or Reserves in support of a contingency operation; and

An eligible employee is also entitled to a total of 26 work weeks of unpaid, job protected leave during a single 12-month period for the following circumstance:

- 26 work weeks of unpaid leave during a “single 12-month period” to care for a current member of the Armed Forces, with a serious injury or illness who is a spouse, son, daughter, parent, or next of kin.

A **serious health condition** means an illness, injury, impairment, or physical or mental condition that involves either:

- any period of incapacity or treatment connected with inpatient care in a hospital, hospice, or residential medical-care facility, and any period of incapacity or subsequent treatment in connection with such inpatient care; or
- continuing treatment by a health care provider which includes any period on incapacity due to:
  - 1 a health condition lasting more than three consecutive full calendar days and any subsequent treatment relating to the same condition that also includes:
    - a treatment two or more times by or under the supervision of a health care provider (i.e. in-person visits, the first within 7 days and both within 30 days of the first day of incapacity); or
    - b one treatment by a health care provider (i.e. an in-person visit within 7 days of the first day of incapacity) with a continuing regimen of treatment (e.g. prescription medication, physical therapy); or
  - 2 any period of incapacity related to pregnancy or for prenatal care. A visit to the health care provider is not necessary for each absence; or
  - 3 any period of incapacity or treatment for a chronic serious health condition which continues over an extended period of time, requires periodic visits (at least twice per year) to a health care provider and may involve occasional episodes of incapacity; or
  - 4 a period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. Only supervision by a health care provider is required, rather than active treatment; or
  - 5 any absences to receive multiple treatments for restorative surgery or for a condition which would likely result in a period of incapacity of more than three days if not treated.

Examples of serious health conditions include, but are not limited to: heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous

disorders, injuries caused by serious accidents on or off the job, ongoing pregnancy, miscarriages, complications or illnesses related to pregnancy, such as severe morning sickness, the need for prenatal care, childbirth and recovery from childbirth. Serious health conditions also include any incapacity due to chronic serious health conditions (e.g. asthma, diabetes, epilepsy, migraine, etc) or any period of absence for multiple treatments (e.g. chemotherapy and dialysis). Mental conditions may also be FMLA qualifying conditions.

**A health care provider means:**

- doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctors practice; or
- podiatrists, dentists, clinical psychologists, optometrists, and chiropractors authorized to practice and performing within the scope of their practice, under state law; or
- nurse practitioners, nurse-midwives and clinical social workers authorized to practice and performing within the scope of their practice as defined under state law; or
- Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, MA; or
- Any health care provider recognized by the employer or the employer's group health plan benefits manager.

Spouses employed by the facility are jointly entitled to a combined total of 12 work-weeks of family leave for the birth and care of a newborn child, for placement of a child for adoption or foster care, and to care for a parent who has a serious health condition. Spouses employed by the facility are jointly entitled to a combined total of 26 weeks of leave to care for a current member of the Armed Forces, with a serious injury or illness, who is a spouse, son, daughter, parent or next of kin.

Leave for the birth and care of a child or placement adoption or foster care must conclude within 12 months of the birth or placement.

Under some circumstances, employees may take FMLA leave intermittently – which means taking leave in blocks of time, or by reducing their normal weekly or daily work

schedule. If FMLA leave is for birth and care or placement for adoption or foster care, use of intermittent leave is subject to the employer's approval. FMLA leave may be taken intermittently whenever medically necessary to care for a seriously ill family member, or because the employee is seriously ill and unable to work.

### **NOTICE OF NEED FOR FMLA LEAVE**

An employee must provide the employer with at least a 30-day advance notice of the need to take a FMLA leave where the need is foreseeable and such notice is practicable. If the leave is foreseeable less than 30 days in advance, the employee must provide notice as soon as practicable – generally, either the same or next business day. When the need for a leave is not foreseeable, the employee must provide notice as soon as practical, under the facts and circumstances of the particular case. Notice may be given by telephone, fax or other electronic means, and may be given by the employee or an adult family member. Employees also have a duty to make a reasonable effort to schedule foreseeable, planned medical treatment of themselves, their parent, spouse or child so it will not unduly disrupt the operations of the employer and shall attempt to give a 30-day notice before the medical leave is to begin or such soon as notice is practicable. Absent unusual circumstances, employees must comply with the employer's usual and customary notice and procedural requirements for requesting leave.

### **LEAVE REQUEST**

When time-off is requested, the employer will inquire about the circumstances for the purpose of determining whether the requested time-off appears to qualify as FMLA leave. The employee must provide sufficient detail to make it evident that the requested leave is protected as FMLA leave. If the request is for purposes of an adoption, proper documentation must be submitted. If the leave is for a medical reason, the employer shall give the employee Form WH-380-E for completion by a health care provider. Upon receipt of the completed WH-380-E, the employer will determine if the leave qualifies as FMLA leave and notify the employee of such by completing Form WH-381-E and sending a copy to the employee. Any request determined to qualify as FMLA leave will be credited against the employee's FMLA leave for the 12-month period.

If the request is for a family member's serious health condition, the employer shall give the employee Form WH-380-F for completion by a health care provider. Upon receipt

of the completed WH-380-F, the employer will determine if the leave qualifies as FMLA leave and notify the employee of such by completing Form WH-381-F and sending a copy to the employee.

If the leave is for a qualifying exigency for military family leave, the employer shall give the employee Form WH-384 for completion. Upon receipt of the completed WH-384, the employer will determine if the leave qualifies as FMLA leave and notify the employee.

If the leave is for a Serious Injury or Illness of Covered Service Member for Military Family Leave, the employer shall give the employee Form WH-385 for completion by a health care provider. Upon receipt of the completed WH-385, the employer will determine if the leave qualifies as FMLA leave and notify the employee.

#### **PROVISIONAL DESIGNATION PENDING DOCUMENTATION**

If the employer receives timely and complete certification that establishes FMLA eligibility, the employer shall send an appropriate correspondence, Forms WH-381 and WH-382 to the employee that the FMLA that was previously provisionally designated as FMLA will be counted as FMLA leave.

If the employer receives timely and complete certification that established no FMLA eligibility, the employer should send appropriate correspondence to the employee that the FMLA has been rescinded.

If the employer does not receive certification within time frame, the employer should generally rescind the provisional designation unless the employee has a reasonable excuse for failure to meet the deadline.

If the employer receives incomplete or unclear certification, the employer must give the employee a reasonable opportunity to cure the deficiency.

If the employer questions the certification, the employer may proceed to the second and third opinion process.



### **USE OF PAID LEAVE TIME**

When time-off work qualifies as FMLA leave, the employee is required to first exhaust earned and/or accrued paid time-off, which will be credited against their FMLA leave, except that an employee is not required to utilize paid sick time for FMLA leave involving the birth or placement of a child. Any remaining FMLA leave to which the employee is entitled will then be taken on an unpaid basis. An employee will not continue to accrue paid sick/personal/vacation time while they are on leave. Employees are required to advise their supervisor if they are taking paid time off for any FMLA qualifying reason.

If reasonable safety concerns exist, an employer may, under certain circumstances, require such a certification for employees returning from intermittent FMLA leave.

### **METHOD OF CALCULATING FMLA LEAVE TIME**

The employer uses the calendar year (January 1st – December 31st) to calculate FMLA leave time.

### **MEDICAL CERTIFICATION**

An employee who requests leave to care for the employee's seriously ill spouse, child or parent, or due to the employee's own serious health condition that makes the employee unable to perform the duties of his or her position, or to care for an injured Service Member must furnish the employer with an appropriate medical certificate completed by the employee and the health care provider (Form WH-380). Employees must be given at least 15 calendar days to submit medical certification. Where an emergency or unusual condition exists, and reasonable circumstances prohibit the employee from obtaining the medical certification, taking action for failure to meet the 15-day deadline could be actionable. Otherwise, if the employee does not provide the requested medical certification in a timely fashion (normally 21 calendar days), the leave is not protected by the Act. Failure to timely provide a completed certification will result in delay of the FMLA leave request until the certification is submitted. The employer shall provide the employee with a reasonable opportunity to cure any deficiencies in their medical certification.

If the employer has reason to doubt the validity of the employee's certification, it may require at its own expense that the employee obtain an opinion of a second health care

provider approved by the employer as long as that provider is not employed, contracted or utilized on a regular basis by the employer.

An employer may use a health care provider, a human resource professional, a leave administrator, or a management official – but not the employee’s direct supervisor – to authenticate or clarify a medical certification of a serious health condition.

Only the employer’s health practitioner is permitted to contact the employee’s health care provider in order to obtain clarification of a certification and to determine its authenticity and only if the employee authorizes the contact. Employers cannot contact the employee’s doctor themselves.

In the event there are conflicting opinions, the employer will require the employee to obtain certification from a third health care provider (paid for by the employer) who is approved jointly by the employer and the employee. The opinion of the third health care provider will be final and binding on both. If the employee fails to act in good faith in approving the third health care provider or refuses to be examined or to cooperate in the examination by the third health care provider, the employee will be bound by the second certification by the employer and a copy of the Second Opinion Medical Certification must be provided to the employee upon request.

## **RECERTIFICATION**

Employers may require subsequent recertification of the condition during FMLA leave, as well as periodic reports of the employee’s intent to return to work. The employer may require recertification whenever circumstances described by the previous certification have changed significantly, or the employer receives information that casts doubt upon stated reason for the absence.

Recertification will not be required more than every 30 days. If the minimum duration of the period of incapacity stated in a certification furnished by a health care provider is more than 30 days, the employer can only request recertification sooner if the employee requests an extension of leave, circumstances in the certification have changed significantly, or the employer receives information that casts doubt on the validity of the certification.

## **INTERMITTENT/REDUCED LEAVE SCHEDULE**

If an employee requests intermittent leave, or leave on a reduced leave schedule, the employee must advise the employer (1) why the intermittent/reduced leave schedule is medically necessary, and (2) of the schedule for treatment. The employee is required to meet with their supervisor or administrator to work out a treatment schedule that meets the employee's needs without unduly disrupting the employer's operations. If the meeting takes place after treatment has been scheduled, the employer may, in certain instances, require the employee to attempt to reschedule treatment.

The employer may assign an employee to an alternate position with equivalent pay and benefits, but not necessarily equivalent job duties that will better accommodate the employee's intermittent or reduced leave schedule. While the employer may also transfer the employee to a part-time job with the same rate of pay and benefits, the employee will not be required to take more leave than is medically necessary. When a transfer to a part-time position has been made to accommodate an intermittent or reduced leave schedule, the employer will continue group health benefits on the same basis as provided for a full-time employee for the 12 weeks of FMLA leave.

While intermittent and reduced leave schedules are available to an employee for prenatal care, they are not available for the birth or placement of a child for adoption or foster care.

## **GROUP HEALTH AND OTHER BENEFITS**

In general, an employee on FMLA-qualified leave will be entitled to continue to receive group health benefits under the same terms and conditions as he or she received those benefits prior to taking the leave. An employee may elect, however, not to continue group health benefits for the time that he or she is on unpaid FMLA leave. An employee who wishes to continue group health benefits while on unpaid FMLA leave must make arrangements with the payroll clerk or administrator. The employee is responsible for paying their portion of the health insurance benefit during their FMLA leave.

The employer will not continue coverage for benefits other than group health to an employee on FMLA leave. However, once the employee returns to work following FMLA leave, he or she will be restored to all benefit coverage received prior to the FMLA leave without any additional waiting period or other limitation. If, after taking

FMLA leave, an employee fails to return to work for a reason other than the employee's serious health condition or that of the employee's child, spouse or parent, or a reason that is beyond the employee's control as determined by the employer in accordance with the FMLA, the employee must reimburse the employer for group health benefit premiums paid by the employer during the employee's unpaid FMLA leave.

### **RETURN TO WORK & FITNESS FOR DUTY EXAMINATIONS**

Upon conclusion of FMLA leave, an employee will be returned to the same position the employee held when the leave commenced or to an equivalent position with equivalent benefits, pay, and other terms and conditions of employment.

However, an employee who takes FMLA leave due to the employee's own serious health condition must provide, prior to resuming work, a certification from the employee's health care provider indicating the employee is medically able to resume work. The employee will not be allowed to return to work until acceptable certification is provided.

### **KEY EMPLOYEES**

A "key" employee is an eligible salaried employee who is among the highest paid 10% of all employees within 75 miles of his or her work site. While the employer will not deny FMLA leave to an eligible key employee, the employer may deny job restoration where the restoration will cause it substantial and grievous economic injury or substantial long-term economic injury. An employee who is designated as a key employee generally will be notified of that fact when he or she requests FMLA leave, or at the commencement of such leave, whichever occurs first. If, however, notice cannot be given at that time because of the need to determine whether the employee is a key employee, the employee will be notified as soon as practical.

Where the employer determines that it will deny restoration of employment to a key employee, it will issue a hand-delivered or certified letter to the employee explaining the basis of its findings that the requisite injury to the employer exists. Where practical, the employer will communicate this determination prior to the commencement of the FMLA leave to assist the key employee in determining whether to take, or forego, FMLA leave. If the FMLA leave has already commenced, the key employee will be provided a reasonable amount of time to return to work after being notified of the decision to deny reinstatement.

If a key employee does not return to work in response to the employer notification of its decision to deny restoration of employment, the employer will continue to provide health benefits (where applicable) during the leave and it will not seek to recover its cost of premiums from the employee. A key employee's FMLA rights will continue until the employee gives notice that he or she no longer wishes to return to work or until the employer denies reinstatement at the end of the leave period. At the end of the FMLA leave period, the key employee has the right to request reinstatement and have the Facility reevaluate the extent of its injury due to the requested reinstatement based on the facts at that time. If the employer again determines that the reinstatement will cause the requisite injury, the key employee will be notified in writing by a hand delivered or certified letter of the denial of his or her reinstatement to employment. If the employer finds that reinstatement will not result in the requisite injury, the key employee will be granted reinstatement.

#### **NOTICE REGARDING NOT RETURNING TO WORK**

Any employee (including a key employee) who is on FMLA leave and decides that he or she will not return to work upon conclusion of the FMLA leave must notify the employer within 2 days of that decision. When an employee fails to return to work due to a serious health condition, the employer requires the employee to provide medical certification of that health condition within 30 days from the date of its request. If a completed certification is not timely provided, the employee must reimburse the employer for the group health benefit premiums paid by the employer during the employee's FMLA leave.

An employee will be considered as having returned to work only after he or she has returned to work for at least 30 calendar days.

Prior to commencing FMLA leave, the employee is required to sign specific form(s) stating that, if the employee fails to return to work following the leave for reasons other than a serious health condition or for a reason beyond the employee's control, he or she consents to have the amount which must be reimbursed to the employer for group health benefit premiums deducted from any wages, sick/personal/vacation pay, severance payments or other amounts (as permitted by law) which the employer owes to the departing employee and to repay any amounts that exceed those deductions.

## **OTHER INFORMATION**

The employee does not accrue benefits during their qualified FMLA leave, including vacation time, holiday pay, sick/personal time, and bereavement pay. However, if the employer offers an attendance bonus rewarding perfect attendance, it is unlawful to disqualify an employee or reduce the award relative to the FMLA absences.

The employer provides FMLA leave benefits under its Policy only to the extent required by law. Again, should the need for FMLA leave arise, please immediately see your supervisor or the administrator.

## **FMLA SUMMARY:**

Refer to the entire policy for complete information regarding a FMLA leave.

- 1 Employees are obligated to notify the employer of their desire to take a FMLA leave as soon as practical under the circumstances with 30 days advance notice required if the cause of the leave is foreseeable. Employees will be given the appropriate form pertaining to their leave for the employee to complete or have completed.
- 2 A FMLA leave request must be in writing and set forth specific reasons for the leave, the anticipated duration of the leave, anticipated start date of the leave with attached all supporting medical documentation. A second and third medical opinion may be required at the Employer's expense.
- 3 Upon evaluation of the documentation supplied by the employee, the employer shall inform the employee if their leave meets FMLA eligibility.
- 4 If the purpose of the leave meets eligibility under the FMLA, the employer, in accordance with its option, will charge the time to FMLA time whether or not the employee requests FMLA time.
- 5 If the purpose of the leave does not meet eligibility under the FMLA, the employer, in accordance with its option, will charge the time to paid time off programs.
- 6 Employees may take intermittent or reduced schedule leave when medically necessary to care for a seriously ill family member, or because of the employee's serious health condition. Employees needing intermittent or reduced schedule leave for foreseeable medical treatment must work with their employers to schedule the leave so as not to unduly disrupt the employer's operations.
- 7 The employee may be required to provide the employer with monthly medical

certifications from the employee's health care provider updating the employer concerning the health conditions which is the subject of the leave.

8 Prior to return from an approved FMLA leave for a personal medical reason, the employee must provide certification that the employee is able to resume work with or without restrictions. The return to work certificate must indicate that the medical provider is aware of the nature of the employee's duties.

9 Medical treatment should be scheduled before or after working hours.

10 An employee may request an extension of a FMLA leave, but such request must be provided no later than one (1) week before the leave expires, unless such notice is not practical and supporting medical and other evidence of need must be attached. Leave extensions are not automatic.

11 Employees returning from a FMLA leave will be restored to the same or equivalent job.

12 An employee who does not return to work on the date the leave ends will be considered to have voluntarily quit their employment.

13 Employees, who do not return from a FMLA leave on the date provided, may be required to reimburse the employer for health insurance premiums paid by the employer during the FMLA leave.

14 Employees do not accrue sick/personal/vacation/bereavement time or receive holiday pay while on FMLA leave.

15 Employees who make co-payments for health insurance and other benefits must continue to make those payments while on an approved FMLA leave, or the coverage will be canceled.

16 Failure to provide required medical certification, as requested by the employer, may result in denial or termination of the FMLA leave status and potentially loss of employment.

17 A FMLA leave will not be granted to employees who indicate that they do not intend to return to work at the conclusion of such leave.

18 Employees may not engage in other employment during a FMLA leave of absence unless the administrator specifically authorizes such other employment in writing. If an employee engages in other employment during a leave without approval, the leave shall be deemed expired and it will be considered that the employee has resigned from the Facility. Employees must notify the Facility in writing when they accept other employment.

**306 PERSONAL LEAVE – NON-FMLA** (revised 1/07)

If you have at least one year of service, you may request a personal leave of absence of up to 30 calendar days. Such leaves may be granted at the sole discretion of the Administrator and must be in writing. No employee shall be considered to be on a leave of absence, unless and until such leave is granted in writing. Consideration will be given to your individual circumstances as well as scheduling and staffing needs. The employer is not required to grant a request for personal leave.

Leaves of absence must be requested for illness, injury, or personal reasons that require more than five (5) consecutive days away from work.

All leaves are subject to FMLA.

All personal leaves are without pay and there is no guarantee of the same job, shift or duties upon expiration of the leave. The employee may be required to apply any accrued sick/personal and vacation time towards the personal leave.

No benefits are earned while on personal leave (including holiday pay, bereavement pay, vacation pay, jury duty, sick/personal pay). An employee may continue their medical benefits if the employee pays the full cost of the coverage. Arrangements should be made with the Facility's Business Office for payment of premiums.

Employees may not engage in other employment during any leave of absence unless the Administrator specifically authorizes such other employment in writing. If an employee engages in other employment during a leave without approval, the leave shall be deemed expired and it will be considered that the employee has resigned from the Facility. Employees must notify the Facility in writing when they accept other employment.

If an employee takes a non-FMLA leave of absence for thirty (30) or more days, their anniversary date for receiving any applicable wage adjustment will be extended for the length of the leave and be effective on that first full payroll.



**307 JURY DUTY** (revised 1/07)

Employees must notify their Supervisor of the starting date of jury duty immediately following their notification. For a maximum of 30 days, the Facility will pay the difference between the employee's regular wages and jury pay upon presentation of the juror's pay warrant. Employees are required to report to work for all regular shifts when they are not required to report at the Courthouse.

In order to receive payment, an employee must give the Employer prior written notice that he/she has been summoned for jury duty, and must furnish written documentation from the court that jury duty was performed on the days for which payment is claimed.

**308 BEREAVEMENT** (revised 1/07)

To compensate the loss of scheduled work time due to a death in the immediate family, full-time employees who have completed their orientation period may receive up to three (3) consecutive, scheduled paid leave days for the purpose of attending the funeral of a parent, spouse, child, step-child, grandparent, sister, brother, or grandchild. Part-time employees shall receive up to one (1) scheduled paid leave day for the purpose of attending the funeral of a parent, spouse, child, step-child, grandparent, sister, brother, or grandchild.

Pay is based on the employee's straight time rate of pay, without premiums, for the number of hours that the employee generally works in their normal work day, not to exceed 8 hours.

Employees who have not completed their 90-day orientation period may receive an unpaid leave of the same number of days as discussed above.

Printed verification of the funeral is required upon the employee's return to work.

The employee is expected to attend the funeral to receive bereavement pay. The employee must report to work on their next regularly scheduled work day following the granted bereavement time. If an employee needs additional time off, the employee may request personal time or a leave of absence without pay.

In the event an employee is on vacation and experiences the death of an immediate family member, he/she can request an exchange of vacation days to bereavement days and re-bank the vacation days.

There will be no bereavement pay issued for an employee on an unpaid leave of absence.

### **309 MILITARY LEAVE**

Military leave will be treated in accordance with state and federal laws.

**310 401-K RETIREMENT PLAN** (revised 12/06)

The Facility may sponsor a 401(K) retirement plan, which employees may elect to participate in after one year of employment. Please contact the Business Office for details.

### 311 HEALTH, DENTAL, LIFE, VISION, DISABILITY AND OTHER INSURANCES (revised 02/11, 10/07, 6/09)

The Facility contributes towards the Health and Dental insurance plans for employees after their 90 day orientation period. Your eligibility date for these insurances will be the first of the month following 90-days of service.

- All employees are eligible to participate in health and dental insurance if they are regularly scheduled AND work at least 64 hours per payroll.
- If an employee does not regularly work the specified hours as noted above, they may be terminated from the health and dental insurance plans.
- Existing employees who initially declined insurance after completing their orientation period may only enroll in the health and dental insurance programs during the Facility's open enrollment period. The Payroll Director will post the dates for Open Enrollment. Please refer to the Benefit Program Booklet for benefit availability at enrollment time.
- Existing employees who become eligible for health and dental insurance benefits due to a change in their employment status and are regularly scheduled and work at least 64 hours per payroll, may enroll in the health and dental insurance programs ninety (90) days after they qualify for the health insurance benefit.
- Please contact the Business Office for insurance details and cost.
- Health and dental insurance programs are renewable with the carrier yearly. Due to the nature of the business and the constantly increasing premiums, the employer has the right and obligation to re-negotiate the insurance benefit levels in order to provide the employees with the most coverage for the least cost. Therefore, it is not unusual for the insurance deductibles and co-pays to change yearly. Notice will be provided to those enrolled employees by a posting in the employee's break room.
- The Facility has the right to make changes or discontinue any of the health, dental, vision, life, disability and other insurance programs at any time.
- The Facility offers a fully paid life insurance policy for all full time employees after orientation who are regularly scheduled AND work at least 64 hours per payroll. Please contact the Business Office for details. Additional life insurance may be purchased at the employee's expense.
- There are several voluntary insurance policies and plans available through the Facility that are paid totally by the employee. These benefits are available if the employee is regularly scheduled AND works at least 64 hours per payroll.

At this time, these include:

- a self-paid short-term disability insurance program;
- a vision plan;
- permanent portable whole life;
- critical illness; and
- accidental insurance

There are yearly open enrollment periods for these programs.

All insurance enrollments and presentations will be posted so that you will have the opportunity to meet with an Insurance Benefits Representative who will explain the options and provide you with a breakdown of the plans.

## 312 COBRA POLICY

Federal law requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation coverage”) at group rates in certain instances where coverage under the plan would otherwise end. This policy is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. You (and your spouse) should take time to read this notice carefully.

If you are an employee of the Facility covered by any health insurance, you have a right to choose continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by any health insurance, you have the right to choose continuation coverage for yourself if you lose group health coverage for any of the following four reasons:

- 1 The death of your spouse;
- 2 A termination of your spouse’s employment (for reasons other than gross misconduct) or reduction in your spouse’s hours of employment.
- 3 Divorce or legal separation from your spouse.
- 4 Your spouse becomes eligible for Medicare.

In case of a dependent child of an employee covered by any health insurance, he or she has the right to continuation coverage if group health coverage is lost for any of the following five reasons:

- 1 The death of a parent/employee.
- 2 The termination of a parent/employee’s employment (for reasons other than gross misconduct) or his/her reduction in hours of employment with the Facility.
- 3 The divorce or legal separation of his or her parents.

- 4 The parent/employee becomes eligible for Medicare.
- 5 The dependent ceases to be a “dependent child” under the health insurance.

A child who is born to, or adopted by, an employee during the period that the employee is receiving continuation coverage becomes a “qualified beneficiary” eligible to receive continuation coverage.

Under the law, the employee or a family member has the responsibility to inform the Facility within 60 days of a divorce, legal separation, or a child losing dependent status under terms of the health insurance in effect at that time. The Facility has the responsibility to notify the Plan Administrator, if any, of the employee’s death, termination of employment or reduction in hours, or Medicare eligibility.

When the Facility is notified that one of these events has happened, you and your qualified spouse and dependents will, in turn, be notified of the right to choose continuation coverage. Under the law, you have 60 days from the latter of the date that you receive notice or that you would lose coverage because of one of the events described above to elect continuation coverage. If you do not choose continuation coverage, your group health insurance coverage will end.

If you choose continuation coverage, the employer is required to give you coverage, which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members.

The law requires that you be afforded the opportunity to maintain continuation coverage for 3 years unless you lost group health coverage because of a termination of employment or reduction in hours. In that case, the required continuation coverage period is 29 months for employees who are disabled at the time their employment terminates or hours are reduced or who became disabled within the first 60 days of continuation coverage and 18 months in all other circumstances involving a termination of employment or reduction in hours. The same periods apply to qualified spouses and dependents. However, the law also provides that continuation coverage may be cut short for any of the following five reasons:



- 1 The Facility no longer provides group health coverage to any of its employees.
- 2 The premium for your continuation coverage is not paid.
- 3 You become eligible for Medicare.
- 4 You become covered under another group health plan (depending on the plan's limits or exclusions based on pre-existing conditions).

You do not have to show that you are insurable to choose continuation coverage. However, under the law, you are required to pay for the insurance premiums for the coverage you elect and a processing fee.

In the event of a disability (as determined under the Social Security Act) during the first 60 days of continuation coverage, you may be required to pay 150% of the premium after the 18th month of coverage. The law also says that, at the end of the continuation coverage period, you must be allowed to enroll in an individual conversion health plan otherwise generally available under the plan.

If you have questions about "COBRA," please contact the business office. Also, if you have changed your marital status, your child is no longer a "dependent," or you, your spouse or dependent has a new address, please notify the Facility.

**313 TUITION REIMBURSEMENT** (revised 1/07)

The Facility may contribute towards tuition reimbursement of its eligible employees. To be eligible for tuition reimbursement, employees must:

- have been employed by the Facility on a full-time basis for at least one full, continuous year;
- be in good standing, with no disciplinary action notices in their personnel record; and
- attend classes in a subject matter that is relevant to long term care and/or their position.

The maximum that can be reimbursed to any one full-time employee is \$500 annually and may be less than \$500 depending on the number of tuition reimbursement applicants and the cost of the class or classes taken.

Application for tuition reimbursement must be submitted to the Administrator no later than January 30th for the upcoming calendar year. Application consists of:

- previous GPA (grade point average);
- name of the course and school, and course description if available;
- cost of the course;
- a brief narrative from the applicant describing the benefits to the facility for course's subject matter; and
- semester when class is taken.

The Administrator shall review the applications and decide which applications will be granted, and the dollar amount approved. It is up to the discretion of the Administrator to approve or deny applications.

Reimbursement shall be made to the employee AFTER the course has been completed successfully, and the employee presents a grade of C- or better to the Administrator.

Premier Health Care Management  
**PERSONNEL POLICY MANUAL**

**Section 400 Policies and Procedures**

for the following facilities:

Cherrywood Nursing and Living Center

Evergreen Health and Living Center

Shelby Nursing Center

ShorePointe Nursing Center

ShorePointe Village

West Bloomfield Nursing Center

Woodward Hills Nursing Center

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## 400            **POLICIES AND PROCEDURES**

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**401 EMPLOYEE APPEARANCE AND HYGIENE; UNIFORM POLICY**

(revised 10/07, 6/09, 3/10, 4/10, 1/12)

The appearance of employees reflects the impression of the Facility which visitors and residents take home with them. All employees are to be dressed neatly and cleanly in the prescribed uniform and footwear in accordance with their department's dress code.

Personal cleanliness is of utmost importance, not only for the impression you make to others, but also because of the nature of your job. Any employee who has long hair that touches the shoulder is required to wear it pulled back away from their face or pinned up off their collar. Jewelry must be kept to a minimum in order to protect both the employee and the resident. No hoop or dangling earrings are allowed. In addition, no visible body piercing is allowed (such as nose, eyebrow, tongue, lip, etc.). Fingernails must be kept clean and short (no longer than ¼"). No unnatural hair colors such as green, blue, etc. are permitted. No visible tattoos are allowed or must be covered at all times during work hours.

Your name badge **MUST** be worn at all times when you are working. Your name should be easily readable and placed on your uniform above the waist and in full view of residents, families and fellow employees.

Your department manger shall inform you of the prescribed uniform for your department and job classification. Employees are responsible to maintain their uniforms in a clean and professional manner. Hose or socks are required with uniforms at all times. Dietary employees must wear hair coverings as designated by the supervisors.

At the time of hire, all employees (other than business office staff) must acquire at least one uniform, which will be paid for through payroll deduction. Additional uniforms may be purchased by the employee on a payroll deduction plan.

**402 DRESS CODE POLICY FOR NON-UNIFORM EMPLOYEES** (new 10/08)

Guide to Business Casual Dressing for Nursing Home Professional Employees and Employees Not in Uniform

As a nursing home professional employee (social worker, manager, office personnel, and etc.), you interact with a wide variety of individuals including nursing home residents, their families, other employees, vendors, and state and federal auditors. How you dress makes a distinct and lasting impression on those you come in contact with. Professional dress such as business suits, dresses, or similar attire is always appropriate for Nursing Home employees. However, if you opt for business casual dress, you must abide by the guidelines of this policy. Failure to do so could result in discipline, up to and including termination.

This Dress Code Policy provides a general overview of inappropriate “professional” business casual attire. The information provided is not all-inclusive and you should use your best judgment in your dress as a professional employee representing the nursing home and interacting with the public.

If you are unsure of proper attire or have any questions regarding this policy, please discuss with your Administrator or Corporate Management.

**EXAMPLES OF UNACCEPTABLE CLOTHING AND FOOTWEAR**

*All clothes should be cleaned, pressed and in good repair. Remember clothing that reveals too much cleavage, or your back, chest, stomach or undergarments are not appropriate for the workplace. All shoes should be clean, polished and in good repair. Hosiery must be worn at all times.*

Examples of clothes that are inappropriate for work include:

- Tank tops
- Midriff tops
- Shirts with potentially offensive words, terms, logos, pictures, cartoons or slogans
- Halter-tops or tops with bare shoulders
- Sweatshirts
- Hoodies
- T-shirts

- Jeans, capris, or casual khakis
- Cargo pants
- Sweatpants or pants with tight banded cuffs at the ankle
- Short and/or tight skirts
- Sports clothes, such as running suits, tennis wear, etc.
- Loose, baggy clothing
- Tight leggings
- Mini-skirts
- Skorts or shorts
- Sun/beach dresses
- Spaghetti-strap dresses or strapless dresses

Examples of footwear that is inappropriate for work includes:

- Flashy, colorful, athletic/gym shoes
- Dirty athletic/gym shoes
- Thongs or flip-flops
- Slippers
- Workboots
- Non-health care cros

There are many professional shoes designed for individuals who work on their feet. For example, the Rockport brand, as well as many others, offer shoes that are comfortable and look professional.

*If you need to wear special shoes due to a medical issue, please provide a physician's order to the Administrator indicating the time frame needed for the accommodation, if it is not a chronic condition. If it is a chronic condition, please have your physician indicate that.*

## **TATTOOS AND BODY PIERCING**

Your appearance should be in good taste with no exposed body piercing except tasteful earrings and no visible tattoos. If you have a visible tattoo, you must cover it with clothing or a flesh tone bandage.

### **PERFUME AND COLOGNE**

Perfume and cologne should be limited. Remember that some employees and residents are allergic to the chemicals in perfumes, so wear perfume sparingly, if at all.

If you have any questions or need any special accommodations under this policy for medical, religious, or other reasons, please talk to you Administrator or Corporate Management.



### **403 STAFF PARTICIPATION WITH ADMINISTRATION**

Open communication between the Facility and its employees is necessary for the effective operation of the Facility. Recognizing this, the Administrator keeps employees informed of Facility activities and encourages employees to voice their opinions and concerns. Meetings, bulletin boards and newsletters are all used to keep the employees informed about items of general interest and specific information regarding their jobs. Employees, in turn, are encouraged to participate actively in meetings and discussions with their supervisor.

## 404 CLEANLINESS

In the interest of our residents' health, sanitation is of primary concern in this Facility. It is our policy that employees maintain resident care and public areas in a neat, orderly, and hygienic manner, in order to avoid health, fire and safety hazards. We are all responsible for the cleanliness and appearance of the Facility.

There is absolutely NO employee food or beverage allowed behind the nurses station or at the medication and/or treatment carts.

Place refuse in appropriate waste baskets and keep the Facility hallways clean and clutter free.

**405 SMOKING** (revised 10/07)

All of the Premier facilities are designated as either non-smoking buildings or non-smoking campuses. For those facilities designated as a non-smoking building, there is no smoking allowed anywhere in the building. For those non-smoking campuses, there is no smoking allowed anywhere in the building or on its premises. This includes parking lots and personal cars. Employees found to be smoking in areas of the facility and/or facility grounds will be subject to disciplinary action up to and including termination.

**406 TRAINING** (revised 2/10)

The Facility provides a continuing in-service program. In order to get the most from this program, you are required to attend those sessions which are directly related to your particular work. Lack of attendance at required meetings may subject an employee to disciplinary measures.

It is mandatory that every employee attend the annual in-service training class for which they were scheduled.

Every attempt will be made to schedule in-service training during your normal shift or work hours. You will be notified as to the times of in-service training sessions and time spent in them will be paid on the same basis as work hours.

Every Certified Nursing Assistant (“CENA”) is required by law to attend 12 hours of Continuing Education each year sponsored by the Facility. Failure to obtain the 12 hour in-service requirement will be considered a voluntary quit and the employee will be removed from the schedule. It is the CENAs responsibility to track their in-service hours.

Every Licensed Nurse is required by law to receive 25 continuing education units (“CEU”) every two years. The Facility will sponsor educational programs that will assist you in meeting the CEU requirements. Failure to obtain the required credits will result in removal from the schedule. Nurses will be required to present their CEU credit hours each year to their supervisor.

## 407 NO-SOLICITATION/NO DISTRIBUTION POLICY

Numerous non-employees of the Facility are legitimately on the premises at various times, including residents, family members, visitors, and invitees of the Facility. Employees may not solicit any person or distribute materials of any kind to any resident, visitor, licensee or invitee on the Facility property for any purpose.

### 1 SOLICITATION:

- a Non-employees of the Facility are not permitted to solicit upon the Facility's property at any time for any purpose.
- b Employees may not solicit during working time or in immediate resident-care areas of the Facility.

### 2 DISTRIBUTION:

Distribution of printed material presents a special type of safety and sanitation hazard in a health care environment. Therefore, employees may not post or distribute materials of any kind in any resident care area, including printed or other literature, unless such material is related to the Facility's operations and distribution has been approved and directed by the Administrator. This policy does not apply to authorized services to residents, such as newspaper delivery.

## **408 FIRE PREVENTION AND DISASTER PLANS**

All employees must be familiar with the Facility's Fire and Disaster Plan. All employees must know where the exits and fire extinguishers are located and how to use them.

Corridors and exits must be completely clear at all times. Everyone is responsible to see that emergency equipment, flashlights, extinguishers, etc. are always in working order.

## **409 CONSERVATION**

We earnestly request your cooperation in the saving of electricity, water, and supplies and in the careful use of our equipment.

## 410 ACCIDENTS, INJURIES, COMMUNICABLE DISEASE, WORKER'S COMPENSATION AND WORK-RELATED RESTRICTED DUTY

(revised 4/07)

### ACCIDENTS / INJURIES

An employee is responsible to immediately notify their supervisor if they witness or are aware of any accident or injury to a resident, visitor, or co-worker.

### COMMUNICABLE DISEASE

It is the Facility's policy to see that a safe and sanitary environment exists for residents, families, visitors and employees. Accordingly, any employee with signs or symptoms of communicable disease or infected skin lesions are not permitted to work unless approved by the Director of Nursing with the concurrence of the Facility's Medical Director.

### WORKER'S COMPENSATION ACT

The Worker's Disability Compensation Act covers employees who are injured while on duty. Pursuant to the Act, the following procedure must be observed:

- Any accident occurring during your tour of duty must be reported immediately to your supervisor who will arrange for immediate and necessary treatment, as applicable, and will assist in the completion of an Incident Report.
- Treatments for the injury will be done either at the Facility or at the clinic designated by the Facility. Payment will not be made if the employee chooses to seek treatment from an unauthorized clinic or health care professional within the first ten (10) days after injury.
- The employee is responsible to provide all the information needed for completion of a Worker's Compensation claim.
- If the employee is sent to the clinic, he/she must submit the medical report from the treating physician at the clinic that designates his/her your work status. This report must be submitted to their supervisor immediately.

### RESTRICTED DUTY

The Facility may attempt to assist its employees in their healing process by offering restricted duty responsibilities to an employee who sustained a work-related injury, if



such an offer does not cause an undue hardship on the facility's operations and efficiency.

The Employer has the right to dictate the number of restricted duty job positions they can accommodate.

The employee may have to work in another department to accommodate their restriction.

**411 NON-WORK RELATED RESTRICTED DUTY** (revised 4/08)

Employees who are returning to work on restricted duty from a non-work related reason will need to report their restriction to their supervisor immediately.

The Employer has the right to deny or limit the number of non-work-related restricted duty positions based on the Facility's operations and efficiency.

Employees for whom the Facility has approved employment with a non-work-related restriction will be given restricted duty for a limited time.

Employees on a restricted duty must be able to perform the duties that have been set forth by their physicians.

Employees may have to work in another department to accommodate their restriction.

Employees who accept a modified position to accommodate restricted duty will receive pay that is equivalent of the starting wage of the job classification they are performing.

All requests for non-work-related restricted duty positions must be approved by the Administrator

**412 NOISE** (revised 1/07)

Quiet is essential to the well being of our residents and is helpful in the performance of other employees' duties. Efforts to speak in a low volume of voice and handle equipment quietly have a beneficial effect on the disposition of residents and employees alike.

Especially during the shift change and the evening hours, nursing and other staff members should be aware of their voice levels and maintain a low volume to prevent disruption to the residents. Staff members should never "yell" down the hall to a fellow employee for personal reasons. Loud laughter and joking should be kept to a minimum in patient care areas. Repeated complaints of loud behavior will result in disciplinary action up to and including termination.

Please also leave the Facility premises in a quiet fashion, as the Facility is close to several residential homes.

## 413 TELEPHONE USAGE INCLUDING CELL PHONES

(with and text ability) (revised 6/10)

Personal calls may not be made or received on Facility telephones except in an emergency. Personal calls may never be made or received on the resident's telephones. If the Facility has a pay telephone, an employee may use this phone during their break periods.

The majority of employees are NOT allowed to use cell phones in patient care areas, hallways, and in offices located in patient care areas. Most employees are also prohibited to carry cell phones on their person during work hours. There are certain employees who have been approved to carry and use their cell phone for business purposes only. Those employees have received written permission by the Administrator or Premier Management and may include Corporate Management Personnel, Nurse Managers, and certain Department Managers. Cell phones may be used by employees during break times while in the break room or outside in the staff areas only.

- 1 To protect the privacy of residents, visitors, and fellow employees, the CAMERA feature on a cell phone MAY NOT BE USED anywhere in the facility. Failure to adhere to this policy will result in progressive disciplinary action including termination. The Administrator or Premier Management may expedite the disciplinary process if a patient's privacy is exposed or a patient's care has been jeopardized by the use of a cell phone.
- 2 To secure Protected Health Information (PHI), the TEXTING feature on a cell phone MAY NOT BE USED to communicate resident information of any kind. The only exception is the text feature on a Premier Management approved encrypted mobile device. Failure to adhere to this policy will result in progressive disciplinary action including termination. The Administrator or Premier Management may expedite the disciplinary process if a patient's PHI is exposed or jeopardized by use of the texting device on a cell phone.

\*An exception to this policy may only be granted by the Administrator and must be in writing. If an exception is granted, it may be revoked at any time by the Administrator.

#### **414 RESTROOMS**

Employee restrooms are located in the Facility and employees are required to use them exclusively. Employees may not use the residents' restrooms.

**415 PARKING LOTS, LOCKERS, AND PACKAGES** (revised 1/07)

A designated parking area for employees is provided for your convenience and safety. Check with your supervisor as to the location of the designated employee parking area. The Facility cannot assume responsibility if any damage occurs to employee's vehicle while parked on Facility property. There is no loitering allowed in the parking lot areas.

Employees are responsible for their personal belongings such as wallets, keys and purses. Lockers are the sole property of the Facility. The Facility reserves the right to inspect lockers and their contents at any time. Upon reasonable suspicion, packages, briefcases, purses, bags and the like carried in and out of the Facility may be inspected at any time. In addition, vehicles parked in the Facility parking lot are subject to search.

## **416 GRATUITIES**

Gifts or tips from suppliers, residents, families, visitors or any other person may not be accepted by any employee at any time.

**417 INFORMATION CONCERNING RESIDENT/FACILITY OPERATIONS**

All information in connection with the Facility's residents (such as admission, progress and treatment knowledge, etc.) is strictly confidential. Accordingly, any information regarding a resident is never to be discussed outside of the Facility. If anyone requests any resident information, direct that person to the Administrator or Nurse in Charge. Requests for the release of any such information must be in writing and signed by the resident or legal guardian.

Employees may not make or give a diagnosis or opinion about a resident's condition unless they are qualified and trained to do so and the giving of such is consistent with medical practice, ethics and the HIPAA Privacy Standards.



**418 PATIENT/RESIDENT BILL OF RIGHTS** (revised 4/07)

Residents are entitled to retain their dignity and self-respect, and the employees have both a moral and legal responsibility to communicate and preserve the resident's rights. The Facility has adopted a Patient/Resident Bill of Rights, which is included in the admission contract of the resident. This Patient/Resident Bill of Rights is also provided to the employee during their orientation and is a part of the employee's personnel policy manual. The employee is responsible for becoming familiar with and to carry out its requirements.

## 419 PROBLEM SOLVING

No matter how well we all try to work together and structure jobs properly, individual problems may occur from time to time. Employees are encouraged, to express their concerns.

By following the Problem Solving Procedure, it assures questions and/or concerns are promptly heard, answered and acted upon. Should the employee have a concern, they should follow the procedure outlined below so that management can investigate and correct any problems:

- Step 1**        In order to minimize the possibility of misunderstandings, first discuss the problem with your immediate supervisor. This supervisor should then investigate the matter and report back to you within a few days.
  
- Step 2**        In instances where you have not received a satisfactory answer from your supervisor, you may submit your concern in writing to the department head, who will investigate the matter further and report back to you on a timely basis.
  
- Step 3**        If a solution has not been reached at this point, or if you are dissatisfied with the decision, you may request in writing that the Administrator look into the situation. A final answer will then be given to you in a timely fashion.

In every organization there can be an honest difference of opinions about various matters. However, resolution to problems can more easily be attained through open and honest communication. If your concern involves unlawful harassment, you should refer to Policy Nos. 203, 204 and 205 and report your concerns immediately to the Administrator of the Facility or the Executive Management of PHCM.

## **420 IMPROVEMENT SUGGESTIONS**

Your suggestions for improvement are encouraged and welcomed by the Facility. You may set up a time to discuss suggestions or cost improvements with your supervisor or the Administrator, or if you prefer, you may submit your suggestions in writing.

**421 INFECTION CONTROL** (revised 4/07)**BLOOD BORNE PATHOGEN**

In accordance with State and Federal requirements, the Facility has developed policies on Blood Borne Pathogens including the use of universal precautions. These policies are provided during orientation and are also posted. It is the employee's responsibility to become familiar with them.

**HEPATITIS-B VACCINE**

The Facility provides its employees with the Hepatitis-B vaccine. Please contact your supervisor for details.

**TESTING FOR TUBERCULOSIS**

A Tuberculin skin test (PPD) shall be given to every employee prior to their first day of work and yearly thereafter. A chest x-ray will be provided for those employees who have a known positive TB skin test. The In-service Director shall notify employees when their annual PPD skin test is due. Failure to comply with this employment requirement will result in termination.

**FLU VACCINE**

The Facility provides its employees with a yearly flu vaccine. All employees are encouraged to receive the vaccine. The In-service Director shall post the day and time of the yearly vaccination program.

**422 WRITTEN HAZARD COMMUNICATION PROGRAM** (revised 4/07)

The Facility complies with the Michigan Right To Know Act and a list of hazardous substances is available to the employee for review. The Material Safety Data Sheets for the Facility are in the Front Lobby. If your department works with chemicals, please see your supervisor for information regarding chemical use and personal protective equipment.

The following hazard communication program has been established. The employee is expected to abide by this program.

**I HAZARD DETERMINATION**

The Facility will rely on Material Safety Data Sheets (MSDS) from suppliers to meet hazard determination requirements.

**II LABELING**

- A Each department head receiving orders will be sure that all containers received are properly labeled.
  
- B All labels shall be checked for:
  - \* Identity
  - \* Hazard
  - \* Name and address of responsible party
  
- C Each department head shall be responsible for seeing that all portable containers used in their work area are labeled with identity and hazard warning.

**III MATERIAL SAFETY DATA SHEETS (M.S.D.S.)**

- A Administration will be responsible for compiling the master M.S.D.S. file. It will be kept at the front reception desk.
  
- B Copies of M.S.D.S. for all hazardous chemicals to which employees may be exposed will be kept in each department's central office and at the front reception desk.
  
- C M.S.D.S.s will be available for review to all employees during each work shift. Copies will be available upon request.

- D The facility will post the required MIOSHA Right To Know notice and any posting notifying employees of new or revised M.S.D.S. within five (5) days of receipt of new or revised M.S.D.S.

#### **IV EMPLOYEE INFORMATION AND TRAINING**

- A The In-service Director or individual department manager shall coordinate and maintain records of training conducted for employees.
- B Before starting work, or as soon as possible thereafter, each new employee will receive information on:
- \* Chemicals and their hazards in the workplace.
  - \* How to lessen or prevent exposure to these chemicals.
  - \* Procedures to follow if they are exposed.
  - \* How to read and interpret labels and M.S.D.S.s.
  - \* Where to locate M.S.D.S.s and from whom they may obtain copies.
- C The employee will be informed that:
- \* The employer is prohibited from discharging, or discriminating against, an employee who exercises the rights regarding information about hazardous chemicals in the workplace.
  - \* As an alternative to requesting an M.S.D.S. from the employer, the employee may obtain a copy from the Department of Public Health. A sign will be posted with the address and telephone number of the department responsible for such requests.
- D Attendance will be taken at training sessions. The records will be kept by the In-Service Director or department manager.
- E Before any new hazardous chemical is introduced into the workplace, each employee will be given information in the same manner as during the safety class.

#### **V HAZARDOUS NON ROUTINE TASKS**

- A. On occasion, employees are required to work in hazardous areas (e.g. confined space). Prior to starting work in such areas, each employee will be given

information about the hazards in these areas.

This information will include:

- \* Specific chemical hazards.
- \* Protection/safety measures the employee can take to lessen the risks.
- \* Measures the company has taken to lessen the hazards, including ventilation, respirators, the presence of another employee, and emergency procedures.

B It is the policy of the Facility that no employee will begin work in a confined space, or any non- routine task, without first receiving safety instructions.

## **VI INFORMING CONTRACTORS**

It is the responsibility of the Maintenance Director to provide any other contractors with employees exposed to our chemicals with the following information.

- \* Hazardous chemicals with which they may come in contact.
- \* Measures the employee may take to lessen the risks.
- \* Where to get M.S.D.S.s for all hazardous chemicals.

## **VII LISTS OF HAZARDOUS CHEMICALS**

A list of the chemicals used by the Facility can be maintained in the MSDS book.

Further information can be obtained by reviewing the M.S.D.S.s at the central location.

Premier Health Care Management  
**PERSONNEL POLICY MANUAL**

**Addendum A**  
**PATIENT / RESIDENT BILL OF RIGHTS WITH**  
**FACILITY IMPLEMENTATION**

for the following facilities:

Cherrywood Nursing and Living Center

Evergreen Health and Living Center

Shelby Nursing Center

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## ADDENDUM A

### PATIENT / RESIDENT BILL OF RIGHTS WITH FACILITY IMPLEMENTATION

#### PATIENT BILL OF RIGHTS IMPLEMENTATION (Revised 01/12)

This document briefly describes the patient's individual right but is meant to describe how the Facility intends to implement that individual right. The complete Patient Bill of Rights is ATTACHMENT D to the Admission Contract.

- 1 A patient will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, sexual preference or source of payment.

An individual who is or has been a patient or a person authorized in writing by such an individual, is entitled to inspect or receive for a reasonable fee, a copy of his or her personal or medical record upon submitting a written request.

#### FACILITY IMPLEMENTATION:

A patient or person authorized by such an individual shall present their request for records to the Administrator; and he/she shall process their request with the Medical Records Department.

The Facility shall make the medical record available for inspection or copying, or both, at the facility during regular business hours or provide a copy of all or part of the medical record, as requested by the patient or his or her authorized representative.

The charge for a copy of all or part of a medical record is as follows:

- a An initial fee of \$ 20.00 per request;
- b \$ 1.00 per page for the first 20 pages;
- c \$ 0.50 per page for pages 21 through 50;
- d \$ 0.20 per page for pages 51 and over; and
- e Any postage or shipping costs incurred.

The Facility may refuse to retrieve or copy all or part of a medical record for a patient or his or her authorized representative until the applicable fee is paid.

- 2 A patient is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the Facility or agency except as required because of a transfer to another health care facility or as required by law or third party payment contract, or as permitted or required under the Health Insurance Portability and Accountability Act.

**FACILITY IMPLEMENTATION:**

The Facility shall limit access to any patient's medical or personal record to pertinent staff and consultants providing professional service to the patient or resident. It shall also allow access by representatives of the State and Federal regulatory agencies.

The Facility shall obtain written approval from the patient, patient representative for release of their medical and/or personal records to any individual outside the Facility.

Strictly confidential information will not be kept on the patient's clinical record unless absolutely necessary and approved by the patient. A separate confidential file will be maintained in a locked drawer in the administrator's office with access only by the administrator or designee.

- 3 A patient is entitled to privacy, to the extent feasible, in medical treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.

**FACILITY IMPLEMENTATION:**

The Facility staff shall examine and treat the patient in a manner that maintains the privacy of their bodies during personal care, hygiene, toileting, and administering treatments. Only staff directly involved with the treatment of the patient shall be present during care unless authorized by the patient.

- 4 A patient is entitled to receive adequate and appropriate care, and to receive from the appropriate individual within the Facility, information about his or her medical condition, proposed course of treatment, and prospects for recovery.

**FACILITY IMPLEMENTATION:**

The patient's attending physician in conjunction with the Facility's professional staff shall inform the patient of his or her total health status in a language that he/she understands. Total health status includes functional status, medical care, nursing care, nutritional status, rehabilitation and restorative potential, activities potential, cognitive status, oral health status, psychosocial status, and sensory and physical impairments.

- 5 A patient is entitled to information in advance about care and treatment and of any changes in that care and treatment that may affect the patient's well-being.

**FACILITY IMPLEMENTATION:**

The patient or representative shall be involved in his or her assessment and care planning process including the discussion of diagnoses, treatment options, risks, and prognoses. The patient or patient representative shall be allowed to make choices regarding his or her treatment plan.

The patient and/or patient representative shall be invited to discuss their plan of care with a Facility health care professional as required.

The patient's attending physician shall document the patient's knowledge of their medical condition in the medical record.

- 6 A patient is entitled to adequate and appropriate pain and symptom management as a basic and essential element of his or her medical treatment.

**FACILITY IMPLEMENTATION:**

The patient shall receive an assessment for pain within 24 hours of admission or recognition of a condition change. If pain is present, the Facility shall assess for possible causes and risk factors and shall initiate a treatment and management care plan for the patient's pain symptoms.

- 7 A patient is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal.

**FACILITY IMPLEMENTATION:**

A patient's refusal of treatment shall be countered by discussions with the patient of the health and safety consequences of the refusal and the availability of any therapeutic alternatives that might exist. A patient's refusal of treatment shall be consistently documented in the medical record.

If the Facility deems that the patient's refusal of treatment poses a safety threat to him or herself or other patients, and/or staff, the Facility will initiate an involuntary transfer or discharge.

- 8 A patient and/or patient representative is entitled to information concerning any experimental procedure proposed as a part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her continuing care.

**FACILITY IMPLEMENTATION:**

A patient being considered for participation in an experimental procedure shall be fully informed by his or her attending physician of the nature of the experiment and he or she must understand the possible consequences of participating or not participating. The patient's written consent must be received prior to participation. Privacy of the patient shall be respected during the experimental procedure.

- 9 A patient and/or patient representative is entitled to choose a personal attending physician. If a patient desires treatment by a licensed member of the healing arts, the treatment shall be made available unless it is medically contraindicated.

**FACILITY IMPLEMENTATION:**

The patient has a right to choose a personal attending physician. However, this does not mean that the physician must or will serve the resident. The Facility also has the right to seek alternate physician participation if the patient's personal physician fails to comply with the Facility requirements. The patient shall be informed of their physician's name, specialty, and way of contacting him/her by the Facility's admission department and/or social worker. This information shall also be maintained on the patient's medical record.

- 10 A patient and/or patient representative is entitled to know who is responsible for and who is providing his or her direct care.

**FACILITY IMPLEMENTATION:**

A member of the health care team of the Facility shall review and discuss discharge planning with the patient or patient representative shortly after admission and at least quarterly thereafter.

- 11 Each nursing home patient shall be afforded the opportunity to discharge him or herself from the nursing home.
- 12 A patient, patient representative is entitled to receive and examine an explanation of his or her bill.

**FACILITY IMPLEMENTATION:**

Upon request, a patient shall receive an explanation of his or her bill in clear and unambiguous language. They may contact the controller in the business office Monday through Friday 9:00 AM to 3:00 PM.

13. A patient, patient representative is entitled to exercise his or her rights as a patient or resident and as a citizen. In the case of a resident adjudged incompetent by a court of competent jurisdiction, the rights of the patient are exercised by the person appointed under State law to act on the patient's behalf.

**FACILITY IMPLEMENTATION:**

The patient, patient representative shall receive a copy of the Facility's complaint procedure upon admission. The complaint policy and procedure is ATTACHMENT E of the Admission Contract.

Your complaint may be verbal or in writing. The Facility has a form on which you may document your complaint if you so choose. This form is available at the facility's front reception desk.

The Facility has a staff member present 24 hours a day / 7 days a week to receive complaints and initiate an investigation. You may inquire at any nurses station as to who the individual is that may assist you with your complaint or the name of the individual is posted at the front reception desk in the lobby.

The Facility shall not hamper, treat differently, or retaliate against a patient for exercising his/her rights to file a complaint.

Each patient shall have access to legal counsel of their choice. If unable to arrange or afford these services, the social worker shall assist the patient in obtaining the needed services.

All patients who wish to vote in a public election will be accommodated. The recreation department shall obtain and process absentee voting ballots.

A resident council has been formed at the Facility so that patients may meet to discuss, recommend and participate in Facility policy making. Facility staff shall attend the meetings only upon council invitation.

14 A patient and/or patient representative is entitled to associate and have private communications and consultations with his or her physician, attorney, or any other person of his or her choice and to send and receive personal mail unopened on the same day it is received at the Facility, unless medically contraindicated as documented by the attending physician in the medical record. The patient also may choose to refuse to see a visitor. A patient's civil and religious liberties, including the right to independent personal decisions and the right to knowledge of available choices, shall not be infringed and the Facility shall encourage and assist in the fullest possible exercise of these rights.

#### **FACILITY IMPLEMENTATION:**

All personal mail shall be delivered to the patient on the day it is delivered to the Facility by a staff member or designee. A patient may send mail by bringing it to the front reception desk in the lobby. The receptionist shall deposit all outgoing in the Facility mailbox daily at 12:00 noon.

A patient may purchase stationery, postage and writing implements at the front reception desk in the lobby. Costs for those office supply items are as follows: facility stationery @ \$.05 per sheet; stamps are sold at face value of the stamp; pen @ \$1.00 each; and pencil @ \$.50 each.

A private telephone for patient use is available in the conference room located off the

lobby. If the patient uses the Facility's telephone for a "toll" or long-distance call, the actual charge for this call will be added to the patient's monthly bill.

Patients who need assistance with their mail or telephone calls shall be given assistance by Facility staff or volunteers. When assistance is provided, the content of the conversation or mail correspondence shall be kept confidential unless the patient authorizes release.

The patient's individual choice regarding friendships, religious activities, recreational activity participation, and entertainment shall be elicited and respected by the Facility. The patient's individual preferences shall be noted on his or her medical record by the social worker, recreational therapy department, or affected department.

- 15 Each nursing home patient may associate and communicate privately with persons of his or her choice. A nursing home patient has the right to have his or her parents, if a minor, or his/her spouse, next of kin, or patient's representative, if an adult, stay at the Facility 24 hours a day if the patient is considered terminally ill by the physician responsible for the patient's care.

Reasonable privacy shall be afforded for visitation of a patient who shares a room with another patient.

#### **FACILITY IMPLEMENTATION:**

Patients are permitted to receive visits from anyone they wish.

Suggested visiting hours are from 10:00 AM to 8:00 PM seven days a week.

A visitor may be restricted by the Facility for one of the following reasons: (a) the patient refuses to see the visitor; and/or (b) the visitor's behavior is disruptive to the functioning of the Facility.

The Facility shall allow visitation by any individual or group as required by State or Federal law.

Patient families are entitled to meet with other families in the Facility. Private space shall be provided for this purpose.

- 16 Each nursing home patient has the right to receive representatives of approved organizations as provided in the Michigan Public Health Code (Act 368 of 1978, as amended, Section 21763) and the Federal rules.
- 17 A patient is entitled to be free from mental, verbal, sexual or physical abuse, including corporal punishment or involuntary seclusion.

**FACILITY IMPLEMENTATION:**

Patients shall not be subjected to abuse by anyone including but not limited to: Facility staff, other patients, consultants, volunteers, staff of other agencies, family members, legal guardians, friends, State and/or Federal agency representatives, and other individuals.

All alleged violations involving mistreatment, neglect, or abuse shall be thoroughly investigated and appropriately reported in accordance with State law. The administrator of the Facility shall be actively involved with the investigation.

The Facility's staff shall be respectful to patients when speaking with, caring for, or talking about them as constant affirmation of their individuality and dignity as human beings.

All Facility staff receives an educational session regarding patient abuse.

- 18 A patient is entitled to be free from physical and chemical restraints.

**FACILITY IMPLEMENTATION:**

The Facility will not use physical restraints or psychoactive drugs administered for purposes of discipline or convenience, and shall only be used to treat the patient's medical symptoms.

A physical restraint is any device, which restricts freedom of movement. Psychoactive drugs are drugs prescribed to control mood, mental status or behavior.

If a restraint is ordered by the physician, the Facility shall use the least restrictive effective restraint.



If a restraint is applied, the Facility shall notify the patient, guardian or patient representative for the reason and obtain their authorization for the use of the restraint.

The patient's care plan shall reflect the use of a restraint and shall be reviewed at least quarterly.

Patients that are restrained shall be maintained at their highest practicable level of physical, mental and psychosocial function.

- 19 All medications can only be administered in accordance with the specific or standing written orders of the physician.

**FACILITY IMPLEMENTATION:**

If a patient is self-administering their medications, the drug storage shall remain the responsibility of the Facility along with the recording of the self-administered doses.

- 20 A patient is entitled to be free from performing services for the Facility that are not included for therapeutic purposes in the plan of care.
- 21 A patient and/or patient representative is entitled to information about the health facility rules and regulations affecting patient or resident care conduct.

**FACILITY IMPLEMENTATION:**

The Facility's rules and regulations affecting patient care and conduct are contained in this document and also in the admission contract given to patients / patient representatives upon admission. These rules are also found at the lobby reception area in the "Public Posting" binder.

- 22 The patient rights shall be provided orally or in writing to each nursing home patient and/or patient representative upon admission in a language the patient understands.

**FACILITY IMPLEMENTATION:**

The patient or patient representative shall receive a written and oral explanation of the Bill of Rights and the Facility's implementation prior to or upon admission to the Facility.

The patient's rights and responsibilities shall be presented in a language understandable

to them. If a patient is non-English speaking, all efforts will be made to seek a family member or another individual who can speak the patient's language and who will translate the Bill of Rights into the foreign language.

If a deaf patient is admitted and he/she is unable to read the Bill of Rights, the contracted sign language provider will be contacted to translate the rights to the patient. In the case of a blind patient, the Bill of Rights shall be read to the patient or a recording of the Bill of Rights shall be played for the patient. Patients are encouraged to ask questions and their questions shall be answered.

The Bill of Rights is posted and is also available in the lobby reception area in the "Public Posting" binder.

All patients shall be advised promptly of changes in the statement of the patient rights and responsibilities; and any amendment will be acknowledged in writing.

The social worker shall be responsible for explaining the Bill of Rights to the patients upon their request.

The Bill of Rights is regularly reviewed with the patients in the resident council meeting.

- 23 A nursing home patient may be involuntarily transferred or discharged only as provided in the Michigan Public Health Code (Act 368 of 1978, as amended, Sections 21773 to 21777) or as provided by Medicare or Medicaid regulations. The causes for an involuntary discharge may include: medical reasons, e.g. the patient's needs cannot be met in the Facility or the patient's health has improved so the patient no longer needs the Facility's service; the safety or health of other individuals in the Facility is endangered by the patient; nonpayment of his or her stay, except as provided by Medicare or Medicaid regulations; or the Facility ceases to operate.

#### **FACILITY IMPLEMENTATION:**

The relocation of a patient shall ideally be a planned event.

The reasons for transfer or discharge shall be documented in the patient's medical or personal file.

The Facility shall follow all applicable laws concerning the involuntary transfer or discharge of a patient.

The Facility shall sufficiently prepare the patient for discharge or transfer. This may include trial visits by the patient to the new location.

Definitions: “Transfer” or “discharge” means the movement of a patient to another location not under the jurisdiction of the Facility’s governing body; or a transfer from one Medicare distinct part to another Medicare distinct part within the same facility.

The Facility reserves the sole right to transfer patients within the same distinct part without approval from the patient, patient representative. The Facility shall give the patient notice of such a transfer as soon as possible.

- 24 The patient and patient representative or family member shall be promptly notified before there is a change in room or roommate assignment.
- 25 A patient and/or patient representative is entitled to be fully informed before or at the time of admission and periodically during his or her stay of items and services available in the Facility including the availability of Hospice care; and of the related charges.

**FACILITY IMPLEMENTATION:**

The Facility describes items and services available and their related charges in the Admission Information Packet (Attachments B and C) and in this document. The Facility has Hospice care available for patients.

- 26 A patient and/or patient representative is entitled to a description of legal rights which includes a description of the requirements and procedures for establishing eligibility for Medicaid.

**FACILITY IMPLEMENTATION:**

The Facility shall distribute to all patients the appropriate literature from the Department of Social Services regarding Medicaid eligibility and application. This distribution of information is part of the admission process.

The Facility's social worker has additional information available regarding Medicare and Medicaid eligibility and will review with the patient upon their request.

- 27 A patient and/or patient representative is entitled to manage the patient's own financial affairs, or to have at least a quarterly accounting of personal financial transactions undertaken on his/her behalf by the Facility during a period of time when the patient and/or patient representative has delegated those responsibilities to the Facility.

The Facility shall furnish a written description of the manner of protecting personal funds deposited with the Facility. The admission of a patient to a nursing home does not confer on the Facility or its owner, administrator, employees or representatives the authority to manage, use or dispose of a patient's property.

**FACILITY IMPLEMENTATION:**

If the patient chooses the Facility to manage their funds, the Facility shall comply with the trust fund account requirements found in the State and Federal rules.

The Facility's trust fund policies and procedures are contained in ATTACHMENT G of the admission contract signed on admission.

If a patient or resident requests a trust fund be opened following admission, they must notify the Facility social worker.

The patient who has a trust fund account at the Facility shall have access to his/her personal funds from the business office during the hours of 9:00 AM to 3:00 PM, Monday through Friday.

- 28 A patient and/or patient representative is entitled to review a posting of names, addresses, and telephone numbers of all pertinent State survey and certification agencies and advocacy groups.

**FACILITY IMPLEMENTATION:**

The list of State client advocacy groups is located in the "Public Posting" binder found at the lobby reception area.

- 29 A patient is entitled to retain and use personal clothing and possessions (including some furnishings) as space permits.

**FACILITY IMPLEMENTATION:**

The Facility requires that all patient's clothing be clearly marked with the patient's name. The Facility has a laundry marking machine. All clothing should be taken to the laundry for marking.

Where practical, patient items such as glasses, dentures, and etc. should be engraved with the patient's name.

Before patients bring in furniture for placement in the patient's room, they must notify the administrator and receive written approval and undergo an inspection by the Facility for safety and cleanliness.

- 30 Each patient shall be provided with appetizing and sanitary meals including therapeutic or special diets and dietary supplements which meet the recommended dietary allowances for his or her age and sex and which may be modified according to special dietary needs or ability to chew.
- 31 Patient smoking in the Facility is prohibited.

**FACILITY IMPLEMENTATION:**

There are "No Smoking Signs" posted on the Facility entrance doors and throughout the building.

Patients are informed prior to or upon admission that smoking is prohibited in the Facility. If patients do not abide by the Facility's smoking policy, they may be asked to leave the Facility.

- 32 A patient has the right to examine the most recent survey of the Facility conducted by Federal or State surveyors.

**FACILITY IMPLEMENTATION:**

The Facility's survey results and the names, addresses, and telephone numbers of regulatory enforcement agencies can be found in the "Public Posting" binder found at the lobby reception area.

- 33 The Facility must consult with the patient immediately and notify the patient's physician and, if known, the patient's legal representative or interested family member when there is: (a) an accident involving the patient which results in injury and has potential for requiring physician intervention; (b) a significant change in the patient's physical, mental or psychosocial status; (c) a need to alter treatment significantly; or (d) a decision to transfer or discharge the patient from the Facility.
  
- 34 A nursing home, its owner, administrator, employee or representative shall not discharge, verbally or physically harass, or retaliate or discriminate against a patient because the patient has exercised a right protected by the Michigan Public Health Code.

## **PATIENT/RESIDENT RESPONSIBILITIES**

A patient and/or resident are responsible for:

- 1 Following the health facility rules and regulations affecting patient or resident care and conduct.
- 2 Providing a complete and accurate medical history.
- 3 Making it known whether he or she clearly comprehends a contemplated course of action and the things he or she is expected to do.
- 4 Following the recommendations and advice prescribed in a course of treatment by the physician.
- 5 Providing information about unexpected complications that arise in an expected course of treatment.
- 6 Being considerate of the rights of other patients or residents and health facility personnel and property.
- 7 Providing the health facility with accurate and timely information concerning his or her source of payment and ability to meet financial obligations.

## **ACKNOWLEDGMENT OF RECEIPT**

After you have received this handbook and the handouts listed below, you will be requested to sign this Acknowledgment of Receipt to be included in your personnel file.

I acknowledge receipt of the Employee Handbook as revised in March 2012.

I acknowledge receipt and understanding of the Facility’s discrimination, sexual harassment, and violence in the workplace policies and understand my duties and obligations under the policy.

I acknowledge receipt of the Patient/Resident Bill of Rights. I further acknowledge that

I have read and understand my part in the implementation of said policy and procedure.

I acknowledge receipt of the written hazard communication program and the Michigan Employee Right-to-Know law.

I acknowledge receipt of the attendance, tardiness and payroll citation policy and procedure.

I acknowledge receipt of the Facility’s Professional Code of Conduct.

I have read this handbook and each of these policies. I further acknowledge that I have read the problem solving procedure, and that if there is any policy I do not understand or if I have a question that I will ask my supervisor or other member of management.

I understand and agree that this Employee Handbook supersedes and cancels any previous verbal or written policies, statements, understandings or agreements concerning the terms and conditions of my employment with the Facility unless such agreement is in writing entitled “Employment Agreement” and signed by the President of Premier Health Care Management.

I understand that the Handbook contains guidelines and does not constitute a contract or confer any rights or privileges to me. I understand that the employment relationship between me and the Facility is “at-will” which means it is voluntary and may be terminated by any party at any time, without notice and with or without cause.

Employee’s Signature / Date: \_\_\_\_\_





Premier Health Care Management  
**PERSONNEL POLICY MANUAL**

**2012**

**EMPLOYEE MANUAL REVISIONS**

for the following facilities:

Cherrywood Nursing and Living Center

Evergreen Health and Living Center

Shelby Nursing Center

ShorePointe Nursing Center

ShorePointe Village

West Bloomfield Nursing Center

Woodward Hills Nursing Center

Published July 1997

Last revised and updated March 2012

## 2012 REVISIONS

212	Emergency Coverage (3/12)
401	Employee Appearance and Hygiene; Uniform policy (01/12)
Addendum A	Patient / Resident Bill of Rights (01/12)
	William Beaumont Hospital changed to Beaumont Health System (01/12)

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### **212 EMERGENCY COVERAGE** (revised 3/12)

Services in our Facilities must continue on a 24 hour, 7 day a week basis. Every effort is made to schedule personnel on a regular and adequate basis. Emergency situations do arise, however, due to weather, illness, accidents, etc. Therefore, if an employee is asked by the administrator or a supervisor to work a shift other than his/her usual shift, he/she will be expected to cooperate.

In the event that mandatory overtime is required, all employees on that shift will first be asked to volunteer to stay over. If staffing minimums cannot be met with volunteers or staff that have been called in, employees will be appointed to stay over based on seniority. The least senior employees will be appointed to fulfill the mandatory overtime need first and this will be rotated among all employees on the shift at that time. All reasonable attempts will be made to accommodate individual employee's needs. However, if an employee is appointed to stay and refuses, he/she may face discipline up to and including termination.

## **401 EMPLOYEE APPEARANCE AND HYGIENE; UNIFORM POLICY**

(revised 10/07, 6/09, 3/10, 4/10, 1/12)

The appearance of employees reflects the impression of the Facility which visitors and residents take home with them. All employees are to be dressed neatly and cleanly in the prescribed uniform and footwear in accordance with their department's dress code.

Personal cleanliness is of utmost importance, not only for the impression you make to others, but also because of the nature of your job. Any employee who has long hair that touches the shoulder is required to wear it pulled back away from their face or pinned up off their collar. Jewelry must be kept to a minimum in order to protect both the employee and the resident. No hoop or dangling earrings are allowed. In addition, no visible body piercing is allowed (such as nose, eyebrow, tongue, lip, etc.). Fingernails must be kept clean and short (no longer than ¼"). No unnatural hair colors such as green, blue, etc. are permitted. No visible tattoos are allowed or must be covered at all times during work hours.

Your name badge **MUST** be worn at all times when you are working. Your name should be easily readable and placed on your uniform above the waist and in full view of residents, families and fellow employees.

Your department manger shall inform you of the prescribed uniform for your department and job classification. Employees are responsible to maintain their uniforms in a clean and professional manner. Hose or socks are required with uniforms at all times. Dietary employees must wear hair coverings as designated by the supervisors.

At the time of hire, all employees (other than business office staff) must acquire at least one uniform, which will be paid for through payroll deduction. Additional uniforms may be purchased by the employee on a payroll deduction plan.

### **ADDENDUM A - PATIENT / RESIDENT BILL OF RIGHTS (01/12)**

Text change throughout - William Beaumont Hospital changed to Beaumont Health System (01/12)