EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Dear Volunteer,

Thank you for your interest in becoming an Evergreen Community volunteer. You have just taken the first step in becoming a part of an ever-growing family of "people who love people." Your contributions of your time, your thoughts, your talk, your talents and your treasures are very much appreciated; we couldn't do it without you!

Please read through this Volunteer Packet, including the HIPAA True and False Quiz. Please fill in the application accurately and completely. Don't forget to review the "12 IMPORTANT REMINDERS and GUIDELINES FOR VISITATION" on page 6.

Please Note: your **e-mail address** and/or your telephone number *(preferably both)* are vital for us to have an effective, continued correspondence with you.

There are many volunteer opportunities at Evergreen Community, many of which are listed in this Volunteer Packet. Each opportunity has different time requirements and requires different skills. We are eager to assist you in your efforts to love and care for others. Don't forget to schedule your TB *(Mantoux)* testing with one of our Registered Nurses; this is a service we provide for you. Annually, volunteers will also complete a Tuberculosis Exposure Assessment *(Mantoux)* and turn this into the main office.

Feel free to call us if you have any additional questions or concerns. We appreciate your interest and share your enthusiasm for our community.

Welcome!

Sincerely,

Maggie Sohn
Activities & Volunteer Coordinator

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteer Information

Date: _____ **First Name:** _____ **Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____ **Birthday:** _____

Emergency Contact Information: _____

TB *(Mantoux)* **Testing completed?** (date) _____

How did you hear about us? _____

Past volunteer experiences: _____

_____ 2

When are you able to volunteer? _____

_____

How many hours per week/month? _____

Are you: Individual ____ Group ____ Family ____ Children Ages 5-11 ____ Youth Ages 12-18 ____

Company/Church/Organization _____ Please include name here: _____

Possible Volunteer Opportunities (*Check all that apply)*:

____ Activity Aides
____ Clerical/Office Help
____ Visits
____ Entertainer
_____ Life Stories
____ Gardener
____ Fundraising/Events
____ Other ideas: _____

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

How Should I Begin Volunteering (helping): How Do We Decide?

Before you and/or your family begins volunteering, think about the types of projects you would be interested in.The following questions will help you brainstorm and recognize the types of experiences you would enjoy.

- Why are you interested in Volunteering?
- What are the *ages* of your children?
- *Who* would you like to help?
- What does your family enjoy doing together?
- Would you like to do a *one-time event* or an *ongoing opportunity*? *Frequency*?
- What talents and skills does your family have to offer?
- What do you want your family to learn from the experience?
- What *days* and *times* are you available for volunteering?

When asking these questions, invite your children to take part in the discussions. Ask them questions and listen carefully to what they have to say. The process of discussion may clarify your children's interests and feelings simply by involving them in this decision!

Volunteer Opportunities: Idea List

Spending time with the resident in any capacity, whether it's visiting with them one on one, helping them create art projects, or doing any number of other activities has immense benefits for you, your family, and the residents.

Below is a list of some of the things our volunteers have done in the past. It is by no means all inclusive and we welcome everyone's personal gifts and talents. Let us know your suggestion!

- Be a friendly visitor. Personal interactions are the most meaningful, and our residents enjoy sharing their life experiences and lessons.
- Help preserve those memories through our Life Stories Project (see more info below). Our residents need assistance to write down their stories to be passed on.

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

- Assist with our ongoing and annual fundraising events.
- Put on a Talent Show, Fashion Show, or Musical Program.
- "Adopt a Resident" for their birthday or for the holidays.
- Perform seasonal yard work and plant flowers in our beautiful Courtyard.
- Participate in Evergreen's Walking Club with the residents.
- Give manicures, pedicures, or makeovers.
- Help put up décor in the community for seasons and holidays.
- Lead an Arts & Crafts group. Make flower arrangements, paint a picture, or create jewelry.
- Help residents put together a scrapbook of their families or past vacations.
- Make cards, write letters, or send emails to help individuals stay in touch with their families.
- Play board games or video games, like scrabble or Wii Golf.
- Start a sewing club to help people knit or embroider.
- Lead a Book Club or sit with a resident to read them a magazine or book.
- Bring your pets to visit.
- Give therapeutic hand massages.
- Play cards or trivia games with residents.
- Provide computer education to help residents send emails, access news, or play games.
- Help gather residents' recipes and then start a Cooking Club to help them make their favorite meals.
- Lead a Bible Study or Church Group. Meet with people individually to discuss their faith.
- Build bird houses with residents for the courtyard or wooden memory boxes for their rooms.
- Collect CDs for Music Therapy.
- Assist with our monthly Men's Group or Women's Luncheon

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

12 Important Reminders and Guidelines for Visitation

1. Set up an appointment with one of our LIFE Coaches and let him/her know your interest in visiting residents. You are always welcome here at Evergreen.
2. **Please remember to check in at the front desk** by signing in and signing out of the "Volunteer Check-in Notebook" on the countertop outside the receptionist office.
3. Always maintain a calm and cheerful manner; be considerate of the nursing home team members.
4. Do not attempt to provide physical care for the residents. Physical care needs to be done by our trained professional staff in order to protect your welfare as well as the residents.
5. Before giving food, candy, or drinks be sure you are informed of any health conditions that may restrict a resident's diet.
6. Before moving someone in a wheelchair, always ask for their permission. This is not only polite and considerate, but may also prevent hand or foot injury.
7. Be careful when approaching a person in a wheelchair from behind as this can startle them.
8. Always knock or ask permission before entering a resident's room; it is their home.
9. While touch is a very important communicator of genuine concern and sincere affection, please remember to use discretion and sensitivity, concentrate on developing a relationship with the resident before invading their personal space.
10. Avoid making a commitment unless you are sure you will be able to keep it. Do not promise to visit and not come. It can be devastating for residents. If you cannot keep an appointment, call in advance and immediately suggest an alternate time.
11. Please be aware, for your safety, as well as the safety of our residents. Evergreen is monitored 24 hours a day by our surveillance cameras.
12. Be sure to schedule your TB (Mantoux) testing with one of our nurses. This is a service we provide for you. Annually, the volunteers will complete a Tuberculosis Exposure Assessment (Mantoux) and turn the form into the Director of Life Enhancement.

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Helpful Tips for Evergreen Volunteers

- **Don't be afraid to try new things!** Discovery through a willingness to "do" is the best way to learn, grow, and develop new skills. *(For parents – it's a way to be a terrific role model for your children.)*

- **Follow through on your commitments.** If you find that your schedule has become extremely tight and you are too busy to continue volunteering, let your volunteer liaison know. He or she may be disappointed, but they will understand. Good communication is vital for volunteering and it is much better to be clear.

- **Give your volunteer liaison some advance notice**. It takes a lot of time and work to prepare opportunities for volunteers and to coordinate projects that will work out best for you/your family's time, talents, and interests.

- **Have some ideas of projects you could do.** If we aren't sure how you could best help, suggest a couple of ideas you may be able to help with. Your advice is especially important to our Volunteer Coordinator who has never met you and is unaware of your talents or values. Check out our Idea List (pages 4-5) for some volunteer possibilities you might enjoy.

- **Be flexible**. It's healthy to be willing to change some of the details of your volunteer projects; people and communities have real needs, needs can change based on various circumstances.

- **Follow up with the Volunteer Liaison**. They may be overwhelmed with projects and assignments, so don't take it personally if they don't get back to you immediately. Take the initiative and call or send a friendly email reminder.

- **If you are serving 10 hours per year or more, don't forget to schedule your TB testing**. It's quick and easy! Call our Administrative Coordinator to schedule your TB testing as soon as possible *(only if you are serving 10 hours or more per year)*. They will connect you to one of our nurses. Pick a day where you can come in and have the initial testing and return within 48-72 hours to have the skin testing read. If you have any further questions regarding the TB testing, any of our friendly team members or Director of Life Enhancement will be happy to assist you. Your TB testing form is included in this packet.

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteers: HIPAA Compliance

EVERGREEN MANDATORY IN-SERVICE

One of our many responsibilities in providing quality "resident care" is protecting their privacy and confidentiality. Privacy and confidentiality is a very important resident right that is a basic foundational principle of the health care code of ethics.

HIPAA *(Health Insurance Portability and Accountability Act of 1996)* is not anything new; this standard of ethics is enforced by the government. The resident right to privacy and confidentiality have always been in the federal regulations and surveyors can site us under F-tag #164 for violating these rights; there can be either monetary and/or prison penalties with these violations.

Three Components of HIPAA are:

1. Portability – this ensures individuals continuity of coverage from one health plan to another.
2. Accountability – increases the federal government's fraud enforcement.
3. Administrative Simplification – privacy and security regulations that will be enforced.

What Does HIPAA Have to Do With You?

HIPAA requires all departments of Evergreen to protect our residents' medical information.
An acronym that you need to be familiar with regarding HIPAA privacy regulations is PHI.

What exactly is PHI (Protected Health Information)?

1. PHI is individually identifiable health information maintained or transmitted by Evergreen Community for all residents and employees.
2. PHI is more than just the resident's medical record or chart. PHI includes financial, demographic, and lifestyle information, including paper, electronic, and spoken information.

Another term to understand and be familiar with is individually identifiable health information.

What is "Individually Identifiable Health Information"?

- Name; address; date of birth; social security number; medical record number; names of family members; photo(s).

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

This does not mean that we cannot use this information in caring for our residents; we are required under HIPAA to inform and disclose to the resident in advance and in all ways that their PHI or "individually identifiable health information" will be used to provide care.

The resident or their responsible party has the right to refuse to allow disclosure; they also have the right to review and amend their health information. The responsibility of obtaining permission and informing residents of ways that their PHI is used will be primarily a Social Service function. They policies and procedures for reviewing and amending the medical records will be primarily the responsibility of Medical Records and the DOH (Director of Health).

Evergreen has a HIPAA committee that is composed of several staff members such as Administration, DOH, Billing, Social Services, Medical Records, and Information Systems; we work as a team to achieve compliance with policies and procedures, informing employees and residents, and securing information systems. We all need to be advocates for the residents, the best way to do this is to always ask yourself before you look at resident information, "**Do I need to know this to do my job?**"

By always following the "need to know" guideline, you will not only be protecting the residents' right to privacy, but you will also be complying with HIPAA regulations.

Unhealthy Scenarios: (Violations)

A. A Certified Nursing Assistant (CNA), in trying to help an anxious resident, obtained a resident's chart, flipped it open to the face sheet to show a family member of another resident a telephone number… this is a violation in several ways:
   1. Face sheet contains many elements of the resident's individually identifiable health information...
   2. The CNA did not meet the "NEED TO KNOW" guideline…
   3. Sharing the information with an "outsider" is a violation.

B. Removing resident information from the facility whether inadvertently or in order to complete projects at home is a HIPAA violation.
   1. One of the functions of the HIPAA committee will be to implement policies for reporting and imposing penalties for these type violations.

C. What should I do with resident information discarded in trash containers at nursing stations?
   1. PHI (P*rotected* H*ealth* I*nformation*) is on almost every form that is at the Nurse's Station.
   2. Employees *or* Volunteers are responsible for protecting residents' right to privacy.

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

3. *One way that we can do that is by destroying papers by shredding them and if a shredder is not immediately available, tear the papers in small pieces before discarding.*
4. The more ways that we can secure or keep resident PHI (Protected Health Information) contained, the less opportunity there will be for potential violations.

D. Computer screens left unattended and open to a resident's PHI for anyone passing by to have access to and view is a potential HIPAA violation.

E. MDA worksheets posted on a bulletin board in the front office or a bulletin board are also violations of HIPAA.

All of these previous examples are violations to the resident's right to privacy; with HIPAA these violations will have consequences. The "need to know" concept cannot be stressed enough.

Examples of a violation of HIPAA regulations:

EXAMPLE: If I am responsible in maintaining the resident records and ensuring that we are following all regulations as they relate to the medical record, this DOES NOT mean that I have a right to all the information regarding that resident. What if a resident had an order for HIV lab tests?

- Would I be violating that resident's privacy, if I questioned the nurse or social service person regarding the resident's past and why they might need this testing?

ANSWER: **YES**, I definitely would be. All that I need to know is that the order is processed correctly and that the results are posted on the chart.

As an employees or volunteers of Evergreen we are advocates for the resident, consequently, action would be required to report the HIPAA violation regardless of our personal perspectives or relationships with individuals.

Failure to report such an incident would also be violating the regulation and be subject to penalties.

What could happen to you if you break the HIPAA law?

How can you avoid this? Ways to begin compliance now:

1. Follow the "need to know" guideline.
2. Be aware of possible breaches and report them.

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Remember confidentiality isn't new, it is being enforced by the government as well as by Evergreen and violations may result in penalties.

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteers: HIPAA In-Service Quiz

Name: _____ **Date:** _____

1. **If I see resident information in an open trash container, I should…**
   a. Pull it out and read it so I can share the news at break time.
   b. Pretend I didn't see it and continue doing my job.
   c. Take it to a shredder to be disposed of properly and report the incident.
2. **When are you allowed to repeat private health information heard on the job?**
   a. After you no longer work at the facility.
   b. Only when it is necessary to do your job and only to who needs to know.
   c. After the resident dies.
3. **A physician is allowed to see all resident information on every resident.**
   True or False
4. **An individual can be given jail time for disclosing PHI for monetary gain.**
   True or False
5. **What question should you always ask yourself before looking at resident information?**
6. **What kind of personally identifiable health information is protected by HIPAA's privacy rule?**
   a. Paper
   b. Electronic
   c. Spoken word
   d. All of the above
7. **Confidentiality protection covers not just a resident's health related information, such as his or her diagnosis, but also other identifying information such as a social security number or telephone number.**
   True or False
8. **It is okay to discuss a resident's health condition or reason for hospitalization with other residents, staff, or family members in the dining room or break room because we care about the resident and are concerned.**
   True or False

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteers: HIPAA Acknowledgement and Statement of Confidentiality

I _____ *(first, last name)* have been informed of the HIPAA regulations on _____ *(date of notice)* and understand that violation or noncompliance with Evergreen Community of Johnson County policies will result in penalties through Evergreen Community of Johnson County and or the federal government.

Thank you for serving the residents of Evergreen Community as a Volunteer. Your contributions are greatly appreciated and noticed. In the course of your work as a Volunteer you may or may not come across confidential information about a resident either in conversation or in written form. We ask that any and all information that you may become knowledgeable of about a resident be kept completely confidential.

Employees and Volunteers alike may not release to any other persons, family members, or media any information about residents – medical records, financial or payer information, physical condition, psychosocial information or mental condition.

All confidential business transactions, research and plans of Evergreen Community of Johnson County should not be discussed with any persons, family members or media without the permission of the Executive Director.

As a provider of healthcare for our residents, we maintain confidential information all of their medical conditions and appreciate your support in respecting the rules and regulations set forth by the licensing agencies of this facility. These guidelines are part of the Resident Rights and the federal government as set forth in regulations by CMS (Centers for Medicaid and Medicare Services) and enforced by the Kansas Department of Health and Environment under the Bureau of Adult Care Facilities.

Resident Rights: As a Volunteer you are obligated to respect and adhere to the Resident Rights of Evergreen Community, please read them and ask if you have any questions.

Communicable Disease: By my signature I acknowledge that I am free of any communicable disease which could put the residents and staff at harm. I am willing to have a TB test (Mantoux) done at the facilities request and expense.

By signing below, I _____ acknowledge that I have read, received and understand all the above guidelines as a Volunteer and commit to uphold them.

Volunteer: _____ Date: _____

Witness: _____ Date: _____
(Volunteer Liaison or Human Resources)

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteers: Tuberculosis Symptoms Screen Questionnaire

Complete per TB Guidelines for ACH. **Volunteer:** initially upon Admission, Annually, Upon return from extended LOA, and LOA involving travel outside USA.

Volunteer Name _____

Phone/Email _____

Yes	No	1. Have you experienced any of the following symptoms in the past year?
		a. Productive cough longer than 3 weeks in duration
		b. Unexplained weight loss
		c. Persistent low fever
		d. Excessive fatigue
		e. Coughing up blood
		f. Shortness of breath
		g. Chills
		h. Severe night sweats
		2. Have you ever been told that you have active TB?
		3. Have you ever had contact with anyone with active TB?
		4. Have you ever traveled or lived outside of the country for 3 months or greater?

Please provide further details to any "yes" answers:

_____

_____

_____

If you answered "yes" to Question 4:

- **When** did you travel or live outside of the country for three months or greater?

_____

- **Where** did you travel or live outside of the country for three months or greater?

_____

_____

Volunteer's Signature **Date**

_____

Reviewer's Signature and Title **Date**

EVERGREEN COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteers: TB (Mantoux) Testing

NAME: _____ DEPARTMENT: **Volunteers**

(NOTE:* Annually Volunteers will complete a Tuberculosis Exposure Assessment*)

Tuberculin Testing History Are there any known contraindications to the administration of this Mantoux? Contraindications include previous tuberculosis exposure, previous positive reaction, previous treatment for tuberculosis disease or infection, pregnancy, food or chemical sensitivity, known allergy, etc.

Please specify_____ **Check One: Yes_____ No_____**

Signature of Volunteer_____ Date_____

FIRST STEP - Administer within 7 days of hire

Lot #_____ Expiration Date_____

Administrated in R_____ L_____ forearm. Results_____mm.
(Record induration in mm.)

_____ _____
Date Administrated *Date Read*

_____ _____
Nurse Signature *Nurse Signature*

DO NOT ADMINISTRATE 2ND STEP IF INDURATIONS IS 10MM OR GREATER

SECOND STEP - Administrated within 7-30 days after the first injection

Lot #_____ Expiration Date_____

Administrated in R_____ L_____ forearm. Results_____mm.
(Record induration in mm.)

_____ _____
Date Administrated *Date Read*

_____ _____
Nurse Signature *Nurse Signature*

NOTE: RESULTS MUST BE READ WITHIN 48-72 HOURS

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

If either step measures indurations of 10 mm or above, the individual shall have a chest x-ray and will not have resident contact until after the results of the chest x-ray are obtained. *The Health Department is notified of all positive readings.*

Actions to Prevent the Spread of COVID-19

All of us at Evergreen Community want to be sure that we are doing everything possible to protect our residents and each other from COVID-19. Many policies have been developed and implemented to minimize exposure. The following list is a reminder of what the expectations are for everyone working or volunteering for Evergreen Living Innovations for the duration of the COVID-19 emergency:

- Masks: are to be worn appropriately at all times on the neighborhoods and in the courtyard, without exception.
- Volunteers must comply with the vaccine mandate and copy of vaccination card must be obtained by Evergreen
- Volunteers are required to be tested two times per week following current Evergreen guidelines for testing
- KDHE travel restrictions must be followed. This means that if you have traveled to KDHE-specified quarantine areas or attended an event in which 500+ people were in attendance, you will not be allowed to volunteer inside of Evergreen Community for 14 days.
- When completing the screening form upon arriving to volunteer, remember that your signature represents that what you documented is the truth. If you falsify any information, you risk not being able to volunteer inside Evergreen Community.

We know that these actions can save lives and appreciate your diligence in following these requirements.

I, _____, have read and understand the above information.
[Print Name]

Signature: _____Date: _____

Witness: _____

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Volunteers:

Photo Authorization and Information Release

I give my permission for Evergreen Community of Johnson County to utilize my photograph and include my name, _____, for any resources that may promote Evergreen. Resources may include but are not limited to the following:

- Educational and/or promotional communications, such as brochures, videos, media releases, and classroom training.
- Social Media outlets such as Evergreen Community (www.ecojc.org), GERTI (ELI's Education Center, www.gerti.org), Facebook, Instagram _____

☐ I certify I am over 21 years of age and qualified to give this permission.

☐ I am under the age of 21 and my guardian approves my participation/photos/information release by providing their signature below.

☐ I hereby release, discharge, and agree to hold harmless Evergreen Living Innovations, Inc. and all persons acting for Evergreen, from any liability. This document shall be binding upon me and my heirs, legal representatives, and assigns.

Volunteer's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date:_____

Organization Representative: _____ Date: _____

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Resident Rights and Acknowledgement Form

Each resident residing in this community has the right and will be afforded the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the community without interference, coercion, discrimination or reprisal. No staff member or contracted provider of care will hamper, compel, treat differently or retaliate against a resident for exercising Resident Rights. It is the responsibility of all who work at Evergreen Community of Johnson County, including employees and any others who provide services to the residents who live here, to advocate and protect the rights of each resident. Each resident will have the opportunity to exercise his/her rights as a citizen or a resident of the United States and staff members will assist with the exercise of those rights as needed by any/all residents.

Each resident will have autonomy and choice, to the maximum extent possible, about how each person wishes to live his/her everyday life and receipt of care, subject to the Evergreen's policies and procedures as long as those policies do not violate any requirement.

The community will promote the exercise of rights for each resident, including any/all residents who face barriers including but not limited to: communication barriers, hearing impairment and impaired cognition and decision-making abilities. Any resident, even though determined to be incompetent, will be able to assert these rights based on his/her degree of capability.

The Executive Director and/or Life Coach will inform each resident and/or resident representative before, or when moving in and periodically but at least annually during the resident's stay, of services available and of charges for those services, including any charges for services not covered under Medicare or Medicaid or by the per diem rate charged by this community.

Each resident will be treated with dignity, will be encouraged to make choices, to be able to have access to friends and family of choice at times the resident chooses, and to service providers of the resident's choice both inside and outside the community and be free from abuse, neglect, exploitation and misappropriation of personal property.

If the resident has been appointed a guardian or has named an agent as a durable power of attorney for health care, all rights of the resident that the resident is unable to exercise will be deferred to that representative. Different residents may have varying abilities to exercise their rights. The choices and preferences of a resident with a representative will be respected and followed to the extent possible, but will always be the first priority of the staff members.

Residents, family members and resident representatives will be provided printed and oral information at move in and periodically, but at least annually about the rights of the resident in a language/method that the resident or representative understands. Residents, their families and representatives will be provided printed and oral information when any rights are changed in a

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

language/method that the resident or representative understands. Staff members are expected and held accountable to use the learning circle model and resident and family council to reinforce the

understanding of residents and their families of the rights of residents. The learning circle, resident council and family council will also provide an opportunity for residents and family members to express concerns without the fear of reprisals or retaliation.

When moving in, each resident or resident representative will receive a copy of the Federal List of Resident Rights. This will be explained to the resident and/or his/her representative in a language/method understood by the resident and/or representative. A signed acknowledgment copy will be placed in the resident's clinical record and a copy will be provided to the resident and/or responsible party.

Residents, their families and legal representatives will be provided printed and oral information in a manner and/or language understandable to them whenever services, charges, or coverage changes. A signed acknowledgment copy will be placed in the clinical record with a copy provided to the resident and/or responsible party.

Specifically, the Federal and State Resident Rights are:

- Right to be treated with respect and dignity and to make own daily schedule, right to choose own time to arise in morning and retire in evening and participate in choice of meaningful activities and events
    - Right to choose to participate either actively or passively in meaningful activities to each person both inside and outside this facility
- Right to be free from discrimination and right to equal access to quality care regardless of gender, ethnicity, sexual preferences, diagnosis, severity of condition or payment source
- Right to be free from abuse, neglect, exploitation or misappropriation of property including verbal, sexual, physical, mental abuse, or involuntary seclusion
- Right to be free from restraints including physical restraints or chemical restraints for the purpose of discipline or for the convenience of staff members
- Right to a safe environment including a clean, comfortable and home-like environment that allows and promotes as much independence as possible
- Right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research and to formulate an Advance Directive including Durable Power of Attorney, health care proxy, a living will, death and dying preferences, after-death wishes, Do Not Hospitalize, Desire to Refuse Artificial Feeding and Do Not Resuscitate directives
- Right to receive proper medical care including but not limited to:

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

- Right to be fully informed about total health status in a language and method resident understands
- Right to be fully informed about medical condition, prescription and over-the-counter medications, biologicals, and vitamin and nutritional supplements
- Right to participate in decisions affecting care including development of the individualized, comprehensive and timely care plan
  - Family members and any other representative is encouraged to actively participate in the care plan process
- Right to access any/all medical records and reports including complete contents of the medical record

- Right to choose and remain informed of the name, specialty and way of contacting the physician and other primary care professionals responsible for his/her care
- Right to be informed of his/her rights and of all rules and regulations governing resident conduct and responsibilities during his/her stay in facility
- Right to receive notices orally (spoken) and in writing (including Braille as needed) in a format and language he/she understands including:
  - Required notices
    - All facility services and fees, both charges to the resident and items that will not be charged to the resident
    - Description of the manner of protecting personal funds
    - Description of requirements and procedures for establishing eligibility for Medicaid, including right to request an assessment of resources
    - List of names, addresses (mailing and email) and telephone numbers of all pertinent state regulatory and informational agencies, resident advocacy groups including State Survey Agency, State licensure office, State Long-Term Care Ombudsman program, protection and advocacy agency, adult protective services, local contact agency for information about returning to community and Medicaid Fraud Control Unit
    - Statement that resident may file a complaint with State Survey Agency
      - Kansas Long Term Care Ombudsman: (877-662-8362*; 900 SW Jackson, Suite 1041, Topeka, KS 66612; Barbara.hickert@ks.gov)*
      - Kansas Department on Aging and Disability Services: (800-842-0078*, New England Building, 503 S. Kansas Ave, Topeka, KS 66603)*
      - Grievance officer of facility: *(Charla Roberts, Administrator, located in the administrative offices, 913-477-8235, 11809 W. 112th St., Olathe, KS 66061; charlar@ecojc.org)*
      - Kansas Medicaid Fraud Control Unit: (*785-368-6220, Office of the Attorney General, 120 SW 10th Street, 2nd Floor, Topeka, KS 66612)*
      - Kansas Adult Protective Services: *(800-922-5330, 8915 Lenexa Dr, Shawnee Mission, KS. 66214)*

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

- Right to be notified of changes including notification of resident representative:
    - Accident involving resident which results in injury and has potential for requiring physician intervention
    - Significant change in resident's physical, mental or psychosocial status
    - Need to alter treatment significantly
    - Development of a life-threatening condition
    - Development of medical complications or adverse event(s)
    - Decision to transfer or discharge resident from facility
- Right to manage his/her financial affairs including right to know, in advance, what charges facility may impose against a resident's personal funds
    - Right to deposit personal funds with the facility with signed acknowledgement and right to receive accrued interest for all monies exceeding $50.00
    - Right to have personal funds managed per general accounting principles
    - Facility will purchase a surety bond or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with facility
    - Right to receive quarterly accounting statements of a personal fund account
    - Right to decide not to deposit personal funds with the facility
    - Right of conveyance of funds upon discharge, eviction or death (within thirty (30) days)
- Right to keep and use personal belongs and property if possessions do not interfere with rights, health or safety of other residents of facility
    - Facility will exercise reasonable protection of each resident's property from loss or theft
- Facility will not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare; facility may charge resident for requested services that are more expensive than or in excess of covered services including but not limited to:
    - Nursing services
    - Food and Nutrition
    - Activity program
    - Room/bed maintenance services
    - Routine personal hygiene items and services required to meet the needs of the resident
    - Medically-related social services
    - Hospice services elected by resident and pain for under Medicare Hospice Benefit or paid for by Medicaid under the State plan
- Choice of attending physician
- Privacy and confidentiality of personal and medical records

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

- Voice grievances to facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal
    - Any concern, complaint, or grievance may be voiced or written at any time to any staff member and residents are encouraged to share their concerns with the facility Grievance Officer
    - Right to prompt efforts by facility to resolve grievances a resident may have
    - Right to file a complaint with the State Survey Agency concerning any suspected violation of State or Federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of personal property, non-compliance with Advance Directive requirements and requests for information regarding returning to the community
- Right to examine results of the three most recent years of surveys conducted by Federal or State surveyors and any plan of correction in effect including routine re-surveys, complaint surveys, and life safety surveys
- Right to receive information from agencies acting as client advocates and be afforded the opportunity to contact these agencies
- Right to choose or refuse to perform services for the facility and facility will not require a resident to perform services for the facility
- Right to send and receive unopened mail and to receive unopened, letters, packages and other materials delivered to the facility for the resident through a means other than a postal service
- Right to communicate with individuals and entities within and external to the facility, including reasonable access to the internet, stationery, postage, writing implements and ability to send mail
- Right to privately receive visitors of his/her choosing at the time of his/her choosing subject to resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident
    - Right to spend time privately with any/all visitors
    - Right to have visitors at any time, as long as resident wishes to see the visitors and the visit does not interfere with the provision of care and privacy rights of other residents
    - Right to see any person providing assistance with health, social, legal or other services at any time including but not limited to physician or physician extenders
    - Right to communicate or refuse to communicate with Federal, State or local officials, including surveyors and State Long-Term Care Ombudsman without supervision or interference from any facility staff
- Right to form and participate in Resident Council and family and representative have the right to form and participate in Family Council to discuss issues and concerns about the facility's policies and operations

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

  - The facility will provide a space and will provide adequate notice for all meetings
  - The facility will allow the Councils to form their own leadership and facility staff members will attend the meetings only with permission of the Council members
  - The Council will elect their own officers as desired by consensus of the Council members
- Each resident has the right to have a family member and representative to be involved in the care of the resident and in the life of the facility including inspection of the resident's medical record with signed approval of the resident
- Facility will allow representative of the Office of State Long-Term Care Ombudsman to examine the resident's medical, social, and administrative records in accordance with State law
- Right to receive appropriate Social Services including but not limited to:
  - Counseling
  - Assistance solving problems with other residents
  - Assistance with contacting legal and financial professionals
  - Assistance with coordination of care with physicians, dental care practitioners, podiatry services, vision services, hearing services and any other referral services needed for life enhancement and achieving highest practicable level of functioning
  - Discharge planning
  - Development or amendment of Advance Directives
- Right to have reasonable access to use of a telephone including TTY and TDD services and a place in facility where calls can be made without being overheard, including the right to retain and use a cellular phone at resident's own expense
- Right to share a room with his/her spouse regardless of gender when both residents live in the same facility and both spouses consent to arrangement
- Right to choose a roommate, when practicable, when both residents consent
  - Right to advance notice of any/all changes in rooms or roommate
- Right to self-administer medications if interdisciplinary team determines it is clinically appropriate
- Right to leave the facility
  - Therapeutic leave or visits
  - Discharge (moving out of facility)
- Right to refuse a transfer to another room in the facility, if the purpose of the transfer is:
  - To relocate a resident of a skilled nursing facility from the distinct part of the building that is a skilled nursing facility to apart of the building that is not a skilled nursing facility (this does not apply to Evergreen)
  - To relocate a resident of a nursing facility from a distinct part of the building that is a nursing facility to a distinct part of the building that is a skilled nursing facility (this does not apply to Evergreen)
  - Solely for the convenience of staff

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

- Right to have protection against unfair transfer or discharge
    - The facility will not ask a resident to leave the facility unless the resident meets strict discharge criteria including but not limited to:
        - Transfer/discharge is necessary for the welfare, health or safety of the resident or other residents
        - Health has improved to the extent the resident no longer needs the services provided by the facility
        - Non-payment for services after reasonable attempts to receive payment and reasonable attempts to assist resident or representative with alternative funding sources
        - The facility closes
        - The needs of a resident can no longer be met by this facility
    - Appropriate discharge policies and procedures will be followed for any/all transfers and discharges
    - If transfer or discharge from the facility becomes necessary, each resident has the right to:
        - Appeal the transfer or discharge from the facility
        - The facility will not and is prohibited from transferring or discharging a resident if appeal for Medicaid is pending
        - The facility will and is required to work with other State agencies to receive payment if a family or other person is holding a resident's monies
        - Except in the case of an emergency event or situation the facility will and is required to provide at least 30-days' notice of a transfer or discharge from the facility
        - The facility will and is required to assist in location of and planning an orderly transfer or discharge and provide proper bed-hold and or readmission requirements

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Resident Rights Acknowledgement Form

By signing below, you are acknowledging that you have received and reviewed the document and that this document outlines your rights as a resident of this community.

ACKNOWLEDGMENT SIGNATURES	DATE
Volunteer: _____	_____
Witness: _____	_____

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Quality Assurance & Performance Improvement (QAPI)

What is QAPI?

- QAPI is a data-driven, proactive approach to improving the quality of life, care, and services in nursing homes.
- The activities of QAPI involve members at all levels of the organization to: identify opportunities for improvement; address gaps in systems or processes; develop and implement an improvement or corrective plan; and continuously monitor effectiveness of interventions.
- Performance Improvement (PI) in nursing homes aims to improve processes involved in health care delivery and resident quality of life.
- Performance Improvement can make good quality even better.

As a volunteer, you are a valued member of Evergreen's quality assurance program!

*Please communicate any ideas or input that could further our mission to provide the best quality of care to those we serve, to volunteer coordinator, Maggie Sohn.



EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

BACKGROUND CHECK:
FCRA Authorization to Obtain a Consumer Report

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Evergreen Living Innovations and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Evergreen Living Innovations, Inc. or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about me and to request a copy of your report. The scope of this disclosure is all-encompassing allowing Evergreen Living Innovations to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law. I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

_____ _____

Signature Date

EVERGREEN
COMMUNITY
LEADER IN SENIOR LIVING

11809 W. 112th St.
Olathe, Kansas 66061
913-477-8210
www.ecojc.org

Please Print Clearly

1. Name (Full) _____

2. Maiden Last Name _____

3. List Any Former Names Used _____

4. Social Security Number ____-___-_____

7. Date of Birth ____-____-_____

8. Telephone Number _____

9. Current Street Address _____

10. City _____, State _____ Zip _____

By signing below, you are certifying that the above information is true and correct.

_____ _____

Signature Date