

DHSR - Mental Health

AUG · 6 2021

Lic. & Cert. Section

E D Emmanuel Homes LLC

DHHS Supporting Documents – POC

MHL 092-654

Intake #NC00176268

7/8/2021

Plan Of Corrections Response

GOVERNANCE BODY STATEMENT - Letter from EDEH Admin Staff

Date: June 30, 2021

To: NC DHHS Mental Health Licensure Dept
From: Sha'Brittany Dowin, COO
Re: Explanation and Review of Supported Documents

DHSR - Mental Health
AUG 6 2021
Lic. & Cert. Section

To Whom It May Concern:

Thank you for allowing our company E D Emmanuel Homes LLC for having the opportunity to submit supporting documents on behalf of our recent Audit and Plan of Correction. As you know E D Emmanuel Homes LLC has had our homes for over 20 years, we pride ourselves on the wellbeing of our Residents, that is why it is so shocking to hear and see the allegations being presented to us at this time.

We are aware that our company is in need of an up-to-date Organization Management Plan and we are working to get our plans in progress each business day. Upon such plans are the recent hires of a Program Director, Executive Assistant, Production Assistant/Trainer, and Property Management Crew.

Please find the following information included in this packet as evidence that E D Emmanuel Homes LLC is striving to get back into compliance after a hectic life-changing past year in 2020.

Sincerely,



Sha'Brittany Dowin

Executive Admin

TERMINATION/DISCONTINUATION OF COMMUNITY GARDEN PROGRAM

Date: July 1, 2021

Mailed/Emailed: August 1, 2021

To: Administrative Staff of E D Emmanuel Homes LLC
From: Sha'Brittany Dowtin, COO/ Community Garden Coordinator
Re: ADMINISTRATION REVIEW – IMPLEMENTED CHANGE

CHANGE OF PROPOSED PROGRAM

The Community Housing pilot program – community gardens will be moved to E D Emmanuel Homes LLC partner Non-Profit Organization - DOWTINS FOUNDATION OF HOPE. All garden and plot plans will cease immediately. There will be no work for any Resident or Life Skills training regarding the homes with Gardens.

Please find the following information regarding ALL Community Garden plans on our revised website. Updates will be posted by 8/1/21.

Sincerely,



Sha'Brittany Dowtin

Executive Admin Team/COO

Plan of Correction Response

ED Emmanuel Homes, LLC

Alleged Deficiency	Alleged Deficiency Topic	Response and Additional Actions	Supporting Documents
<p>Page 1-5</p> <p>V-105</p>	<p>QA/QI Committee met to redevelop vision to enhance policies and services</p>	<p>The QA/QI Committee will continue to meet quarterly. We will have a designated person to keep meeting minutes.</p>	<p>Agenda & Meeting Minutes on File</p>
	<p>All staff that supervises Residents, was trained on Bloodborne Pathogens / OSHA per our already established policies. Some of the certificates pertaining to this mandatory training were still in the process of being requested/received from the external training contractor. Typically, we receive the certificates for completed trainings within a few weeks of completion of the course. Training certificates for all applicable Staff have been received and filed. HR files have been audited and ongoing trainings will be scheduled as needed.</p> <p style="text-align: center;">DHSR - Mental Health</p> <p style="text-align: center;">AUG 6 2021</p> <p style="text-align: center;">Lic. & Cert. Section</p>	<p>Monthly audits of needed trainings for all Staff will continue and trainings will continue to be scheduled in the future as necessary.</p>	
		<p>Staff Training Certificates will be filed in their HR files upon receipt from the contracted trainers.</p>	<p>Copies of BBP training Certificates enclosed and on file</p>
		<p>Our CEO & QP reviewed our training protocols and our training policies.</p>	<p>Copy of Meeting Agenda enclosed</p>
		<p>ED Emmanuel Homes purchased a new sharps container with lid.</p>	<p>Receipt enclosed</p>
		<p>ED Emmanuel Homes has already created a new Training Coordinator job position prior to this Plan of Corrections and is diligently supervising the performance of this new team member including ongoing training for this new role.</p>	<p>Job Description on file</p>
		<p>The QP and Program Director/Office Manager will be responsible for the monitoring of Sharps Container use and the safe disposal of sharps monthly in the group home. This performance indicator with regards to the Sharps Container usage is included in the supervision (evaluation) forms for both the QP & Program Director.</p>	<p>Performance will be supervised – evaluations on file</p>
<p>Pages 5-8</p> <p>V-107</p>	<p>The CEO met with all Administration Staff on 6/21/21. The meeting agenda was to review our Organizational Chart, review each team member's roles and responsibilities, and clarify job descriptions, as needed. This meeting also covered the confidentiality of HR files and</p>	<p>ED Emmanuel Homes has reviewed our Organizational Chart and has updated it to include newly created positions as our organization grows.</p>	<p>Organizational Chart enclosed</p>
		<p>ED Emmanuel Homes has reviewed, revised, and met with individual Staff Members regarding their role and Job Description, as needed. Clarifications have occurred and signatures have been obtained.</p>	<p>On file for review</p>

	<p>reviewed the already-existing policies for record keeping and ensuring that all HR documents are in a secured location. The protocol for submission of new documents that are to be added to the HR Files has been reviewed. Each Staff member has met with their Supervisor and reviewed their job tasks and responsibilities. Signatures were obtained acknowledging their Job Description(s) for all Administrative Staff.</p>	<p>Monthly audits of HR Files for all Staff will continue using our internal audit checklist for each Staff Member. Our internal orientation checklist will also be utilized to ensure all documents are obtained from newly hired employees. Deficiencies are to be reported to both the CEO & COO. Trainings that are required will be referred to the Training Coordinator.</p>	
		<p>ED Emmanuel Homes already has clear policies regarding the minimum competency for each Job Position as described both in Job Postings and our Job Descriptions. Applicants are required to submit all documentation at the time of hire. All documents are filed in their HR file.</p>	<p>On file for review in Policy & Procedures Manual</p>
		<p>Documents for the Facility Driver have been compiled and an HR file has been formalized for that role. He has completed a Defensive Driving course provided through the OSHA website and the facility driver has been CPR/First Aid Certified.</p>	<p>HR File on file for review Driving & CPR certificates enclosed</p>
		<p>Employee #6 is not currently an active employee of ED Emmanuel Homes. Their HR documents had been archived due to personal medical concerns that prevented the former employee from working due to this former employee needing long-term hospitalization. The archived records have been pulled for review.</p> <p>At this time, it is unlikely that this employee will return to work with us, but should he choose to return, he will begin the New Hire process from the beginning, including resubmission of applicable documents, re-orientation, and retraining as required.</p>	<p>On file for review</p>
<p>Page 8 – 12 v-108</p>	<p>ED Emmanuel homes disputes the discrepancies reported in this Plan of Corrections pertaining to trainings.</p>	<p>Audit of all training certificates in HR files has been completed prior to this Plan of Corrections deadline.</p> <p>Employee #5 is no longer employed by ED Emmanuel Homes, and as such, their HR file has been archived and further trainings have become irrelevant. Prior offered trainings for this employee were declined by the employee and they cited “scheduling conflicts” as the reason they couldn’t attend.</p>	<p>On file for review</p>

		<p>They were removed from the schedule promptly due to inability (or refusal) on their part to complete all of the mandatory trainings.</p> <p>Employee #3 had already completed an online course for CPR/FA, the certificate of completion is in their HR file, and the date the training was completed was back on 5/20/21.</p>	<p>CPR/FA Certificate enclosed</p>
		<p>Quarterly supervision and evaluation of Training Coordinator has been developed.</p>	<p>Will be on file for review Quarterly</p>
		<p>Our New Hire Documentation & Employee Orientation Checklist(s) are utilized by the Training Coordinator and COO prior to shift placement in the Group Homes to include document collection and documented training on (but not limited to):</p> <p>Education Records Evaluation Background Checks Organizational Orientation Client Rights Confidentiality BBP / Infectious diseases First Aid / CPR / Seizure / Heimlich Client Treatment Plans MH/DD/SA Needs</p>	<p>Checklist tool enclosed & Signed documents and Training Certificates on file</p>
		<p>ED Emmanuel Homes has reviewed our existing policy regarding identifying, reporting, investigating, and controlling infectious disease. This policy already exists in our Policy & Procedure Manual and no revisions appear to be necessary.</p>	<p>Policy enclosed</p>
		<p>Our COO is the personnel who is responsible for duties that would fall under the title of Human Resources Administrator. Her duties include (but are not limited to):</p> <p>Job Postings Job Placement Interviewing/Hiring Personnel Payroll Overseeing Orientation</p>	

		<p>Maintaining HR Files Referring Employees to our Training Coordinator as needed upon hire and delegation of Orientation tasks as needed.</p> <p>Some duties (such as audits of the HR files) may be delegated to the Program Manager for completion. Only the Program Manager and COO will have access to the files which will be kept in one location in the CEO's office and HR files will only be removed for auditing purposes. Submission of all HR documents will be through the COO and the Program Manager to be incorporated in the existing HR files. The HR files (original documents) will be kept in a locked room or locked filing cabinet for confidentiality and security. Lastly, we are moving toward an electronic system where all documentation related to HR will be stored on our computer under locked files.</p>	
Page 12 – 19 V-109	<p>QP & CEO Competency</p> <p>Our CEO and QP met on multiple dates (including 6/21/21) to discuss the Plan of Corrections. Additionally ongoing supervision and review of QP tasks has occurred throughout a two-week timespan following the receipt of this Plan of Corrections.</p>	<p>Meeting Agendas and Sign-In Sheet</p> <p>Supervision (formal evaluation) of the QP's performance by the CEO has been completed</p> <p>CEO, COO, and QP have reviewed and revised the Job Description of the QP</p> <p>Review of Client's PCP plans to incorporate or clarify unsupervised time has occurred for all Knightdale Group Home Residents. Requests for formalized permissions from Guardians and Probation/Parole Officers has occurred.</p> <p>Outside Contractors (including Maintenance Providers) have signed formalized Contractor Agreements. Contractors that work within ED Emmanuel Homes frequently or that come into contact with our Residents frequently will be required to have some trainings, as needed.</p> <p>A meeting was held with all Knightdale Residents clarifying the discontinued practice of Residents being permitted to complete job tasks in the community within our pilot Job Readiness Program. This practice had already been halted</p>	<p>Forms enclosed</p> <p>Records on file</p> <p>Document enclosed</p> <p>Documents on file</p> <p>Documents on file</p> <p>Meeting minutes on file.</p>

		when the Covid-19 pandemic began for the health and safety of the residents during governmental stay-at-home orders.	
		One Resident has filed a grievance with ED Emmanuel Homes to assert his rights with regards to being permitted to continue participation in job tasks out in the community. A meeting has been requested with his Probation/Parole Officer regarding unsupervised time and the ability to work outside of the Group Home. ED Emmanuel Homes will defer to the Probation Officer's recommendations in conjunction with completing another Unsupervised Time Assessment for this individual following the meeting.	Grievance enclosed
		QP was retrained for Medication Administration and MARs Compliance	Certificate enclosed
		The investigation and Level 1 Incident Report regarding Client #5 with respect to alleged alcohol consumption has been completed. Client #5 continues to deny that the incident occurred to ED Emmanuel Homes Staff. Client #5's Probation /Parole Officer is aware of the alleged Incident and further discussions will occur in an upcoming meeting.	Documentation on file
		Documentation from Client #1's doctor regarding number of carbs permitted for Client #1 has been reviewed by the CEO & QP. Documentation regarding Client #1's visit with his dietician on 2/17/21 has been reviewed by the CEO and QP. A follow-up visit to the dietician has been scheduled based on this review. Additionally, a discharge was recommended and initiated by ED Emmanuel Homes, LLC and started for Client #1 back in March 2021 and we have notified the Guardian of this required action. The Guardian is in the process of locating alternate care and a transfer to another facility.	Appointment on calendar
		A copy of diabetic literature has been supplied to Knightdale Group Home Staff. Portion plates have been supplied to Knightdale for use by Direct Care Staff for serving Client #1 in order to minimize carb intake. All Knightdale Group Home Staff have been trained on Diabetic Management.	Certificates enclosed

		<p>The Food Log created by ED Emmanuel Homes was an informal tool intended to promote communication between the Group Home and our Administration Staff as to what was prepared and served to the Residents by the Direct Care Staff. Upon review, we are moving away from this system and are implementing a formal meal plan and menu designated by the Corporate Office. This meal plan/menu will be issued monthly and the expectation is that Direct Care Staff will adhere to the menu as delegated. The meal plan/menu will assign the food items that are to be prepared by the Direct Care Staff for breakfast, lunch, and dinner within the Group Home as a way to bolster nutritional value, provide variety, and as a way to minimize reliance on carbohydrate-laden food items as the base part of the meal. Access to resource tools are available for the Direct Care Staff regarding recipes and cooking instruction, as needed. Instructional videos or hands-on training will be available to ensure that food is prepared properly. The meal plan/menu will have clear instructions as to the diabetic restrictions or food alternatives provided for each meal. All diabetic Residents will have increased portion sizes of proteins and vegetables minimizing carbohydrate intake in keeping with doctor's orders.</p> <p>ED Emmanuel Homes will be providing healthy food items for snack times as well. Residents do have the autonomy/right to purchase their own snack items as desired, although, we will be diligent in trying to guide them to make healthy choices for themselves, especially for diabetic clients with doctor ordered food restrictions.</p>	Newly developed Meal Plan/Menu on file
Page 19 - 30 V-115	Meal Planning	<p>QA/QI Committee met on 7/9/21 to review food safety, food storage, food handling, food disposal, and food service policies and procedures.</p> <p>Per ED Emmanuel Homes policies, all staff must be trained on Food Safety and Sanitation. Every effort has been made to retrain Staff on Food Storage, Food Safety, Food Rotation, Food Handling, Food Preparation, Food Labeling, and Disposal of Food Items.</p>	<p>Documentation on file</p> <p>Policies and Educational Material on file</p>

		All policies related to food within the Group Homes have been reviewed, including policies regarding staff's personal food. A reminder of ED Emmanuel Home's Policies and Procedures for all food related issues has been circulated to Direct Care Staff.	Policies on file
		A newly implemented Food Sanitation Checklist was created on 6/25/21 to be utilized by the QP or other Administrative Personnel while inspecting the homes. A walk-through will be done weekly. This checklist has also been placed in the homes for use by the Direct Care Staff.	Checklist enclosed
		The refrigerator referred to in the Plan of Corrections is not accessible to clients and is locked in a storage area. ED Emmanuel Homes has hired a contractor to remove the extra refrigerator that is not in use.	
Page 30 – 36 V-118	Medication Administration	An audit of the HR files for all Direct Care Staff has been completed pertaining to training in the area of Medication Administration and completion of MARs records. All Staff is in compliance with respect to this mandatory training. A refresher course took place on 7/2/21.	Certificates on file
		The doctor's order permitting Client #1 to self-administer insulin was retrieved from archive. This Client has been permitted to self-administer historically with clear permission from his Primary Care Physician. This document was archived since this practice has been well-established, but documentation has been re-filed in his current records. Additionally, we obtained a more current order from his doctor to permit the continuation of this practice of self-administering insulin which is included in his file.	Documentation on file
		A review of the current medications for each Knightdale resident has occurred. All MD Visit Sheets and ID Pages have been reviewed for possible inconsistencies.	

		Stringent review of MARs has taken place. The QP will review these entries within the Group Home weekly and the Program Manager will review the collected MARs monthly in order to provide redundancy. The CEO will supervise both the QP and Program Manager quarterly with respect to proficiency in this area.	Discrepancies moving forward will be documented and brought to the CEO's attention
Page 36 - 43 V-289	Supervised Living – Scope	An audit has taken place with respect to EBPI training by the Training Coordinator. Deficiencies were limited to newly hired Staff and training was already scheduled prior to this Plan of Correction. ED Emmanuel Homes uses external contractors for this training and it is based in trainer availability. Moving forward, ED Emmanuel Homes will also offer the option of completion of an online course due to the difficulty of booking in-person trainers during the pandemic.	Certificates on file
		An established practice of a monthly walk-through of the Group Home will continue and is completed by the Health & Safety Officer. The purpose is for safety inspection, cleanliness, and overall function and appearance of the Group Home. Supervision and evaluation of the Health & Safety Officer's Performance is conducted by the CEO quarterly.	Job description and evaluations on file
		A Plan of Protection was completed by CEO & QP on 5/24/21	Document on file
		The process of Incident Reporting has been reviewed. A refresher course with regards to the policies and procedures has been circulated to the Direct Care Staff.	Document on file
Page 43 – 50 v-290	Supervised Living - Staff	Unsupervised Assessment Forms (internal tool) for all Knightdale Residents are up-to-date.	Documents are on file
		It has been our policy and practice that due to Covid-19, none of the clients has had unsupervised time since the pandemic began. Supervised trips into the community has been limited to shopping trips based on the needs of individual Residents.	Documentation on file

Page 50 – 57 V-291	Supervised Living - Operations	Yearly Treatment Team Meetings which consist of a conference with parents, Guardian, and /or probation/parole officer for all Residents are in the process of being scheduled. These appointments are based on team member’s availability. Typically, one Resident is scheduled Monthly, but due to the pandemic, these meetings were temporarily delayed. They are now scheduled to resume.	Meeting dates on calendar
		Sleep apnea was verified as an existing diagnosis for Client #5. Client #5 had a CPAP supplied by ED Emmanuel Homes previously that he refused to use, but that remained in his possession. A new CPAP has been obtained and provided (see additional information above).	Review complete and CPAP provided. Documentation enclosed
		CPAP documents were reviewed and are in Client #5’s file.	Documents on file
Page 57 – 64 V-512	Client Rights, Harm Abuse & Neglect	ED Emmanuel Homes has already-established policies regarding grievances for the Resident’s to provide feedback. Additionally, a Consumer Grievance Form exists for the Residents to formalize their requests or complaints. Residents are protected from retribution and their grievances are confidential.	Policy and Form on file
		EBPI Training is provided (see above)	Certificates on file
		Client Rights training for all employees occurs during orientation. All employees are trained in this area and sign a document that they understand and acknowledge Client Rights. A test is given to ensure proficiency.	Tests, educational materials, and documentation on file.
		ED Emmanuel Homes has documentation of Client Funds Distributions, but we are also researching financial software options designed to streamline distributions and to have electronic tracking.	Documentation on file
		Monthly Governance Meetings occur in the Group Homes led by the QP (historically). This practice was temporarily halted due to pandemic concerns, but we are re-instituting this practice monthly moving forward.	Meeting dates on calendar
Page 64 – 69 V-536	Client Rights – Training on Alternative Restrictions and Interventions	All staff is expected to complete EBPI training and training certificates are stored in our HR files. A review of this training topic has occurred. New Staff has their trainings already scheduled with a third-party trainer. Additionally, we have identified online options for Staff to complete this training.	On file for review

<p>Page 69 – 73</p> <p>V-542</p>	<p>Clients Personal Funds</p> <p>ED Emmanuel Homes already has a policy that Clients have the right manage their own personal funds, whenever possible, if guardians and/or probation/parole officers permit. Each Client’s circumstance is different and ED Emmanuel Homes is responsive to each Resident’s financial needs.</p>	<p>Quarterly account statements are reviewed with clients and monthly documentation is signed at the time they receive funds, plus probation/parole officers/guardians can obtain account statements upon request. Residents sign distribution documents stating that they understand their money distributions. The COO maintains records on Personal Funds Distributions and maintains the Client Trust Fund, which is a separate account that includes Client personal funds.</p> <p>Ms. Dowtin is the payee for four out of five of the Knightdale Clients, and as such, money is disbursed on a regular basis. Clients are given a set amount for personal spending money which permits them the autonomy to spend as they see fit and offers the Client the ability to understand a predictable budget.</p> <p>Additionally, Clients are permitted to request larger-scale purchases where ED Emmanuel Homes Staff will take them to purchase the desired item (for example: a pair of new sneakers). ED Emmanuel Homes is responsive to the needs and requests they receive from Clients, wherever permitted.</p> <p>Two Clients have access to their funds at any time without restriction, during normal banking hours/business hours, since they have no Guardian or Probation/Parole Officer involvement.</p> <p>Two Clients have restricted access to their funds per their Guardian and/or their Federal Probation Officer and are on an alternate payment plan. ED Emmanuel Homes defers the decision-making regarding Client Funds to Guardians and/or Probation/Parole Officers involved with each Client. Documentation regarding imposed limits to distributions of funds is on file received from Guardians and Probation/Parole Officers with the dollar amounts and frequency of distributions clearly stated. Typically, these directives are received in-writing via email or occur in meeting minutes where such matters are discussed as a group with each</p>	<p>Policy on file</p> <p>Distributions on file</p> <p>Documents on file</p>
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		<p>Client's Mental Health Treatment Team, including discussions with the Client.</p> <p>In response to this Plan of Correction, ED Emmanuel Homes has also created a new form to further formalize these directives (permissions) from Mental Health Treatment Team Members with regards to reoccurring distributions of monies to Clients.</p> <p>Also, in response to this Plan of Correction, ED Emmanuel Homes has created a new form for Clients to request increases or decreases of their reoccurring fund distributions. This form will also be used to document requests for larger-scale one-time purchases.</p>	
		Quarterly review of personal finance documentation has been enacted prior to 7/2/21 and will continue regularly.	
Page 73 – 76	Facility and Grounds Maintenance	Dining room chairs	Replaced
V-736	ED Emmanuel Homes has taken action with response to the maintenance requested by this Plan of Correction. The following is an itemized list of the action taken regarding each requested upgrade or repair.	Ripped couch & loveseat	Replaced
		Rusty vent covers (upstairs bedroom)	Replaced
		Bathroom floor stain (hair dye)	Hired Contractor
		<p>This Plan of Correction stated that a TV exists on the floor in Client #1's bedroom, but Client #1 does not own a TV. He views TV in the common areas of the Group Home.</p> <p>The item observed is a computer monitor that isn't hooked up to a CPU. The Client is simply sentimental about the unused/inactive monitor because a deceased family member gave it to him. As such, ED Emmanuel Homes will continue to allow him to possess this personal item in keeping with his right to have his own belongings/personal property and the item will remain under his ownership and control. We will attempt to encourage the Resident to keep this item on a dresser or stored in his closet in a more appropriate manner.</p>	No maintenance action by ED Emmanuel Homes seems to be needed
		Electrical outlet protruding from wall in Client #1's room	Hired Contractor
		Water stains on ceiling	Hired Contractor
		Fire escape – wood loose/warped, spindle loose on handrail	Hired Contractor
		Broken tile around toilet – upstairs bath	Hired Contractor

		Vent on ceiling rusted – upstairs bath	Replaced
		Cabinet door painted – upstairs bath	Hired Contractor
		New mattress and box spring for Client #3	Replaced
		New headboard/footboard for Client #5	Replaced
		Storage closet door (Armoire)	Hired Contractor
		Refrigerator exterior	Detail Cleaned by Staff
		Repair cabinet beneath kitchen sink (hole)	Hired Contractor
		Kitchen drawer askew and knobs broken	Hired Contractor

Plan Of Corrections

Pages 1-5

V-105

INVOICE

DATE

5/20/2021

INVOICE NO

0021

YOUR COMPANY

Phone 919 809-2778

Fax

Email trentcan@yahoo.com

INVOICE TO Ed Emmanuel**Homes**

New Bern Ave

Raleigh, NC 27610

TRENT CANNADY**OHSA BBP****PAYMENT TERMS****5-20-2021**

Due on Receipt

QUANTITY**DESCRIPTION****UNIT PRICE****LINE TOTAL****Osha****Understanding Bloodborne
Pathogens****\$20.00****\$ 200.00**

DHSR - Mental Health

AUG 6 2021

Lic. & Cert. Section

Subtotal

\$200.00

Sales Tax

Total

\$200.00

INVOICE

DATE

5/26/2021

INVOICE NO

0027

YOUR COMPANY

Phone 919 809-2778

Fax

Email trentcan@yahoo.com

INVOICE TO Ed Emmanuel**Homes**

New Bern Ave

Raleigh, NC 27610

TRENT CANNADY**OHSA BBP****PAYMENT TERMS****5-26-2021**

Due on Receipt

QUANTITY**DESCRIPTION****UNIT PRICE****LINE TOTAL****Osha****Understanding Bloodborne
Pathogens****\$40.00****\$ 40.00**

Subtotal	\$40.00
Sales Tax	
Total	\$40.00

INVOICE

DATE

7/9/2021

INVOICE NO

0037

YOUR COMPANY

Phone 919 809-2778

Fax

Email trentcan@yahoo.com

INVOICE TO Ed Emmanuel**Homes**

New Bern Ave

Raleigh, NC 27610

TRENT CANNADY**OHSA BBP****PAYMENT TERMS****7-9-2021**

Due on Receipt

QUANTITY**DESCRIPTION****UNIT PRICE****LINE TOTAL****Osha****Understanding Bloodborne
Pathogens****\$40.00****\$ 40.00**

Subtotal	\$40.00
Sales Tax	
Total	\$40.00



Certificate

ED EMANNUEL HOMES

awarded to

Eloise Downtin

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

ShaBrittany Downtin

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Michael Downtin

In recognition of Completion Blood Borne Pathogens(OSHA Training).

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Shauna Downtin

In recognition of Completion Blood Borne Pathogens(OSHA Training).

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

James Baker

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Terrance Perry

In recognition of Completion Blood Borne Pathogens(OSHA Training).

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Aruna Kanu

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady / I.M.S. LLC.

Name / Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Carolyn Holder

In recognition of Completion Blood Borne Pathogens(OSHA Training).

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Chiquita Joseph

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Martie Evans

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/20/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Brietta Williams

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name / Title of Presenter

7/9/2021

Date



Certificate

ED EMANNUEL HOMES

awarded to

Sean Manley

In recognition of Completion Blood Borne Pathogens(OSHA Training.

Trent Cannady/I.M.S. LLC.

Name/Title of Presenter

5/26/2021

Date



EH#4

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610
(919) 231 2981 (Office)
(919) 231 2982 (Fax)
emmanuelhomes@nc.rr.com

DHSR - Mental Health

AUG 6 2021

Lic. & Cert. Section

DATE: June 8, 2021
FROM: Sha'Brittany Downtin, Manager
TO: EDEH Staff
SUBJECT: Mandatory FACE MASK CONTINUES

ATTENTION ALL STAFF

Question No. 13: Do fully vaccinated staff have to continue to wear face shields?

Answer: The CDC has not changed its guidance on PPE in response to an individual staff member or HCP's vaccination status. At this time, yes, all staff should continue to wear a face shield and N95 when working on a "COVID hall" or with a resident who is COVID-positive or under quarantine. In all other situations, all staff regardless of their vaccination status should wear a face mask, and in communities with moderate to substantial transmission, eye protection should be worn during patient care encounters. Eye protection could consist of a face shield or goggles. Facilities should ensure that staff are aware of the difference between a face shield and a face mask and that these elements of PPE are not the same thing.

Thanks again for all you do every day to keep residents and staff safe in North Carolina's LTC facilities!

Thank you for being a EDEH HERO,

Your cooperation and adherence to this mandate will be greatly appreciated.



1-800-295-5510
 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

DUPLICATE
INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 131340845
 ORDER #: 48476126

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2020

SOLD TO: **BW FARMS**
 406 W 3RD ST
 WENDELL NC 27591-9206

SHIP TO: **E D EMMANUEL HOMES LLC**
 2949 NEW BERN AVE STE 106A
 RALEIGH NC 27610-1249

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
18878933	SHABRITTANY	AVERITT EXP	03/16/21	03/16/21	NET 30 DAYS	03/16/21
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
During these unprecedented times, the earlier in the day you order from Uline, the better equipped we are to handle your order. We so appreciate your business. *****						
1	EA		S-21096	SHARPS MAILBACK KIT - 1 1/2 QUART	45.00	45.00
5	KT		S-18940	16 X 12 X 9" 275 LB GLASS PACK KIT	6.12	30.60
5	KT		S-4750	24 X 20 X 46" 51 ECT DOUBLE WALL WARDROBE BOX KIT	16.71	83.55
1	EA		H-1292	ULINE FIRST AID KIT - 10 PERSON	25.00	25.00
4	EA		S-23875	BETCO® ALOE HAND SOAP - 1 GALLON	9.00	36.00
1	CT		S-15750	DIXIE® CRYSTAL CLEAR PLASTIC CUPS - 12 OZ	83.00	83.00
1	CT		S-21642W-2X	T-SHIRT - WHITE, 2XL	51.00	51.00
1	EA		H-8683-S1	DYMO® LABELWRITER® WIRELESS PRINTER - WHITE	179.00	179.00
1	CT		S-22769	HEAVY-DUTY DELI CONTAINERS - 12 OZ	53.00	53.00

ORDER PLACED BY: SHABRITTANY A DOWTIN
 INTERNET PRO #: 0416613092

SUB-TOTAL	SALES TAX	SHIPPING/HANDLING	AMOUNT DUE
586.15	49.20	92.52	727.87

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
BW FARMS	18878933	131340845	03/16/21	727.87

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

IMPORTANT – PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT

MAKE CHECK PAYABLE AND MAIL TO:

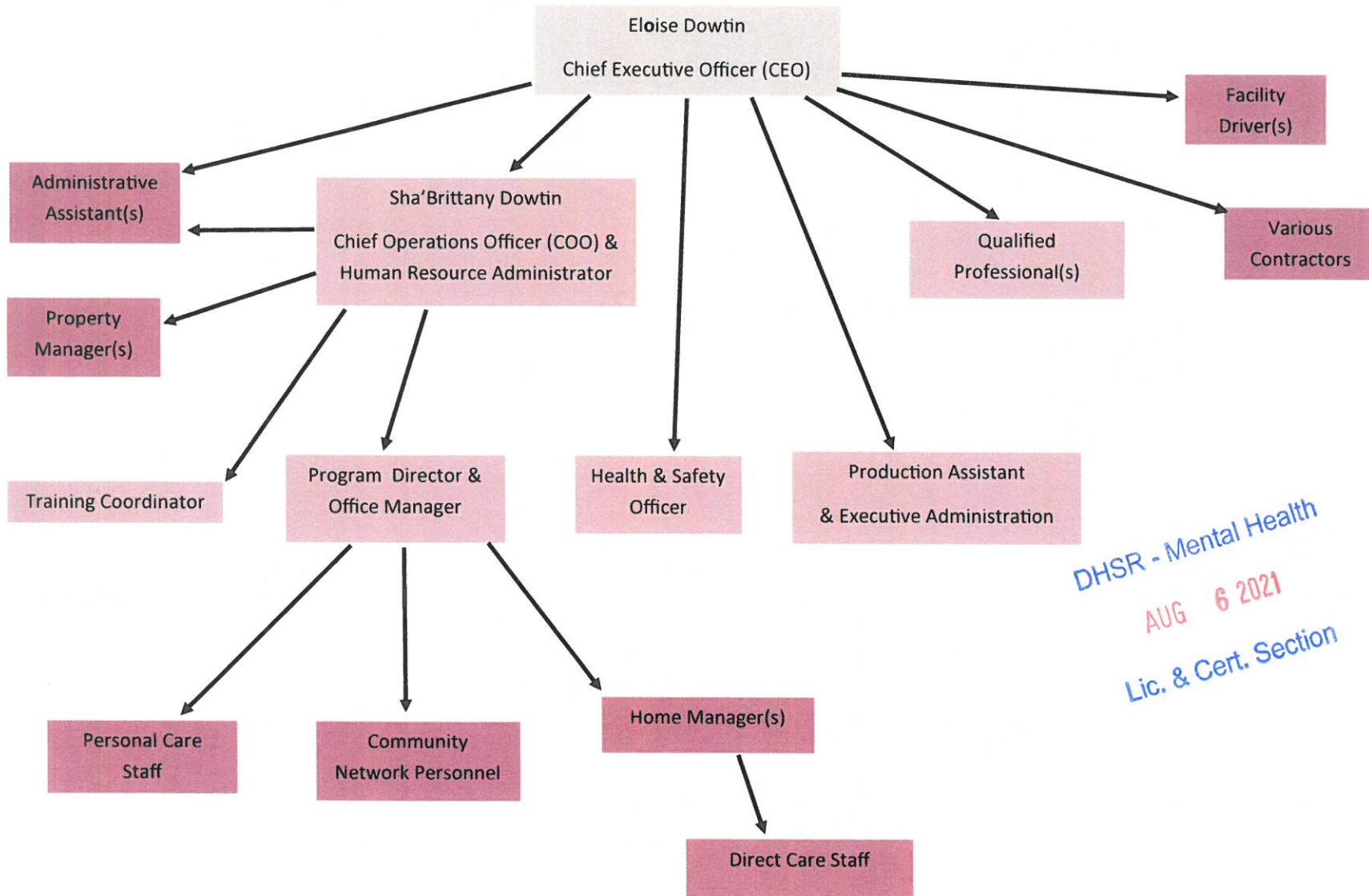
ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

Plan Of Corrections

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ED Emmanuel Homes, LLC Organizational Chart



DHSR - Mental Health
AUG 6 2021
Lic. & Cert. Section



JOB DESCRIPTION & PERFORMANCE EVALUATION

Job Title: Direct Care Staff **Reports To:** Qualified Professional/QP
Name: _____ **Approved Date:** _____
Station Assigned: _____ **Date of Hire:** _____
Duty Hours: _____ **Supervisor:** _____

Job Summary

A full-time Support Staff employee who assists service recipients' in meeting their personal goals and maintaining a normal standard of living

Hours of Responsibility

The Staff will reside in the home on a weekly schedule usually 8-hour shifts per day.

Job Functions

1. Demonstrates responsibility of all outcomes for service recipients supported. (Identify Autonomy, Affiliation, Attainment, Safeguards, Rights, and Health and Wellness)
2. In accordance with Individual Support Plans, provide training or assistance to insure personal growth and independence
3. Listen to and respond to the needs of service recipients, parents/guardians, area program staff, and agency management.
4. Assist service recipients: To realize their goals and attain personal outcomes; To develop and/or maintain a social support network; To maintain their health and well-being; With maintaining a safe and sanitary home; With grooming and hygiene; With access to community resources; With self-administration of medications, documenting all required medication information.
5. Document all training activities in accordance with federal, state, and local requirements.
6. Transport service recipients as needed to appointments and day programs.
7. Advocate for service recipients in all situations.
8. Communicate in a professional manner with service recipients, employers, parents/guardians, area program staff, and agency staff.

Primary Functions

1. Complete all mandated training within 90 days of employment and maintain as required
2. Abide by all agency policies and procedure.
3. Perform job duties in accordance with agency mission and values.

Ideal Characteristics

Ability to work as a member of a team, to complete tasks as instructed, be receptive to new ideas, and be creative in problem-solving. Ability to set goals for work tasks and use strategies to effectively meet goals. Ability to demonstrate a commitment to learning and improvement. Ability to offer and accept constructive feedback, encourage, and support others. Show respect and sensitivity for each person's individuality and preferences, and the cultural/ethnic diversity of the people we support and employ. Promotes and/or protects each person's rights, privacy, and confidentiality. Demonstrates the ability to be flexible, reliable, and dependable.

Qualifications

Must be 18 years or older and have no history of abuse, neglect, or exploitation of children or vulnerable adults. High School Diploma/G.E.D. equivalent required. At least one-year experience in the medical/mental health and development disabilities field preferred. Must have CPR and First Aid and NCI experience REQUIRED. Must complete criminal background and verification of NC healthcare registry. Must have transportation, valid driver's license, and acceptable driving records within company insurance guidelines – if transporting.

Credentials

Training classes will be provided through external agencies.

CPR & First Aid

NCI

CNA and MED TECH (+)

Confidentiality/ HIPPA

PCP Training

Seizure Protocol (+)

OSHA & Blood borne Pathogen

Medication Administration

Incident Reporting (+)

Physical Requirements

Must be able to lift or support approximately 75 lbs. either assisted or unassisted. Must be able to stand for an extended period of time, up to 8 hours. Must be able to stoop, bend, and reach overhead without restrictions.

Disclosure Statement

The above statement reflects the general details considered necessary to decide the essential functions of the job identified and shall not be construed as a detailed description of all work requirements that may be inherent to the job.

PRINT EMPLOYEE NAME: _____

DATE: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

SUPERVISORS SIGNATURE: _____

DATE: _____



Clinical Supervision Contract & Annual Log

Employee's Name: _____ Hire Date: _____

Employee's Title: _____ Contract Dates: _____

Name of Qualified Professional (QP) Providing Supervision: _____

Format of Supervision (Check One): Individual Group

Frequency of Supervision: _____

Identified Area for review during Supervision: _____

I agree to attend and fully participate in the ongoing employee evaluation process and I agree to participate in and complete the following In-Service Training courses as they are offered and assigned.

Employee Signature: _____ Title: _____ Date: _____

Log of In-Service Trainings

Date	Number of Hours	Topic	QP Signature	Trainer
		Orientation / Employee Handbook		
		CPR		
		First Aid		
		North Carolina Intervention – Part A		
		North Carolina Intervention – Part B (Optional)		
		Blood Borne Pathogens / OSHA		
		Medical Administration		
		Clients Rights		
		Confidentiality / HIPPA		
		Healthy Meals / Food Sanitation		
		Bed Bug Checklist		
		Fire Drills		
		Disaster Drills		
		Problems Vs. Behaviors		
		Incident Reporting (Level 1, Level 2, Level 3)		
		Documentation		

I agree to provide the supervision specified above: QP Signature _____ Date: _____

Statement of Participation

The Postgraduate Institute for Medicine confirms that

Carlester Groome

has participated in the educational activity titled

Healthcare CPR/AED + First Aid

an Internet based activity on 07/12/2021

This educational activity for 6.0 contact hours is provided by the Postgraduate Institute for Medicine.



JOINTLY ACCREDITED PROVIDER
INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (**ACCME**), the Accreditation Council for Pharmacy Education (**ACPE**), and the American Nurses Credentialing Center (**ANCC**), to provide continuing education for the healthcare team.



Postgraduate Institute
for Medicine
Postgraduate Institute for Medicine

Postgraduate Institute for Medicine
304 Invernewss Way South, Suite 100, Englewood, CO 80112
(303) 799-1930 | (303) 858-8848 Fax

Trace Hutchison, PharmD.

Trace Hutchison, PharmD
Director of Medical Education
Postgraduate Institute for Medicine

The licensee must retain this certificate for a period of 4 years after participating in the course.

VERIFIED TRAINING 64ACAA 

 **OSHAcademy™**
Occupational Safety & Health Training

Carlester Groom
Student Name

753206 **07/12/2021**
Student No. Enrollment Date

GENUINE ★ AUTHENTIC ★ ORIGINAL

Program Title	Hours
No professional programs have been completed. Please scan the QR Code or visit www.oshatrain.org/training-record to view completed courses.	

Scan QR code or visit website to view complete training record.

OSHAcademy Student Training Record
+1 (971) 217-8721 www.oshatrain.org/training-record

Instructions

- Carefully cut out the card along the dashed lines.
- Fold card over, taking care to ensure all corners match.
- Tape or laminate the card for increased durability.

Evidence Based Protective Interventions



Document: 2020111235041

PRINTED: November 12, 2020

PARTICIPANT

This certifies that

CARLESTER GROOM

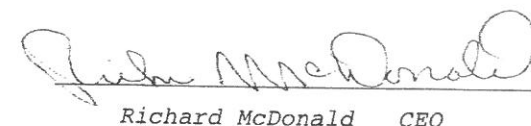
*has fulfilled all the requirements for competency in
the Approved Restrictive Intervention Curriculum*

EBPI INTERVENTIONS - PREVENT

SUBJECT TO ANNUAL CERTIFICATION


PREVENT TRAINER

CERTIFICATION DATE: 11/13/2020


Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED November 30, 2021.

Plan Of Corrections

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HEARTSAVER

Heartsaver® First Aid CPR AED



American
Heart
Association.

DHSR - Mental Health

AUG 6 2021

Lic. & Cert. Section

Carolyn Holder

**has successfully completed the cognitive and skills evaluations
in accordance with the curriculum of the American Heart Association
Heartsaver First Aid CPR AED Program.**

Optional modules completed:

Issue Date

5/20/2021

Renew By

05/2023

Training Center Name

CPR Consultants, Inc.

Instructor Name

trent cannady

Training Center ID

NC20514

Instructor ID

06110020530

Training Center City, State

Raleigh, NC

eCard Code

216002873182

**Training Center Phone
Number**

(919) 850-9295

QR Code



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.
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Post-Hire Checklist – Internal HR Verifications

HR Follow-Up Actions

- Ensure all the items on the **Pre-Hire Checklist** have been submitted by the employee
- Call the Applicant's **Professional References** from their **Application Packet**
- Run **Background Checks (2) – Criminal and Healthcare Registry Check**
- Run **DMV Driving History** (Optional)

Please present & collect the following forms from newly hired Employees (see attached):

- Job Offer / Payrate Acceptance Form**
- Hepatitis B Waiver**

Please circulate and collect all state and federal forms for payroll.

- W-9 Federal Form** (Contract Employees Only); or

-
- 8850 Work Opportunity Credit Form** (Optional)
 - I-9 U.S. Citizenship Form**
 - W-4 Federal Withholding Tax Form**
 - NC-4 State Withholding Tax Form**

(Optional/Drivers Only)

Photocopy and collect the following if the new hire will be driving or transporting Residents:

- Insurance Card**
- Insurance Policy Declaration Page**
- Verification of Registration / Inspection Documentation**
- Automobile Attestation Form** (see attached)

HR Follow-Up Actions

- Set-up required **Trainings** as necessary
 - CPR / First Aid
 - NCI or EBPI
 - Medication Administration
- Submit **Tax Documents** to the CPA (Accountant) for payroll
- Set-up **Employee Email**
- Set-up **Orientation Session**
- Set-up **Job Shadow**, if applicable
- Assign **First Shift**

OSHA

- A. Serological testing shall be performed on a case by case basis with informed consent when medically indicated.
- B. Serological testing is available to employees at the Wake Co. Public Health Dept. who believe that exposure to the virus may have occurred through work related activities including needle sticks, mucus membrane exposure or exposure of body fluids from cuts or abrasions. A Subsequent serological testing shall be performed six and twelve weeks and six and twelve months after the exposure. If the test is positive, additional counseling and medical follow-up shall be arranged for the employee.

Notification

- A. Under no circumstances shall other patients be notified of the serological status or diagnosis of other consumers.
- B. Information relative to the AIDS diagnosis must be placed in applicable consumer's record in order to communicate such vital information to staff and other health care professionals who may be working with the consumer. The outer cover of the chart should not be marked in any specific way designating HIV- positive or AIDS.
- C. Referrals of these consumers to other agencies or health care providers shall be made with the notation or warnings to take blood and body fluid precautions *after proper consents have been obtained.*

Blood-Bourne Pathogens Compliance Program and Exposure Control Plan

Purpose:

To help staff and consumers eliminate or minimize exposure to Hepatitis B, HIV, other blood-borne pathogens, or other potentially infectious materials. The degree of risk of acquiring pathogens is directly related to the frequency of parental exposure to blood. Non-intact skin, eye, and mucous membrane exposure to blood poses a lower risk, and exposure to other potentially infectious materials, still a lower risk. This policy outlines steps to prevent exposure, and specific procedures to be followed if an inadvertent percutaneous and permucosal exposure occurs.

Policy:

- A. E.D. Emmanuel Homes complies with OSHA Blood-borne Pathogens Standard, and relevant section of the North Carolina communicable disease law and rules (G.S. 130S-144,15ANCAC 19A .0201 (b) (4) (e) and (f), .0202 (4) and (9), and .0203(b) (3), and North Carolina medical waste management law and rules (G.S. 130A-309.26 and NCAC 13B .1200 to .1207).

- B. The policy and procedures shall be reviewed and updated at least annually, and whenever necessary to reflect new job descriptions, modified tasks, or new procedures that affect exposure.
- C. ED Emmanuel Homes uses modifications to the work environment and changes in work practices and procedures as the primary method to eliminate or minimize employee exposure.
- D. Employees Affected
 - 1. All full-time employees who have occupational exposure to Blood-borne pathogens are covered by this policy and its operating procedures.
 - 2. ED Emmanuel suggests that all contract employees have current hepatitis B immunization to perform jobs involving exposure to Blood-borne pathogens. ED Emmanuel Homes does not provide the initial hepatitis B vaccination series for any employees. With this exception, all other aspects of this policy and its procedures apply to contract and part-time employees and volunteers.

E. Definitions

- 1. Blood-borne pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- 2. Other Potentially infectious materials: Includes the following human body fluids: Semen, Vaginal secretions, cerebrospinal fluid, synovial fluids: pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.
- 3. Occupational Exposure: Actual or potential, skin, eye or mucous membrane contact with blood or other potentially infectious material that may result from the performance of an employee's duties.
- 4. Universal Blood and body Fluid Precautions: An Approach to infection control. According to the concept of universal precautions, all human blood, blood components including serum, other body fluids containing visible blood, semen, vaginal secretion, tissues, and cerebrospinal, snivel, peritoneal, pericardial, and amniotic fluids are treated as if they are infections for HIV, HBV and other Blood-borne pathogens.
- 5. Blood and Body Fluids requiring Universal Precautions: Blood semen, vaginal fluids (including menstrual blood), cerebrospinal (brain and backbone) fluid, synovial (joint) fluid, pleural (Chest) fluid, pericardial (heart) fluid.

Procedures

A. Exposure Determination

OSHA standards require each employer to determine occupational exposure, which is reasonably anticipated to provide the opportunity for skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This determination is made without regard to the use of personal protective clothing.

Category 1

Tasks that involve potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes of them. Examples of such tasks include first aid treatments involving contact with vaginal secretions.

Category 2

Tasks that do not typically involve exposure to blood, body fluid, or tissues, but which may occasionally lead to such as a result of unusual circumstances. Examples of such tasks include CPR implementation, implementation of PIC procedures, play / recreational activities, and caring for a physically ill consumer.

Category 3

Tasks that involve no exposure to blood, body fluids, tissues, including clerical and other office responsibilities.

B. Universal Precautions:

1. The ED Emmanuel Homes employees are required to follow universal precautions while performing job duties classified as Category 2 if blood, body fluid, or tissue is visible.
2. The following summarizes recommendation by the US Centers for disease control (usually referred to as "Universal Precaution")

Wear latex or vinyl gloves when handling blood and other fluids.

Requiring Universal Precautions, after contact with substances that contain visible blood, and after removing gloves. (If soap and water are not readily available , alcohol wipes, a wet toilette, waterless foam or soap, or water alone on any clean cloth, paper towel napkin or article of clothing can be used to wipe the blood and clean hands or other skin surfaces until more thorough hand washing is possible.)

In emergency situations, latex or vinyl gloves should be worn to prevent contact with all body fluids.

Be careful to prevent needle stuck injuries or cuts to your skin when handling needles or other sharp instruments or devices and when examining wounds or searching suspects.

Be very careful when disposing of used needles to prevent needle stick injuries, used needles should not be recapped by hand.

- Do not remove used needles from disposable syringes by hand; do not bend or break used needles.
- Place used disposable syringes and needles, scalpel blades and other sharp items in puncture resistant containers for disposal, these containers should be put as close as practical to where needles or sharp item are being used.
- Wear protective clothing or gear where there is a chance of being splashed by blood or other fluids that require Universal Precautions.
- Wash your hands after taking off gloves.

When putting on or removing gloves:

- Do not use your teeth.
- Pull gloves off so that they are inside out, the contaminated side not exposed.
- Put them in a plastic bag or other container, to prevent getting blood on your clothes or vehicle seats. **Do not reuse gloves.**
- Wear a new pair of gloves before handling another person. Do not eat, drink, or smoke while wearing gloves.

BE SURE TO WASH YOUR HANDS AS SOON AS POSSIBLE AFTER REMOVING GLOVES.

Summary:

Healthcare providers can protect themselves by adhering to practices designed to minimize or eliminate and by using protective equipment (such as gloves, masks and protective clothing); which maintain a barrier between the healthcare provider and the exposure source, when appropriate.

C. Vaccinations:

1. Any employee who have occupational exposure to Blood borne pathogens as a category I staff person are given the opportunity to have hepatitis B vaccine. Category II staff needs for the vaccination will be evaluated on a per case basis. The vaccination may be obtained at local health department.
2. The first dose of vaccine is to be administered within 10 working days of the initial assignment. Subsequent doses are to be administered according to current Centers for Disease Control recommendations.
3. Employees who decline hepatitis B vaccine are required to sign a Hepatitis B vaccination Declination Form, and have the option of taking the vaccine at a later date if occupational exposure continues.

D. Staff Training

1. The Emmanuel Home offers initial, pre-placement, annual, and new or modified procedures training to all employees who perform Category I and II tasks. At minimum, the training covers:
 - i. Access to and explanations of the Bloodhound Pathogens Standard
 - ii. Information about Bloodhound diseases and their transmission
 - iii. The Emmanuel Home exposure control plan
 - iv. Job Classification
 - v. Information about Hepatitis B Vaccine
 - vi. Decontamination and disposal procedures
 - vii. Universal blood and body fluid precaution
 - viii. Protective equipment
 - ix. Information and protocols for reporting and treatment for inadvertent exposure to Bloodhound pathogens (See Employee Exposure to Bloodhound Pathogens Incident Report Form in Appendix)

E. Cleaning and Decontamination: Employees are required to clean equipment and environmental and work surfaces immediately after contact with blood or other body fluids, and to decontaminate them, using an EPA approved disinfectant, such as phenolic or quaternary ammonium germicidal detergent solution, or a 1:10 to 1: 100 dilution of bleach.

F. Medical Waste Management: The Emmanuel Home follows the North Carolina medical waste management laws and rules, except with OSHA standards preempt North Carolina rules, because the state rules are less restrictive. North Carolina regulated medical waste is blood and body fluids in individual containers in volumes greater than 20ml.;

Microbiological waste, such as laboratory cultures and stocks, and pathological waste, such as human tissue, organs, or body parts.

1. Medical wastes must be treated (rendered non-hazardous by a method such as incineration, steam sterilization, or sanitary sewage disposal for bulk blood of >20ml. Per container (prior to disposal with other general solid waste.
2. Sharps, including contaminated needles, scalpels, plastic slides. Broken glass and capillary tubes, ends of dental wired, and other contaminated objects that can penetrate the skin are regulated medical waste, and must be:
 - Packaged in a biohazard-labeled (fluorescent orange or orange-red with letters or symbol in contrasting color) or a red container that is rigid, closeable, puncture-resistant and leak proof (when in an upright position)
 - Sharps containers must be located close to the work areas, and replaced BEFORE OVERFILLED
 - During removal of sharps container from areas of use, they must be closed and placed in a second biohazard-labeled, leak-proof container or a red plastic bag (160 pd. Burst strength polyethylene) if there is the possibility of leakage.

3. To avoid unnecessary employee exposure to small volumes of blood (<20ml.) in individual containers, such as laboratory vacuum tubes, they should not be emptied. Containers of ≤ 20 ml. Of blood that are to be discarded and stored while awaiting off-site transport must either be stored in a secure area, restricted to authorized personnel, or packaged in a container suitable for sharps, or in a plastic bag (160 lb. Burst strength polyethylene) that is placed in rigid bio-hazard-labeled fiber board box or drum.

Communicable Disease Reporting

Purpose

To assure adequate reporting to agencies of consumers with communicable diseases.

Procedure:

- A. Each component shall be responsible for reporting to the local health department cases of suspected reportable diseases required by G.S. 130A, Article 6 (Communicable Diseases and conditions).
- B. The E.D. Emmanuel Homes director will contact the consumer's case manager to discuss the communicable disease and determine any action beyond reporting to the local health department.

Appendix: See Communicable Disease Time Chart

- C. For purpose of reporting confirmed human immunodeficiency virus infection, (HIV) is defined as a positive virus culture: repeatedly reactivate EIA antibody test confirmed by western blot or indirect immunofluorescent antibody test, or other confirmed testing method approved by the Director of the State Public Health Laboratory Conducted on or after February 1, 1990.

Method of reporting

- A. When report of disease or condition is required to be made pursuant to G.S. 130A-135 through 139 and 15A NCAC 19A.0101, the report shall be made to the local health director as follows:
 1. For diseases and conditions required to be reported within 24 hours, the report shall be made by telephone, and the report required by paragraph (2) shall be made within 7 days.
 2. In addition to the requirement of paragraph (1), the report shall be made on the communicable disease report card provided by the Division of Epidemiology and shall

- include the name and address of the patient, the name and address of any minor's parent or guardian, and all other pertinent information requested on the form.
3. Until September 1, 1994, reports of cases of confirmed HIV infection identified by anonymous tests that are conducted at HIV testing sites designated by the State Health Director pursuant to 15A NCAC 19A .022011(d)(10) shall be made on forms provided by the Department for that purpose. No communicable disease report card shall be required. Effective September 1, 1994, anonymous testing shall be discontinued and all cases of confirmed HIV infection shall be reported in accordance with 15A NCAC 19A .0102(a) (1) and (2).
 4. In addition to the requirements of Paragraphs (1) and (2), the epidemiological information requested on a surveillance form provided by the Division of Epidemiology shall be completed and submitted for the reportable diseases and conditions identified in 15A NCAC 19A .0101 (1), (6), (17),(18),(19),(20),(21),(23),(24),(25),(26),(28),(29),(30),(32),(33),(34),(37),(38),(41),(42),(43),(44),(48),(49),(50),(52),(52),(53),(54),and(56).
 5. Communicable disease report cards and surveillance forms are available from the morbidity unit, NC Division of Epidemiology, P.O. Box 27687, Raleigh, NC 27611, and from local health departments.

Notwithstanding the time frames established in Rule .01101, a restaurant or other food or drink establishment is required to report all outbreaks or suspected outbreaks of food-borne illnesses in its customers or employees and all suspected cases of food-borne disease or food-borne condition in food handlers at the establishment by telephone to a local health department within 24 hours in accordance with Paragraph (A-1). However, the establishment is not required to submit a report card or surveillance form pursuant to Paragraphs (A-2) and (A-3), above.

First Aid Supplies

Policy

The E.D. Emmanuel Homes shall procure and maintain a continuous stock of usual and customary first aid supplies and equipment.

Procedures

1. The Director shall procure and maintain a continuous stock of usual and customary first aid supplies and equipment at each location at which services are rendered.
2. The Director is responsible for maintaining a consistent inventory of the usual and customary first aid supplies and equipment and designating on-site location where all staff will have unrestricted access to the first aid supplies and equipment.
3. A first aid supply kit shall be permanently maintained and consistently stocked in the vehicle transporting consumers.

See **First Aid supplies list** Suggested in the Appendix.

Plan Of Corrections

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CEO Supervision with QP

June 16 - June 23, 2021

Topic 1

- Plan of Protection Review
- Plan of Correction Review
- Steps to make corrections POP and POC

Topic 2

- Trainings – Retraining, New Hire Training, Policies on Trainings
- QP Trainings (Core Competencies, EBPI, Incident Report, MAR, Medical)
- DCS Trainings (Core Competencies, EBPI, Incident Report, MAR, Medical)

Topic 3

- Incident Report Policy
- Incident Reporting Process by QP
- Incident Reporting Process by DCS

Miscellaneous

- Policies – Reviewed and Revisions
- Personnel Files – Who is Responsible, Secure Location, HIPPA

June 24 – July 2, 2021

Topic 1

- Plan of Corrections
- Reviewed all citation on POC
- Measured deadline to complete citations

Topic 2

- Repairs
- Budget and repairs from POC
- Pending Construction Report

Topic 3

- Appeal Process POC
- Appeal Process Type A1
- Appeal Health Registry

Miscellaneous

- COO leave of absence 6/25/21
- QP role transition out 6/25/21

Quarterly Review Checklist

with Qualified Professional (QP)

Quarterly Month of Review: March June September December

All QP Quarterly Documents and Performance Tasks must be reviewed with Executive Director or Committee Member by the end of each quarter. All documents must be signed and dated by the 30th of each quarter month.

Performance Areas (Please Check-Off Completed Assignment)

Effectiveness of performance as indicated by Surveys (Quarterly)
<ul style="list-style-type: none"> • Stakeholder Survey (Guardians & Family) • Employee Satisfaction Survey • Supervision Survey • Miscellaneous Surveys
Networking / Fundraising (Monthly)
Monthly Supervisions of Staff / Initiate, Conduct and Record <u>Staffing Meetings (Group/Individual)</u>
Monthly Supervisions of Residents / Initiate, Conduct and Record <u>Peer Governance Meetings</u>
Monthly Service Notes w/ Invoice(s) submitted for Review (bi-weekly payroll)

Review of Administrative Documents (Please Check-Off Completed Assignment)

Progress Notes of Residents (Demonstrated ability to meet the needs of Residents)
Incident Reports / Plans of Correction
Referrals / New Admissions / Discharges (Monthly)
Review of Job Openings and New Hires
In-Service Reports (Curriculum Development & Attendance Success) – Group / Individual (Online) Training
Completion of <u>Monthly Supervisory Evaluations</u> for Staff including Client Specific Training
Fire Drill Reports & Disaster Drill Reports
Emergency Protocols / Evacuation Plans / Disaster Kits
Review of Food Logs (Dietary Restrictions & Meal Preparation Logs)
Review of MARs / Preparation for (six month) Med Review
Review of Vehicle Maintenance Logs
Review of Household Maintenance Logs

Executive Director Signature: _____ Date: _____

Committee Member Signature: _____ Date: _____

QP Signature: _____ Date: _____

E D EMMANUEL HOMES LLC
2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610
(919) 231 2981 (Office) (919) 231 2982 (Fax)
Job Description: QP- Qualified Professional



Job Description and Performance Evaluation Form

Name: _____

Date of Hire: _____

Position: QP- Qualified Professional

Location: _____

Date of Evaluation: _____ to _____

Type of Evaluation: Semi-Annual Annual Other _____

REPORTS TO: (Specify) : _____

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

<u>Key Areas of Responsibilities</u> • Performance Expectations	<u>Actual Performance</u> ***Must Include Sources of Measurement***	<u>Rating</u>
<p>1. Coordinates the interdisciplinary team for evaluation, selection of person(s) served, and development/maintenance of his/her service plan.</p> <hr/> <ul style="list-style-type: none"> • Ensures consumer and guardian participation in development of service plan and personal futures plan. • Develops and implements service plan within 30 days of moving in, annually, when significant changes occur, and when moving out. • Coordinates scheduling of team meetings (times, dates, locations, etc.) and informs all team members of such. • Coordinates development of each person(s) served personal futures plan. • Schedules and chairs screenings for program vacancies. • Develops waiting list for potential consumer vacancies. 		<p>3</p> <p>2</p> <p>1</p> <p>0</p>
<p>2. Supervises operations to ensure compliance with contractual, legal and regulatory requirements.</p> <hr/> <ul style="list-style-type: none"> • Demonstrates knowledge of contractual, legal and regulatory requirements. • Monitors to ensure all service sites deliver services in accordance with contractual, legal and regulatory requirements. • Implements/coordinates any necessary plans of correction from a regulatory body. 		<p>3</p> <p>2</p> <p>1</p> <p>0</p>
<p>3. Supervises activities to ensure compliance with EDEH standards to ensure responsiveness to needs of person(s) served.</p> <hr/> <ul style="list-style-type: none"> • Demonstrates organization commitment and leadership skills. • Demonstrates knowledge of customer focus. • Demonstrates customer service orientation. • Demonstrates knowledge of by face-to-face communication. Facilitates 1:1 interactions w/peers, superiors, and subordinates. • Demonstrates knowledge of by managing outcomes. Is aware of quality 		<p>3</p> <p>2</p> <p>1</p> <p>0</p>

EDEH JOB DESCRIPTION QP- Qualified Professional

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

Key Areas of Responsibilities	Actual Performance	Rating
<ul style="list-style-type: none"> • Performance Expectations 	***Must Include Sources of Measurement***	
indicators and achieves results.		
4. Supervises activities to ensure maximum attention to rights, protection, and safety of person(s) served. Documents all activities accordingly.		3
<ul style="list-style-type: none"> • Demonstrates an understanding of person(s) served rights, protection, and safety. • Participates in regularly scheduled regional safety committee meetings. • Shares all incident reports with appropriate external agencies (area programs, social services, etc.) when necessary and appropriate. • Monitors all incident reports to ensure patterns of incidents are addressed. • Incidents of consumer abuse, neglect, or mistreatment are investigated in a timely and thorough manner. Plan of correction is initiated to prevent recurrences. 		2 1 0
5. Coordinates the clinical service delivery to ensure the provision of quality service and supports for each person(s) served.		3
<ul style="list-style-type: none"> • Monitors/implements/supervises delivery of service plans and personal futures plan and training of staff. • Documents consumer progress or regression. Initiates discharge planning if appropriate. Maintains records appropriately. • Ensures all written training programs are implemented and revised as needed. 		2 1 0
6. Supervises the implementation of fiscal processes and loss control programs to ensure appropriate allocation and use of financial resources.		3
<ul style="list-style-type: none"> • Maintains fiscal spending within limits of approved budget; e.g. household expenses and repairs, vehicle expenses, personnel costs, consultant services. • Implements/monitors compliance with Safety Programs. • Monitors workers' compensation and unemployment claims for assigned service site(s). Is proactive in efforts to reduce claims and minimize risk/exposure of agency in these areas. If applicable 		2 1 0

EDEH JOB DESCRIPTION QP- Qualified Professional

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E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

<u>Key Areas of Responsibilities</u> • Performance Expectations	<u>Actual Performance</u> ***Must Include Sources of Measurement***	<u>Rating</u>
<ul style="list-style-type: none"> • Monitors all consumer finance documentation. 		
<p>7. Participates in planning and marketing efforts to promote new business development and a positive company image.</p> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Attends industry functions to promote positive relationships with other providers. • Develops positive relationships with all funding sources to promote new business. 		<p>3</p> <p>2</p> <p>1</p> <p>0</p>
<p>8. Supervises efforts to foster a positive work environment and appropriate deployment of employees.</p> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Uses leadership and communication skills to motivate team members towards agency objectives. • Utilizes problem solving/mediation skills when employee-to-employee conflicts arise. • Monitors exit interviews results and investigates areas of concern that may be identified through this process. • Fosters team spirit and company pride among team members and agency. • Manages budgeted staff hours to provide effective and efficient service delivery. • Implements staff recruitment and retention programs to promote positive work environment. 		<p>3</p> <p>2</p> <p>1</p> <p>0</p>
<p>9. Supervises the implementation of human resource programs to ensure appropriate employee selection, training, development, and recognition.</p> <hr style="border-top: 1px dashed black;"/> <ul style="list-style-type: none"> • Oversee/participate in the hiring process of all assigned positions • Actively works toward achieving/maintaining Affirmative Action goals within assigned service site(s). • Ensure all assigned staff receives training and supervision as needed to meet performance expectations. 		<p>3</p> <p>2</p> <p>1</p> <p>0</p>

EDEH JOB DESCRIPTION QP- Qualified Professional

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

<u>Key Areas of Responsibilities</u>	<u>Actual Performance</u> ***Must Include Sources of Measurement***	<u>Rating</u>
<ul style="list-style-type: none"> • Performance Expectations • Recognize staff with Pro Team, performance management evaluations, individual development goals, etc. • Ensure assigned staff are evaluated fairly and timely in accordance with performance evaluation procedures. 		
<p>10. Utilizes management information to ensure continuous evaluation and improvement of operations.</p> <hr/> <ul style="list-style-type: none"> • Ensures that all information from upper management is conveyed to employee as applicable/appropriate. • Maintains and/or monitors training reports to ensure timely training of staff for all assigned service sites. • Ensures that all job opportunities listings are shared with employees. 		3 2 1 0
<p>11. Responsible for Actions</p> <hr/> <ul style="list-style-type: none"> • Works when scheduled, observes policies regarding scheduling and time off. • Flexible, adjusts workload to accommodate changes in priorities and workload. • Dependable, accepts responsibility for attendance and punctuality. 		3 2 1 0
<p>12. Demonstrates Professionalism</p> <hr/> <ul style="list-style-type: none"> • Cooperates and is willing to assist others, accepts direction. • Presents a neat, clean appearance and dresses appropriately for the job. • Effectively utilizes time. • Handles information in a confidential manner. 		3 2 1 0

EDEH JOB DESCRIPTION QP- Qualified Professional

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

Key Areas of Responsibilities • Performance Expectations	Actual Performance ***Must Include Sources of Measurement***	Rating
13. Promotes a Healthy, Safe and Secure Environment <ul style="list-style-type: none"> • Sets a good example for others by own self-discipline and behavior. • Observes established policies on health, safety, and security. • Notifies proper authorities of circumstances or situations that present possible health hazards. • Maintains a valid driver's license and insurability (when required by position). 		3 2 1 0
14. Follows Policies and Procedures <ul style="list-style-type: none"> • Does not engage in activities other than official business during working hours. • Performs work according to the Code of Conduct, regulations, policies, and guidelines. • Reports significant/major incidents or accidents. • Cooperates in external/internal investigations as requested. 		3 2 1 0
15. Developing Others <ul style="list-style-type: none"> • Provides timely coaching, identifies successes and areas for improvement. • Encourages ethical behaviors by adherence to the Code of Conduct. • Delegates tasks or responsibilities for the purpose of developing other's abilities. • Establishes high levels of mutual trust and support with others. • Rewards good performance and promotes employee recognition. • Expresses positive expectations of others, even in difficult situations. • Ensures that staff completes all training. • Creates a learning atmosphere, reassures and encourages improved performance. 		3 2 1 0

EDEH JOB DESCRIPTION QP- Qualified Professional

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

<u>Key Areas of Responsibilities</u> • Performance Expectations	<u>Actual Performance</u> ***Must Include Sources of Measurement***	<u>Rating</u>
16. Management Effectiveness <hr/> <ul style="list-style-type: none"> • Adheres to established company policies and procedures and supports all programs. • Delivers timely coaching and conducts employee evaluations when scheduled. • Makes effective use of time, materials and resources by planning, scheduling and organizing work. • Communicates in an open and honest manner. • Sets appropriate performance goals for staff. • Encourages staff to report issues of non-compliance through appropriate channels. 		3 2 1 0
17. Decision Making and Problem Solving <hr/> <ul style="list-style-type: none"> • Anticipates and resolves problems demonstrating good judgement. • Provides leadership in developing and implementing solutions. • Improves processes within a department emphasizing quality and efficiency. 		3 2 1 0

To score, add up all Ratings and divide by 9	
Total of Ratings	_____
Divided by # of Key Areas	_____
Equals Overall Performance Rating:	_____

EDEH JOB DESCRIPTION QP- Qualified Professional

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: QP- Qualified Professional

Performance Expectations	Sources of Measurement	Actual Performance	Rating
The Qualified Professional will work on all Surveys of the home to ensure that all is current. Yielding no deficiencies for the homes that they oversees	Survey finding Survey Deficiencies		
The Qualified Professional will ensure all work requirements are met and followed up on.	Ongoing		
The Qualified Professional will Ensure all training is current	Tracking of training will be available		
The Qualified Professional will Ensure that all training is current for all staff employed for the homes(s). To ensure that all-medical needs are met.	Tracking of training will be available.		
The Qualified Professional will Attend safety committee meeting	Attend as schedule per home		
The Qualified Professional will Attend all scheduled/conduct all ISP/Special Team Meeting/Core team Meeting in a timely manner or as outline by past meeting	Attend as schedule per home.		
The Qualified Professional will Increase positive/professional relationship with guardians/professional service providers and Case Managers/personnel/Clinical personal and Co-workers	There will be determining by the relationship(s) of all aforementioned personnel. It is vitally important to work as a cohesive team		
The Qualified Professional will indicate what they needs to further her personal growth goals.	To be monitored throughout the year		
The Qualified Professional to attend a minimum of 1 seminars relating to DD/MH/SA expanding their knowledge of the field	To be complete within the next 12-month time frame		
The Qualified Professional to communicate their expectations clearly. Continue to delegate but to explain in more detail why something is needed or why there are changes	ONGOING to be monitored by Manager and to be addressed PRN		
The Qualified Professional needs to continue to develop a climate providing motivation participation and opportunities for employee initiative.	ONGOING to be monitored by Manager and to be addressed PRN		
The Qualified Professional will Make sure all assessments, consultations, incident reports, health service summaries, nursing summary, progress notes (etc) are all signed and file appropriately.	To be monitored throughout the year		

Employee - Print Name

Employee Signature

Date

Manager- Print Name

Managers Signature

Date

EDEH JOB DESCRIPTION QP- Qualified Professional

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D EMMANUEL HOMES LLC

2949 New Bern Ave. Suite 106 Raleigh, N.C. 27610

(919) 231 2981 (Office) (919) 231 2982 (Fax)

Job Description: AFL__

Job Summary

A AFL Provider provides a service designed to provide care and support in a family and home setting for persons with intellectual, emotional, or developmental disabilities. It can be thought of as foster care for adults. An AFL provider may care for one, two or three people at a time. The focus is to help each individual meet his or her own goals for rehabilitation and recovery. EDEH recruits caring and experienced couples or individuals who have a home that meets standards for space, safety, and sanitation. These families are paid adequately for their service. A Qualified Professional supports and supervises each AFL home. The AFL residents live in the homes as family members and participate in family activities. They receive emotional and physical support, monitoring, and development of life skills. A Person-Centered Plan is developed with residents, guardians, and professional staff toward helping residents increase their independence, participation in community life, and developing critical daily living and coping skill

Hours of Responsibility This position is a 24/7 position

Job Functions

Demonstrates responsibility of all outcomes for service recipients supported. (Identify Autonomy, Affiliation, Attainment, Safeguards, Rights, and Health and Wellness)

In accordance with Individual Support Plans, provide training or assistance to insure personal growth and independence

Listen to and respond to the needs of service recipients, parents/guardians, area program staff, and agency management.

Assist service recipients: To realize their goals and attain personal outcomes; To develop and/or maintain a social support network; To maintain their health and well-being;

With maintaining a safe and sanitary home; With grooming and hygiene; With access to community resources; With self-administration of medications, documenting all required medication information;

Document all training activities in accordance with federal, state, and local requirements.

Transport service recipients as needed to appointments and day programs.

Advocate for service recipients in all situations.

Communicate in a professional manner with service recipients, employers, parents/guardians, area program staff, and agency staff.

Primary Functions

Complete all mandated training within 90 days of employment and maintain as required

Abide by all agency policies and procedure.

Perform job duties in accordance with agency mission and values.

Ideal Characteristics

Ability to work as a member of a team, to complete tasks as instructed, be receptive to new ideas, and be creative in problem-solving. Ability to set goals for work tasks and use strategies to effectively meet goals. Ability to demonstrate a commitment to learning and improvement. Ability to offer and accept constructive feedback, encourage and support others. Show respect and sensitivity for each person's individuality and preferences, and the cultural/ethnic diversity of the people we support and employ. Promotes and/or protects each person's rights, privacy, and confidentiality. Demonstrates the ability to be flexible, reliable, and dependable.

Qualifications

Must be 18 years or older and have no history of abuse, neglect, or exploitation of children or vulnerable adults. High School Diploma/G.E.D. equivalent required. At least one-year experience in the medical/mental health and development disabilities field preferred. Must have CPR and First Aid and NCI experience REQUIRED. Must complete criminal background and verification of NC healthcare registry. Must have transportation, valid driver's license, and acceptable driving records within company insurance guidelines – if transporting. Home must meet all state and federal requirements.

Credentials

Training classes will be provided through external agencies.

CPR & First Aid	NA and MED TECH (+)	PCP Training	OSHA & Blood borne Pathogen	Incident Reporting (+)
NCI	Confidentiality/ HIPPA	Seizure Protocol (+)	Medication Administration	

Physical Requirements

Must be able to lift or support approximately 75 lbs. either assisted or unassisted. Must be able to stand for an extended period of time, up to 8 hours. Must be able to stoop, bend, and reach overhead without restrictions.

Disclosure Statement– The above statement reflects the general details considered necessary to decide the essential functions of the job identified and shall not be construed as a detailed description of all work requirements that may be inherent to the job.

EDEH JOB DESCRIPTION AFL

3 - Exceeds Expectations, 2 - Meets Expectations, 1 - Approaches Expectations, 0 - Does Not Meet Expectations

E D Emmanuel Homes, LLC

2949 New Bern Avenue, Suite 106-A, Raleigh, NC 27610

Phone: (919) 231-2981 ~ Fax: (919) 231-2982

Qualified Professional (QP) Job Description

Temporary/Employment Agreement

Supervisor: Ms. ShaBrittany Downtin; Office Manager of E D Emmanuel Homes, LLC

QP Name (Printed): Soya R. Chappel Hire Date: 7/2/19

PRIMARY PURPOSE OF THE POSITION: A Qualified Professional (QP) serves as the primary team leader, coordinating and monitoring the array of services and supports needed to address each Consumer's supported goals and desired outcomes as identified through the Consumer's supported self-assessment, clinical assessment, and functional assessment.

DUTIES AND RESPONSIBILITIES:

- Prepare accurate Client Assessment of all consumers prior to admission into the home and conduct semi-annual reviews of assessments to ensure that all the necessary and appropriate supports and services are readily available to each Consumer. Assessments must be available for DHHS, LME, and Case Managers to review.
- Assists each person supported in identifying and communicating his or her requests and needs for services and supports.
- Facilitate treatment meetings and other meetings to plan or implement clinical services and manage caseload.
- Conduct Peer Governance Meetings as a mechanism for consumer feedback and participation.
- Review, implement, and revise (as needed) current policies and procedural manuals.
- Ensure accurate documentation of MAR's and Progress Notes through weekly reviews.
- Maintain professional relationship with doctors, therapists, guardians, family members, and others to ensure consistent and high-quality services for our consumers.
- Supervises, integrates, and coordinates Individual Support Plan (ISP), and monitors progress towards personal, clinical, and functional outcomes.
- Keep the Executive Director and their designees informed of significant changes or occurrences within the organization.
- Initiates periodic reviews, investigations, modifications and adjustments by soliciting the Consumers' supported feedback as their wants and needs change.
- Reviews assessments and identify the supports and services needed to address their goals and desired outcomes.
- Execute an accurate Client Assessments prior to consumer admission into a facility
- Supervise, integrate, and coordinate the Individual Support Plan (ISP) based on assessments, interviews, and observations, while also monitoring progress toward personal, clinical, and functional outcomes.

- Oversees many aspects of group home activity including appearance of home, leisure materials, cleanliness and community integration.
- Spends time on a regular basis at the location where services are being performed.
- Trains select components of Basic Clinical and Survival training and select aspects of Home Manager training
- Works closely with other clinical/professional staff to maintain communication and provide feedback, standardize procedures, expedite support plan implementation and work-flow and to improve efficiency of subordinates
- Coordinate discharge planning and community re-entry for the persons served.
- Provide 24 hour/7 day a week phone or personal contact for crisis support and stabilization in the home.
- Ensure that the intake process of new consumers is sufficient and that new residents have all the required documentation to ensure they meet state requirements for intake.
- Ensure selective training and technical assistance for staff to insure their compliance with their job roles.
- Work closely with in-home Direct Care Staff, Personal Care Staff, Transportation Staff, and Office Staff to maintain communication and provide feedback, standardize procedures, expedite support plan implementation, and to improve the efficiency of the organization.

SUPERVISION:

- May supervise more than 2 employees consisting of Home Manager – ICF and Direct Support Associates

JOB REQUIREMENTS:

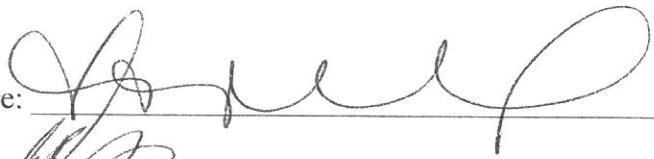
Education and Experience:

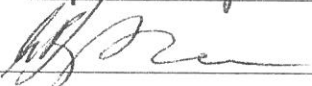
- Bachelor's degree (B.A./B.S.) in Social Work, Social Services or Special Education from a four-year college or university
- At least two years of experience working with persons with intellectual or developmental disabilities.
- Certain other Human Services Degrees may also qualify.
- Valid driver's license (this is a condition of employment) including personal vehicle and vehicle insurance coverage.

KEYWORDS:

Healthcare, Licensed Home, Assisted Living, Social Services, Social Work, Human Services, Management, Non-Profit, Not for Profit, Mental Retardation, Developmental Disabilities, Intellectual Disabilities, Mental Illness, Physical Disabilities, Veterans, Elderly, Traumatic Brain Injury (TBI), Homeless, Substance Abuse

ACKNOWLEDGEMENTS:

Qualified Professional's Signature:  Date: 4/2/19

Office Manager's Signature:  Date: 4/2/19

Consumer Grievance Form

(If you have a grievance regarding one of our clients, you may file a complaint with our office)

You May File A Complaint In One Of Three Ways	
Submit In-Person Or Mail To: ED Emmanuel Homes, LLC 2949 New Bern Avenue Raleigh, NC 27610	Fax To: (919) 231-2982
Pre-Complaint Questions	
Have you contacted ED Emmanuel Homes about your complaint previously?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have you contacted other agencies or agency personnel regarding this issue?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Have you contacted your family regarding this issue?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Information About You (The Consumer)	
First Name: [REDACTED]	Last Name: [REDACTED]
Residence: KNIGHTDALE	Phone Number: N/A
Guardian Name: N/A	Parole/Probation Officer Name: ERICA FOY
Subject Of The Grievance	
Describe Your Grievance: I am asking to return to helping do tasks in the community I have enjoyed learning job skills I like earning extra money and spending time out side of my home	
Briefly Describe What You Would Consider A Reasonable Solution To Your Grievance:	
Solution You Would Like To See Implemented: I want to keep the right to work in the community with [REDACTED] or other opportunities	
Signature & Acknowledgement:	
Grievances Filed With ED Emmanuel Homes Will Be Kept Confidential And Assurance Is Given That No Retaliatory Actions Will Be Implemented. We Strive To Find Solutions That Are Acceptable To All Interested Parties.	
Signature Of Consumer: [REDACTED]	Reviewed By: <i>Chris Lydon</i>
Date Grievance Was Written: 7-20-21	Date Received: 7/20/21 Date Resolved: _____

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Sonja Chappel

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic / Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Loise Dourtin

Signature

6-21-2021

Date of Completion

6-21-2022

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Terrell McRaven

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/ Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Elaise Dourtin, RN, BSN

Signature

3.15.2021

Date of Completion

3.15.2022

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Gabriel Robertson

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/ Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Eloise Swartin, RN, BSN

Signature

1.25.2021

Date of Completion

1.25.2022

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Jennifer Williams

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/ Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Elaine Dorsten

Signature

6.7.2021

Date of Completion

6.7.2022

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Sean Manley

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/ Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Chaise Downton, RN, BSN

Signature

7-2-2021

Date of Completion

Chaise

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Sharese Brown

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Eloise Douratin, RN, BSN

Signature

3/9/2021

Date of Completion

3/9/2022

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Terrell McRaven

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/ Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Eloise Dourin, RN, BSN

Signature

3.15.2021

Date of Completion

3.15.2022

Expires

E D EMMANUEL HOMES, LLC

THIS CERTIFIES THAT

Aruna Kanu

has successfully completed 3 hours of

Medication Administration

Additional Topics Covered:

- Diabetic/ Insulin Protocols
- Allergies / EpiPen Protocols
- Seizure Management Protocols
- Bloodborne Pathogens Training

Elaine Douratin

Signature

6-8-2021

Date of Completion

6-8-2022

Expires



Traffic Court Driving Program

Robert Williams

This is to certify that the above named person has successfully
completed the StreetSafe Traffic Court Driving Program

July 17th, 2021

Date

Robert J. Stewart

Signature

Plan Of Corrections

Pages 19-30

V-115



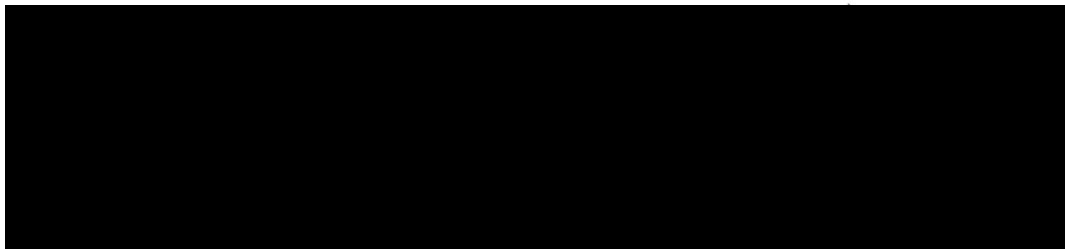
DukeHealth

Duke Primary Care Knightdale
162 LEGACY OAKS DRIVE
KNIGHTDALE NC 27545-6556
Phone: 919-373-1810
Fax: 919-373-1890

Reprint

Patient:

Address:



Authorized by Sison, Nathan Peter, MD Date: May 27, 2021

Order Information: Patient may administer his own insulin Ord ID: 541893250
Quantity: 1

Diagnosis associated with Order: Type 2 diabetes mellitus with stage 3a chronic kidney disease, with long-term current use of insulin (CMS-HCC) (E11.22,N18.31,Z79.4) Priority: Routine

Primary Encounter Diagnosis: Type 2 diabetes mellitus with stage 3a chronic kidney disease, with long-term current use of insulin (CMS-HCC) [E11.22, N18.31, Z79.4]

Order Questions: Generic Supply Name: Patient may administer his own insulin

DHSR - Mental Health

Additional Information:

AUG 6 2021

Lic. & Cert. Section

Electronically signed by: Sison, Nathan Peter, MD, NPI: 1295121671 on May 27, 2021 at 3:03 PM

EDEH

KITCHEN AND SANITATION CHECKLIST

Location _____ Staff _____ Month _____

Area	Description	Date and Check							Date and Check							
		M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F
Kitchen Cleaning																
Refrigerator/Freezer	Weekly and during the week discard old/expired food items															
Sink	Continually/Daily															
Stove	Daily and keep clean after cooking															
Oven	Monthly or as needed															
Small Appliances	Before and after each use															
Countertop Surfaces	Before and after each preparation period and continually as needed between food preparation															
Food	Inventory (weekly) and as necessary, expiration, label, bagged															
Kitchen Tables	Before and after each meal service															
General Maintenance/Cleaning	Scrubbing floors as needed and at least weekly															
Windows	Cleaning window sills, surface areas such as tops of equipment, etc. – weekly															
Walls	Walls as needed at least semi-quarterly															
Garbage	Garbage area and containers kept covered															
Water Temperature	Check weekly and as needed Range 100-116															

Food Service Orientation Manual

Introduction

- I. Sanitation
 - A. Kitchen
 - B. Equipment
 - C. Dishes

- II. Food Safety
 - A. Dry Storage
 - B. Cold Storage
 - C. Food Handling
 - D. Cross-Contamination
 - E. Thawing Meats/Poultry/Fish

- III. Personal Hygiene
 - A. Handwashing
 - B. Clean Clothes/Hair Restraint
 - C. Infections/Communicable Diseases

- IV. Therapeutic Diets
 - A. Puree
 - B. Mechanical Soft
 - C. No Concentrated Sweets
 - D. Calorie Controlled ADA
 - E. No Added Salt (4-gram sodium)
 - F. 2- Gram Sodium
 - G. Renal
 - H. Low Cholesterol/Low Fat
 - I. Thickened Liquids

- V. Therapeutic Menus
 - A. Reading Spread Menus
 - B. Substitutions in Therapeutic menus
 - C. Recipes

- VI. Resident Rights

Post Test

Introduction

The purpose of this orientation manual is to give an overview of providing food service in adult care homes, including preparation of special therapeutic diets. Studying this manual and completing the post test will satisfy the requirement in Adult Care Home Rules 13F .0509 and 13G .0509, entitled "Food Service Orientation", of completing a food service orientation program established by the Department. Of course, further instruction in food service from a registered dietitian, the administrator or other staff should be provided as needed to assure appropriate food service to residents. Please read this manual carefully. Be sure to speak with the administrator, dietitian or your supervisor if you have any questions.

This manual may be reproduced and is available on the DHSR website at <http://www.ncdhhs.gov/dhsr/acls/pdf/foodsrvman.pdf>.

Sanitation

What is sanitation? And is it different than just plain clean? The answer is...yes, most definitely! Clean and sanitary are two different things. *Clean* refers to whether something is free from visible dirt. In other words, when you look at it, you do not see dirt or stains. On the other hand, when you *sanitize*, it means that you are disinfecting. In other words, you are not just removing visible dirt, but killing the bacteria (germs). Bacteria, or germs, can make you sick! The elderly are particularly susceptible to harmful bacteria. These bacteria may find their way into food from poor sanitation of the kitchen and equipment, poor food-handling, or inadequate cooking of foods.

Another way bacteria find their way into food is through your hands. Did you know that harmful bacteria could be found on all of our hands on any average day? You'll read more about this later on. For now, let's read more about sanitizing the kitchen and equipment. You will learn that lots of things in the kitchen will not only need to be cleaned, but also sanitized to kill harmful bacteria.

Sanitation---Kitchen

Kitchen surfaces and dining room tables need to be cleaned as well as sanitized often. Anytime raw meat or poultry is prepared, for example, it is likely that harmful bacteria have been left behind on cutting boards, utensils, countertops, etc. As you probably know, preparing food can make a mess! But it is very important that you stay on top of keeping the kitchen clean and sanitary since this is where food for all the residents will be prepared.

Your facility should have a schedule describing the various duties, how often they should be performed, and how to go about sanitizing surfaces. A solution of 1 tablespoon of bleach per gallon of water can be used to sanitize surfaces. Be sure and follow your facility's protocol for cleaning and sanitizing both the kitchen and dining areas.

Sanitation---Equipment

Why does equipment have to be sanitized? Food service equipment can be a source of harmful bacteria (germs) when it comes in contact with food and can cause food-borne illness.

Equipment such as meat slicers, blenders, processors, and utensils used in preparation of food should be cleaned and sanitized *after each use*. Refrigerators and freezers should be periodically cleaned and sanitized. Any spills in the refrigerator should be cleaned up immediately and not left to sit. Be sure to follow your facility's routine cleaning schedule.

Sanitation---Dishes

Dishes, utensils and all glassware, of course, need to be sanitized. This can be accomplished by running them through the dish-machine, which should sanitize them either by hot water temperature or chemicals such as bleach. If you notice that dishes do not come out clean or that the dish-machine does not operate properly, be sure to notify the administrator so it can be repaired. Larger items that can't fit in the dish-machine can be sanitized in the 3-compartment sink. The first sink is used to wash, the second to rinse, and the third to sanitize. All 3 steps are important and must be completed. The water in the third sink must either be heated to at least 170 degrees Fahrenheit, or sanitizing chemicals added---you should have test strips in the facility that can be used to identify when the required concentration of a sanitizing chemical is achieved.

If you are using bleach in the water, you are required to add enough to reach 50 ppm (parts per million) with a temperature of at least 75 degrees. The test strips will allow you to determine by color when you have added enough bleach. Your facility may be using some other chemical to sanitize --- so ask your supervisor if you are unsure or have questions.

Food Safety---Dry Storage

Dry storage is the term used to describe the room or area used to store foods that do not need to be refrigerated. Foods such as rice, cereal, flour, cake mixes, and bread are examples of items that may be stored here. The dry storage area should be kept clean and organized. All food items should be stored off the floor, in appropriate containers if in bulk such as rice, sugar or flour, and labeled.

If your facility does not have a separate room to store chemicals, there may be an area set aside in the dry storage room to store chemicals such as bleach, cleaning solutions or detergents. It is very important that these chemicals be stored in an area set aside from food items and be properly marked to identify them. This will help prevent the possibility of accidentally contaminating food with chemical agents.

Food Safety---Cold Storage

Cold storage is the term used to describe foods that need to be refrigerated or kept in the freezer. Items such as milk, fresh vegetables, prepared dishes such as chicken salad, lunchmeats and leftovers may be stored in the refrigerator. Each refrigerator should have a thermometer and the temperature in the refrigerator should be 45 degrees Fahrenheit or below.

All leftovers should be labeled with the date the item was placed in the refrigerator. This ensures everyone knows how long the leftovers have been in storage. Be sure that you do not leave leftovers setting out. They need to be refrigerated immediately. Leftover hot foods can be put in an ice bath prior to storing in the refrigerator. For example, a pan of lasagna can be placed on top of a pan of ice to cool it down prior to storing in the refrigerator.

Maintaining perishable foods such as milk, leftovers, luncheon meats, etc. at 45 degrees Fahrenheit in the refrigerator will help ensure that bacteria do not begin to grow rapidly on any of these foods. Refrigerators and freezers should be kept clean both inside and outside. Sanitize the inside and outside (especially around door handles) of your refrigerator periodically. Your facility should have a schedule for when this should be done.

Food Safety---Food Handling

Did you know your hands carry illness-causing bacteria? This is why you should wash your hands prior to preparing food or beverage. This is especially important prior to preparing or serving ready-to-eat foods such as tossed salads, beverages and fresh fruit. Ready-to eat foods such as these are not cooked, so any bacteria that might have contaminated them will not be killed by cooking. Bacteria from your hands can contaminate foods and utensils and cause illness in a resident. Elderly residents are particularly susceptible to food-borne illness, so being sanitary is very important.

Did you know certain foods have bacteria on them that can make you sick? Raw meats, poultry, seafood and fresh eggs for example, can carry bacteria that can cause illness. After contact with any of these your hands should be washed thoroughly with soap and water to prevent spreading the bacteria to other foods or objects. Also, you can pick up harmful bacteria from other things such as garbage cans, the floor, dirty rags, or even your own body.

Let's now consider how food should be handled after it has been cooked and prior to being served to residents. Your facility, for example, may use a steam table to hold hot foods prior to serving to the residents. Hot foods should be held at a temperature of at least 140 degrees Fahrenheit. This will prevent bacteria from growing rapidly and posing a threat to the safety of the food. If the facility does not have a steam table for keeping hot foods hot after they have been cooked, you'll need to keep food over the stove at a very low temperature (at least 140 degrees Fahrenheit) until it is ready to be served to the residents. Never let cooked foods just set out for an extended period prior to being served.

Food Safety---Cross-Contamination

Cross-contamination is another way illness-causing bacteria can find their way into food. When bacteria from one food or object contaminate another food or object this is called cross-contamination. One way cross-contamination occurs is when cutting boards used to cut or prepare raw meat or poultry are then used to cut fresh produce without first cleaning and sanitizing the cutting board. This can also happen if a utensil used to cut raw meat or poultry is then used to cut fresh vegetables or fruit. If possible, use one cutting board for fresh produce and

use a separate one for raw meat, poultry, and seafood. Never place cooked food back on the same plate or cutting board that previously held raw food. And remember to always wash your hands, cutting boards, dishes, and utensils after contact with raw meat, poultry and seafood. Follow your facility's methods for sanitizing all dishes, cutting boards and utensils.

Food Safety---Thawing Meats/Poultry/Fish

Since raw meat, poultry, and seafood can contain harmful bacteria, it should make sense that care should be taken when thawing these. You should never thaw these at room temperature on the kitchen counter. Bacteria can multiply rapidly at room temperature, so the best way to thaw meats/poultry/seafood is in the refrigerator. An excellent way to thaw foods is to place thawing items in a pan on the bottom of the refrigerator. You want to be sure raw meat or poultry doesn't drip onto other items in the refrigerator and contaminate them. Raw meat and poultry can also be thawed under *cold* running water in the bottom of a food preparation sink. The water should drain out; you don't want raw meat or poultry sitting in a sink full of water.

Personal Hygiene--- Handwashing

You've already read a little bit about the importance of washing your hands—but do you know *how* to wash your hands? Most people think they do but, if you work in food service, you need to be thorough to prevent spreading harmful bacteria. Follow these steps:

1. Wet hands
2. Apply soap
3. Briskly rub hands for 20 seconds
4. Scrub between fingers
5. Scrub forearm to just below elbow
6. Rinse forearms and hands
7. Dry hands with a paper towel
8. Turn the water off using a paper towel
9. Discard the paper towel

Sound a little more involved than what you are used to? It may be, but if you are a food handler, it is very important in preventing the spread of bacteria. Just blowing your nose, using the toilet or scratching your head or body can contaminate your hands with potentially deadly bacteria. Those bacteria can be spread to food or utensils if you don't wash your hands afterwards. So, now that you know how to wash your hands properly, *when* should you wash your hands? Here are some examples of when to wash:

1. Before handling or preparing food, clean dishes and utensils
2. After touching any part of your body
3. After using the toilet
4. After touching animals
5. After coughing, sneezing, eating or using tobacco
6. After taking the garbage out, handling dirty dishes or equipment, or cleaning the kitchen
7. After preparing raw meat/poultry/seafood.

8. After touching anything that would contaminate your hands when they are clean, including contact with residents in the facility or objects that are not clean.

Personal Hygiene --- Clean Clothes/Hair Restraint

Personal hygiene is also a part of preventing the spread of harmful bacteria. Be sure when you show up for work that *you* are clean, and your *clothes* are clean. You also need to wear some type of hair restraint if you will be working around food.

Personal Hygiene--- Infections/Communicable Diseases

What if you have a cold or some other communicable or infectious disease? Sanitation rules restrict your work in food service in any capacity if there is a chance that you will contaminate food or food-contact surfaces. So, if you have the “flu”, a cold with a cough or runny nose, a boil, an infected wound or any other communicable disease, it would be best to stay home! The elderly and sick cannot fight off infections as well as younger, healthy adults, so if you spread your cold or flu, it could be life-threatening for someone who is chronically sick or frail!

Therapeutic Diets

Therapeutic diet menus are designed and written by registered dietitians. The dietitian has written these menus to ensure that meals meet guidelines for treating certain medical conditions and that they are nutritious, palatable, and provide a balance of different foods that will be well tolerated by the resident. The administrator of the home should provide you with a list of residents on special (or therapeutic) diets so that you will know who should receive a therapeutic diet. It is very important that you follow these menus in preparing special diets. Following the menus will help ensure that what you serve to the resident is appropriate for the resident’s medical condition and that it will be well tolerated by the resident. You should see a therapeutic menu column for each diet that is listed on the therapeutic (or modified) diet list. If you see a resident listed to receive a diet that is not represented on the menus, notify the administrator immediately. The administrator may need to contact the resident’s physician to obtain an appropriate diet order. You’ll need to review the menus of all the diets your facility offers. Here is an overview of *some* of these special diets that you may be preparing.

Puree

This diet consist of foods that have a smooth, soft texture, much like fluffy whipped potatoes. It may be used for residents who have difficulty swallowing or chewing. Thickening agents may be used to produce the right consistency. You will need a blender or food processor to prepare foods to the consistency of fluffy whipped potatoes. It is important to prepare the diet exactly as outlined on the menu to ensure residents receive foods that are appropriate and safe to eat.

Mechanical Soft

This diet may be used for residents who have problems chewing food due to facial paralysis, poorly fitting dentures or few teeth. Meats are typically chopped or ground. Raw and dried fruits and vegetables, nuts and seeds are typically not allowed. You will

need to follow your facility's menu guide for this diet. Many times menus vary in what is included and also what they are called. For instance, a regular ground menu pattern may be very similar to a mechanical soft menu pattern, but vary in what foods are actually included on the menu. Just be sure to follow your facility's menus and ask questions if you aren't sure.

No Concentrated Sweets

This diet may be used for residents who have diabetes mellitus, a disease that affects how your body handles food. The diet is limited in concentrated sweets. Some examples of concentrated sweets are regular cakes, pies, candies, regular sodas and table sugar. Serving this diet correctly is important to help these residents manage their diabetes. Be sure to follow your facility's menu pattern for what can be served on these diets. Sometimes it may allow for *small* portions of regular desserts, or it may restrict sweets all together. Just be sure to read the menu column for this diet carefully.

Calorie Controlled ADA

These diets are also designed to help residents control their diabetes, but in addition to restricting concentrated sweets, it restricts *calories*. Limiting portions and preparing foods with as little fat as possible are two ways to restrict calories. So, you will notice the menu pattern for these diets are very specific in what can be served. Be sure you note portion sizes and different preparation methods, such as baking instead of frying, fat-free seasoning instead of butter, or differences in what type of bread is served, for example, rolls instead of biscuits or cornbread.

No Added Salt (4-gram sodium)

This diet is restricted in the addition of salt to meals at the table. It may also restrict certain foods high in salt. This means that generally salt can be used in cooking the food, but the resident should use no additional salt at the table. Let's explain the difference between salt and sodium. Sodium is found in salt, and it is sodium that is linked to health problems such as high blood pressure and fluid retention. When you see the word sodium, think salt and salty foods—they are a big source of sodium. That's why they are limited in the diet. Be sure to follow your facility's menu pattern for this diet since menus may vary and some items allowed on a regular diet may not automatically be allowed on a No Added Salt diet.

2-Gram Sodium

This diet is much more restrictive than the No Added Salt diet. Processed or prepared foods such as frozen entrees, luncheon meats, or canned soups that are high in sodium are eliminated. Milk is limited to 2 cups per day. The menu for this diet will outline exactly what should be served. As a rule, salt is not added during cooking or at the table. Generally, it will be necessary to prepare foods for this diet separately since salt cannot be used in cooking.

It is very important to follow the menu pattern for this diet because the sodium content has been calculated by a registered dietitian and any substitutions made should be done ensuring the item substituted will also be low in sodium. Pay particular attention to

canned vegetables and processed meats—these are generally high in sodium and a low-sodium version must be used. In many cases, breads such as biscuits or cornbread and desserts will vary from the regular menu on a 2-gram sodium diet—so be sure to check the menu pattern before you start preparing the meal!

Renal

Now here is a diet that really needs your attention. This diet generally restricts the amount of protein, sodium, and potassium in the diet. That means there are quite a few foods that are limited both in variety and portion. Some residents may also have their fluid intake restricted. Once again, a registered dietitian has calculated this diet to contain a certain amount of nutrients and minerals, so the menu pattern must be followed closely.

Depending on the facility's menus, this diet may also require that you prepare foods separately (without added salt) to ensure that it meets the guidelines for sodium. Look at your facility's menus closely to see if the menu specifies "salt free" or "low sodium" versions of vegetables or meats for this diet. Also pay attention to the types of breads and desserts this menu calls for. It can make a big difference in the sodium and potassium content of the food that you serve!

It's a good idea to avoid making substitutions on this diet because of all the different foods that provide potassium, sodium and protein. For example, the food you substitute may contain a lot more potassium than what the menu calls for, so you may end up serving something that is not allowed on the diet! Portion size is also very important because it ensures the resident receives the right amount of protein, sodium and potassium. All of these nutrients can affect the resident's health if they are consumed in excess, so read your menu closely *before* preparing this diet. Be sure to ask questions if you are unsure about something.

Low Cholesterol/Low Fat

Like the name implies, this diet restricts the amount of fat and cholesterol in the diet. Be sure to follow your facility's menus for portion size and preparation methods for this diet. For example, pay close attention if the menu calls for "low fat" versions of entrees or vegetables. Make note of differences with the type of bread or dessert that is called for. Be sure to ask questions if you are unsure about something.

Dysphagia Diets / Thickened Liquids

Thickened liquids are used to help residents with swallowing difficulties. A thickened liquid is easier to swallow than an unthickened liquid for residents who have trouble swallowing. It is important that the diet and liquids are prepared correctly to ensure that the resident does not choke and that food or liquid does not "go down the wrong pipe". This can put the resident in serious danger if foods and liquids enter the "wind pipe", so correct preparation is extremely important. There are three levels of consistency that liquids may be thickened to : (1) "nectar" thick, (2) "honey" thick, and (3) "pudding" thick. What is important is that you prepare them according to the directions on the label of the canister or packet of thickener.

Pay attention to the amount of fluid and the amount of thickener called for to achieve one of the consistencies mentioned above. You will need measuring cups to measure the fluid and measuring spoons to measure the thickener. Be sure to ask the administrator if you do not know the specific consistency (nectar, honey or pudding thick) of a beverage you need to prepare for a resident. Also, remember that ice should never be added to a thickened beverage—just chill the beverage in the refrigerator instead. Your facility may have pre-thickened beverages for these residents. If so, be sure that the level of thickness of the beverage you serve matches the thickness specified on the diet list for that particular resident.

Let's look briefly at dysphagia diets. Dysphagia diets are also designed for residents that have swallowing difficulties and may be used along with thickened liquids to help them swallow their food and beverages without choking. You may see dysphagia diets on your facility's menus— this may be a puree diet. Be sure to read your menu carefully and prepare the diet according to what is specified there.

Therapeutic Menus – Reading Spread Menus

You've heard a lot about menus up to this point. So now would be a good time to pull out your facility's menus! Menus can be set up differently depending on what facility you are in, which is why you need to take a good look at your facility's menus. Don't try to rely on your knowledge of special diets from previous jobs in preparing foods—menus often vary and should be prepared according to what is required for each therapeutic diet. You may need to discuss the menus with your supervisor to fully understand them, but in general, there are a couple of things you may see. Some menus may have a "week at a glance" menu showing a full 7 days of the *regular* menu. If your facility serves therapeutic diets, you should see a "spread menu" for each day of the week showing the menu (breakfast, lunch, dinner) that should be served for *each therapeutic diet*, such as mechanical soft, puree, no concentrated sweets, etc. These diets usually appear in columns and the names of the therapeutic diets are across the top of the columns.

Under the name of each diet is the menu for that particular day for that particular diet. You will need to know which menu *day* you need to prepare. Many times the menus are dated, so you will find and prepare food for the menu with the current date. Always check with the administrator if you are unsure. Most menus have "cycles"; in other words, the same 3 or 4 weeks rotate over and over again. Some menus change with the seasons, and you may see different menus for fall/winter and spring/summer. These are all things that you will need to be clear about before preparing meals. Always check with the administrator if you are not sure!

Therapeutic Menus – Making Substitutions

You may find that on occasion you don't have a particular food that the menu calls for that day. What do you do? Of course you will need to substitute something else. But you want to make sure that the substitution you serve is appropriate for *all* of the diets, including the therapeutic diets. Not sure what can be substituted on a therapeutic diet? Look at another day's menu on

that same therapeutic diet column to see other foods that would be allowed within that particular diet

It's best not to make a lot of substitutions. If you find that you are making a lot of substitutions, you will need to notify the administrator. This may indicate that there is a problem with ordering foods or that the menus need to be adjusted by the registered dietitian. Making too many substitutions can interfere with ensuring variety and balance in meals that are served day after day. One way you can have a big impact is by noticing which entrees are not well liked or accepted by a majority of the residents. In this case, the registered dietitian can alter the menus to suit the food preferences of the majority of residents. Be sure to notify the administrator if you notice a lot of food waste from plates or complaints with certain foods that are served.

Recipes

Many times you will need to refer to a recipe to prepare a certain dish or entree. This may especially be true if it is a dish for a therapeutic diet such as no concentrated sweets, 2-gram sodium, low fat low cholesterol, no added salt or renal diet, in which case the dish or entrée may need to be prepared differently than the regular diet. The facility should have recipes to go with the menus. Be sure to familiarize yourself with where the recipe book is and how to quickly find and use a recipe when you need it. Check with the administrator if you aren't able to find something or have questions.

Resident Rights

Well, you are just about done with your orientation to food service! But what we will talk about now is very important and should affect all of your interactions with the residents. Do you know what rights a resident has in a home such as the one you work in? The State of North Carolina has made a Declaration of Residents' Rights, which you should see posted in your facility. Consider the following in dealing with residents and serving of meals:

- Residents have the right to have their food preferences honored.
- Residents have a right to request an alternate meal or sandwich if what is served is not to their liking.
- Residents have the right to refuse their therapeutic diet—if you observe this, the administrator should be notified to ensure the resident's needs are met.
- Residents have the right to be treated with respect, courtesy, and dignity in *all* of their interactions with you.

Meal times should be as pleasant as possible. The dining room should be clean, neat and decorated for the season if possible. Flowers or some time of centerpiece can help make a table pretty. If music is played, it should be kept at a low volume and be appropriate for, and liked by the residents. Mealtime is not a time to play *your* favorite music. Keep in mind that you are in *their* home. If music is played in the kitchen while preparing meals, it should be turned off while the kitchen door is open and residents are being served in consideration of them. There should not be loud talking or screaming across the dining room during meal times by staff. Remember that we want to make dining a pleasant experience for the *residents*.

Decide ahead of time how you will get all the meals out in a timely and organized manner. Residents at one table shouldn't have to watch others at their table eat while they sit there without their food for an extended amount of time. If residents make requests they should always be honored if possible and assistance given in a courteous, timely, and respectful manner. Be careful not to tease, "talk down to", or "make fun" of residents. Never order a resident around. All of your interactions with the residents should be respectful, courteous and helpful.

Now take the post-test and see how much you know! Please be sure to go back and re-read the information for questions you missed. At the bottom of the post test is an area for you to sign that verifies you have read all of this information and taken the post test. The administrator or administrator/supervisor-in-charge should also sign below to verify that you have been given this information and taken the test. The Post Test with signatures is to be maintained in the facility.

It may be necessary that the administrator discuss the information in this manual with you in order for you to fully understand your role in food preparation. Most likely, if you are reading this, you are either the kitchen supervisor or responsible for preparing meals for residents. You'll want to share your knowledge with everyone who works in food service or assists in serving meals. You have an extremely important job! Take pride in your work and share your knowledge!

POST TEST FOR FOOD SERVICE ORIENTATION

Circle the best answer for each question.

1. Sanitation of kitchen surfaces is different than “clean” in that it means it has been treated to kill what? A. harmful bacteria B. rodents C. flies D. animals
2. Kitchen equipment such as blenders and meat slicers should be sanitized: A. once a month B. once a week C. once a day D. after each use
3. Dishes can be sanitized by using: A. soap and water B. a fan to air dry C. water temperatures of 170 degrees or sanitizing chemicals such as bleach D. a drying rag.
4. Food can be stored on the floor as long as it is in dry storage area and the floor is clean. True or False
5. What is the appropriate temperature for refrigerators? A. 50 degrees or below B. 0 degrees C. 45 degrees or below D. 32 degrees or below
6. Which food may contain harmful bacteria? A. raw chicken B. fresh eggs C. raw meat D. all of these may contain harmful bacteria
7. Cross-contamination occurs *only* when *hands* are not washed after handling raw meat or poultry. True or False
8. An acceptable way to thaw hamburger would be to: A. let it sit on the counter B. in a sink full of water C. in a pan in the bottom of the refrigerator D. outside on a hot day.
9. Your hands should be washed after which of the following: A. touching raw meat, poultry or seafood B. after a trip to the restroom C. after touching garbage or other unclean surfaces. D. All of these

10. After hot foods have been prepared and are ready to be served, they should be held at what temperature to ensure bacteria do not grow rapidly? A. 0 degrees Fahrenheit
B. at least 140 degrees Fahrenheit C. 35 degrees Fahrenheit D. 500 degrees Fahrenheit
11. You should **not** work in food service if you have which of the following? A. a cold or the “flu” B. an infected wound C. both A and B D. a bad hair day
12. Therapeutic diets are made up by chefs. True or False
13. What appliance is needed to prepare pureed diets? A. oven B. sharp knife
C. a blender or food processor D. toaster
14. Which diet provides meats chopped or ground for residents who have problems chewing?
A. No Concentrated Sweets B. Renal C. No Added Salt
D. Mechanical Soft
15. Which diet limits sweets such as regular cakes, pies, candy and regular sodas and drinks?
A. Renal B. No Concentrated Sweets C. Puree D. No Added Salt
16. Which diets may require that foods be prepared separately from regular foods because of salt? A. Renal and 2-gram Sodium B. puree and mechanical soft C. Finger Foods
D. Dysphagia
17. A Low Fat/Low Cholesterol menu may call for low-fat preparation methods, such as baking instead of frying. True or False
18. Which diet is used for residents with swallowing problems? A. No concentrated Sweets B. Dysphagia C. Low Cholesterol Low Fat D. No Added Salt
19. What equipment is needed to prepare thickened liquids using a powdered thickener? A. measuring cups B. measuring spoons C. microwave D. both A and B
20. Where can you find directions for how much thickener should be added to a 4-ounce beverage to achieve nectar thickness? A. on the label of the canister or packet of thickener B. the menus C. the recipe book D. the phone book

21. A teaspoon of thickener will work in *any amount* of beverage. True or False
22. Therapeutic diet menus are the same in all facilities. True or False
23. It's OK to pick *any* day from the menus for meal preparation? True or False
24. When making substitutions on therapeutic diets, what is an easy way to know what other foods can be substituted? A. look at a different day under the same therapeutic menu column. B. ask the residents C. just use your imagination D. pick something the same color
25. There is no need to follow recipes when preparing therapeutic diets. True or False
26. You can order residents around only if they are not doing what you want them to do.
True or False
27. It is the cook's responsibility to provide alternative foods if a resident refuses the meal served and to honor each resident's food preferences. True or False
28. Loud music of your liking should only be played occasionally in the dining room.
True or False
29. You can tease residents just like you would your own friends. True or False
30. You should always be helpful to residents except when you are not feeling well or too busy.
True or False

I have read the Food Service Orientation Manual and completed the Post Test.

Signature of person who completed food service orientation **Date**

I verify that the person whose signature is above received the Food Service Orientation Manual and completed the Post Test.

Signature of Administrator or Administrator/Supervisor-in-Charge **Date**

The Post Test with signatures is to be maintained in the facility.

Answers to Post Test

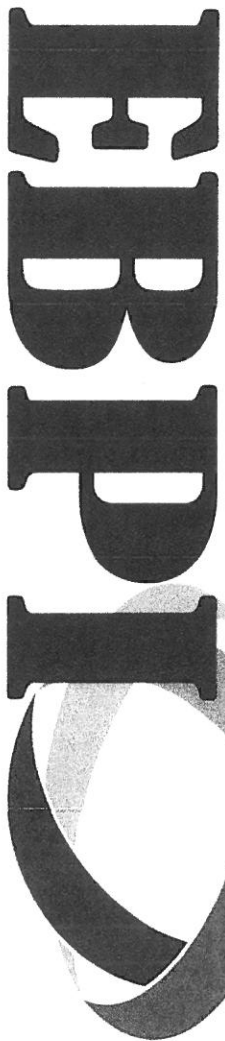
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20. A
21. False
22. False
23. False
24. A
25. False
26. False
27. True
28. False
29. False
30. False

Plan Of Corrections

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Evidence Based Protective Interventions



Document: 202011235043

PRINTED: November 12, 2020

EVIDENCE BASED PROTECTIVE INTERVENTIONS

PARTICIPANT

This certifies that

CAROLYN HOLDER

has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

EBPI INTERVENTIONS - PREVENT

SUBJECT TO ANNUAL CERTIFICATION

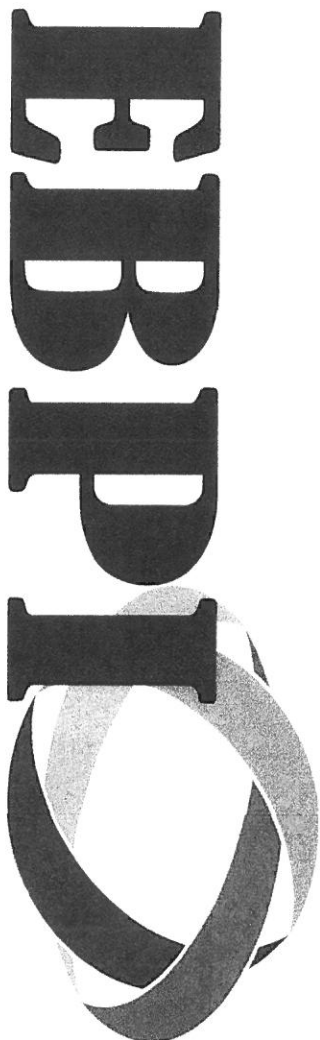
PREVENT TRAINER


CERTIFICATION DATE: 11/13/2020


Richard McDonald CEO

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED NOVEMBER 30, 2021.

Evidence Based Protective Interventions



Document: 202011235043

PRINTED: November 12, 2020

EVIDENCE BASED PROTECTIVE INTERVENTIONS

PARTICIPANT

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has fulfilled all the requirements for competency in

the Approved Restrictive Intervention Curriculum

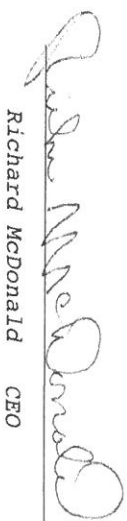
EBPI INTERVENTIONS - PREVENT

SUBJECT TO ANNUAL CERTIFICATION


PREVENT TRAINER

CERTIFICATION DATE: 11/23/20

THIS CERTIFICATE EXPIRES ONE YEAR FROM THE CERTIFICATION DATE, AT THE END OF THAT MONTH, AND CANNOT EXCEED NOVEMBER 30, 2021.


Richard McDonald CEO

Plan Of Corrections

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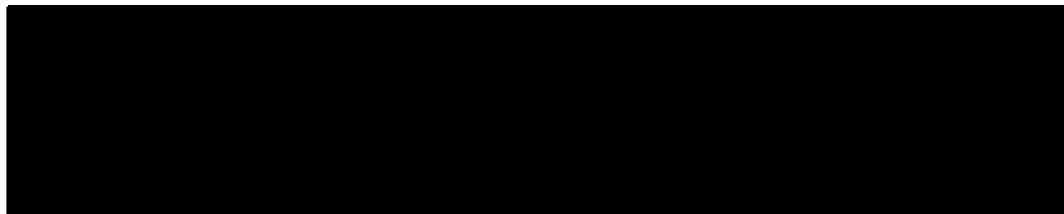
DukeHealth

Duke Primary Care Knightdale
162 LEGACY OAKS DRIVE
KNIGHTDALE NC 27545-6556
Phone: 919-373-1810
Fax: 919-373-1890

Reprint

Patient:

Address:



Authorized by Sison, Nathan Peter, MD Date: Feb 19, 2021

Order Information: CPAP Headgear/Tubing Ord ID: 526452764
Quantity: 1

Diagnosis associated with OSA (obstructive sleep apnea) (G47.33) Priority: Routine
Order:

Primary Encounter OSA (obstructive sleep apnea) [G47.33]
Diagnosis:

Order Questions:

Comments: CPAP 14 cm H2O.
40 minute ramp time.
Heated humidification.
Mask: ResMed medium AirFit PF0i with standard frame.

Additional Information:

Electronically signed by: Sison, Nathan Peter, MD, NPI: 1295121671 on Feb 19, 2021 at 10:05 AM

Name:

PCP: NATHAN PETER SISON, MD

Message Center

KAREN YOUNG, LPN

06/08/2021 03:33 PM

RE: Non-Urgent Medical Question - Ongoing Issue

Faxed as requested.

This message is too old to be replied to.

----- Message -----

From

Sent:6/8/2021 2:30 PM EDT

To:NATHAN PETER SISON, MD

Subject:Non-Urgent Medical Question - Ongoing Issue

I contacted Family Medical Supply (800-892-3435) regarding CPAP machine, the following information is needed to submit the order (Sleep Study, Doctors Notes last 6 months and Demographics). I did email the order on today to kcutchins@adapthealth.com

The documents can be faxed to 910-467-8367.

Please advise if you any additional questions regarding this order. Thanks

This message is too old to be replied to.

Oldest message loaded from 12/9/2020



DELIVERY TICKET

Family Medical Supply

_09 Gresham Lake Rd, Raleigh, NC 27615-3757, Phone: (919) 981-5881

Sales Order 11058860

Customer ID [REDACTED]

Doc ID 1|2378|70165035

Customer [REDACTED]

DOB [REDACTED]

Bill to [REDACTED]

Deliver to 303 AQUA MARINE LANE

KNIGHTDALE, NC 27545

Phone: (919) 231-2981

Mobile: (919) 231-2981

Insurance Medicaid - NC - Primary Only

Comments or Special Instructions

HIPAA Signature on file Yes

6/9/21 NC TRACKS
CPAP 6/30/2017
4/10 PYMNTS TO PALMETTO OXYGEN
LAST PYMNT 9/30/2017

06/08
NEED VALID RX WITHIN 90 DAYS

Delivery Date	Time	CSR	Branch				
6/10/2021		Esther	Family Medical - Raleigh NC				
Qty	Type	Bin	Item	Ext. Allow	Ext. Charge	Tax	Co-Pay
Warehouse			30.21 Raleigh				
1	Purchase		RESM63850 / AirFit P30i Starter Pack, Standard ResMed / 63850 Unit of Measure: EA	\$120.14	\$156.18	\$0.00	\$0.00
1	Purchase		RESM63814 / AirFit N30i and P30I Headgear Only ResMed / 63814 Unit of Measure: EA	\$36.52	\$47.47	\$0.00	\$0.00
1	Purchase		FILTER52 / RESMED FILTER S9/S10 SUNSET HEALTHCARE SOLUTIONS / CF2107-1 Unit of Measure: EA	\$5.41	\$9.73	\$0.00	\$0.00
TOTAL				\$162.07	\$213.38	\$0.00	\$0.00



1|2378|70165035

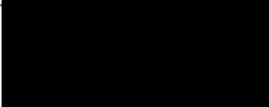
Sales Order
Customer
Customer ID [REDACTED]

Equipment Receipt, Setup and Safety – Instruction with Customer Demonstration of Understanding. • I acknowledge receipt of the above items / services and agree they are clean and in good working order. I understand the item(s) have been checked, tested and counted. Discrepancies must be reported within five(5) days of receipt. • I have participated in the home assessment and equipment education process. • I have read the information provided to me and understand the physician's intended use of the prescribed equipment. • I have been informed of the safety considerations for the equipment. I understand my responsibility for conducting routine maintenance and keeping the equipment clean. • I have had an opportunity to demonstrate the use of the equipment to The Company representative. My questions have been answered. • I understand that I may contact The Company any time, if I have questions regarding the proper and safe use of the equipment or to make notice the equipment is not functioning properly. • I acknowledge that I have received the warranty information(if applicable) for the product(s) dispensed to me. • I have been instructed how to contact The Company. I have been informed of the company's on-call policy. • I understand bathroom equipment and items worn next to the skin are non - refundable. • I knowingly and voluntarily release The Company from any and all claims and / or liabilities for injuries to my person or property that arise from improper use of this equipment. Notices I acknowledge receipt of The Company's Welcome Guide, which includes but is not limited the following notices: • I have received the Notice of Privacy Practices and understand the types of uses and disclosures of my protected health information(PHI) that might occur in my treatment, payment of my invoices, or in the performance or our company's health care operations. The Notice of Privacy Practices also describes my rights & The Company's duties with respect to my PHI. • I have received the Patient's Rights and Responsibilities • I have received the Medicare Supplier Standards Statement • I have received the Complaint Reporting Procedure • I have received the branch location contact information and hours of operation • I have received Emergency Preparedness Procedures • I have received information related to my financial responsibilities • I have received information related to subcontractor relationships, if applicable • I understand if the equipment received is in the Medicare category of inexpensive or routinely purchased items, it can either be rented up to the allowable purchase price, at which time the title will transfer to the beneficiary or be purchased within the first month. I choose to purchase the equipment categorized as inexpensive or routinely purchased. • I understand merchandise may be accepted for exchange or refund within 30 days of purchase when accompanied by a sales receipt. To receive a refund the item must be new and in the original packaging. Undergarments, stockings, items worn next to the skin, oxygen, disposable supplies, diagnostic instruments or any opened sterile or packaged goods will not be accepted for return, refund or credit, unless the item is substandard or otherwise defective. Custom manufactured equipment, braces, or supplies will not be accepted for return. Refunds are subject to the discretion of AdaptHealth management. CONSENT FOR TREATMENT: The Items/ Services to be provided to me by The Company have been explained to me. I certify that I am a patient / customer The Company and I hereby authorize any employee or agent of The Company to treat and/ or care for me. I further authorize and direct employees and agents of The Company to use my property or property in my control for the purpose of delivering / pickup of Items or for administering agreed-upon services as ordered by my attending physician. INSURANCE BENEFITS: I certify that I have provided The Company with all information related to insurances for which I am eligible, if any, and that they have been reviewed with me. I will notify The Company if my insurance changes. RELEASE AND USE OF INFORMATION I hereby consent and state my preference to have the Company communicate with me by email or SMS messaging regarding various aspects of my medical care, which may include, but shall not be limited to, test results, needed documentation, required appointments, equipment performance, available replacement products & billing. I understand that email and SMS messaging are not confidential methods of communication and may be insecure. I further understand that, because of this, there is a risk that email and SMS messaging regarding my medical care might be intercepted and read by a third party. I further understand that in the course of providing services to me, the Company and its employees and agents will receive (either from me or from others such as physicians) personal information and knowledge about my health, physical condition, treatment and care that I require, including knowledge about my living conditions and my relationship family and others (hereinafter referred to as Personal Health Information (PHI)). In that regard, I also authorize the Company to release my PHI (A) to my insurers and any agencies, institutions or individuals (including my physicians) who provide me with health or social services, (B) to the Company's peer review organizations and licensing and accrediting organizations for the purpose of evaluating the Company's provision of services, (C) in connection with any audit or similar review (whether internal or conducted by a third party organization), or (D) to CMS or a commercial payer as may be required for continued certification of the Company. ASSIGNMENT OF BENEFITS: • I hereby request that payment of authorized carrier benefits be made on my behalf to The Company for authorized products and services that have been provided to me. It is my intent to assign The Company all benefits for services provided to me by AdaptHealth beginning with the above date. • I authorize a copy of this agreement to be used in place of the original and authorize any holder of my medical information to release to Centers for Medicare & Medicaid Services, any other insurer, and / or their agents any information needed to determine my insurance benefits. • I agree to be fully responsible for all charges not covered by my insurance. FINANCIAL RESPONSIBILITY: • I understand that by signing below I will be financially responsible for the above equipment and patient balances resulting from the use of the above equipment. • I give The Company the right to appeal denied claims on my behalf. Patient balances include, but are not limited to, patient co - insurance and deductible responsibilities, claims denied by my insurance carrier(s) and non - covered services. • I understand equipment classified as rental equipment is the property of The Company and will be returned to the company when the need has ended, otherwise a patient balance for the retail cost of the equipment will be applied to the account. • The credit card on file that I have provided verbal authorization to use will be charged for all one-time and recurring patient balances. • I understand if I fail to pay amounts due to The Company, The Company has the



1 | 2378 | 70165035

Sales Order
Customer
Customer ID



right to secure return of any items I have obtained from The Company with 10 days prior notice. I understand that if the device or equipment is lost, stolen or damaged while in my possession, I am responsible to pay The Company for the replacement of the equipment or supplies if not covered under insurance of any kind. BY SIGNING BELOW, I agree that (a) I am or am authorized to sign on behalf of the Customer/ Beneficiary; (b) a copy of the above terms and conditions will be retained by The Company and the Company can use a copy of this document in lieu of the original; and (c) my signature as the party taking delivery of items on behalf of the Customer/ Beneficiary indicates full understanding, compliance,

Thank You for Your Business !!!



1 | 2378 | 70165035

**Sales Order
Customer
Customer ID**



Page 3 of 3

Customer Copy

Plan Of Corrections

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7/23/2021

To whom it may concern,

This letter is to verify PNC Bank account xxxx5607 is named as E D EMMANUEL HOMES LLC TRUST FUND ACCOUNT since 12/08/2014.

If you have any questions or concerns feel free to contact me.

Thank you

A handwritten signature in black ink, appearing to read 'Jose Luna', with a long horizontal flourish extending to the right.

Jose Luna
Branch Banker (MLO)
NMLS ID: 1558192

Plaza
301 Fayetteville St
Raleigh, NC 27601
Office: 919-835-6947
jose.luna@pnc.com

Consent of Personal Funds Distribution

Consumer Full Name: [REDACTED] Date: 7/15/21

Stimulus Money Payee: Elise Dautin/CEO Amount Distributed: \$100.00 per month

The guardian may choose for the Group Home to Hold the consumer's personal funds or manage bank account for the consumer. Guardian Must complete this form, giving permission to E.D. Emmanuel Homes, LLC to distribute and manage personal funds.

The balance distributed after medical/legal charges for my dependent will be carried out if the following method:

- Cash Distribution
- Pre-Paid Visa check card (i.e., Netspend)
- Managed Account (office staff will manage and distribute \$100.00 per month)
- Deposited into the checking/ savings account.
 - Bank Name: _____
 - Account Type: _____
 - Account Number: _____
- Other: (please give a detailed description of how the money should be distributed)

DISCLAIMER: PLEASE SIGN IF YOU AGREE TO THE ABOVE AGREEMENT

By signing below, you authorize an EDEH representative to manage your personal funds and distribute as described above. This document can revoke at any time by either party.

Responsible Party Name (print): [REDACTED]

Responsible Party Signature: [REDACTED]

Payee Name: Elise Dautin Date: 7-15-2021

Payee Signature: Elise Dautin

Consent of Personal Funds Distribution

Consumer Full Name: [REDACTED]

Date: 7/15/21

Stimulus Money Payee: Eloise Dowtin/CEO

Amount Distributed: see details below

The guardian may choose for the Group Home to Hold the consumer's personal funds or manage bank account for the consumer. Guardian Must complete this form, giving permission to E.D. Emmanuel Homes, LLC to distribute and manage personal funds.

The balance distributed after medical/legal charges for my dependent will be carried out if the following method:

- Cash Distribution
- Pre-Paid Visa check card (i.e., Netspend)
- Managed Account (office staff will manage and distribute \$100.00 per month)
- Deposited into the checking/ savings account.
 - Bank Name: _____
 - Account Type: _____
 - Account Number: _____

Other: (please give a detailed description of how the money should be distributed)
Request \$100.00 per month on a visa check card.

DISCLAIMER: PLEASE SIGN IF YOU AGREE TO THE ABOVE AGREEMENT

By signing below, you authorize an EDEH representative to manage your personal funds and distribute as described above. This document can revoke at any time by either party.

Responsible Party Name (print) [REDACTED]

Date: 7-15-21

Responsible Party Signature: [REDACTED]

Date: 7-15-21

Payee Name: Eloise Dowtin

Date: 7-15-2021

Payee Signature: Eloise Dowtin

Consent of Personal Funds Distribution

Consumer Full Name



Date: 7/15/21

Stimulus Money Payee: Eloise Doughtin

Amount Distributed: 80.00/month

The guardian may choose for the Group Home to Hold the consumer's personal funds or manage bank account for the consumer. Guardian Must complete this form, giving permission to E.D. Emmanuel Homes, LLC to distribute and manage personal funds.

The balance distributed after medical/legal charges for my dependent will be carried out if the following method:

- Cash Distribution
- Pre-Paid Visa check card (i.e., Netspend)
- Managed Account (office staff will manage and distribute \$100.00 per month)
- Deposited into the checking/ savings account.
 - Bank Name: _____
 - Account Type: _____
 - Account Number: _____

Other: (please give a detailed description of how the money should be distributed)
- 80 dollars per mo approved by team in March 2021
- med copy balance deposit to card requested - Review during MH
Team meeting

DISCLAIMER: PLEASE SIGN IF YOU AGREE TO THE ABOVE AGREEMENT

By signing below, you authorize an EDEH representative to manage your personal funds and distribute as described above. This document can revoke at any time by either party.

Responsible Party Name (print)



Date: 7/15/2021

Responsible Party Signature:

Date: 7/15/2021

Payee Name: Eloise Doughtin

Date: 7-15-2021

Payee Signature: Eloise Doughtin

Computer and food card

From: [REDACTED]

Date: 07/12/2021 03:56PM

To: "sonja.chappel@edemmanuelhomes.com" <sonja.chappel@edemmanuelhomes.com>

I give consent for [REDACTED] to have control over his Walmart card for food. That being said if staff could still do what they can to keep an eye on him with his purchasing of foods and encourage him to buy healthy foods.

In regards to his computer usage, if he has violated the initial computer policy agreement I am not at liberty to give consent for removing the laptop from him because it is his property but I suggest that the wifi password to the group home is changed that way he cannot access the internet. This does not need to be a permanent solution and we all can discuss as a team how we want to move forward in the future and also examine whether or not [REDACTED] is willing to abide by the initial computer policy.

Jake Wishard, BA | jwishard@arcnc.org

Guardianship Specialist, The Arc of North Carolina

353 E. Six Forks Road, Suite 300, Raleigh, North Carolina, 27609.

Main 800.662.8706 | Mobile 984.789.2488 | Fax 919.782.4634

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The Arc is not an acronym. Always refer to us as The Arc (not The ARC and never ARC).

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Attachments (1 file, 66.7 KB)

- image001.jpg (66.7 KB)

Plan Of Corrections

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Maintenance Checklist

ED Emmanuel Homes LLC HOME: _____

INTERVIEWER: _____ DATE: _____ Shift : 1st _____ 2nd _____ 3rd _____

Item Checked	Operable Yes _____ No _____	Correction	Date Completed
--------------	--------------------------------	------------	-------------------

Grounds (overall neat)			
Grass cut/trimmed/edged			
Trash pick-up			
Shrubs/ trees			
Roof/Gutters/Downspouts			
Building Exterior (overall neat)			
Check Window Screens			
Caulking Windows/doors			
Check Lighting			
Door alignment			
Door locks			
Receptacle and Switches			
Test receptacles			
Painting (if needed)			
Plumbing Leaks/Drips			
Water Temperature < 110		Location _____ Temp _____ Location _____ Temp _____	
Electrical Wiring – none showing			
Equipment			
Water Heater			
Dryer Exhaust Vent/Filter			
HVAC Supplies			
Dishwasher Operational			
Disposal Operational			
Refrigerator Operational		Temperature _____	
Freezer Operational		Temperature _____	
Air Condition Filter			
Fire Extinguishers		Charged _____ Inspections date _____ Location _____	
Fire Extinguishers		Charged _____ Inspections date _____ Location _____	
Fire Alarm			
Fire Doors			
Smoke Detectors			
Sprinkler System (50-60)		Gage # 1 _____ Gage #2 _____	
Emergency Lights			
Stove/Oven			
Toilets			
Faucets/Drains			
Exit lighting			
Lighting on and around home			
Electrical Wiring			
Carpet/flooring			
First Aid kits (check for expiration dates)			
Evacuation routes posted			

Comments: add additional Comment to the back of page

COMPLETED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____