

SAFE & SOUND NURSING CARE AGENCY EMPLOYMENT APPLICATION

Name: _____ Social Security Number _____

Other Names Used in Employment: _____

Address: _____

Email Address: _____

Home Phone: _____ Business Phone: _____

Position Applied for: _____

License/ Certification Number: _____ Expiration Date: _____

Driver's License Number: _____ Expiration Date: _____

Have you ever been fired or asked to resign? Yes No

Have you ever been convicted, fined (excluding minor traffic offenses), placed on probation, or given a suspended sentence in any court? Yes No (If "Yes" to question 11, please attach explanation)

EDUCATION

Name and address of Colleges or School Attended	Dates Attended		Major Subject or Course	Degree or Certificate Received
	From	To		
	From			
	To			
	From			
	To			
	From			
	To			
	From			
	To			

SAFE & SOUND NURSING CARE AGENCY

JOB EXPERIENCE

Job Title	Employer and Address	Duration of Work	Job Responsibilities	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

May we contact your former employer(s) for references? Yes No

Cultural preference regarding assignment(s) (i.e. Mandarin speaking, Spanish-speaking, etc.): _____

Additional preferences regarding assignment(s): _____

Please note that this agency is an equal opportunity employer and that this agency does not discriminate on the basis of sex, race, ethnicity color, or creed.

Certification of the applicant:

I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statement of material facts or omissions may be subject to my disqualification or dismissal.

Signature: _____

Date: _____



Safe & Sound Nursing Care Agency

250 Patchogue Yaphank Rd -Suite #20
East Patchogue, NY 11772
Phone: 631-677-3301 Fax: 631-309-5609

Telephone Reference Check
1 of 2

Applicant Name: _____ SS# _____
Position Applied for: _____ Date Reference Checked: _____
Reference Name: _____ Position Held: _____
Reference Phone: _____
Reference Affiliated Company: _____
Employment Dates: From: _____ to _____
Applicants Position at Company Held: _____
Reason For Leaving: _____

Would you Rehire: YES NO If No, Please Explain: _____

Please Rate the Applicant on the Following:.

Attendance:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Cooperation:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Initiative:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Job Knowledge:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Tolerance with People:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average

Does the Applicant have any work habits or personality traits that may negatively affect his/her ability to work? YES NO

If Yes Please Explain: _____

Additional Comments: _____

Verification Signature: _____ Date: _____
Name: _____ Title: _____



Safe & Sound Nursing Care
Agency

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Telephone Reference Check
2 of 2

Applicant Name: _____ SS# _____

Position Applied for: _____ Date Reference Checked: _____

Reference Name: _____ Position Held: _____

Reference Phone: _____

Reference Affiliated Company: _____

Employment Dates: From: _____ to _____

Applicants Position at Company Held: _____

Reason For Leaving: _____

Would you Rehire: YES NO If No, Please Explain: _____

Please Rate the Applicant on the Following:.

Attendance:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Cooperation:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Initiative:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Job Knowledge:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average
Tolerance with People:	<input type="checkbox"/> Poor	<input type="checkbox"/> Average	<input type="checkbox"/> Above Average

Does the Applicant have any work habits or personality traits that may negatively affect his/her ability to work? YES NO

If Yes Please Explain: _____

Additional Comments: _____

Verification Signature: _____ Date: _____

Name: _____ Title: _____

SAFE & SOUND NURSING CARE AGENCY

ORIENTATION CHECKLIST

Employee Name: _____

- _____ 1. Introduction to Office Staff
- _____ 2. Service Agreement and Position Description
- _____ 3. Documentation and Forms
- _____ 4. Agency Policies and Procedures
- _____ 5. Personnel Policies
- _____ 6. Illness and Injury Prevention Program
- _____ 7. Infection Control (Universal Precautions)
- _____ 8. Function of and Referral to Other Disciplines
- _____ 9. Title XXII, Chapter 6 and Medicare Conditions of Participation
- _____ 10. Reporting of Significant Changes in the Patient's condition
- _____ 11. Case Conferences
- _____ 12. In-Service Education
- _____ 13. Quality Management Program
- _____ 14. Patient/ Staff and Agency Confidentiality (HIV/Confidentiality)
- _____ 15. Fire Safety/Emergency Preparedness Plan
- _____ 16. Employee Handbook

Acknowledgment:

1. *I have been oriented to the above.*
2. *I have received a copy of my position description.*
3. *I have completed orientation.*

Employee/ Contractor Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

SAFE & SOUND NURSING CARE AGENCY

STAFF ORIENTATION ON HIPAA PROGRAM

Course Objective:

All Agency staff will be educated and able to verbally acknowledge the importance of orientation and training on HIPAA Program. Agency staff will be familiar with privacy policies and procedures, use and disclosure, complaints and breaches, violation and penalties, adopted by the Agency.

Course Outline:

1. The definition and identification of protected health information.
2. The Notice of Privacy Practices from that is provided to all patients.
3. Using and disclosing protected health information for treatment, payment and health care operations.
4. Obtaining authorization for use and disclosure of protected information for purposes other than payment treatment of health care operations.
5. Obtaining a signed acknowledgement of Agency's Notice of Privacy Practices, and Patient Privacy Rights.
6. Procedure for handling suspected violations of privacy policies and procedures.
7. Penalties for violation of privacy policies and procedures.
8. Documentation required by the policies and procedures outlined.
9. Agency staff members will:
 - Receive a summary of the Agency's privacy policies and procedures.
 - Have an opportunity to review the policy and procedures of the Agency

Attached Policies and Procedures:

- 1) Notice of Privacy Practices
- 2) HIPAA Staff Roles and Responsibilities
- 3) Compliance and Sanctions
- 4) Staff Security and Confidentiality Agreement

Employee Name:: _____
Please Print

Title: _____

Employee Signature: _____

Date: _____

SAFE & SOUND NURSING CARE AGENCY
CONFIDENTIALITY STATEMENT

I, _____ fully understand my duties as an employee of this Agency. I may have access to, and may be involved in the processing of patient information. I understand that I am obligated to maintain the confidentiality of this patient information at all times, both at work and off duty.

I understand that violation of these confidentiality considerations may result in disciplinary action, including termination. I further understand that I could be subjected to legal action.

I understand that I am not to interpret, discuss, or otherwise relay medical or personal information about the patients, unless necessary during the course of fulfilling my job duties.

I certify by my signature that I have participated in orientation and training concerning the privacy and confidentiality considerations of member information.

Employee Signature: _____ Date: _____

SAFE & SOUND NURSING CARE AGENCY

HEPATITIS B VACCINE POLICY

Name: _____

The Center of Disease Control (CDC) and Occupational Safety and Health Administration (OSHA) recommend immunization for all health care workers in the high-risk category. As healthcare personnel who will be exposed to the patients' blood and body fluid, you will fall into this high risk category.

The CDC immunization practices advisory committee recommends that, if you are NOT vaccinated, you should receive one dose of Hepatitis Immune Globulin Human (H_BIG) and begin a series of Hepatitis B Virus (HBV) vaccine.

Acknowledgment:

I have read the above statement and am aware that if unvaccinated, I am at risk of contracting Hepatitis B during employment. I am declining to receive the vaccination at this time.

Signature of Employee: _____ Date: _____

SAFE & SOUND NURSING CARE AGENCY YOUR ROLE IN INFECTION CONTROL

- Practice good hand washing before and after all patient contact
- Use universal precautions for all patients
- Instruct patients and caregivers in the infection control measures that are necessary for each individual case (i.e., immunosuppressed, IV, wound care) and document
- Handle sharps with extreme care. Do not bend, recap or manipulate in any way
- Double bag, close securely and dispose in the trash any waste soiled with blood fluids
- Place sharps only in a sharps container or a container of impervious plastic which can be closed
- Keep your hands away from your mouth, nose and eyes as much as possible and especially during patient care
- Be careful to keep your skin, especially the skin on your hands intact and healthy
- Report any needle stick or mucous membrane exposure to blood or body fluids immediately to your supervisor
- All members of the team (nurses, aides, homemakers) should be alerted to the signs and symptoms of infection and report them to the Case Manager or MD as appropriate
- Monitor those patients susceptible to infection (wounds, Foley, IV, immunosuppressed) for signs and symptoms such as fever, swelling or drainage.
- For the patient or caregiver who has been taught a procedure, periodically re-evaluate their technique to assure it is still adequate
- Use good technique with all sterile procedures
- Be certain patients and caregivers are independent and use good technique before having them do procedures on their own

Employee Signature: _____ Date: _____

JOB DESCRIPTION

TITLE: LICENSED PRACTICAL NURSE

REPORTS TO: _____

SUMMARY: Licensed Practical Nurses (LPNs) administer skilled nursing care to patients on an intermittent basis or private duty services in their place of residence. This is performed in accordance with physician orders and plan of care under the direction and supervision of the Registered Nurse. Services are furnished in accordance with Agency policies and procedures.

QUALIFICATIONS:

- Must have a high school diploma or the equivalent.
- Graduate of an approved school of professional nursing and currently licensed in the state(s) in which practicing.
- Two (2) years nursing experience, preferred

RESPONSIBILITIES:

- Provides services in accordance with the plan of care.
- Understands and adheres to established policies and procedures.
- Provides nursing services, treatments and diagnostic and preventive procedures as assigned.
- Initiates the plan of care and necessary revisions
- Initiates appropriate preventive and rehabilitative nursing procedures.
- Prepares clinical and progress notes for each patient visit and summaries of care conferences on his/her patients. Paperwork must be submitted within 48 hours to office.
- Observes signs and symptoms and reports to the physician and Clinical Director or RN Case Manager reactions to treatments, including drugs and changes in the patient's physical or emotional condition.
- Performs clinical and progress notes or visits notes as required by assignment.
- Informs Clinical Director or designee of changes in the condition and needs of the patient.
- Counsels the patient and family/significant others in meeting nursing and related needs.
- Participates in and presents in-service programs
- Refers to Physical Therapist, Speech language Pathologist, Occupational Therapist and Medical Social Worker those patients requiring their specialized skills.

- Is responsible for: Submitting any changes in schedule to Director of Clinical Service/Nursing Case Manager on a daily basis
- Understands and adheres to established Agency policies and procedures
- Participating in patient care conferences to discuss the need for involvement of other members of the health team.
- Prepare equipment and materials for treatment.
- Assists the patient in learning appropriate self-care technique.
- Participates in utilization review of medical records as assigned.
- Ensure all related documentation is keep up to date and on site
- Must perform duties following safety standards required for this position including but not limited to use of PPE's.
- Must attend all training sessions required by the agency

WORK ENVIRONMENT: client home

CONFIDENTIALITY STATEMENT:

All agency records, files, documents and access to confidential employee/client information files will be limited to agency personnel involved in the care and service of the client.

Agency staff with access to computer files holds all information in strictest confidence in the processing, storage and discarding of all data. Only authorized personnel will have access to written and computer data information; Authorized personnel will be assigned passwords/access codes to computer files necessary to conduct their responsibilities;

Responsibilities of this job position has clearance for access to the following confidential information:

Client Clinical files which include all client care information, medical orders, assessments and reassessments, medication reports, progress notes.

I have been oriented to the agency's confidentiality policy. I understand that any Agency employees who do not honor the Confidentiality Policy are subject to termination and possible legal action. I agree to abide by the agency's confidentiality policy.

Value-Based Care Clause: I have read and understand the Patient Bill of Rights. I understand my job description as well as the responsibility to provide the best valuable care to my patients. I agree to provide valuable and quality care to all assigned patients. In the event, I am unable to provide a high level of care, I am responsible for notifying my supervisor (or another responsible party) immediately.

Employee Signature: _____ Date: _____

SAFE & SOUND NURSING CARE AGENCY YOUR ROLE IN PATIENT RIGHTS

- Be empathetic to the patient, his problems & situation
- Review the patient rights & responsibilities form with the patient
- Treat all information about the patient as confidential, take measures to safeguard the patient's record
- Inform the patient about how to contact the office during and after office hours and of important reasons to contact the office
- Write down the names of the persons who will be making home visits for the patient
- Inform the patient on how he can file a complaint
- When the patient makes a complaint, report back to him on how the problem was resolved
- Teach the patient about his medical condition and the related care and management
- Coordinate patient care by communicating effectively and frequently with the other members of the team involved in the patient's care.

Employee Signature: _____ Date: _____

SAFE & SOUND NURSING CARE AGENCY

CODE OF CONDUCT

To aid Agency in attainment of its mission of providing quality health care to the public in the home care, standards of conduct have been developed and approved by the Board of Directors and the agency's leadership. It is therefore expected that all employees and contracted individuals will thoroughly understand and conduct themselves according to the tenets stated below:

- 1) The Employee will complete scheduled visit and assignments on a timely basis.
- 2) The employee will complete required classes, orientation and educational requirements to maintain current licensure and compliance with Agency's policy.
- 3) The employee will submit accurate records of employment, applications and time cards/route sheets.
- 4) The employee will conduct themselves in a professional manner in all interactions with supervisors, peers and clients. Licensed and certified employees will hold to the standards of their accrediting board.
- 5) The employee will present themselves in a professional manner by proper grooming as well as appropriate attire.
- 6) The employee will respect the right of the property of the Agency, other employees and patients.
- 7) The employee will refrain from excessive or unexcused absences.
- 8) The employee will not engage in any of the following:
 - a) Negligence,
 - b) Possession or being under the influence of alcohol or illegal substances,
 - c) Possession of weapons while on duty.
- 9) The employee will be aware of and practice safety policies and procedures.
- 10) The employee will perform his/her duties as stipulated in the criteria-based job descriptions.
- 11) The employee will be aware and adhere to the fraud and abuse laws as stated in the Medicare Act.
- 12) The employee will refrain from use of prejudicial or offensive language.

This type of disciplinary action which may be taken in response to violation of this Code of Conduct will be determined on an individual basis to include, but not limited to, the following: report incidents to licensing agencies where applicable, oral warning, written warning, suspension without pay, demotion, probation or termination. Violation of the Medicare Fraud and Abuse Laws may result in fines of up to \$25,000 and 5 years imprisonment.

I have read and agreed to comply with the above Code of Conduct.

Signature and Title

Print Name

Date



*Safe & Sound Nursing Care
Agency*

Influenza Vaccination Declination Agreement

Employee Name: _____ Date: _____

I have been advised that the New York State Dept. of Health and the CDC is recommending that all healthcare employees receive the Flu/Influenza Vaccine. If I have received your Flu Vaccine already or are expected to for this upcoming flu season (Sept 2025-May 2026), I will forward my receipt from my healthcare provider to the office as soon as possible. I understand that if I decline to receive the flu vaccine, I must agree to wear a mask at all times while in your patient's home.

I acknowledge that I am aware that

- Influenza is a serious respiratory disease that kills thousands in the United States each year.
- Influenza Vaccine is recommended for all healthcare personnel to protect patients and me from serious illness, complications and or death.
- If I contact Influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding virus can spread influenza to patients.
- If I become infected with influenza, I can spread illness to others even when my symptoms are mild or non-existing.
- I understand that the strains of the virus that cause influenza infection change almost every year and even if they don't, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- I understand that I cannot get influenza from the Influenza Vaccine.
- The consequences of my refusal to be vaccinated could have life threatening consequences on my health and the health of those with whom I have contact with, including all patients, coworkers, family and community.

____ I **decline** to receive the Flu Vaccine. I am aware that I must wear a mask in the patient's home.

Print Name. _____ Date: _____

Signature. _____



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Agency*

250 Patchogue Yaphank Rd. Suite 20
E. Patchogue NY 11772
Tel 631-677-3301
Fax 631-677-1239 Fax: 631-309-5609
E-Mail: info@safeandsoundnursing.com

Agreement for Employment

Agreement between employee and Safe & Sound Nursing Care Agency.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation concerning all statements contained herein and the references listed to give all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

Under no circumstances may I, without the prior written consent of, be employed directly or indirectly for any client or member of the family of any client for whom I have cared for as an employee of Safe and Sound Nursing Agency, for a period of one year from the data of my last service to such client.

I, _____ recognize that irreparable damage will result to Safe & Sound Nursing Care Agency in the event of the breach of this agreement. I agree that in the event of such a breach, Safe & Sound Nursing Care Agency shall be entitled to an agency fee of FIVE THOUSAND DOLLARS (\$5,000.00), in addition to any legal or equitable damages or remedies to which it may be entitled or which may be available, including attorney's fees to specific performance requirements with respect to any provisions hereof and/or in an injunction to restrain the violation of any provisions hereof by myself, THE EMPLOYEE, and all provision acting for or with me, the employee.

I have read and understand the foregoing, agree to its provisions, accept that it is a legally binding agreement and with that understanding, I have signed below

Nurse signature _____ Date _____

Safe & Sound Nursing Care Agency Rep.

Signature _____ Date _____