

# **PRIMEX HEALTHCARE SERVICES, INC.**

EMPLOYEE HANDBOOK

Revised May 1, 2026

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## **1. INTRODUCTION**

Primex Healthcare Services, Inc. is committed to delivering compassionate, high-quality home health care. This handbook outlines the policies, procedures, and expectations that apply to all employees. It ensures compliance with:

California Title 22

Fair Labor Standards Act (FLSA)

California Labor Code

OSHA

HIPAA

FMLA/CFRA

### **1.1 Employment At-Will**

Employment is at-will, meaning either the employee or the agency may terminate employment at any time, with or without cause, and with or without notice, as long as the reason is lawful.

### **1.2 Non-Discrimination Policy**

Primex does not discriminate based on race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other protected status.

### **1.3 Mission & Values**

Compassion

Excellence

Integrity

Accountability

Collaboration

## **2. EMPLOYMENT POLICIES**

Job classifications: full-time, part-time, per-diem, exempt, non-exempt

Introductory period: first 90 days

Annual performance evaluations

## **3. WORK STANDARDS & CONDUCT**

Includes:

Attendance & punctuality

Dress code

Code of conduct

Confidentiality (HIPAA)

Professional boundaries

Anti-harassment

Workplace safety

Social media policy

Cell phone use

## **4. OPERATIONAL EXPECTATIONS**

Includes:

Documentation standards

24-hour documentation rule

Clinical tools

MD notification protocol

Incident reporting

Supply request process

Scheduling expectations

Communication expectations

## **5. WAGE & HOUR POLICIES (UPDATED)**

This section includes all required wage-and-hour policies.

### **5.1 Workweek & Workday Definition Policy**

Workweek: Sunday 12:00 AM → Saturday 11:59 PM

Workday: 12:00 AM → 11:59 PM

Overnight Shifts: Entire shift is assigned to the day it begins.

### **5.2 Pay Schedule**

Employees are paid weekly, every Friday, for the workweek ending the previous Saturday.

### **5.3 Timekeeping Policy**

Employees must:

Accurately record all hours worked

Record start/end times, visit times, and travel time

Submit corrections within 24 hours

Report discrepancies immediately

Rounding: Time is rounded to the nearest 6-minute increment.

### **5.4 Overtime & Double-Time Policy**

California law requires:

Time-and-a-half after 8 hours in a day

Time-and-a-half after 40 hours in a week

Double-time after 12 hours in a day

Seventh consecutive day:

First 8 hours = time-and-a-half

Hours 9+ = double-time

Overtime must be approved unless required for patient safety.

### **5.5 Holiday Pay Policy**

Primex recognizes four paid holidays:

Independence Day — July 4

Labor Day — First Monday in September

Thanksgiving Day — Fourth Thursday in November

Christmas Day — December 25

Holiday Premium: Employees working on these holidays receive time-and-a-half for hours worked on the holiday calendar date.

Overnight Shifts: Hours worked after midnight on the holiday are paid at the holiday premium rate.

## **5.6 Meal & Rest Break Policy**

Rest Breaks (Paid)

10-minute paid rest break for every 4 hours worked

Meal Breaks (Paid)

30-minute paid meal break for shifts over 5 hours

Primex pays all meal breaks due to the nature of home health work

Missed Break Premium

Employees must report missed breaks; premium pay will be added as required.

## **5.7 Travel Time & Mileage Policy**

Travel Time (Paid)

Paid for:

Travel between patients

Required agency travel (meetings, supply pickup, etc.)

Not paid for:

Home → first patient

Last patient → home

Mileage Reimbursement

Reimbursed at the IRS standard rate for:

Patient-to-patient travel

Required agency travel

Mileage is not reimbursed for commuting.

## **5.8 Direct Deposit Policy**

Direct deposit is optional

Paper checks are available at no cost

Primex covers all payroll processing fees

Employees cannot be charged for direct deposit

## **5.9 Sick Leave Policy**

Accrual

Employees accrue 1 hour of paid sick leave for every 30 hours worked

Maximum accrual cap: 40 hours

Accrual stops once the cap is reached and resumes when the balance falls below 40 hours

Use

Employees may begin using sick leave after 90 days of employment

Employees may use at least 24 hours per year

Doctor's Note Requirement

A doctor's note is required for absences of three (3) or more consecutive days.

Call-Off Procedure

Employees must notify the office, not the patient, when calling off for any reason.

## **5.10 On-Call Policy**

On-call employees receive:

A flat on-call stipend

Visit pay for call-outs

Travel time and mileage reimbursement

On-call employees must:

Answer calls promptly

Respond to urgent patient needs

Document all calls and visits

## **6. EMPLOYEE BENEFITS**

Includes:

Paid sick leave

Paid holidays (4)

Workers' compensation

FMLA/CFRA

Training and education

## **7. SAFETY & INFECTION CONTROL**

Includes:

OSHA compliance

Exposure control plan

Bloodborne pathogen procedures

Post-exposure steps

Emergency procedures

## **8. ELECTRONIC VISIT VERIFICATION (EVV) POLICY**

Employees must:

Clock in/out using EVV

Record visit times accurately

Document location as required

## **9. TELEHEALTH POLICY**

Telehealth may be used for:

Supervisory visits

Patient education

Care coordination

Employees must follow HIPAA and agency protocols.

## **10. DISCIPLINARY PROCEDURES**

Includes:

Verbal warnings

Written warnings

Suspension

Termination

Grounds for Immediate Termination

HIPAA violations

Abuse or neglect

Fraud

Insubordination

Repeated misconduct

Patient abandonment

Falsification of documentation

Reassignment or Termination

Clinicians may be reassigned or terminated at any time due to:

Patient complaints

Caregiver complaints

Performance concerns

Documentation issues

Professionalism issues

Operational needs

Any lawful reason consistent with at-will employment

## **11. COMPLAINT & GRIEVANCE POLICY**

Employees may report concerns without fear of retaliation.

## **12. ACKNOWLEDGMENT OF RECEIPT (UPDATED)**

I acknowledge that:

I have received the 2026 Employee Handbook (Revised April 2026)

I understand the policies may be modified at any time

My employment is at-will

I am responsible for reading and complying with all policies

## **SECTION 13: CLINICAL & REGULATORY COMPLIANCE**

(CMS Conditions of Participation + California Title 22 Aligned)

## **13.1 PATIENT RIGHTS & STAFF RESPONSIBILITIES**

All employees must respect and protect patient rights at all times.

Patients have the right to:

Be informed of their care and treatment

Participate in care planning

Refuse care or treatment

Be treated with dignity and respect

Privacy and confidentiality (HIPAA)

Be free from abuse, neglect, and exploitation

Voice grievances without retaliation

Receive care without discrimination

Patients have the right to file a complaint with the agency and with the California Department of Public Health (CDPH). Staff must provide complaint information upon request.

Patient rights information must be provided to the patient upon admission.

Staff Responsibility:

Immediately report any violation of patient rights

Document patient refusals and notify the nurse/physician as required

## **13.2 ABUSE, NEGLECT & MANDATED REPORTING**

All employees are mandated reporters under California law.

Abuse includes:

Physical, emotional, sexual abuse

Neglect (failure to provide care)

Financial exploitation

Reporting Requirements:

Immediate verbal report to supervisor and appropriate authority

Written report within required timeframe (per CA law)

Do NOT investigate — only report

Report to Adult Protective Services (APS) or appropriate authority

Report must occur:

Immediately (phone)

Written report within 24 hours (or per CA law)

Failure to report may result in termination and legal consequences.

### **13.3 HOMEBOUND STATUS & SKILLED NEED**

Services must meet medical necessity criteria.

Homebound Definition:

Patient has difficulty leaving home due to:

Illness or injury

Requires assistance or supportive devices

Leaving home is a considerable and taxing effort

Skilled Need Includes:

Assessment and monitoring of condition

Medication management

Disease education

Wound care or clinical interventions

Staff must document:

Why the patient is homebound

Why services require skilled care

### **13.4 PLAN OF CARE (POC) COMPLIANCE**

All care must follow a physician-ordered Plan of Care

Only RN/Therapist establishes and updates the POC

LVNs and HHAs must follow the POC exactly

All services must be provided under a physician-signed plan of care and within ordered frequencies.

Staff MUST:

Not alter care without physician/RN direction

Report changes in condition immediately

Document all care consistent with the POC

## **13.5 CLINICAL SUPERVISION REQUIREMENTS**

RN Supervision:

LVNs and HHA's are supervised by an RN

RN supervisory visit must occur:

At least every 14 days for HHAs (or per regulation)

Supervisory visits must be:

Documented

Included in the patient record

HHA Supervision:

Conducted per regulatory requirements (e.g., every 14 days when applicable)

Must be documented

Staff Responsibility:

Follow supervision instructions

Participate in supervisory visits

## **13.6 INFECTION CONTROL & PREVENTION**

All staff must follow infection control protocols:

Standard Precautions:

Hand hygiene before and after patient contact

Use of PPE (gloves, masks, etc.)

Proper disposal of biohazard materials

Staff must:

Report infections or exposure immediately

Follow post-exposure protocols

Educate patients on infection prevention

## **13.7 EMERGENCY PREPAREDNESS**

Employees must follow agency emergency protocols.

In emergencies:

Call 911 if life-threatening

Notify RN/Administrator

Follow patient emergency plan

Staff must:

Know emergency contacts

Be prepared for disasters (fire, earthquake, power outage)

Staff must be familiar with each patient's individualized emergency preparedness plan.

### **13.8 DOCUMENTATION STANDARDS (CLINICAL)**

All documentation must be:

Accurate

Timely (within 24 hours)

Complete

Legible

Must include:

Skilled need

Patient condition

Interventions performed

Patient response

Plan for next visit

Documentation should be completed at or near the time of visit whenever possible.

Documentation Rules:

No falsification

No backdating

Late entries must be labeled

Corrections must follow proper amendment process

All patient information must be securely maintained and protected in accordance with HIPAA regulations

### **13.9 MEDICATION SAFETY**

Staff must:

Perform medication reconciliation (when applicable)

Monitor for side effects

Report adverse reactions immediately

High-Risk Medications:

Require close monitoring and documentation.

Home Health Aides are not permitted to administer medications.

### **13.10 FIELD SAFETY & PATIENT ENVIRONMENT**

Employees must ensure a safe care environment.

Employees have the right to refuse to provide care in unsafe conditions.

If unsafe:

Do NOT proceed if immediate danger

Leave location if necessary

Notify supervisor

Examples:

Aggressive behavior

Unsafe home conditions

Environmental hazards

### **13.11 ETHICS, FRAUD, WASTE & ABUSE**

Employees must not:

Bill for services not rendered

Falsify documentation

Accept kickbacks or incentives

Violations result in:

Immediate termination

Possible legal action

## **13.12 CLINICAL ESCALATION PROTOCOL**

Staff must escalate when:

Change in condition

Abnormal vital signs

Falls or injury

Medication issues

Patient refusal of critical care

Patient refusals must be documented and reported to the RN/physician as appropriate.

All incidents must also be reported using the agency Incident Report form per policy.

Notify:

RN Supervisor

Physician (if required)

Emergency services (if needed)

Examples include:

Significant change in condition

Abnormal vital signs

Medication reactions

New symptoms

Staff must educate the patient on risks of refusal and document the education provided.

## **13.13 CULTURAL COMPETENCY**

Employees must:

Respect patient beliefs, culture, and language

Use interpreter services when needed

Provide culturally sensitive care

## **13.14 Chain of Command**

HHA → LVN/RN → DPCS → Administrator

All staff must practice within their licensed scope under California law.

### **13.15 VISIT COMPLETION EXPECTATION**

A visit is not considered complete until documentation is finalized.

Section 13.16 — Staff Training & Competency

### **13.16 Staff Training & Competency**

All employees must complete orientation, annual training, and competency evaluations.

Staff must demonstrate competency in:

- Infection control
- Documentation
- Patient safety
- Emergency procedures
- Scope of practice

Training records are maintained in employee files