

The Faith Foundation LLC  
900 Granby Street, Suite 240, Norfolk, VA 23510



## **The Faith Foundation, LLC**

*“Person-Centered” Adult Residential  
Program*

[www.TheFaithFoundation-llc.com](http://www.TheFaithFoundation-llc.com)

### **Employment Documentation**

Thank you for completing all your Pre- Employment documentation! The following items will need to be printed and returned to 900 Granby Street, Suite 240, Norfolk, VA 23510; Or the documents can be scanned and emailed to [r.miller.thefaithfoundation@gmail.com](mailto:r.miller.thefaithfoundation@gmail.com)

**Please submit Negative TB results within 72 hours of Job Offer**

- Signed Offer Letter
- Signed Job Description
- Emergency Contact Form
- I-9 Form
- W4 Form
- VA-4 Form
- Dress Code
- Use of Company Property
- Receipt of Policies and Procedures
- Staff Guidelines for interacting with individuals
- Recreational Outings
- Weapons Policy
- Hep. B Vaccine/waiver

Please go to [thefaithfoundation-llc.com](http://thefaithfoundation-llc.com) and watch the Employee Orientation Training

### **Dress Code**

The Faith Foundation, LLC employees are expected to dress in a tasteful and professional manner that will represent the program in a positive way to the individuals, their families and the community in general. Dress may be comfortable, casual and appropriate to the activity. Some guidelines are listed below, but determination of suitable dress is at the discretion of the residential supervisor and administration.

Since individual interaction and management are major responsibilities for treatment staff, it is important to consider dress an important part of avoidance of problems. Staff is encouraged to check their appearance to ensure they are not wearing anything that:

1. Could make them an inviting target (i.e., dangling jewelry)
2. Could cause injury during close contact, i.e. pen in pocket, keys pinned to clothing (including excessively long finger nails as a potential to cause injury)
3. Shoes that would hinder one's ability to make quick movements (i.e., high heel shoes, flip flops)
4. Clothing that might appear enticing or intimidating (i.e., sexually suggestive clothing, mini-skirts, short shorts, halter or tank tops, tight pants)

**Clothes should be loose fitting, comfortable and non-revealing. Shorts should be mid-thigh length and shirts should cover the midriff. Staff should be cautious regarding tee shirts with writing on them. Shoes should be safe for transfers, recreation and fast movement and toes should be covered to prevent injury. Jewelry should be kept to a minimum to prevent damage or injury. Nails should be kept at a reasonable length to prevent injury to others.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please initial: \_\_\_\_\_

### **Use of Company Property**

The Faith Foundation, LLC provides the facility and equipment for business purposes and reserves the right to inspect property to ensure proper use. Employees should not expect the right to privacy when this is related to the use of company property.

The Faith Foundation, LLC reserves the right to access or monitor the use of electronic mail, phone mail and computers. This is to ensure that they are being used for company purposes only and to ensure that the provider's policies on harassment and solicitation are being followed, as well as to access information when an employee is not available.

E-mail, phone mail and computers are company property and should be used for company business only. Employees should disclose information or messages only to authorized employees. E-mail information is limited to those who need to know. This applies to both company proprietary information and privileged attorney-individual information. Staff should not download unnecessary or personal programs into company owned computers.

The Faith Foundation, LLC also reserves the right to search desks, lockers and any other area of company property at any time. Searches of personal property may be conducted from time to time when considered necessary. Refusal to consent to a search may result in disciplinary action up to and including termination.

Searches are conducted only when there is a legitimate business reason to do so. They will be done in a non-discriminatory manner and only when there is a reasonable suspicion of a violation of company rules.

Excessive use of phones, The Faith Foundation, LLC phones or personal cellular phones while at work is not allowed. Doing so takes time away from job responsibilities and/or ties up the phone for other callers including families or other involved individuals or for business related calls. Long distance phone calls on company phones are not allowed.

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Employee's Signature

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Date

Please initial: \_\_\_\_\_

The Faith Foundation LLC  
900 Granby Street, Suite 240,  
Norfolk, VA 23510

**Receipt of Policies and Procedures Manual**

This is to certify that \_\_\_\_\_ has received a copy and fully understand The Faith Foundation, LLC’s Policies and Procedures Manual. If you have any questions or concerns, you can talk to the service director or supervisor.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Residential Supervisor’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program/Service Director’s Signature

\_\_\_\_\_  
Date

The Faith Foundation LLC  
900 Granby Street, Suite 240,  
Norfolk, VA 23510

**CONFIDENTIALITY**

Employee \_\_\_\_\_  
(Please Print)

I understand and agree that in the performance of my duties at The Faith Foundation LLC, I must hold individual information in confidence. I have read and understand the policy regarding confidentiality and release of information. Further, I understand that due to requirements of state law and the Health Insurance and Accountability Act (effective April 14, 2003) that intentional or involuntary violation of confidentiality may result in dismissal, fines and imprisonment.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Please initial: \_\_\_\_\_

## **Staff Behavioral Guidelines for Interacting with Individuals**

### **Policy**

Each staff member serves in a variety of roles for our individuals such as providers of care, advisor, doctor, teacher, advocate or friend. Our interactions with the individuals carry more weight than we might expect. Individuals look to us for assistance, encouragement, advice, direction, rule setting and enforcement. It is important that we convey information, ideas and emotions to individuals in a way that supports rather than impede their progress. Below are seven general guidelines for interacting with individuals in an appropriate and professional manner. Unless advised otherwise, these guidelines should be followed whenever you interact with an individual.

### **Guidelines for Interacting with Individuals**

- Always treat individuals with respect and dignity as you would want to be treated
- Always reinforce desired performance in a respectful manner and not in a condescending manner
- Reward independence and approximations of desired behavior
- Promote and encourage active engagement
- Always ignore undesirable performance unless otherwise advised
- Discuss what the tasks involves with the individual to ensure he understands what is required
- Serve as a positive role model

Employee's Signature

Date

Please initial: \_\_\_\_\_

## **Recreational Outings**

### **Purpose**

Recreational outings are an important part of the individual's programming because it offers the individual the opportunity to practice social, behavioral and functions skills in the community. The Faith Foundation, LLC staff that escort individuals into the community must take responsibility for the individuals' well-being and focus on the goals and objectives of the outing.

### **Procedures**

When planning the outing, the staff member responsible must:

- Ensure that vehicles are in a safe and working order; has a current Virginia Inspection sticker and current registration.
- Ensure vehicle has enough gas
- Initiate the petty cash count request, obtain proper signatures, and submit to the business office within the correct timeframe
- Remind individual to take his/her scheduled medications
- Prepare individuals before the day of the outing
- Make sure that individuals are dressed appropriately for the weather
- Bring all equipment needed for the trip (urinals, adaptive feedings, etc.)
- Bring all needed identifications
- Keep an accurate count of all individuals before and after the outing
- Support individuals, if needed, in getting in and out of the vehicle
- Upon returning, ensure that all medications and other equipment are returned to the proper place
- Document the results of the outing

A recreational calendar will be submitted each month with activities planned for each day.

Employee's Signature

Date

Please initial: \_\_\_\_\_

## **Weapons Policy**

### **Policy**

It is the policy of The Faith Foundation, LLC to assure a safe environment for individuals, staff and visitors; therefore, weapons are prohibited on the premises of The Faith Foundation, LLC.

### **Definition**

***Weapon:*** Any instrument that is used to inflict harm. This includes firearms, slingshots, switchblades, bows, rockets, pellet guns, air rifles, club and hunting knives.

***Premises:*** Any building or portion of a building, owned, rented or occupied by the Faith Foundation, LLC including the parking lot or area. It does not include any private driveway, street, sidewalk or walkway.

### **Exceptions**

1. Weapons carried by law enforcement officers acting in the course of their official duties.

Anyone possessing a weapon other than those in the exception category will be asked to remove them from the premises immediately

**Any manager or staff member violating this policy shall be subjected to disciplinary action under The Faith Foundation, LLC' policies and procedures.**

**Any member of the public who violates this policy shall be directed to remove their weapon or themselves from The Faith Foundation, LLC property or premises, with all appropriate legal action being taken upon failure to comply. If the public member will not comply, the individual shall be removed from the premises.**

Employee's Signature

Date

Please initial: \_



### Employee Orientation Checklist

Staff Name \_\_\_\_\_

Position Title \_\_\_\_\_

Put your initials in each box

- \_\_\_\_\_ Mission Statement of the Program
- \_\_\_\_\_ Location and Review of the Program's Policy Manual
- \_\_\_\_\_ Job Descriptions
- \_\_\_\_\_ Schedule of Work Hours and Home Activities
- \_\_\_\_\_ Location of Payroll Book and Timesheets and How to Complete
- \_\_\_\_\_ Employee Personnel Policies
- \_\_\_\_\_ Practices of Confidentiality
- \_\_\_\_\_ Orientation of Human Rights
- \_\_\_\_\_ TOVA Certification
- \_\_\_\_\_ Fire Drill and Exit Routes and Emergency Preparedness Procedures
- \_\_\_\_\_ Infection Control Practices
- \_\_\_\_\_ Person-centeredness
- \_\_\_\_\_ Medication Management, Documentation and Storage
- \_\_\_\_\_ Medical Emergencies
- \_\_\_\_\_ Behavioral Emergencies and Behavioral Programs
- \_\_\_\_\_ Use of Positive Reinforcement & Teaching Strategies
- \_\_\_\_\_ Location of Incident Report Forms and How to Complete
- \_\_\_\_\_ Policy on Increment Weather
- \_\_\_\_\_ Use of Cell Phone (Emergency use)
- \_\_\_\_\_ Description of Clinical and Behavioral Needs of Individuals
- \_\_\_\_\_ Review of Individual's Individualized Service Plan
- \_\_\_\_\_ Data Collection
- \_\_\_\_\_ Behavioral Log
- \_\_\_\_\_ Log Sheets
- \_\_\_\_\_ Program Plans in Individual Notebooks
- \_\_\_\_\_ Community Activity Logs
- \_\_\_\_\_ Cleaning Tasks and Overnight Tasks

I certify that I have received Orientation Training in the above topics.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Staff Providing Training \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Service Director \_\_\_\_\_

Date \_\_\_\_\_

## **Documentation Policy**

To establish the standard of quality and timeliness for clinical documentation and ensure that essential records documentation is accessible to all staff that provide services to Individuals that receive TFF's services.

### **Purpose**

The Faith Foundation will maintain individual service records for each Individual that resides in the program. All records will be confidential and only available to authorized staff. The individual service record will contain the following information:

- Identification Number of the Individual
- Name of the Individual
- Previous Address, if known
- Social Security, Medicaid or Medicare number
- Date of Birth, Gender and Martial status
- Name of Legal Guardian or Authorized Representative
- Name and Telephone Number of Emergency Contacts
- Date of Admission
- Date of Adjudication, if applicable
- Name and Telephone Number of Case Manager
- Prescreening Documentation
- Assessments
- Medical Evaluations and Recommendations
- Individualized Service Plans and Reviews
- Progress Notes and Reports
- Discharge Summary, if applicable

**Staff on all shifts will document the Individual's behavior, ADL skills, percentage or amount of food intake and level of involvement in treatment programming daily. Additionally, any changes in the Individual's level of functioning (physically or psychiatrically) shall be documented as they are observed.**

**All entries in the Individual's service plan shall be documented in blue or black ink and include the date and time of the documentation and the signature and title of the staff member who is completing the documentation. All documentation should be legible and timely. If an error is made, the individual completing the documentation should draw a line through the error and initial.**

Employee's Signature

Date