Lightsource HR

Health Care Supplemental

Name	Date Established
Description of Operations	

- What background do principals have in this industry?

- Number of employees: Full-time _____ Part-time _____
- Do you operate multiple shifts at any locations? ☐ Yes ☐ No
- If *yes*, are there 24 hour operations? ☐ Yes ☐ No
- Maximum number of employees per shift? _____
- If medical care is provided, describe the level of care:

- Please provide number of clients for each category:

  Elderly _____ Chronically Ill _____ Terminal _____

  Physical Disability _____ Mental Disability _____ Other _____

- Do any of your patients require physical constraints? ☐ Yes ☐ No
- If yes, please describe: _____
- Annual turnover rate _____%
- Check the services provided by your staff:

  ☐ Cooking ☐ Bathing ☐ Housekeeping ☐ Transportation ☐ Errands ☐ Visitation ☐ Physical Rehabilitation

- Indicate the percentage of patients who are:

  Totally weight bearing _____% Partially weight bearing _____% Non-weight bearing _____%

- Do your employees assist with the lifting/transferring of patients? ☐ Yes ☐ No
- If yes, what training in proper techniques is provided? _____

- Describe your bariatric lifting policy: _____
- Do you transport clients? ☐ Yes ☐ No
- If *yes*, what is your driver screening policy?

- Describe your client needs assessment process:

- If employee safety issues are identified, how are they handled?

- Do you have a slip resistant shoe policy? ☐ Yes ☐ No
- What policies are in place to ensure rapid employee injury reporting and investigation?

- Are red flag and/or root cause questionnaires used ruing investigation? ☐ Yes ☐ No
- Are Post-Offer Medical Questionnaires utilized? ☐ Yes ☐ No
- Are background checks performed on new hires? ☐ Yes ☐ No
- What is your drug testing policy?

- Describe your return to work policy

- Do you have a formal safety program? ☐ Yes ☐ No
- If *yes*, please submit an electronic copy with this application.
- Do you offer group health insurance? ☐ Yes ☐ No
- Do you have a safety incentive program? ☐ Yes ☐ No
- If *yes*, please describe:

Applicant signature | Title | Date