Cottonwood Homes; LLC

Employee Handbook

Staff,

Please read this binder, as I update it or add more policies I will inform you.

The last 2 sections have forms that need to be signed and then put into your employee binders. The first is an acknowledgement that you read the employee handbook. The second is a noncompete form stating that if you want to be a provider on your own, you can you can't serve any clients that Cottonwood Homes; LLC is serving for a minimum of 2 years.

You are responsible for this information.

If you have questions, please contact me at your earliest convenience.

Julie Decker (218) 428-1150 jlforconi@hotmail.com

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Mission and Vision

Mission

To provide the best quality care to each client, based on their individual needs and goals. To celebrate each client's accomplishments and to encourage them during adversary.

Vision

It is our goal to have a full circle program. To provide quality care for clients and encourage client's to be as independent as possible. From residential care to day programming to employment, to have each client reach their greatest potential.

"No setback too big, no achievement too small."

Section 1: Introduction

1.1 Purpose of this Handbook

The purpose of this handbook is to familiarize you- the employee- with the policies, rules and other key aspects of Cottonwood Homes; LLC (the "Company"). The information in this handbook supersedes all rules and policies that may previously have been expressed or implied, in both written and oral format. Compliance with this handbook is compulsory for all employees. The Company reserves the right to interpret his handbook's content as it sees fit, and to deviate from policy when it deems necessary.

1.2 Changes of Policy

Cottonwood Homes; LLC reserves the right to change this handbook's content at any time, and at our sole discretion. Its provisions may not be altered by any other means, oral or written. You will receive written notice of any changes we make to the employee handbook, and are responsible for understanding and complying with all up-to-date policies. If you are confused about any information defined herein, please contact the Human Resources Manager.

1.3 Employment Forms

All new employees are required to complete and submit the following forms. Starred (*) forms can be found at the end of this manual. All others have been or will be provided separately.

*At-Will Employment Agreement and Acknolwdgement of Reciept of Employee Handbook

Employment Eligibility Form I-9

On the day of hire, each new employee is legally obligated to complete the Employment Eligibility Verification Form I-9 and submit documents establishing identity and eligibility within the next three business days. The same policy applies to re-hired employees whose I-9's are over three years old or otherwise invalid.

Section 2: Terms and Definitions

Cottonwood Homes; LLC typically employs less than 20 employees regular and temporary employed on an "at-will" basis. This section defines the terms of "at-will" employments, as well as the different types of employees we hire.

2.1 Definition of "At-Will" Employment

The job of an "at-will" employee is not guaranteed. It may be ended at any time and with or without notice, by the employee or, for a lawful reason, by the Company. The Company also reserves the right to alter an "at-will" employee's benefits, pay rate, and assignments as it sees fit. The "at-will" terms of an employee's employment may only be changed by the President, CEO or CFO, and must be signed by the President of the CEO.

2.2 Types of Worker

This section distinguishes between the different types of workers the Company employs. Employee status is established at the time of hire and may only be altered via a written statement signed by the Company.

Exempt vs Non-Exempt

The majority of employees are non-exempt, meaning they are entitled by law to at least minimum wage and premium pay for overtime. Exempt employees are not subject to these laws. Exempt status is defined by particular standards set by state law and the Federal Labor Standards Act (FLSA). This class of employee is usually an executive, an administrator, or a highly paid specialist such as a programmer.

Regular vs. Temporary

Regular employees work a regular schedule, either on a full-time or part-time basis. To be considered full-time, an employee must work at least 35 hours per week. A temporary employee is a person we hire for a short period (usually 3 months at maximum) to assist with a project or remedy a staff shortage. A temporary employee is also employed on an "at-will" basis (defined above).

Independent Contractors & Consultants

Independent contractors and consultants are not Company employees, but rather self-employed professionals whom we hire for specific projects. Unlike employees, they do not operate under Company direction, and control their own methods, materials and schedules. They are not eligible for Company benefits

Section 3: Payroll

3.1 Payment Schedule

Employees are paid twice a month generally on every other friday. In cases where the regular payday falls on a holiday, Employees will receive payment on the last business day before said holiday.

3.2 Wages

The purpose of this section is to ensure that all employees are aware of the wage policy at Cottonwoode Homes; LLC.

Wages vary from employee to employee and are based on level of skill and experience. The Company conducts regular evaluations of all employees and issues promotions as it sees fit. Employees who feel entitled to higher pay may contact Julie Forconi to discuss. In addition to regular pay, employees may have the option of earning overtime pay.

Overtime

A non-exempt employee may work overtime on the terms defined by Wyoming law pending prior authorization by his or her manager.

Paid Time Off

All employees will begin accruing paid time off (PTO) based on hours worked. This will start after three (3) months of continuous employment. Employees may use PTO for vacation days or for sick days. If an employee calls in sick, PTO will automatically be used to cover the house mised if the employee has PTO available.

3.3 Deductions & Garnishment

Federal and state law requires that we deduct the following from every paycheck:

- Social Security
- Income tax (federal and state)
- Medicare
- State Disability Insurance & Family Temporary Disability Insurance
- Other deductions required by law or requested by the employee

A Wage and Tax Statement (W-2) recording the previous year's wages and deductions will be provided at the beginning of each calendar year.

If at any time you wish to adjust your income tax withholding, please fill out the designated form and submit it to Accounting.

Wage Garnishment

Sometimes, the Company receives legal papers that compel us to garnish an employee's paycheck - that is, submit a portion of said paycheck in payment of an outstanding debt of the Employee. We must, by law, abide by this either until ordered otherwise by the court or until the debt is repaid in full from withheld payments.

Section 4: Rights and Policies

The following section summarizes your legal rights as an employee of Cottonwood Homes; LLC. Questions about any policy detailed in this section may be addressed with a Human Resources representative.

4.1 Equal Opportunity Employment Policy

The Company provides equal employment opportunities to all applicants, without regard to unlawful considerations of or discrimination against race, religion, creed, color, nationality, sex, sexual orientation, gender identity, age, ancestry, physical or mental disability, medical condition or characteristics, marital status, or any other classification prohibited by applicable local, state or federal laws. This policy is applicable to hiring, termination and promotion; compensation; schedules and job assignments; discipline; training; working conditions, and all other aspects of employment. As an employee, you are expected to honor this policy and to take an active role in keeping harassment and discrimination out of the workplace.

4.2 Accommodation for Disabled Employees

We are happy to work with otherwise qualified disabled employees in order to accommodate limitations, in accordance with the Americans with Disabilities Act (ADA). It is up to the employee to approach his or her supervisor with this request, and to provide medical proof of his or her needs upon the Company's request.

We are also happy to accommodate employees diagnosed with life-threatening illnesses. Such employees are welcome to maintain a normal work schedule if they so desire, provided that we receive medical papers proving their working cannot harm themselves or others and their work remains at acceptable standards.

4.3 Employment of Minors

Our policy on employment of minors adheres to all FSLA standards, including the following:

- Minimum employment age (14 for non-agricultural work)
- Maximum weekly hours for employees under 16
- Minimum hazardous job employment age (18)
- Sub-minimum wage standards for students, apprentices, disabled employees, and employees under the age of 20.

4.4 Employment of Relatives

The employment of relatives can prove problematic, particularly situations where relatives share a department or a hierarchical relationship. The Company will not hire relatives to work in any potentially disruptive situation. An employee must inform us if he or she become a co-worker's relative. If at any time we perceive the situation to be dysfunctional, we may have to reassign or ask for one relative's resignation in order to remedy the situation.

4.5 Religion & Politics

Cottonwood Homes; LLC is respectful of all employees' religious affiliations and political views. We ask that if you choose to participate in a political action, you do not associate the Company in any way.

We are happy to work with employees to accommodate political and religious obligations, provided accommodations are requested from a manager in advance.

4.6 Private Information

Employee information is considered to be private and only accessed on a need-to-know basis. Your healthcare information is completely confidential unless you choose to share it. In some cases, employees and management may receive guidelines ensuring adherence to the Health Insurance Portability and Accountability Act (HIPAA).

Personnel files and payroll records are confidential and may only be accessed for legitimate reason. If you wish to view your files, you must set up an appointment in advance with Human Resources. A Company-appointed record keeper must be present during the viewing. You may only make photocopies of documents bearing your signature, and written authorization is needed to remove a file from Company premises. You may not alter your files, although you may add comments to items of dispute.

Certain information, such as dates of employment and rehiring eligibility, are available by request only. We will not release information regarding your compensation without your written permission.

4.7 Leaves of Absence

Employees requiring time off from work may apply for a leave of absence.

All leaves must be approved by management. For planned leaves, employees m

All leaves must be approved by management. For planned leaves, employees must submit requests at least 10 days in advance. Emergency leaves must be requested as soon as possible. Accepting/performing another job or applying for unemployment benefits during leave will be considered voluntary resignation.

We consider all requests in terms of effect on the Company and reserve the right to approve or deny requests at will, except when otherwise directed by law. Any request for a leave of absence due to disability will be subject to an interactive review. A medical leave request must be supported in a timely manner by a certification from the employee's health care provider. Extension of leave must be requested and approved before the current leave ends. No employee is guaranteed reinstatement upon returning from leave, unless the law states otherwise. However, the Company will try to reinstate each returning employee in his or her old position, or one that is comparable.

Below are the three main types of leave that Cottonwood Homes;LLC offers employees. Some, but not all, are governed by law.

Work-Related Sickness & Injury

Employees eligible for Worker's Compensation rendered unable to work because of work-related injury or illness will receive an unpaid leave for the period required. For eligible employees, the first 12 weeks will be treated concurrently as a family and medical leave under the Family and Medical Leave Act.

Maternity

An employee disabled on account of pregnancy, childbirth, or a related medical condition may request an unpaid leave of absence of up to four months. Time off may be requested for prenatal care, severe morning sickness, doctor-ordered bed rest and recovery from childbirth.

Election Days

Provided an employee's schedule does not allow time for voting outside of work, and that he/she is a registered voter, he/she may take up to two hours, with pay, at the beginning or end of a workday, to vote in local, state or national elections.

4.8 Grievance Policy

It is the policy of Cottonwood Homes; LLC to ensure that people served by this program have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

Procedures

Service Initiation

A person receiving services and their case manager will be notified of this policy, and provided with a copy, within five (5) working days of service initiation.

File a Grievance

- 1. The person receiving the services or person's authorized legal representative will:
 - Talk to a staff or person that they feel comfortable with about their complaint or problem;
 - b. Clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
 - c. May request staff assistance in filing a grievance.
- 2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved, they may bring the complaint to the highest level of authority in this program.
 - a. That staff member is Julie Forconi.
 - b. She may be reached at (218) 428-1150

Response by the Program

- 1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
 - a. The name, address, and telephone number of outside agencies will assist the person; and
 - b. Responding to the complaint in such a manner that the service or recipient or authorized representative's concerns are resolved.
- 2. This program will respond promptly to grievances that affect the health and safety of service recipients.
- 3. All other complaints will be responded to within 7 calendar days of the receipt of the complaint.
- 4. All complaints will be resolved within 30 calendar days of the receipt.

- 5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
- 6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
 - a. Related policy and procedures were followed;
 - b. Related polidy and procedures were adequate;
 - c. There is a need for additional staff training;
 - d. The complaint is similar to past complaints with the persons, staff, or services involved; and
 - e. There is a need for corrective action by the license holder to protect the health and safety of persons recieving services.
- 7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
- 8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that;
 - a. Identifies the nature of the complaint and the date it was received;
 - b. Includes the results of the complaint review; and
 - c. Identifies the complaint resolution, including any corrective action.

The complaint summary and resolution notice must be maintained in the person's record.

Policy reviewed and authorized by:

Julie Forconi 06/01/2021

4.9 Incident Response, Reporting, and Review Policy

It is the policy of this program to respond to, report, and review all incidents that occur while providing services in a timely and effective manner in order to protect the health and safety of and minimize risk of harm to persons receiving services.

"Incident" is defines as an occurance which involves a person and requires the program to make a response that is not part of the program's ordinary provision of services to that person, and includes;

Policy

- A. Serious injury of a person;
 - a. Fractures;
 - b. Dislocations;
 - c. Evidence of internal injuries;
 - d. Head injuries with loss of consciousness or potential for a closed head injury or concussion without loss of consciousness requiring a medical assessment by a health care professional, whether or not further medical attention was sought;
 - e. Lacerations involving injuries to tendons or organs and those for which complications are present;
 - f. Extensive second degree or third degree frostbite, and other frostbite for which complications are present;
 - g. Irreversible mobility or avulsion of teeth;
 - h. Injuries to the eyeball;
 - i. Ingestion of foreign substances and objects that are harmful;
 - i. Near drowning;
 - k. Heat exhaustion or sunstroke:
 - I. Attempted suicide; and
 - m. All other injuries and incidents considered serious after an assessment by a health care professional, including but not limited to self-injurous behavior, a medication error requiring medical treatment, a suspected delay of medical treatment, a complication of a previous injury, or a complication of medical treatment for an injury.
- B. A person's death.
- C. Any medical emergencies, unexpected serious illness, or significant unexpected change in an illness or medical condition of a person that requires the program to call 911, physician or advanced practice registered nurse treatment, or hospitalization.
- D. Any mental health crisis that requires the program to call 911 or a mental health crisis intervention team.

- E. An act of situation involving a person that requires the program to call 911, law enforcement, or the fire department.
- F. A person's unauthorized absence from a program.
- G. Conduct by a person receiving services agains another person receiving services that;
 - a. Is so severe, pervasive, or objectively offensive that is substantially interferes with a person's opportunities to participate in or receive service or support;
 - b. Places the person in actual and reasonable fear of harm;
 - c. Places the person in actual and reasonable fear or damage to property of the eperson; or
 - d. Substantially disrupts the orderly operation of the program.
- H. Any sexual activity between persons receiving services involving force or coercion.
 - a. "Force" is defined as the infliction, attempted infliction, or threatened infliction by the actor of bodily or commission or threat of any other crime by the actor against the complainant or another, harm which;
 - i. Causes the complainant to reasonable believe that the actor has the present ability to execute the threat, and;
 - ii. If the actor does not have a significant relationship to the complainant, also causes the complainant to submit.
 - b. "Coercion" is defined as words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon, or hold in confinement, the complainant or another, or force the complainant to submit to sexual penetration or contact, but proof of coercion does not require proof of a specific act or threat.
- I. Any emergency use of manual restraint.
- J. A report of alleged or suspected child or vulnerable adult maltreatment.

Response Procedures

- A. Serious injury
 - a. In the event of a serious injury, staff will provide emergency first aid following instructions received during training.
 - b. Summon additional staff, if they are immediately available, to assist in providing emergency first aid or seeking emergency medical care.
 - c. Seek medical attention, including calling 911 for emergency medical care, as soon as possible.
- B. Death
 - a. If staff are alone, immediately call 911 and follow directives given to you by the emergency responder.
 - b. If there is another person(s) with you, ask them to call 911, and follow directives given to you by the emergency responder.

- C. Medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition.
 - a. Assess if the person requires the program to call 911, seek physician treatment, or hospitalization.
 - b. When staff believes that a person is experiencing a life threatening medical emergency, they must immediately call 911.
 - c. Staff will provide emergency first aid as trained or directed until further emergency medical care arrives at the program or the person is taken to a physician or hospital for teatment.
- D. Mental health crisis
 - a. When staff believes that a person is experiencing a mental health crisis, they must call 911.
- E. Requiring 911, law enforcement, or fire department.
 - a. For incidents requiring law enforcement or the fire department, staff will call 911.
 - b. For non-emergency incidents requiring law enforcement, staff will call (307) 754-8700
 - c. For non-emergency incidents requiring the fire department, staff will call (307) 754-8700
 - d. Staff will explain to the need for assistance to the emergency personnel.
 - e. Staff will answer all questions asked and follow instruction given by the emergency personnel responding to the call.
- F. Unauthorized or unexplained absence: When a person is determined to be missing or has an unauthorized or unexplained absence, staff will take the following steps:
 - a. If the person has a specific plan outlined in his/her coordinated services and support plan addendum to address strategies in the event of unauthorized or unexplained absences that procedures should be implemented immediately, unless special circumstances warrant otherwise.
 - b. An immediate and thorough search of the immediate area that the person was last seen will be completed by available staff when two staff persons are available, the immediate area and surrounding neighborhood will be searched by one staff person the second staff person will remain at the program location. other persons receiving services will not be left in supervised to conduct the search.
 - c. If after no more than 15 minutes, the search of the faculty and neighborhood is unsuccessful, Staff will contact law enforcement authorities.
 - d. After contacting law enforcement, staff will notify Julie Forconi, who will determine if additional staff are needed to assist in the search.
 - e. A current photo will be kept in each person's file and made available to law enforcement.
 - f. When the person is fount, staff will return the person to the service site, or make necessary arrangements for the person to be returned to the service site.

- G. Conduct of the person: When a person is exhibiting conduct against another person receiving services that is so severe, pervasive, or objectively offensive that it substantially interferes with a person's opportunities to participate in or receive service or support; places the person in actual and reasonable fear of harm; places the person in actual and reasonable fear of damage to property of the person; or substantially disrupts the orderly operation of the program, staff will take the following steps:
 - Summon additional staff, if available. If injury to a person has occured or there is eminent possibility of injurty to a person, implement approved therapeutic intervention procedures following the policy on emergency use of manual restraings (see EUMR Policy)
 - b. As applicable, implement the Coordinated Service and Support Plan Addendum for the person.
 - c. After the situation is brought under control, question the person(s) as to any injuries and visually observe their condition for any signs of injury. If injuries are notes, provide necessary treatment and contact medical personell if indicated.
- H. Sexual activity involving force or coercion: If a person is involved in sexual activity with another person receiving services and that sexual activity involves force or coercion, staff will take the following steps;
 - a. Instruct the person in a calm manner-of-fact, and non-judgemental manner to discontinue the activity. Do not react emotionally to the person's interaction.
 Verbally direct each person to a separate area.
 - b. If the person does not respond to a verbal redirection, intervene to protect the person form force or coercion, following the EUMR Policy as needed.
 - c. Summon additional staff if necessary and feasible.
 - d. If the person(s) expresses physical discomfort and/or emotional distress, or for other reasons you feel it necessary, contact medical personnel as soon as possible. Follow all directions provided by medical personnel.
- I. For use of manual restraing (EUMR)
 - a. Follow the EUMR Policy.
- J. Maltreatment
 - a. Follow the Maltreatment of Minors or Vulnerable Adult Reporting Policy.

Reporting Procedures

- A. Completing a report
 - a. Incident reports will be completed as soon as possible after the occurrence, but no later than 24 hours after the incident occurred or the program became aware of the occurrence. A general event report (GER) will be written in Therap. The written report will include;
 - i. The name of the person or persons involved in the incident;
 - ii. The date, time, and location of the incident;

- iii. A description of the incident;
- iv. A description of the response to the incident and whether a person's coordinated service and support plan addendum or program policies and procedures were implemented as applicable;
- v. The name of the staff person or persons who responded to the incident; and
- vi. The results of the review of the incivend (see Reviewing Procedures)
- b. When the incident involves more than one person, this program will not disclose personally identifiable information about any other person when making the report to the legal consent of the person. The written report will not contain the name or initials of the other person(s) involved in the incident.
- B. Reporting incidents to team members
 - a. All incidents must be reported to the person's legal representative or designated emergency contact and case manager;
 - i. Within 24 hours of the incident occurring while services were provided:
 - ii. Within 24 hours of discovery of receipt of information that in incident occurred; or
 - iii. As otherwise directed in a person's coordinated service and support plan or coordinated service and support plan addendum.
 - b. This program will not report an incident when it has a reason to know that the incident has allready been reported.
 - c. Any emergency use of manual restraint of a person must be verbally reported to the person's legal representative or designated emergency contact case manager within 24 hours or the occurrence. The written report must be ocpleted according to the requirements in the program's emergency use of manual restrains policy.
- C. Additional reporting requirements for deaths and serious injurites.
 - A report of the death or serious injury of a person must be reported to both the Department of Human Services Licensing Division on the State of Wyoming Department of Health Website.
 - b. The report must be made within 24 hours of the death or serious injury occurring while services were provided or within 24 hours of receipt of information that the death or serious injury occurred.
 - c. This program will not report a death or serious injury when it has a reason to know that the death or serious injury has already been reported to the required agencies.
- D. Additional reporting requirements for maltreatment.
 - a. When reporting maltreatment, this program must inform the case manager of the report unless there is reason to believe that the ase manager is involved in the suspected maltreatment.

- b. The report to the case manager must disclose the nature of the activity or occurrence reported and the agency that received the maltreatment report.
- E. Additional reporting requirements for emergency use of manual restraining (EUMR)
 - a. Follow the EUMR Policy.

Reviewing Procedures

- A. Conducting a review of incidents and emergencies: This program will complete a review of all incidents.
 - a. The review will be completed by Julie Forconi
 - b. The review will be completed within 3 days of the incident.
 - c. The review will ensure that the written report provides a written summary of the incident.
 - d. The review will identify trends or patterns, if any, and determine if corrective action is needed.
 - e. When corrective action is needed, a staff person will be assigned to take corrective action within a specified time period.
- B. Conducting an internal review of death and serious injuries
 - a. This program will conduct an internal review of all deaths and serious injuries that occured while services were being provided if they were reported as alleged or suspected maltreatment. (Refer to the Vulnerable Adults Maltreatment Reporting and Internal Review Policy and Maltreatment of Minors Reporting and Internal Review Policy when alleged or suspected maltreatment has been reported.).
 - i. This review will be completed by Julie Forconi.
 - ii. The review will be completed within 3 days of the death or serious injury.
 - iii. The internal review must include an evaluation of whether;
 - 1. Related policies and procedures were followed;
 - 2. The policies and procedures were adequate;
 - 3. There is need for additional staff training;
 - 4. The reported event is similar to past events with the persons or the services involved to identify incident patterns; and
 - There is need for corrective action by the program to protect the health and safety of the persons recieving services and to reduce future occurrences.
 - iv. Based on the results of the internal review, the program must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the program, if any.

- v. The internal review of all incidents of emergency use of manual restraints must be completed according to the requirements in the program's emergency use of manual restraints policy.
- b. Conducting an internal review of maltreatment.
 - i. Follow the Maltreatment of Minors or Vulnerable Adults Reporting Policy
- c. Conducting a review of emergency use of manual restraints
 - i. Follow the EUMR Policy.

Record Keeping Procedures

- A. The review of an incident will be documented on the incident reporting ofrm and will include identifying trends or patterns and corrective action if needed.
- B. Incident reports will be maintained in the person's record. The record must be uniform and legible.

Policy reviewed and authorized by:

Julie Forconi 08/02/2023

Employee Signature

Date

Section 5: Employment Benefits

The following is merely an overview of the Company's benefits package. It does not contain all relevant information. Please contact Julie Forconi to obtain all details.

5.1 Unemployment Insurance

Employees rendered unemployed through no fault of their own or due to circumstances described by law, receive unemployment insurance. State agencies administer this insurance and determine benefit eligibility, amount (if any), and duration.

5.2 Workers' Compensation

Workers' Compensation laws compensate for accidental injuries, death and occupational disabilities suffered in the course of employment. Cottonwood Homes; LLC provides Workers' Compensation Insurance for all employees. Generally, this includes lost wages, disability payments and hospital, medical and surgical expenses (paid directly to hospital/physician) and assistance in injured employees in returning to suitable employment.

5.3 Social Security Benefits (FICA)

Both employees and the Company contribute funds to the federal Social Security Program, which provides retirees with benefit payments and medical coverage.

5.4 Additional Benefits

The Company may also provide the following benefits:

Employees will accrue PTO (paid time off) per hour worked. They will start accruing after 3 months of employment. PTO Can be used for sick time or vacation time and used at the employees discretion. If an employee calls in sick, PTO will automatically be used for the hours missed

Section 6: Rules of Conduct

6.1 On the Job

Reporting for Work

Employees are expected to begin and end each shift at the time and on the day appointed. You must inform your supervisor before the start of the work day if you will be absent or late, and obtain his or her permission to leave early. Absences and late arrivals will be recorded. Should your absences or tardiness exceed a reasonable limit, you will be subject to disciplinary action and possible termination. Failing to call one's supervisor or report to work for consecutive workdays will be considered voluntary resignation, and result in removal from payroll.

Staying Safe

Safety in the workplace is the Company's number one priority. You must inform your supervisor in the event of unsafe conditions, accident or injury, and use safe working methods at all times.

Meals & Breaks

Unless defined otherwise by Wyoming state law, non-exempt employees are entitled to a paid 10- minute break for every four hours of work, as well as a 30-minute meal break for any shift lasting longer than five hours. Cottonwood Homes; LLC will provide all meals while employees are on shift.

Cell Phone Use

Cell phones brought to work must be on silent or vibrate mode to avoid disrupting coworkers. They may only be used during breaks and meal periods, away from where others are working. If cell phone use interferes with operations in any way, an employee's cell phone privilege may be rescinded and disciplinary action, up to and including termination may be used. Cell phones are not allowed to be used while operating any vehicles. Employees who receive Company cel phone use should strive to use them for Company business only. All phones must be shut off during meetings.

Technology and Social Media Policy

Guidelines

While personal use is permitted, it is assumed that the predominant use of these resources will be work related and that any personal use of electronic mail or the World Wide Web will be limited, never a priority over work matters. Due to the threat of viruses, employees are prohibited from checking personal email on a company computer. If an employee is found spending excessive time on personal use of these resources, this privilege may be revoked for that employee.

An employee is not permitted to install their own software on any company computers without prior approval from the supervisor. Failure to comply may result in users being held personally responsible for any data loss or penalties imposed for breach of copyright.

Employees may not use email to harass, flame (send abusive email) or defame or disclose unauthorized information or transmit pornography. Employees should not participate in chain emails and should not view any nonwork related graphics that you receive. Employees may not use email to forward unencrypted or propriety information.

Employees may not use the web or computers to view pornographic material, nor should any unauthorized software form the internet be downloaded. Failure to comply may result in disciplinary action up to and including termination.

Employees are required to provide a secure password for use on the Therap comp;uter system. Messages cannot be protected from unauthorized access caused by users failing to maintain password confidentiality or leaving the computer unattended when he or she has logged onto the system. Users will be responsible for any messages or T-Logs sent using their unique log in and password, or for any web sites visited while logged in. Users are encouraged to use password screensavers to avoid unauthorized use of their computer.

Sensitive information stored on laptop computers must be encrypted. This ensures that the data remains confidential if the computer is lost or stolen. Employees may not copy (for personal use) any confidential information or licensed software stored on the Therap site via laptop computer or personal cell phone app. Failure to comply with any of the above may result in disciplinary action, up to and including termination of employment.

Confidential and Sensitive Information

Confidential and/or sensitive information includes and will include all trade and business secrets and other confidential information and documents relating to the affairs or business of the CWH

or any person with whom the employee comes into contact with as a result of employment with the CWH or that may come into the employee's possession in the course and by reason of employment whether or not the same were originally supplied by the CWH. Confidential information includes any information (written or verbal) of a commercial, technical, or financial type which is not publicly available. All employees must follow HIPPA rules associated with confidential client information.

Employees not authorized to make copies of any confidential, sensitive, or licensed material (original or not) such as correspondence, SWH manual, computer printouts, floppy disks, or made by the employee, or to which the employee has access as part of his/her employment. All such material is and remains the property of the CWH. All property must be returned upon termination of employment. All employees will sign a noncompete agreement at the time of hire. Any failure to comply with this at separation of employment will result in legal action being taken against the employee.

All clients/guardians will sign a photography/social media disclaimer. If a guardian or client opts out of this, under no circumstances will a client's photo be used. Any client.guardian who agrees with the photo/social media disclaimer can be used by CWH's website and facebook page. Under no circumstances shall an employee take or use pictures of clients for personal use. Violating this policy will result in immediate termination.

Smoking

Staff and clients are not allowed to smoke in the house, garage, or any vehicles. Smoking must be done while utilizing your allowed breaks. All cigarette butts must be placed in a designated area.

6.2 Rules & Policies

New Hire Policy

The purpose of this policy is to ensure that all new hires are subjected to the same requirements for hire. These include the following: Federal Criminal Background Check, OIG exclusion check, providing a valid driver license. Having or maintaining CPR/First Aid as well as MAT training and being 18 years of age or older.

Criminal Background Check

Employees must report to the police station and have two sets of fingerprint cards done. They then fill out the paperwork that is required by the State of Wyoming and the paperwork as well as fingerprints are sent to the Wyoming Dept of Health Background Specialist. The results are emailed to Julie Forconi. If it comes back that the employee is not eligible for work, they will be immediately terminated. See Background attachment.

OIG Exclusion List

The Office of Inspector General ensures that a person who has been convicted of Medicaid fraud is not eligible to work with a company that is reimbursed with federal funds.

Understanding the OIG

What are the different types of exclusions?

- Mandatory Exclusions [42 U.S.C. § 1320a-7(a)]: Office of Inspector General (OIG) is required to exclude the individual or entity for a minimum of 5 years for conviction of certain offenses (e.g., program-related crimes, patient abuse, felony health care fraud, or felony convictions relating to controlled substances).
- Permissive Exclusions [42 U.S.C. § 1320a-7(b)]: OIG may exclude individuals or entities under 16 different authorities (e.g., losing a state license to practice, failing to repay student loans, conviction of certain misdemeanors, or failing to provide quality care).

Who can be excluded?

Any individual or entity.

What is the effect of a program exclusion?

- No payment may be made by any Federal health care program for any items or services furnished, ordered, or prescribed by an excluded individual or entity.
- The prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, and any hospital or other provider or supplier where the excluded person provides services. The exclusion applies regardless of who submits the claims and applies to all administrative and management services furnished by the excluded person.

How long do exclusions last?

 Certain exclusions are imposed for a defined period, but others may be indefinite in length, such as those derived from licensing board actions.

Reinstatement is NOT automatic. Any individual or entity wishing to again
participate in the Medicare, Medicaid, and all Federal health care programs must
apply for reinstatement and receive authorized notice from the OIG that
reinstatement has been granted.

How do you check to see if an individual or entity is excluded?

- List of Excluded Individuals and Entities (LEIE): www.oig.hhs.gov/fraud/exclusions.asp
- The database is downloadable or searchable online by name or business name. Remember to check former names and variations of names.

CPR/First Aid

All staff are required to have CPR/First Aid. Upon hire they must provide copies of their certification. If they do not have CPR/First Aid, Cottonwood Home's will pay for the training. We utilize R and A safety in Powell for these classes.

Medical Administration Training

MAT is performed for all new hires prior to any medication administration. This is conducted by Julie Forconi, Certified MAT trainer. All employees must have a recertification every two years to maintain MAT. Prior to giving medications each employee must be supervised in 3 medication passes. See Medication Policy.

Confidentiality

No previous or current employee may disclose or give access to confidential Company information, in any way or at any time, unless otherwise authorized by Management.

Discrimination & Harassment

In keeping with our Equal Opportunity Employment clause, the Company will not tolerate on-site discrimination or harassment on any legally protected basis, including that of physical characteristics, mental characteristics, race, religious or political views, nationality, disability, medical condition, sex, sexual preference, or gender identification. Harassment and discriminatory behaviour among employees or contractors will result in disciplinary action, with the possibility of termination. Discrimination and harassment by customers or other business associates should be immediately reported to your supervisor, at which point the Company will investigate and take corrective action. You are welcome to seek legal relief if you find the Company's actions inadequate.

Harassment- Title VII of the Civil Rights Act of 1964

General Policy

It is Cottonwood Home's; LLC (CWH) policy to foster and maintian a work environment that is free form any harassment. The company will not tolerate harassment or any employee based on the employees gender, sexual orientation, race, color, religion, national orgin, age, disability, genetic information, military service status, or any other characteristic protected by federal, state, or local law.

Employees who are the subject of conduct which may violate this policy and employees who observe conduce which may violate this policy should report such conduct.

This policy applies to all CWH employees. This policy can be violated by conduct between two employees with the same protected characteristic, as well as conduct between employees who do not share the same protected characteristic. For example, this policy can be violated by conduct between two employees of the same gender or race, as well as conduct between employees of opposite gener or different race, as well as conduct between employees of opposite gender or different races. It is important to recognize that the face that someone did not intend to harass an individual is no defense to a report or harassment. Regardless o fintent, it is the effect and characteristics of the conduct that determine whether the conduct constitutes harassment.

Definitions

Harassment: Includes verbal or physical conduct that has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment, and which is motivated by an individual's gender, race, color, national orgin, religion, disability, miliray service, or other legally protected characteristic, whether or not the statements or conduct are overtly derogatory toward those protected characteristics. Prohibited behavior may include, but is not limited to the following:

- 1. Written form, electronic communications, and social media, such as cartoons, e-mail text messaging, posters, drawings or photographs.
- Verbal conduct such as epithets, derogatory comments, slurs or jokes, innuendos or insults.
- 3. Physical conduct such as unwanted physical contact, threatening behavior, assault, blocking an individual's moments or other negatively perceived nonverbal conduct.

Sexual Harrassment: Another form of disctirmination. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, when:

- 1. Submission to such conduct is made explicitly or implicitly a term or condition of employment.
- 2. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment.
- 3. Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Inappropriate sexual conduct that oculd lead to a claim of sexual harassment is expressly prohibited by this policy. Such conduct includes, but is not limited to, sexually implicit or explicit communications whether in:

- 1. Written form or social media, such as, electronic communications, cartoons, posters, calendars, notes, letters, e-mail, or text messaging.
- 2. Verbal form, such as comments, jokes, foul, or obscene language of a sexual nature, gossiping, or questions about another's sex life or repeated unwanted requests for dates.
- 3. Physical gestures and other nonverbal behavior, such as unwelcome touching, grabbing, fondling, kissing, massaging, and brushing up against another's body.

Making Harassment Complaints

- 1. If an employee feels that they are being harassed, they should tell the harasser to stop. If they are uncomfortable confronting the harasser directly, they should go to their supervisor to report the offensive behavior.
- 2. If the harassment continues, an employee should immediately contact one of the persons below with whom the employee feels most comfortable. Complaints may be made orally or in writing to:
 - a. The employee's immediate supervisor.
 - b. Any manager that the employee feels comfortable reporting ot.
 - c. The owner/overall supervisor.
- 3. Employees are encouraged to follow the chain of command, however, employees have the right to circumvent the employee chain of command in selecting which person to whom to make a complaint of harassment due of the sensitive nature associated with the conduct described.
- 4. Regardless to which of the above persons the employee makes a complaint of harassment, the employee should be prepared to provide the following information;
 - a. Employee's name, department, and position title.
 - b. The name of the person or persons committing the harassment, including their titles, if known.

- c. The specific nature of the harassment, how long it has gone on, and any employment action (demotion, failure to promote, dismissal, refusal to hire, transfer, etc) taken agains the employee as a result of the harassment, or any other threats made as a result of the harassment.
- d. Witnesses to the harassment.
- e. Whether harassment has been previously reported and, if so, when and to whom.

Investigation of Complaints

Upper management shall investigate all complaints of harassment. The investigation shall be confidential. Under no circumstances shall the alleged victim be required to confront the accused.

When the allegation of harassment is made by an employee, the person to whom the complaint is made shall immediately prepare a written report of the complaint and submit it to Julie Forconi.

Julie Forconi shall investigate the allegation and shall, within 15 calendar days of receipt of the report, determine whether the conduct of the person against whom a complaint of any harassment has been made consittutes harassment. In making the determination, she shall look at the record as a whole and at the totality of circumstances, including the nature of the conduct in question, the context in which the conduct, if any, occurred and the conduct of the person complaining of sexual harassemnt.

If the City Administrator determines that the compliant of harassment is founded, he shall direct that immediate and appropriate disciplinary action be taken agains the employee guilty of harassment.

Violators of this policy may result in disciplinary procedures and or termination. The severity of the punishment will be consistent with the seriousness of the misconduct. The complainant will be notified that the matter has been looked into and the appropriate actions taken, and will be contacted on a regular basis to ensure no further harassment occurs. The complainant's non-involved immediate supervisor will be responsible for monitoring the post-discipline situation.

Retaliation is Prohibited. No adverse employment action will be taken for any employee making a good faith report of harassment, or any employee who is a witness or who is otherwise involved in an investigation of a complaint or report. Any retalitory conduct should be reported through the procedure stated above. Retaliation will be considered a serious violation of this policy and shall be independent of whether a charge or informal complaint or report is unsubstantiated. Encouraging others to retaliate also violates this policy.

Employees who violate this policy shall be subject to discipline, up to and including termination.

Drugs & Alcohol Policy

Good performance on the part of our employees is crucial to Cottonwood Homes; LLC's success. For this reason, we strictly forbid employees to do the following while at work*:

- Drinking alcohol and selling, purchasing or using illegal drugs at work. An "illegal drug" is any drug that has not been obtained by legal means. This includes prescription drugs being used for non-prescribed purposes.
- Possession of any non-prescribed controlled substance, including alcohol and legal illegally obtained prescription drugs.
- Reporting for work intoxicated. We reserve the right to test employees for substance abuse. Illegal drugs, illegal drug metabolites, or excessive alcohol in your system will result in disciplinary action.

The Company cares about the overall health and well-being of its employees. Any employee who feels that he/she is developing a substance abuse problem is urged to seek help. The Company will grant time off (within reason) for rehabilitation. Be advised, however, that this will not excuse a substance-related offense. In some cases, completion of Company-approved rehabilitation program may serve as an alternative to termination.

*Any piece of Company property, including Company vehicles, as well as during work hours.

It is the policy of the Cottonwood Home's to support a workplace free from the effects of drugs, alcohol, chemicals, and abuse of prescription medications. This policy applies to all of our employees, subcontractors, and volunteers (employees).

Procedures

- A. All employees must be free from the abuse of prescription medications or being in any manner under the influence of a chemical that impairs their ability to provide services or care.
- B. The comsuption of alcohol is prohibited while directly responsible for persons receiving services, or on our property (owned or leased), and will result in corrective action up to and including termination.
- C. Being under the influence of a controlled substance or alcohol or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or services to

- persons receiving services is prohibited and will result in corrective action up to and including termination.
- D. The use, sale, manufacture, distribution, or possession of illegal dgus while providing care or to persons receiving services, or on our property (owned or leased), or in our vehicles, machinery, or equipment (owned or leased), will result in corrective action up to and including termination.
- E. Any employee convicted of criminal drug use or activity must notify Julie Forconi no later than five (5) days after the conviction.
- F. Criminal conviction for the sale of narcotics, illegal drugs, or controlled substances will result in corrective action up to and including termination.
- G. The program's designated staff person will notify the appropriate law enforcement agency when we have reasonable suspicion to believe that an employee may have illegal drugs in his/her possession while on duty during working hours. Where appropriate, we will also notify licensing boards.

Random Drug/Alcohol Testing

All staff is subject to random drug testing. This is performed by R and A safety of Powell, Wy. In the event of a motor vehicle accident, staff will be required to submit to drug or alcohol testing.

This policy has been reviewed and authorized by:

Julie Forconi 08/02/2023

Employee Signature

Safe Transportation Policy

It is the policy of this DHS licensed provider (program) to promote safe transportation with provisions for handling emergency situations, when this program is responsible for transporting persons receiving services.

Procedures

- A. This program will ensure the following regarding safe transportation:
 - a. Equipment used for transportation, including vehicles, supplies, and materials owned or leased by the program, will be maintained in good condition by following the standard practices for maintenance and repair, including any ramps, step stools, or specialized equipment used to help people enter or exit the vehicle.
 - b. Vehicles are to be kept clean (interior and exterior).
 - c. Staff will report all potential mechanical problems immediately.
 - d. Staff will report all potential equipment, supply, and material problems immediately.
 - e. Staff will report all accidents immediately.
 - f. Staff will report all vehicle maintenance and concerns to Julie Forconi
- B. The program will ensure the vehicle and drivers are properly insured when transporting persons served by the program.
- C. All staff will follow procedures to ensure safe transportation, handling, and transfers of the person and any equipment used by the person when assisting a person who is being transported, whether or not this program is providing the transportation. When the progrma is responsible for transportation of the person or person's equipment, staff will utilize the following assistive techniques:
 - a. Staff will provide assistance with seatbelts, as needed to ensure they are correctly fastened.
 - b. Staff will assist with the use of any ramp or step stools to ensure safe entry and exit from the vehicle.
 - c. Staff will ensure all supplies or equipment, including wheelchairs and walkers or other mobility aids used by a perosn, specialized equipment using proper vehicle restrains are properly secured before the vehicle is in motion.
 - d. Staff will comply with all seat belt and restraint laws.
- D. Program vehicles are to be utilized exclusively to for the purpose of transporting persons served by this program, and equipment and supplies related to the program.
- E. Staff will be responsible for the supervision and safety of persons while being transported.

- a. When the vehicle is in motion, seatbelts are to be worn at all times by all passengers, including the driver and all passengers.
- b. Staff must be prepared to intervene in order to maintain safety if a person being transported engages is known behavior that puts the person, the driver, or other passengers at the rist of immediate danger of physical harm.
- F. Staff will be prepared for emergencies to ensure safety. Vehicles will be equipped with the following in case of emergency:
 - a. Name and phone number of person(s) to call in case of emergency.
 - b. First aid kit and first aid handbook.
 - c. Proof of insurance card and vehicle registration.
- G. In the event of a severe weather emergency, staff will take the following actions:
 - a. Monitor weather conditions. Listen to local television or radio or a weather-radio for weather warnings and watches.
 - b. Follow directions for the need to change plans and activities or seek emergency shelter.
 - c. Inform passengers why plans and activities have changed. Assist passengers and remain clam.
- H. All staff are required to follow traffic safety laws while operating the program vehicle. This includes maintaining a valid driver's license, weating seatbelts, and obeying traffic signs while operating program vehicle.
- I. All staff are prohibited form smoking, eating, drinking, or using cellular phones or other mobile devices while operating the program vehicle.

This policy has been reviewed and authorized by:

Julie Forconi 08/02/2023

Employee Signature	_

Safe Medication Assistance and Administration Policy

It is the policy of this DHS licensed provider (program) to provide safe medication setup, assistance, and administration:

- when assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum.
- using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor; and
- by staff who have successfully completed medication administration training before providing medication setup, assistance, and administration.
- A. For the purposes of this policy, medication assistance and administration includes, but is not limited to:
 - 1. Providing medication-related services for a person.
 - 2. Medication setup.
 - 3. Medication administration.
 - 4. Medication storage and security.
 - 5. Medication documentation and charting.
 - 6. Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration.
 - 7. Coordination of medication refills.
 - 8. Handling changes to prescriptions and implementation of those changes.
 - 9. Communicating with the pharmacy; or
 - 10. Coordination and communication with the prescriber.
 - I. Definitions. For the purposes of this policy the following terms have the meaning given in Home and Community-based Services Standards:
 - A. "Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.
 - A. "Medication administration" means following the procedures in section III. of this policy to ensure that a person takes his or her medications and treatments as prescribed
 - B. "Medication assistance" means medication assistance is provided in a manner that to enables the person to self-administer medication or treatment when the person can direct the person's own care, or when the person's legal representative is present and able to direct care for the person.

- C. "Medication setup" means arranging medications according to the instructions provided by the pharmacy, prescriber, or licensed nurse, for later administration.
- D. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."
- E. "Prescriber" means a person who is authorized to prescribe drugs.
- F. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.
- G. "Prescription drug" has the meaning given
- H. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and nonstimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.
- J. "Medication Error" refers to mistakes in prescribing, dispensing, and giving medications

I. Procedures

A. Medication setup

When the program is responsible for medication setup staff must document the following in the person's medication administration record:

- 1. Dates of set-up.
- 2. Name of medication.
- 3. Quantity of dose.

- 4. Times to be administered.
- 5. Route of administration at time of set-up.
- 6. When the person receiving services will be away from home, the staff must document to whom the medications were given.
 - a. When clients travel to go home, staff must fill out the medication release form. This details what medications are being sent and their dosage.
- 7. Route or transportation of medications.
 - a. When transporting medications from the pharmacy to the home, the house manager is responsible. House manager must also be sure that the medications are filled properly and locked up and stored.

Medication assistance

When the program is responsible for medication assistance staff may:

- 1. Bring to the person and open a container of previously set up medications.
- 2. Empty the container into the person's hand.
- 3. Open and give the medications in the original container to the person.
- 4. Bring to the person liquids or food to accompany the medication; and
- 5. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.
- 6. Provide medication assistance in a manner that enables a person to self-administer medications or treatments when the person can direct the person's own care, or when the person's legal representative is present and able to direct the care for the person.

B. Medication administration

- a. Information on the current prescription label or the prescriber's current written or electronically recorded order or prescription that includes the person's name, description of the medication or treatment to be provided, and the frequency and other information needed to safely and correctly administer the medication or treatment to ensure effectiveness.
- b. Information on any risks or other side effects that are reasonable to expect, and any contraindications to its use. This information must be readily available to all staff administering the medication.
- c. The possible consequences if the medication or treatment is not taken or administered as directed.
- d. Instruction on when and to whom to report the following:
- 1) if a dose of medication is not administered or treatment is not performed as prescribed, whether by error by the staff or the person or by refusal by the person; and

- 2) the occurrence of possible adverse reactions to the medication or treatment.
- 1. Staff must complete the following when responsible for medication administration:
 - a. Check the person's medication administration record (MAR);
 - b. Prepare the medications as necessary.
 - c. Administer the medication or treatment the person according to the prescriber's order.
 - d. Document in the MAR:
 - 1) the administration of the medication or treatment or the reason for not administering the medication or treatment.
 - 2) notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by error by the staff or the person or by refusal by the person, or of adverse reactions, and when and to whom the report was made; and
 - 3) notation of when a medication or treatment is started, administered, changed, or discontinued.
 - e. Report any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the prescriber or a nurse; and
 - f. Adverse reactions must be immediately reported to the prescriber or a nurse.

C. Injectable medications

The program may administer injectable medications according to a prescriber's order and written instructions when one of the following conditions has been met:

- 1. The program's registered nurse or licensed practical nurse will administer injections.
- 2. The program's supervising registered nurse with a physician's order delegates the administration of injections to staff and has provided the necessary training; or
- 3. There is an agreement signed by the program, the prescriber and the person or the person's legal representative identifying which injectable medication may be given, when, and how and that the prescriber must retain responsibility for the program administering the injection. A copy of the agreement must be maintained in the person's record.

Only licensed health professionals are allowed to administer psychotropic medications by injection.

D. Psychotropic medication uses and monitoring

1. When the program is responsible for administration of a psychotropic medication, the program must develop, implement, and maintain the following documentation

in the person's CSSP addendum according to the requirements in sections 245D.07 and 245D.071:

- a. A description of the target symptoms the prescribed psychotropic medication is to alleviate. The program must consult with the expanded support team to identify target symptoms. "Target symptom" refers to any perceptible diagnostic criteria for a person's diagnosed mental disorder, as defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition Text Revision (DSM-IV-TR) or successive editions, that has been identified for alleviation; and
- b. The documentation methods the program will use to monitor and measure changes in target symptoms that are to be alleviated by the psychotropic medications if required by the prescriber.
- 2. The program must collect and report on medication and symptom-related data as instructed by the prescriber.
- 3. The program must provide the monitoring data to the expanded support team for review every three months, or as otherwise requested by the person or the person's legal representative.

E. Written authorization

Written authorization is required for medication administration or medication assistance, including psychotropic medications or injectable medications.

- 1. The program must obtain written authorization from the person or the person's legal representative before aiding with or administration of medications or treatments, including psychotropic medications and injectable medications.
- 2. If the person or the person's legal representation refuses to authorize the program to administer medication, the staff must not administer the medication.
- 3. The program must report the refusal to authorize medication administration to the prescriber as expediently as possible.
- F. Refusal to authorize psychotropic medication
- 1. If the person receiving services or their legal representative refuses to authorize the administration of a psychotropic medication, the program must not administer the medication and report the refusal to authorize to the prescriber in 24 hours.
- 2. After reporting the refusal to authorize to the prescriber in 24 hours, the program must follow and document all directives or orders given by the prescriber.
- 3. A court order must be obtained to override a refusal for psychotropic medication administration.
- 4. A refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency. A decision

to terminate services must comply with the program's service suspension and termination policy.

G. Reviewing and reporting medication and treatment issues

- 1. When assigned responsibility for medication administration, including psychotropic medications and injectable medications, the program must ensure that the information maintained in the medication administration record is current and is regularly reviewed to identify medication administration errors.
- 2. At a minimum, the review must be conducted every three months or more frequently as directed in the CSSP or CSSP addendum or as requested by the person or the person's legal representative.
- 3. Based on the review, the program must develop and implement a plan to correct patterns of medication administration errors when identified.
- 4. When assigned responsibility for medication assistance or medication administration, the program must report the following to the person's legal representative and case manager as they occur or as otherwise directed in the CSSP or CSSP addendum:
 - a. any reports made to the person's physician or prescriber required section III.D.2. of this policy.
 - b. a person's refusal or failure to take or receive medication or treatment as prescribed; or
 - c. concerns about a person's self-administration of medication or treatment.

H. Staff Training

- Unlicensed staff may administer medications only after successful completion of a medication administration training using a training curriculum developed by a registered nurse, clinical nurse specialist in psychiatric and mental health nursing, certified nurse practitioner, physician's assistant, or physician. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to follow medication procedures safely and correctly
- 2. Staff must review and receive instruction on individual medication administration procedures established for each person when assigned responsibility for medication administration.
- 3. Staff may administer injectable medications only when the necessary training has been provided by a registered nurse.
- 4. Medication administration must be taught by a registered nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician if, at the time-of-service initiation or any time thereafter, the person has or develops a health care condition that affects the service options available to the person because the condition requires:

- a. specialized or intensive medical or nursing supervision; and
- b. nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.
- I. Storage and disposal of medication
 - a. Schedule II controlled substances in the facility must be stored in a locked storage area permitting access only by persons and staff authorized to administer the medication. Medications must be disposed of according to the Environmental Protection Agency recommendations.
 - b. Any medications that must be at a controlled temperature (i.e. refrigerated) will be stored in a refrigerator/freezer that is behind locked door with the other medications on site.

J. Medication Errors

- 1. In the event of a prescribing error, house manager should recognize this mistake by comparing the medication information on the bottle to the information entered in therap. If this information does not match house manager will contact the pharmacy and doctor if needed to figure out where the mistake was made.
- 2. Dispensing medication errors
 - a. If medications in the pill dispensers do not match the information in Therap for that individuals MAR, house manager should be contacted immediately to sort out the problem. If medications have changed then it should be entered in Therap to match the dispensers. If house manager made a dispensing error, the on-call should report to the house to fix the issue.

3. Administration error

a. In the event that staff makes an error of administering medications to the wrong client the following steps need to be taken, on-call should be notified, identify what medication was wrongly administered and contact 911 if necessary, file a report on Wyoming Department of Health website, notify house manager and guardian, and monitor client. Also fill out a report on Therap.

b. In the event of an allergic reaction to a medication, monitor the clients' symptoms, notify house manager/guardian, call 911 if symptoms persist or become worse,

6.3 Disciplinary Action

The Company takes disciplinary matters very seriously, and will exact discipline as it sees fit for any unacceptable action or behaviour. These may include:

- Excessive lateness and/or absence
- Improper or indecent conduct
- Poor communication
- Uncooperative attitude
- Abuse, perfunctory or unauthorized use, or unauthorized possession of Company property Unauthorized use or disclosure of Company information
- Possession and/or use of illegal drugs, weapons or explosives
- Illegal harassment and/or discrimination of any kind
- Violation of Company policy

Disciplinary action may consist of anything from verbal/written warnings and counselling to demotion, transfer, suspension or termination. Rather than follow rote procedures, the Company will handle each matter individually to ensure fairness to all involved. Please review and internalize the list of "Don'ts" above, and make an effort to use good judgments at all time.

Workplace Inspections

At Cottonwood Homes;LLC, we have a responsibility to protect our employees and our property. For this reason, we reserve the right to inspect the following, at any time, with or without notice:

- Offices
- Computers and other equipment
- Company vehicles
- Any personal possessions brought onto Company premises, such as handbags, briefcases.
- · and vehicles.

All inspections are compulsory. Those who resist inspection may be denied access to Company premises.

6.4 Code of Conduct

As a direct support provider, I shall promote person-centered supports, integrity and responsibility, confidentiality, relationships, equity, self-determination, and promote physical and emotional well-being for the people I serve. Furthermore, as a direct support provider, I shall:

- 1. Commit to person-centered supports as best practice.
- 2. Focus first on the person and understand that my role as a provider will require flexibility, creativity, and commitment.

- 3. Recognize that each person is capable of directing their own life, and assist them in doing so.
- 4. Honor the personality, preferences, culture, and gifts of people who cannot speak by seeking other ways of understanding them.
- 5. Understand and respect the values of the people I support and facilitate their expression of choices related to those values.
- 6. Respect the human dignity and uniqueness of the people I support.
- Recognize each person I support as valuable, and promote their value to our communities.
- 8. Seek to understand the people I support in hte context of their personal history, social and family networks, culture, and hopes and dreams for the future.
- 9. Honor the choices, preferences, abilities, and opinions of the people I support.
- 10. Promote the emotional, physical, and personal well-being of the people I support.
- 11. Be vigilant in identifying and reporting any situation in which the people I support are at risk of abuse, neglect, exploitation, or harm.
- 12. Address challenging behaviors proactively and respectfully.
- 13. Develop a respectful relationship with the people I support that is based on mutual trust and maintains professional boundaries.
- 14. Facilitate the expression and understanding of one's rights and responsibilities with the people I support.
- 15. Affirm the human and civil rights and responsibilities of the community that are available to everyone.
- 16. Assist the people I support to access opportunities and resources of the community that are available to everyone.
- 17. Protect the privacy of the people I support.
- 18. Assist the people I support to develop and maintain relationships.
- 19. Safeguard and respect the confidentiality and privacy of the people I support, recognizing that confidentiality agreements are subject to laws and regulations at the federal and state levels.
- 20. Separate my personal beliefs and expectations, and support people based on their personal preferences.
- 21. Be aware of my own value and how they influence my professional decisions.
- 22. Assume responsibility and accountability for my decisions and actions.
- 23. Actively seek advice and guidance on ethical issues from others, as needed, to inform ethical decision making.
- 24. Recognize the importance of modeling valued behaviors to co-workers, people I support, and the community at large.
- 25. Practice responsible work habits.

I verify that I will adhere to the code of conduct listed above. I assure that any staff member I employ will also adhere to the code of conduct.

Provider Name: Provider Signature:

Section 7: Expectations

Attendance Policy

The policy is intended to ensure that all employees are aware of the attendance policy of Cottonwood Homes; LLC.

Leave of Absence

Leave of absence must be submitted to the house manager 10 days prior to the leave. In an emergency, requests must be made as soon as possible (see Section 4.7 for specifics). Leave of absences will be granted for work related injury, maternity leave, and election days.

Attendance

Employees are expected to report to their scheduled shift. If an employee is unable to work a scheduled shift, follow these steps.

- 1. Find a replacement or switch a shift with a coworker.
- 2. Inform the house supervisor of agreement to change shifts.
- 3. House supervisor will approve all changes which will take into account job duty, overtime or availability of part time staff.
- 4. If you need to call in for illness or emergency, please call the house manager as soon as possible.

If you are unable to find coverage and need to call in, it is an unexcused absence. Two (2) unexcused absences within 30 days will start the Verbal/Written Warning Policy (See form). If you are ill and unable to work for more than one day, this is considered one absence. A doctors note may be required if there are limitations to your job ability or if you will miss more than 3 consecutive scheduled days.

Tardiness

Being more than 15 minutes late for a scheduled shift is considered tardy. Tardiness will follow the same format as absences. If there are more than two (2) incidents of being tardy within 30 days the Verbal/Written Warning Policy will go into effect. This will be a

"rolling" 30 days. Meaning after the first infraction, the 30 day calendar starts. After 30 days it continues from the time of the second infraction.

DayHab Policy

The purpose of this policy is to maintain proper financial records for dayhab activities.

Reason

Due to the fact that we are a community based dayhab program, there are extra items that need to be pair for that clients should not be responsible for. This policy will help keep all staff and clients on the same page as to what we are each responsible for paying for.

- A. Cottonwood Homes, LLC will pay for any outings that are during dayhab hours that the clients are required to do including: Painting, bowling, swimming, or any entrance fees to different community activities. This is due to the fact that we do not have a building and things will cost more than average.
- B. Clients will pay for their own food if they did not pack a lunch.
- C. Clients will pay for any activities they want to do thata are not part of the daily schedule: Movies, snacks, bingo, etc.
- D. Cottonwood Homes; LLC will pay for items up to \$60 per week. DayHab staff will ensure as many activities are free or have a minimum charge. Staff will ensure that clients have their spending money available for things they may need or want.
- E. All receipts will be kept and turned in each week. All clients receipts will be places in their envelopes and given to representative payees monthly.

Section 8: Rights of Participants Served

Person Name:
This policy contains information regarding your rights while receiving services and supports from this program, information on restriction of your rights, and information of where you can go if you have questions or need additional information related to your rights.
 □ I received the following information within five (5) working days of when I started to receive services and every year after that. □ A copy of my rights under the rules of Medicaid Chapter 45 □ An explanation of what my rights are and that I am free to exercise my rights; and that this program must help me exercise my rights and help protect my rights.
Date services were started: Date I received this information:
 This information was provided to me in a way that I understand. If I needed the information in another format or language, it was given to me in that format or language. If my rights are or will be restricted in any way to protect my health, safety, and well being, the restriction has been explained to me and I understand the program must document and implement the restriction as required by law to make sure I get my rights back as soon as possible.
Are there any restrictions place on my rights?
☐ Yes (if yes, see rights restriction document in IPC)☐ No
 ☐ I understand that I may contact the agencies below if I need help to exercise or protect my rights: ☐ Personal Case Manager ☐ Wyoming Department of Health
☐ I want my guardian to help me exercise my rights. The program has this person's contactinformation in my record.

By signing this document, I am agreeing that I have reabove. If I am unable to sign, my guardian will sign this	
Person/Legal Representative	Date:

Home and Community-Based Services- Service Recipient Rights

Program Name: Cottonwood Homes; LLC

This program is licensed through the State of Wyoming Department of Health. It must help you exercise and protect your rights.

When receiving services and supports from this program, I have the right to:

- 1. Take part in planning and evaluating the services that will be provided to me.
- 2. Have services and supports provided to me in a way that respects me and considers my preferences (including personal items in my bedroom).
- 3. Refuse or stop services and be informed about what will happen if I refuse of stop services.
- 4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
- 5. Know the conditions and term governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
- 6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
- 7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges change.
- 8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
- 9. To have staff that is trained and qualified to meet my needs and support.
- 10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
- 11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule.
- 12. Be free from abuse, neglect, or financial exploitation by the program or its staff.
- 13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or pugging me in time out, seclusion, restrictive intervention; except if

- and when manual restraint is needed in an emergency to protect me or others from physical harm.
- 14. Receive services in a clean and safe location.
- 15. Be treated with courtesy and respect, have access to and respectful treatment of my personal property.
- 16. Be allowed to reasonably follow my cultural and ethnic practices and religion.
- 17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
- 18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
- 19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
- 20. Exercise my rights on my own or have afamily member or another person help me exercise my rights without retaliation from the program.
- 21. Give or not give written informed consent to take part in any reserach or experimental treatment.
- 22. Choose my own friends and spend time with them at home or in the community.
- 23. Have personal privacy, including the right to use a lock on my bedroom door.
- 24. Take part in activities that I choose.
- 25. Have access to my personal possessions at any time, including financial resources.

Resident Services and Supports

Meaning out-of-home crisis respite, supported living services, foster care services in a foster care home, or a community residential setting.

Resident services and supports must include these additional rights:

- 26. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
- 27. Receive and send mail and emails and not have them opened by anyone else unless I ask.
- 28. Use of and have free access to common areas (this includes access to food at any time) and the freedom to come and go at will.
- 29. Choose who visits, when they visit, and to have visits in private (including bedroom) with my spouse, family, legal counsel, religious guide, or friends.
- 30. Have access to three nutritious meals, nutritious snacks between meals each day, and access to food and water at any time.
- 31. Choose how to furnish and decorate my bedroom or living unit.

32. A home that is clean, safe, and mets the requirements of a dwelling unit as defined in state fire code.

Rights Resrictions

Can my rights be restricted?

Restriction of your rights is allowed only if determined necessary to ensure your health, safety, and well-being. Any restriction of your rights must be documented in your coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect you and provide you support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner.

What is the program required to do if my rights will be restricted?

Before this program may restrict your rights in any way, this program must document the following information:

- 1. The justification (meaning the reason) for the restriction based on an assessment of what makes you vulnerable to harm or maltreatment if you were allowed to exercise the right without a restriction.
- 2. The objective measures set as conditions for ending the restriction (meaning the program must clearly identify when everyone will know the restriction is no longer needed and it has to end).
- 3. A schedule for reviewing the need for restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and case manager (meaning that at least every six months, more often if you want, the program must review with you and your authorized representative or legal representative and case manager, why the restriction is still needed and how the restriction should change to allow you as much freedom as possible to exercise the right being restricted); and
- 4. Signed and dated approval fro the restriction from you or your legal representative, if any.

Can the program restrict all of my rights?

The program cannot restrict any right they choose. The only rights the program may restrict, after documenting the need, include:

1. Your right to associate with other persons of your choice;

- 2. Your right to have personal privacy;
- 3. Your right to engage in activities that you choose; and
- 4. Your right to access your personal possessions or finances at any time.
- 5. Your right to have daily, private access to and use of a non-coin-operated telephone for local calls and long-distance calls made collect or paid for by the person;
- 6. Your right to receive and send, without interference, uncensored, unopened mail or electronic correspondence or communication; and
- 7. Your right to have use of and free access to common areas in the residence; and
- 8. Your right to privacy for visits with the persons of your choice
- 9. Your right to choose how to furnish and decorate your bedroom or living unit.

What if I dont give my approval?

A restriction of your rights may be implemented only after you or your legal representative have given approval.

What if I want to end my approval?

You may withdraw your approval of restriction of your right at any time. If you have a guardian, they would need to withdraw the restriction for you. This withdrawal would need to be submitted to your case manager and the department of health.

Visitors Policy

The purpose of this policy is to ensure that all clients and guardians are aware of the visitor's policy of Cottonwood Homes; LLC. This will be provided to all clients and guardians upon enrollment in our program.

Clientele Visitors

Clients are free to have the visitors of their choice at the times they choose. This pertains to all Cottonwood Homes facilities. Clients are allowed to have family and friends joint them for meals and are free to take their meals where they would like. If an outside visitor will be joining for meals, we ask to be informed ahead of time to prepare the proper amount of food. If the visitor is bringing the meal to the client, it is not necessary to let staff know ahead of time.

Visitor Conflict

In the event of conflicts between visitors and other clients who live in the home, alternative arrangements will be made for that situation. The client and visitor will be provided a private area to visit.

Safety

The safety of clients and staff is our primary concern. If there is ever an unsafe visitor that puts any client(s) or staff in a dangerous position; emotionally, physically, or verbally, staff will ask them to leave. If needed, staff will call the manager and/or police for assistance.

Arrival

Upon arrival of a visitor, the person must state who they are and whom they have come to visit. There is a visitor check-in/out from that the visitor must fill out. If the client does not want any visitors, that is acceptable. It is the client's right to refuse to have any visitors.

At-Will Employment Agreement and Acknowledgement of Receipt of Employee Handbook Employee:

I acknowledge that I have received a copy of the Cottonwood Homes;LLC Employee Handbook, which contains vital information on the Company's policies, procedures and benefits.

I understand that this handbook's policies are intended only as guidelines, not as a contract of employment. I understand that my employment is on "at-will" terms and therefore subject to termination, with or without notice or obvious reason, by myself or the Company. Changes to my "at-will" status may only take the form of a written agreement signed by an authorized member of the Company as well as myself. This agreement supersedes all prior/contemporaneous inconsistent agreements.

I understand that the Company may change its policies, procedures and benefits at any time at its discretion, as well as interpret or vary them however it deems appropriate. I have read (or will read) and agree to abide by all policies and procedures contained therein.

Julie Forconi 08/02/2023

Employee Signature

Date

Employ	ree Name:
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Instructions for New Hire Trainings

Must be completed within 30 days of hire.
All YouTube Videos are found on the Wyoming Department of Health
Website as follows:
→Click on "Divisions"
→Under the "HealthCare Financing" tab, click on "Developmental
Disabilities"
→Scroll to the bottom and click on the "Training" tab.
→The videos are all listed under this tab. Only watch the ones that
are specified on our training sheet.
ightarrowA summary sheed needs to be filled out for each video you watch, a
short recap of what you learned.
The training that says "DD Waiver/Julie Forconi". These are all power points
that are printed off. There is a test that goes with each powerpoint,
attached to this sheet. After all tests are completed and passed, you will get
certificates that say the training is completed.
The Medication Assistance Training (MAT) will be done as needed.

Participants Rights Test

True or Folse

True	False	Clients have the right to privacy, dignity, and respect.
True	False	Clients do not have a say in who their roommates are.
True	False	Clients can control their own schedule and activities.
True	False	Clients can be disciplined for refusing services or activities.
True	False	Clients rights can be restricted if staff feels the need.

Short Answer

1. Explain why a client's rights may need to be restricted.

2. What 4 points need to be addressed in order for a rights restriction to be implemented?

3. How would a client regain their rights that have been restricted?

Rights and Positive Behavior Support Plan Test

True or False

True	False	A client cannot be rewarded (bribed) with something they already have (money, belongings, outings).
True	False	A psychotropic drug can be used as a positive behavioral support.
True	False	Behavioral PRN's will be listed in the rights section of a client's plan.
True	False	Rights can only be limited for Health and Safety Reasons.
True	False	Lifelong supports are only allowed due to physical or medical disability.

Short Answer

- 1. Explain what a replacement behavior means:
- 2. What 4 situations require a signed and dated note from a doctor?
- 3. What are the 3 specific types of restraints?
- 4. What areas can not be under video monitoring and what are some alternative forms of monitoring?

IPC Test

True or False

True	False	Goals and objectives be developed prior to the client's start date.
True	False	Providers need to follow the level of staffing and support that is written in the IPC?
True	False	Any team member can request a team meeting at any time?
True	False	Any changes fo an IPC must be gareed upon by the team.

Short Answer

1. Who determines whom is invited to IPC meetings?

2. Who are members of the IPC team?

3. What does IPC stand for?

Documentation Standards Test

Short Answer

- 1. What is required for each page of documentation?
- 2. What is required for services to be delivered documentation?
- 3. What 5 things must documentation for different services be separated by?

4.