

6.6. Workplace Monitoring & Supervision

A qualified ITN Health America LLC supervisor will make a supervisory visit to the Client's residence at least every sixty (60) days when an employee is present to observe and assist, or when the employee is absent.

If an area of concern in employee services is noted by the supervisor, then the supervisor shall make an on-site visit to the location where the Client is receiving care in order to observe and assess the employee while the employee is performing care no later than the next supervisory visit.

The qualified supervisor will make an annual on-site visit to the location where a Client is receiving care in order to observe and assess each employee while the employee is performing care.

The purpose of the supervisory visits is to assess relationships and determine that the aide furnishes care in a safe and effective manner by following the patient's plan, demonstrating competency with assigned tasks, complying with infection prevention and control policies and procedures, reporting changes in the patient's condition, honoring patient's rights, and maintaining open communication.

Additional monitoring may be conducted by **ITN Health America LLC** as needed to ensure quality control, employee safety, security, and Client satisfaction.

Employees who regularly communicate with Clients may have their telephone conversations monitored or recorded. Telephone monitoring is used to identify and correct performance problems through targeted training. Improved job performance enhances our clients' image of **ITN Health America LLC** as well as their satisfaction with our service.

Computers furnished to employees are the property of **ITN Health America LLC**. As such, computer usage and files may be monitored or accessed.

Employees can request access to information gathered through workplace monitoring that may impact employment decisions. Access will be granted unless there is a legitimate business reason to protect confidentiality or an ongoing investigation.

ITN HEALTH AMERICA, LLC

7150 Forest Glen Dr., Rockford, Illinois 61114

Ph: 779-772-3638

Hours: 9am-5pm. Monday to Friday

President/Manager: Marta Njos

Manager:

CNA/Caregiver:

STATE HOME HEALTH HOTLINE

8AM-5PM

QUESTIONS/COMPLAINS (PREGUNTAS/QUEJAS)

1-800-252-4343

TO REPORT ABUSE, NEGLECT, OR EXPLOIATION,

Please call. This tall Free

You may also lodge complain with ACHC

Ph: (855) 937-2252

Fax: (919) 785-30-11

BY email: achc.org/contract/complaint;

By mail: 139 Weston Oaks Court, Cary, N.C. 27513

Tambien puede presentar denuncias ante: ACHC

Telefono:(855) 937-2252

Por Fax:(919) 787-3011

Por email:achc.org/contract/complaint;

By mail: 139 Weston Oaks Court,Cary, NC. 27513

Para reporter abusos, explotaci6n, negligencia, por favor Llame gratis

Abuse Registry (Abusos)

1-866-800-1409

Emergency/Emergencia 911

NON-DISCRIMINATION POLICY

This agency does not exclude , deny benefits to , or discriminate against, any person, on the grounds of race, color, or national origin or on the basis of disability, AIDS or AIDS related conditions, age or sexual orientation, in admission to participation in, or receipt of, the services and benefits of any of its programs and activities or in employment therein, whether carried out by this Agency directly, or through a subcontractor of any other entity with whom the Agency arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued , pursuant to the Acts Title 45 Code of Federal Regulations Part 80, 84,9 1. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Marta Njos, President/Manager
ITN Health America, LLC
7150 Forest Glen Dr.
Rockford, Illinois 61114
779-772-3638

CLIENT GRIEVANCE

Your complaints or problems are important to the Agency. We will consider a problem, or complaint, and try to resolve the issue, in an agreeable manner. We assure you that you will have the opportunity to voice grievance , and recommend changes in services and/or policies, without discrimination, coercion, reprisal, or unreasonable interruption of services or in any manner, from the Agency.

If you have a complaint, please:

1. Submit the complaint either verbally, or in writing, to the Manager. If you call after normal business hours, you will be contacted, by the Manager on the next business day.
2. The Manager will contact you, and will make every effort to resolve the complaint to your satisfaction. The Manager will document all activities involved with the grievance/complaint/ concern, investigation, analysis, and resolution. You will be notified of the Manager's decision, within thirty (30) days.
3. If the complaint cannot be resolved to your satisfaction, you may request that the Manager submit your complaint to the Agency's Governing Body.

You may also lodge complaints with ACHC

ph#(855) 937-2242; ext. 308

By fax: (919) 785-3011;

By email:achc.org/contract/complaint

By mail: 139 Weston Oaks Court, Cary N.C. 27513

Marta Njos, President/Manager

ITN Health America, LLC

7150 Forest Glen Dr.

Rockford, Illinois 61114

779-772-3638

ITN HEALT AMERICA, LLC

7150 FOREST GLEN DR.
ROCKFORD, ILLINOIS 61114

PH 779-772-3638

EMAIL: ITNHEALTHAMERICA1@GMAIL.COM

AGENCY POLICY FOR COMPLAINT RESOLUTION BETWEEN THE AGENCY AND THE CLIENT

AFTER WE WILL RECEIVE COMPLAIN, WE WILL RESPOND WITHIN 24 HOURS:

1. Let the client to explain and listen carefully
2. Make notes of the key facts and their concerns, so you can use this in your report.
3. Acknowledge, thank and apologies to the client or client's advocate.
4. Ask questions and summaries your understanding .
5. Explain the actions you will take as a result of their complaint. Ensure you are committed to the steps you have authority to take. Tell them that you will get back and when
6. Check if the client is happy with the suggested actions.
7. Record the complaint. (CLIENT COMPLAINT FORM)
8. Contact your client after the action was taken and provide them confirmation.
9. Review preventative measure . The employer (ITN Health America, LLC. Manager} will review Complaint Report Forms on a continual basis to determine any measures that will be implemented to minimize the risk of similar occurrences in the future.

ITN HEALTH AMERICA, LLC

CLIENT COMPLAINT FORM

NAME:

DETAILS OF COMPLAINT (CLIENT)

SIGNATURE:
