

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Heavenly Menders LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** NO
If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 12924119
(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Juliette Scott, Owner

6. **Mailing Address**

2055 Kent Road
Street Address

Folcroft PA 19032
City, State and Zip Code County

267-769-0434 heavenlymenters1531@gmail.com
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

2055 Kent Road
Street Address

Folcroft PA 19032
City, State and Zip Code County

267-769-0434 heavenlymenters1531@gmail.com
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No Yes, at No. _____

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Delaware County to points in PA, and return.

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

11. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Juliette Scott, Owner

(Print Name)

Juliette Scott

(Signature)

08/16/2025

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

Heavenly Menders LLC

Legal Name of Applicant

Trade Name, if any

2055 Kent Road	Folcroft	PA	19032
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

NA

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

NA

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

See Experience Attachment

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

See Maintenance policy

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

See Personnel Policy

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2013	Ford	E350	6 passenger	252335406000385-001	238637

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

See Attached Maintenance

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Have aquired temporary Insurance

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Juliette Scott

 (Signature)
 Juliette Scott, Owner

 (Name and Title, printed or typed)

08/16/2025

 (Date)

Juliette Scott-Owner

Business Experience and work experiences

Concierge/Non-Medical Courier Driver/ Caregiver.

Local Posh, Philadelphia, PA (October 2025 - Present)

- Provide concierge services, assist elderly and disabled clients, and handle deliveries, ensuring safe transportation of medications and personal items.
- Communicate effectively with clients, Doctors families, demonstrating reliability and flexibility to meet diverse needs. Assisting clients télé health doctors visits.

Courier/Delivery Driver

Scott Property Preservation, Philadelphia, PA (November 2020 - Present)

- Transport contractors and supplies to construction sites, planning efficient routes for timely deliveries.
- Maintain a clean driving record and vehicle, provide excellent customer service, and ensure compliance with delivery documentation.

Direct Support Professional

The Arc of Chester County, West Chester, PA (January 2020 - August 2024)

- Assisted individuals with developmental disabilities, providing transportation and ensuring their safety during daily activities and outings.

Direct Support Professional/Certified Nursing Assistant

Person Directed Supports, Inc., White Hall, PA (August 2019 - August 2024)

- Supported clients with disabilities by assisting them with transportation to appointments and community activities.

CNA - Certified Nursing Assistant

MCAuley Convent Sisters Of Mercy, Cynwyd Estates, PA (October 2016 - January 2023)

- Assisted patients with transportation for medical needs, promoting their safety and well-being.

CNA

Little Flower Manor Nursing Rehabilitation, Darby, PA (August 2007 - January 2015)

- Provided patient mobility assistance and safe transport for healthcare needs.

Education:

- Bachelor's Degree in Child Care and Family Welfare Administration

Purdue University (December 2015 - December 2020)

- LPN Program

Lead School of Technology, New Castle, DE

Skills:

- Medication Administration
- Home Care
- Meal Preparation
- route driving Mobile Device Utilization
- Care Planning
- Hospice Care
- HIPAA Compliance
- Over the Road (OTR) Driving Routes
- Monitoring Vital Signs
- Time Management
- Microsoft Office (Word, Excel, PowerPoint)

- Delivery Driver Experience
- Van Driving
- Medical Courier Driver (5 years)
- Hoyer Lift Operation
- CPR and First Aid Certified
- Verbal and Written Communication

Certifications and Licenses:

- BLS Certification
- CNA Certification
- First Aid Certification
- NADD Certification
- HIPAA Certification
- Blood Borne Pathogens Certification
- Volunteer Drivers Safety Course Completion
- Licensed Practical Nursing Program Completion
- Childcare and Family Welfare Administration Transcript
- CPR/First Aid/BLS Certification
- Passenger Assistance Safety and Sensitivity (PASS) 8 Basic Online Training Program Certificate

DISSEMINATION OF NON DISCRIMINATION POLICY

Heavenly Menders LLC, informs the public, patients, and employees that the facility does not discriminate on the basis of race, color, national origin, disability, or age.

Heavenly Menders, LLC, disseminates the nondiscrimination statement in the following ways:

For the Public:

- A copy of the nondiscrimination statement is posted in our facility for visitors and clients/patients to view.
- The nondiscrimination statement is printed in the company brochure and is routinely distributed to patients, referral sources and the community.
- The nondiscrimination statement is included in newspaper advertisements for the facility.

For the Patients:

- The nondiscrimination statement is included in patient admissions packet.
- The nondiscrimination statement is discussed with patients upon their initial visit with the facility.
- A copy of the nondiscrimination statement is available upon request.

For the Employees:

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.
- The nondiscrimination statement is posted in employee break rooms.



0012924119



COMMONWEALTH OF PENNSYLVANIA
 Department of State
 Bureau of Corporations and Charitable Organizations
 PO Box 8722
 Harrisburg, Pennsylvania 17105-8722
CERTIFICATE OF ORGANIZATION -
LIMITED LIABILITY COMPANY
 Fee: \$125

Pennsylvania Department of State

-FILED-

File #: 0012924119
 Date Filed: 3/27/2023

DSCB:15-8821 (rev. 2/2017)

In compliance with the requirements of [15 Pa.C.S. § 8821](#) relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

Limited Liability Company Type

Filing type

Domestic Limited Liability Company

Limited liability company subtype

Limited Liability Company

Limited Liability Company Name

Entity name

HEAVENLY MENDERS LLC

Effective Date

The filing shall be effective when filed with the Department of State

Registered Office

The address of this limited liability company's proposed registered office in this Commonwealth is

2055 KENT RD
 FOLCROFT, PA 19032-1613

DELAWARE

Organizers

Name of individual or organization	Address
Juliette Scott	2055 KENT RD FOLCROFT, PA 19032-1613

Additional provisions, if any

Additional provisions

Electronic Signature

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization.

Juliette Scott

03/27/2023

Juliette Scott

Date

B0547-0462 03/27/2023 12:47 PM Received by Pennsylvania Department of State

Non-Discrimination Policy

Heavenly Menders LLC provides an equal opportunity/affirmative action employment to all employees and prospective applicants for employment. Heavenly Menders LLC is committed to a policy of equal opportunity and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status, in accordance with the Civil Rights Act of 1964. Heavenly Menders LLC complies with all applicable federal and state laws regarding nondiscrimination and affirmative action.

Heavenly Menders LLC ensures that personnel actions are administered in compliance with federal, state and local laws prohibiting discrimination on the basis of any protected status as set for in the Statement of Equal Opportunity Employment above. Preventing discrimination is the responsibility of every Employee. To carry out our policy, persons are recruited, hired, placed, trained and promoted according to individual merit. Other personnel actions such as compensation, benefits, transfers, social and recreation programs, demotion, discipline and dismissal are administered in a nondiscriminatory manner. Heavenly Menders LLC provides reasonable accommodations for qualified individuals with known disabilities or handicaps to enable such individuals to:

- (1) apply for employment with Heavenly Menders LLC and
- (2) to perform the essential functions of their jobs.

Heavenly Menders LLC will not discriminate against consumers or Medicaid recipients on the basis of race, color, religion, national origin, age, marital status, sexual orientation, gender identity or expression, disability, height, weight, or veteran status



Powered by  CamScanner

Heavenly Menders LLC prevents any form of unlawful employee and consumer harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, disability, or veteran status. Any interference with the consumer receiving the best care from Heavenly Menders LLC employees or employees performing their tasks will not be permitted.

Date of this notice: 03-27-2023

Employer Identification Number:
92-3140710

Form: SS-4

Number of this notice: CP 575 G

HEAVENLY MENDERS LLC
JULIETTE SCOTT SOLE MBR
2055 KENT RD
FOLCROFT, PA 19032

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 92-3140710. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did not apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

HEAVENLY MENDERS

NON EMERGENCY MEDICAL TRANSPORTATION



BUSINESS PLAN

2055 Kent Road, Folcroft PA 19032
267-769-0434
Heavenlymenders1531@gmail.com

AFDMMMI WHEELCHAIR TRANSPORTATION

2055 KENT ROAD FOLCROFT PA 19032

EXECUTIVE SUMMARY

HEAVENLY MENDERS LLC is a Pennsylvania-based non-medical transportation service. HEAVENLY MENDERS LLC provides fleets including highly efficient wheelchair vans, minivans and private automobiles to Medicaid recipients and other medically appropriate clients in Delaware County, Folcroft area. HEAVENLY MENDERS LLC is led by Juliette Scott, a transportation industry veteran. HEAVENLY MENDERS LLC has forecasted healthy sales by year three.

The Market and Services Offered

HEAVENLY MENDERS LLC currently has 1 Non-Emergency Medical Transportation Vehicle, servicing the entire County and will add more vehicles as needed. The County of Delaware has a population of about 1.216 million with almost 13.1% Medicaid recipients. Research indicates there is a high demand for non-emergency medical transportation services and few providers leading to long wait times for transportation and cancelled appointments for residents in the County that desperately need the service. The non-emergency medical transportation market is growing on an average at 9% per year and there are over a million potential customers.

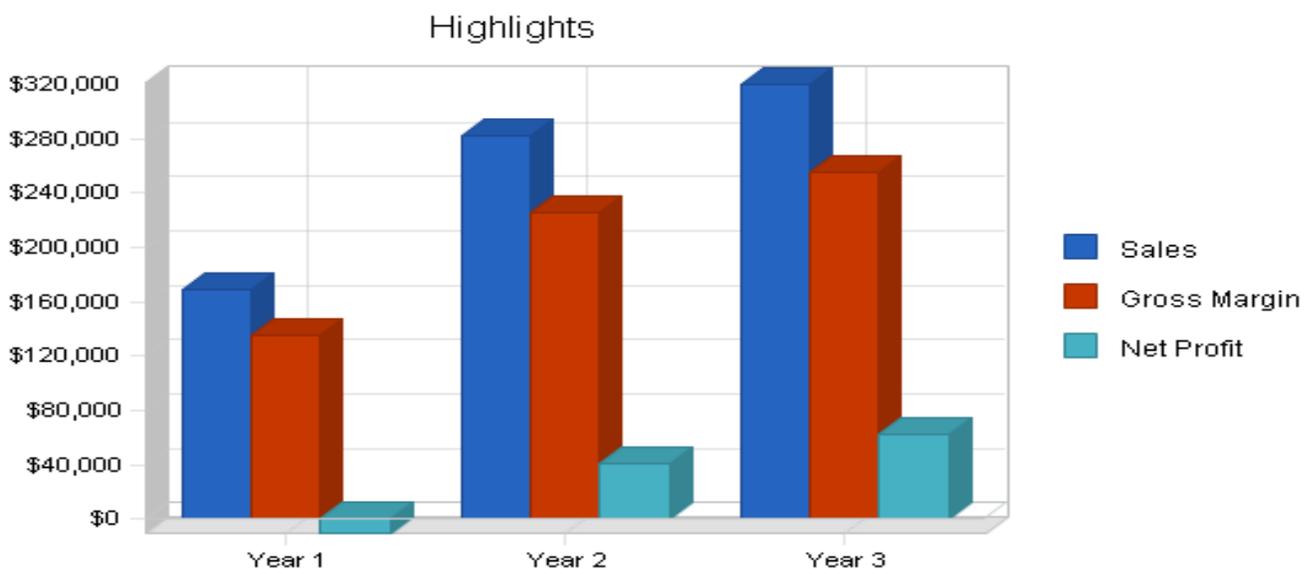
The Competitive Edge

HEAVENLY MENDERS LLC recognizes the key to success in this industry is to provide unmatched customer service and to appeal to families as a reliable source for non-medical emergency transportation. HEAVENLY MENDERS LLC has infused the importance of customer service into the drivers' training and jobs by offering financial incentives to the drivers for superior service. This will ensure that the best customer service will be offered at every level.

Management Team

HEAVENLY MENDERS LLC was founded and is run by Juliette Scott

HEAVENLY MENDERS LLC will fulfill Pennsylvania's unmet need for reliable and timely non-emergency transportation services, and high service level transportation service. HEAVENLY MENDERS LLC will achieve break-even status by month eight and will double sales of year one by year three. While HEAVENLY MENDERS LLC will incur a loss for year one, we will generate a tidy net profit by year three.



1.1 OBJECTIVES

The objectives for the first three years of operation include:

- 1. To create a service-based company whose primary goal is to exceed customer's expectations*
- 2. To fill the gap between the lack of service and the high demand for non-emergency transportation service*
- 3. To increase customers by 20% per year through superior performance and word-of-mouth referrals.*
- 4. To develop a sustainable non-emergency medical transportation company serving the Cleveland Metropolitan Area*

1.2 MISSION

The Mission of HEAVENLY MENDERS LLC is to provide the customer with reliable, timely, high quality and customer focused non-emergency transportation services. Our focus is to attract and maintain customers. When we adhere to this maxim, everything else will fall into place. Our services will exceed the expectations of our customers.

Company Summary

HEAVENLY MENDERS LLC, located in Delaware County, Pennsylvania will contract with the NEMTS Medicaid managed care program, OLTL, ODP and other state agencies to offer non-emergency transportation service for the Delaware County Area. Services will also be provided to families and individuals to the community at a private pay rate. HEAVENLY MENDERS LLC will offer their service 24 hours a day to most neighborhoods Pittsburgh PA. HEAVENLY MENDERS LLC services will be priced to match the reimbursement rate under the Medicaid managed care program.

Juliette Scott will be working full time as the dispatcher and back office person. Juliette Scott will have another employee to assist with management.

2.1 COMPANY OWNERSHIP

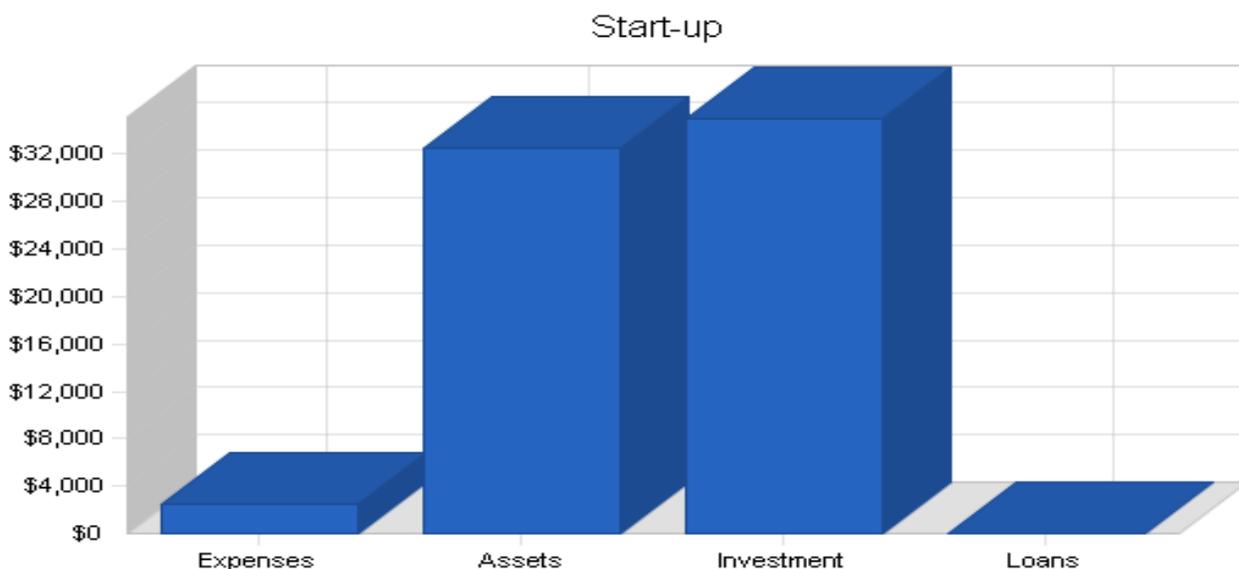
HEAVENLY MENDERS LLC is a Pennsylvania Limited Liability Company founded and owned by Juliette Scott.

2.2 START-UP SUMMARY

HEAVENLY MENDERS LLC ' start-up costs will include all the equipment needed for the office, legal fees, website creation, and start-up advertising.

The office equipment will be the largest chunk of the start-up expenses. This equipment includes a computer system, fax machine, office supplies. The computer should have at least a 500 megahertz Celeron/ Pentium processor, 64 megabytes of RAM (preferably 128), 6 gigabyte hard drive, and a rewritable CD- ROM for backing up the system. A DSL line will need to be set up as well. HEAVENLY MENDERS LLC will also need some Cisco phones. The advantage of the Cisco phones is it allows two-way communications from the base to the cars over cellular frequencies but at a drastically reduced rate.

The office will need some furniture such as a desk, file cabinets. The legal fees are used for the formation of the business as well as for reviewing/generating standard client contracts.



HEAVENLY MENDERS LLC	
Start-up Requirements	
Start-up Expenses	
Legal	\$1,000
Stationery etc.	\$125
Brochures	\$400
Office equipment	\$500
Website creation	\$500
Other	\$0
Total Start-up Expenses	\$2,525
Start-up Assets	
Cash Required	\$30,975
Other Current Assets	\$0
Long-term Assets	\$1,500
Total Assets	\$32,475

Total Requirements	\$35,000
Start-up Funding	
Start-up Expenses to Fund	\$2,525
Start-up Assets to Fund	\$32,475
Total Funding Required	\$35,000
Assets	
Non-cash Assets from Start-up	\$1,500
Cash Requirements from Start-up	\$30,975
Additional Cash Raised	\$0
Cash Balance on Starting Date	\$30,975
Total Assets	\$32,475
Liabilities and Capital	
Liabilities	
Current Borrowing	\$0
Long-term Liabilities	\$0
Accounts Payable (Outstanding Bills)	\$0
Other Current Liabilities (interest-free)	\$0
Total Liabilities	\$0
Capital	
Planned Investment	
Investor 1	\$35,000
Other	\$0
Additional Investment Requirement	\$0
Total Planned Investment	\$35,000

<i>Loss at Start-up (Start-up Expenses)</i>	<i>(\$2,525)</i>
Total Capital	\$32,475
Total Capital and Liabilities	\$32,475
Total Funding	\$35,00

SERVICES

HEAVENLY MENDERS LLC will provide for the pick-up and delivery of the customer or patient to the requested medical facility, treatment center or doctors office. Upon completion of the initial process, HEAVENLY MENDERS LLC will deliver the patient to the designated treatment center for completion of any procedure, treatment or doctors visit. Patient will then be returned to the pre-designated location unless otherwise instructed by appropriately qualified healthcare professional or the Patient. Medical support services during transportation will be provided by independently contracted and medically licensed medical providers such as nurses and emergency medical technicians.

The Customer:

When carrying our patients, we can send them an SMS message with pick-up details. A useful tool to increase security, this message will show:

- Arrival time.*
- The driver's name.*
- Car type.*

Our non-emergency medical transport service is available on a contractual or on-demand basis. We work with both medical facilities and private individuals.

MARKET ANALYSIS SUMMARY

HEAVENLY MENDERS LLC will be focusing on families as well as medically appropriate Medicaid recipients. Both groups will likely demand HEAVENLY MENDERS LLC services. The families will utilize our service because it is convenient and less expensive than if they drove themselves and paid for long-term parking of their car in the Pittsburgh area. Medicaid recipients will use our service because it offers a wheelchair accessibility and immediate pick up and drop off as

opposed to long wait times and lack of reliability with current providers. HEAVENLY MENDERS LLC currently has Two Non-Emergency Medical Transportation Wheelchair Vans, and four taxi services servicing the entire city).

4.1 MARKET SEGMENTATION

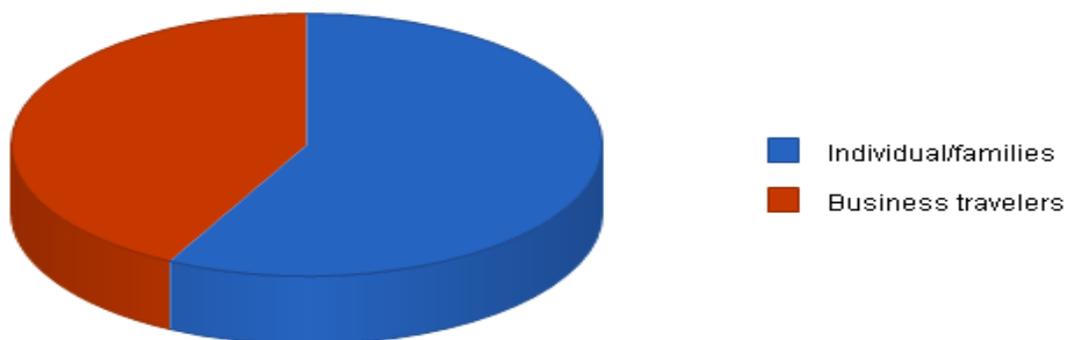
Our customers can be divided into two groups: families/individuals on pleasure trips, and business travelers which are Medicaid and state funded recipients.

The first group is families with medical problems such as wheelchair bound patients and others with complex medical problems that require frequent visits to meet with providers such as dialysis patients without Medicaid insurance (private pay customers). This group does not typically mind paying a bit more for a solution that takes care of their transportation to and from medical appointments. All they have to do is make the reservation and show up at the arranged pickup point.

The second group is Medicaid recipients. This group will be served under a contract with the Pennsylvania Medicaid Health System to provide transportation. HEAVENLY MENDERS LLC will be reimbursed at a rate set by Medicaid.

Market Analysis(Year 1-5)							
		Year 1	Year 2	Year 3	Year 4	Year 5	
Potential Customers Growth							
<i>Individual/families</i>	<i>9%</i>	<i>578,000</i>	<i>630,020</i>	<i>686,722</i>	<i>748,527</i>	<i>815,894</i>	<i>9.00%</i>
<i>Business Travelers</i>	<i>8%</i>	<i>425,000</i>	<i>459,000</i>	<i>495,720</i>	<i>535,378</i>	<i>578,208</i>	<i>8.00%</i>
Total	8.58%	1,003,000	1,089,020	1,182,442	1,283,905	1,394,102	8.58%

Market Analysis (Pie)



4.2 TARGET MARKET SEGMENT STRATEGY

HEAVENLY MENDERS LLC will be targeting these two groups because they consistently travel, and HEAVENLY MENDERS LLC solution makes traveling easy, reliable and convenient for them. While a slow economy has some effect on travel, in general Medicaid recipients and families with complex medical problems will continue to make travel arrangements to get their medical needs met.

4.3 COMPETITION AND BUYING PATTERNS

Currently in Philadelphia there are several competing transportation systems however there are only a few options for non-emergency transportation services as mentioned above. Other transportation services available in the city are:

- 1. **Public transportation:** Port Authority of Philadelphia County provides rapid transit services around the County. While this is an inexpensive alternative there are several disadvantages. The service does not run all hours of the night. Port Authority of Philadelphia County also forces travelers to change buses which is a major inconvenience for medically frail travelers.*
- 2. **Taxi service:** Taxis do provide service in the County; however, travelers cannot book the trip in advance, forcing them to call right before they want to travel. The level of service is inconsistent from taxi service to taxi service as well as from occasion to occasion. Taxis can also be quite expensive if city dwellers are going out to the suburbs. Taxi*

services are also not wheelchair accessible and driver's lack first aid/CPR training. Taxis are not equipped with first AID supplies.

3. **Airport parking:** *Airport parking can be cost effective if it is for fewer than four days. Driving oneself has the advantage of not having to deal with anyone else, the flip side to this however is they must do everything for themselves. Lastly, there is always the risk of damage to their car when it is parked, and all airport parking facilities have drivers sign a waiver absolving the lot from responsibility if anything happens to the car.*

STRATEGY AND IMPLEMENTATION SUMMARY

HEAVENLY MENDERS LLC ' marketing/sales strategy will be two pronged, one to address each of our two segmented targeted groups:

1. **Families/individuals:** *In addition to some advertising, we will be working with associations such as AAA, health care organizations in the community, community and civic centers, senior centers, Retirement living communities and other community groups to try to build up a network of users. HEAVENLY MENDERS LLC believes that working with these groups will provide us with steady flow of customers. Additionally, since a lot of these groups have close knit among member referrals will be quite powerful when they are coming from a member who already has established a trust bond with other organizational members.*
2. **Business travelers (Medicaid recipients):** *HEAVENLY MENDERS LLC will be contracting with the state to provide services to Medicaid recipients as an NEMT provider. This will be an important strategic to have repeat customers. NEMT will build a solid reputation in the community as a reliable transportation company for Medicaid recipients.*

5.1 Competitive Edge

HEAVENLY MENDERS LLC competitive advantage will be based superior customer service and reliability. This will be achieved by offering an incentive system that rewards the driver economically when they achieve good service, develop repeat customers and act in a team fashion instead of competing against other company drivers. This incentive system will reward drivers when:

1. *The company receives positive feedback about the driver (a feedback system will be set up).*
2. *The customer is turned into a repeat customer.*
3. *The driver develops new customers.*
4. *The driver acts in manners that are team based instead of for individual gain.*

5. *Timeliness and on-going training on customer service and relationship building will be offered to customers.*

Through this complicated but purposeful system, HEAVENLY MENDERS LLC is incentivizing behavior that they believe will help the company succeed, while not rewarding behavior that is destructive to the company.

5.2 SALES STRATEGY

As previously stated, HEAVENLY MENDERS LLC we will be servicing families/individuals as well as business travelers (Medicaid recipients). HEAVENLY MENDERS LLC will have a different strategy for each group. For families and individuals, HEAVENLY MENDERS LLC will use contacts through community medical associations and health care and network providers to build customers. Customers that are a part of an association tend to put more trust in a service provider when the service provider is aligned with the association. HEAVENLY MENDERS LLC will offer a discount for the association members to try to build up a following. Our selling spiel will be total convenience at a cost that is competitive with the price that they are currently paying. Offering the ability to schedule in advance, offer several scheduling options such as online scheduling, emails, 24/7 customer service should be a big selling point. Our customer services department will also confirm all appointments within 24 hours of scheduling. People like convenience, and people are willing to pay for conveniences. One phone call to arrange all of your transport needs is quite a convenience.

Our strategy of wooing the business travelers (Medicaid recipients) will be a campaign to introduce HEAVENLY MENDERS LLC as a reliable source of transportation. Transportation for Medicaid recipients is offered by the state through a broker service. The Broker service arranges transportation for recipients based on availability of contracted NEMT companies. HEAVENLY MENDERS LLC will maintain an open relationship with the Broker service by effectively communicating the availability of our drivers

Our initial marketing efforts will include a letter/brochure describing our services along with a pricing guide with all identified source of customers. HEAVENLY MENDERS LLC will then follow up with a phone call to try to receive a commitment from the company. HEAVENLY MENDERS LLC will convert leads into frequent customer by offering excellent and reliable services.

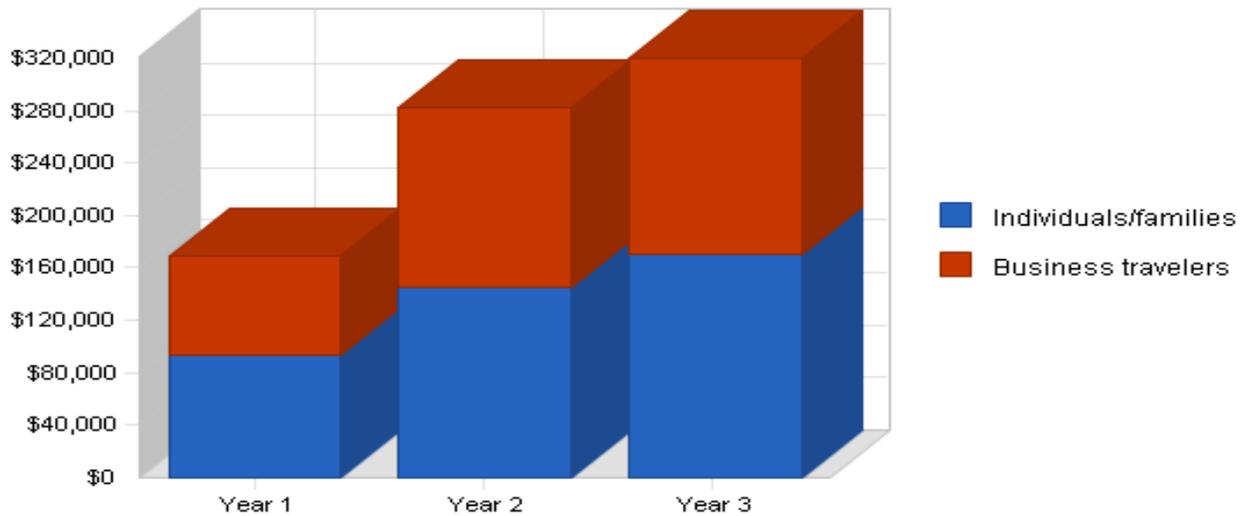
5.2.1 SALES FORECAST

The first month will be considered as the startup period for HEAVENLY MENDERS LLC. It is anticipated that, by the second month the business office will be in order, brochures will have been sent out and HEAVENLY MENDERS LLC will be working with associations to create visibility for the company. HEAVENLY MENDERS LLC will have two drivers and will be paying a monthly wage based on the assumption that the drivers will be to transport customers. However, it is

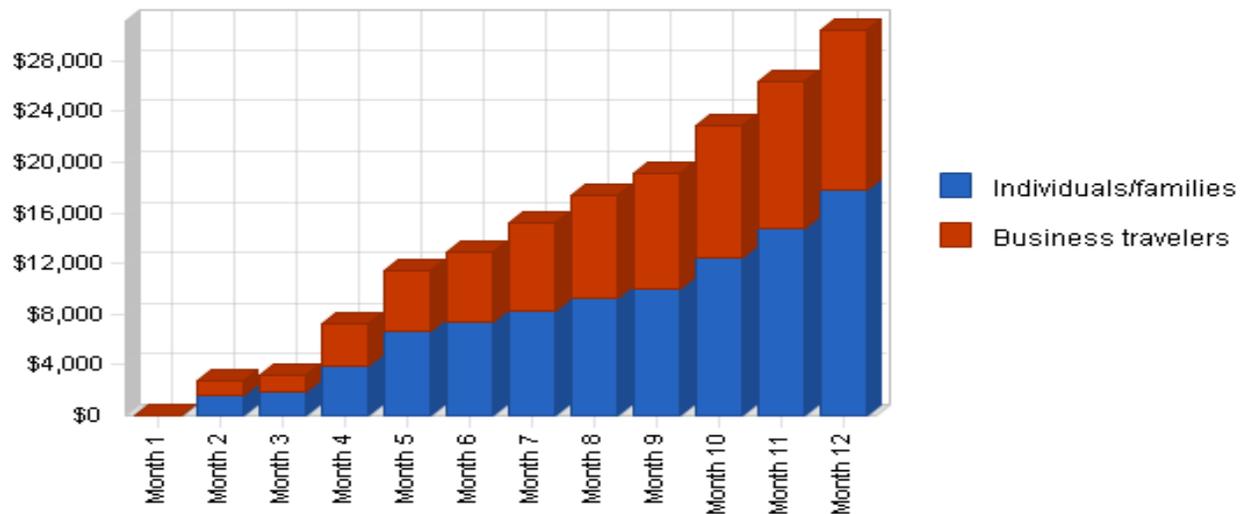
highly unlikely that HEAVENLY MENDERS LLC will generate enough revenue to support the wages of the two drivers.

HEAVENLY MENDERS LLC will have an increase in service by Month three. Business will continue to grow and by month five a third driver will be brought on board. A fourth and final driver will be brought on board by month eleven to accommodate all transportation needs.

Sales by Year



Sales Monthly



Sales Forecast for HEAVENLY MENDERS LLC			
	Year 1	Year 2	Year 3
Sales			
<i>Individuals/families</i>	\$94,061	\$145,885	\$169,874
<i>Business travelers</i>	\$74,763	\$136,874	\$149,874
Total Sales	\$168,824	\$282,759	\$319,748
Direct Cost of Sales			
	Year 1	Year 2	Year 3
<i>Individuals/families</i>	\$18,812	\$29,177	\$33,975
<i>Business travelers</i>	\$14,953	\$27,375	\$29,975
Subtotal Direct Cost of Sales	\$33,765	\$56,552	\$63,950

5.3 MILESTONES

HEAVENLY MENDERS LLC will have several milestones to aim for:

1. *Business plan completion: This will be done as a road map for the organization. While we do not need a business plan to raise capital, it will be an indispensable tool for the ongoing performance and improvement of the company.*
2. *Set up office.*
3. *Profitability.*
4. *Bringing on board the fourth driver.*

Milestones				
Milestone	Start Date	End Date	Budget	Manager Department
<i>Business plan completion</i>	<i>01/01/2024</i>	<i>04/08/2024</i>	<i>\$0</i>	<i>Juliette</i>

					Scott
Set up office	1/1/2024	04/01/2024	\$0	ABC	Juliette Scott
Profitability	06/1/2024	8/30/2024	\$0	ABC	everyone
Fourth drive hired	08/01/2024	08/30/2024	\$0	ABC	everyone
Totals			\$0		

6.1 PERSONNEL PLAN

The company staff will initially consist of working full time in the back office. Juliette Scott will be responsible for setting up the appointments. By month two, HEAVENLY MENDERS LLC will be hiring a part-time employee to help in answering the phones and setting up appointments. This part time employee will also function as a part time marketing specialist to increase sales and assist the company with relationship building in the community. HEAVENLY MENDERS LLC will also hire two drivers in month two. The head count will remain the same until month five when a third driver will be brought on board. Lastly, month 11 a fourth driver brought on board to effectively meet all customer transportation needs.

Reliable Non-Emergency Medical Transportation Service			
(HEAVENLY MENDERS LLC)			
Personnel Plan			
	Year 1	Year 2	Year 3
Full Time Employee	\$36,000	\$36,000	\$36,000
Part-time employee	\$16,500	\$16,500	\$16,500

<i>Driver</i>	\$20,600	\$21,600	\$21,600
<i>Driver</i>	\$20,600	\$21,600	\$21,600
<i>Driver</i>	\$14,400	\$21,600	\$21,600
<i>Driver</i>	\$3,600	\$21,600	\$21,600
Total People	6	6	6
Total Payroll	\$111,700	\$138,900	\$138,900

FINANCIAL PLAN

The following sections will detail important financial information.

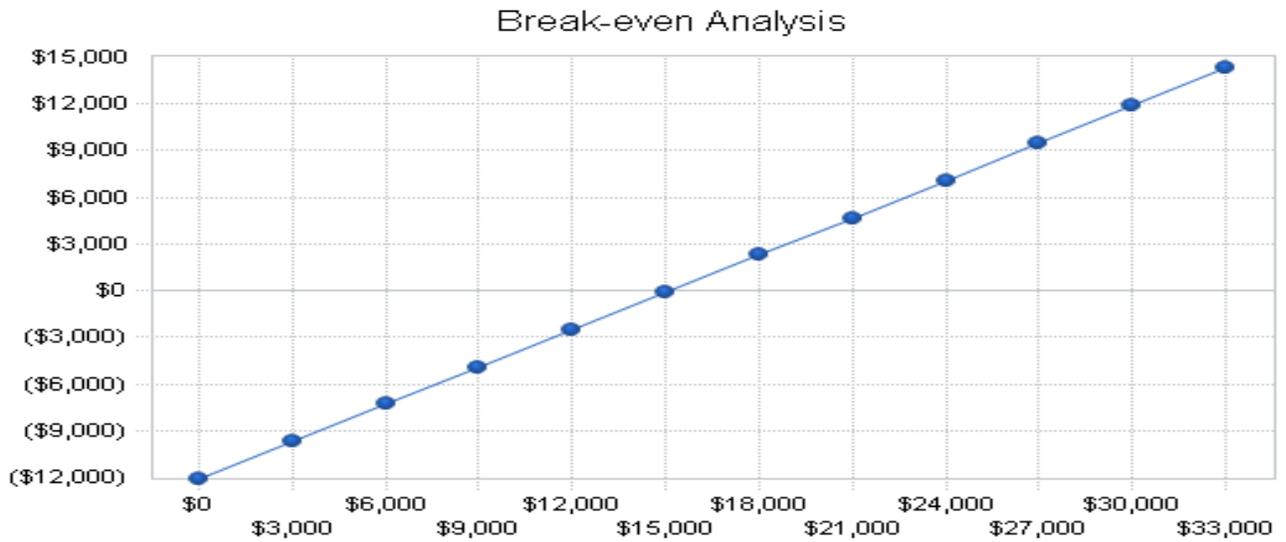
7.1 IMPORTANT FINANCIAL ASSUMPTIONS

The following table highlights some of the important financial assumptions for HEAVENLY MENDERS LLC.

(HEAVENLY MENDERS LLC)			
General Assumptions			
	Year 1	Year 2	Year 3
<i>Plan Month</i>	1	2	3
<i>Current Interest Rate</i>	10.00%	10.00%	10.00%
<i>Long-term Interest Rate</i>	10.00%	10.00%	10.00%
<i>Tax Rate</i>	25.42%	25.00%	25.42%
Other	0	0	0

7.2 BREAK-EVEN ANALYSIS

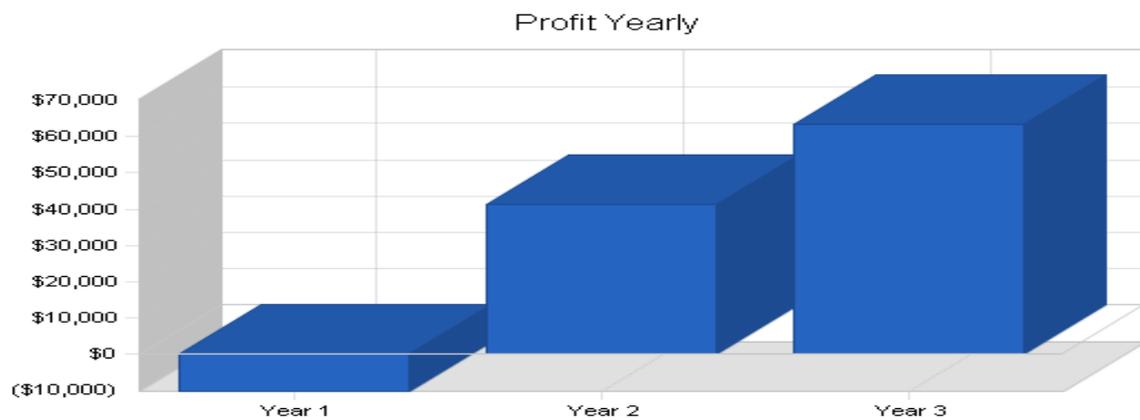
The Break-even Analysis indicates what HEAVENLY MENDERS LLC must have in average monthly revenue to break even.



HEAVENLY MENDERS LLC	
Break-even Analysis	
Monthly Revenue Break-even	\$15,131
Assumptions:	
Average Percent Variable Cost	20%
Estimated Monthly Fixed Cost	\$12,105

7.3 PROJECTED PROFIT AND LOSS

THE FOLLOWING TABLE PRESENTS THE PROJECTED PROFIT AND LOSS.



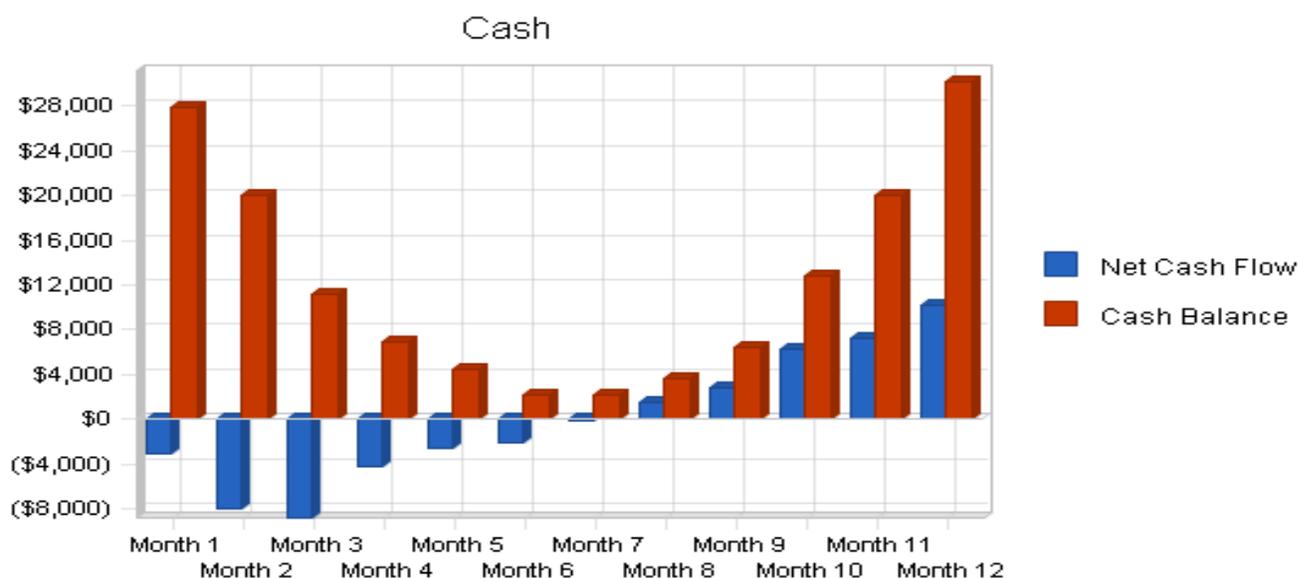


HEAVENLY MENDERS LLC			
Pro Forma Profit and Loss			
	Year 1	Year 2	Year 3
Sales	\$168,824	\$282,759	\$319,748
Direct Cost of Sales	\$33,765	\$56,552	\$63,950
Other	\$0	\$0	\$0
Total Cost of Sales	\$33,765	\$56,552	\$63,950
Gross Margin	\$135,059	\$226,207	\$255,798
Gross Margin %	80.00%	80.00%	80.00%
Expenses			

<i>Payroll</i>	\$111,700	\$138,900	\$138,900
<i>Sales and Marketing and Other Expenses</i>	\$3,100	\$3,600	\$3,600
<i>Depreciation</i>	\$504	\$498	\$498
<i>Web site maintenance</i>	\$600	\$600	\$600
<i>Utilities</i>	\$1,200	\$1,200	\$1,200
<i>Insurance</i>	\$5,400	\$5,400	\$5,400
<i>Rent</i>	\$6,000	\$0	\$0
<i>Payroll Taxes</i>	\$16,755	\$20,835	\$20,835
<i>Other</i>	\$0	\$0	\$0
Total Operating Expenses	\$145,259	\$171,033	\$171,033
<i>Profit Before Interest and Taxes</i>	(\$10,200)	\$55,174	\$84,765
<i>EBITDA</i>	(\$9,696)	\$55,672	\$85,263
<i>Interest Expense</i>	\$0	\$0	\$0
<i>Taxes Incurred</i>	\$0	\$13,794	\$21,545
Net Profit	(\$10,200)	\$41,381	\$63,221
Net Profit/Sales	-6.04%	14.63%	19.77%

7.4 PROJECTED CASH FLOW

The following chart and table display the projected cash flow.



HEAVENLY MENDERS LLC			
Pro Forma Cash Flow			
	Year 1	Year 2	Year 3
Cash Received			
<i>Cash from Operations</i>			
<i>Cash Sales</i>	\$168,824	\$282,759	\$319,748
Subtotal Cash from Operations	\$168,824	\$282,759	\$319,748
<i>Additional Cash Received</i>			
<i>Sales Tax, VAT, HST/GST Received</i>	\$0	\$0	\$0
<i>New Current Borrowing</i>	\$0	\$0	\$0
<i>New Other Liabilities (interest-free)</i>	\$0	\$0	\$0
<i>New Long-term Liabilities</i>	\$0	\$0	\$0

<i>Sales of Other Current Assets</i>	\$0	\$0	\$0
<i>Sales of Long-term Assets</i>	\$0	\$0	\$0
<i>New Investment Received</i>	\$0	\$0	\$0
<i>Subtotal Cash Received</i>	\$168,824	\$282,759	\$319,748
<i>Expenditures</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
<i>Expenditures from Operations</i>			
<i>Cash Spending</i>	\$111,700	\$138,900	\$138,900
<i>Bill Payments</i>	\$57,893	\$102,525	\$115,884
<i>Subtotal Spent on Operations</i>	\$169,593	\$241,425	\$254,784
<i>Additional Cash Spent</i>			
<i>Sales Tax, VAT, HST/GST Paid Out</i>	\$0	\$0	\$0
<i>Principal Repayment of Current Borrowing</i>	\$0	\$0	\$0
<i>Other Liabilities Principal Repayment</i>	\$0	\$0	\$0
<i>Long-term Liabilities Principal Repayment</i>	\$0	\$0	\$0
<i>Purchase Other Current Assets</i>	\$0	\$0	\$0
<i>Purchase Long-term Assets</i>	\$0	\$0	\$0
<i>Dividends</i>	\$0	\$0	\$0
<i>Subtotal Cash Spent</i>	\$169,593	\$241,425	\$254,784
<i>Net Cash Flow</i>	(\$769)	\$41,334	\$64,964
<i>Cash Balance</i>	\$30,206	\$71,540	\$136,504

7.5 PROJECTED BALANCE SHEET

The following table details the projected balance sheet.

HEAVENLY MENDERS LLC			
Pro Forma Balance Sheet			
	Year 1	Year 2	Year 3
Assets			
<i>Current Assets</i>			
<i>Cash</i>	\$30,206	\$71,540	\$136,504
<i>Other Current Assets</i>	\$0	\$0	\$0
Total Current Assets	\$30,206	\$71,540	\$136,504
<i>Long-term Assets</i>			
<i>Long-term Assets</i>	\$1,500	\$1,500	\$1,500
<i>Accumulated Depreciation</i>	\$504	\$1,002	\$1,500
Total Long-term Assets	\$996	\$498	\$0
Total Assets	\$31,202	\$72,038	\$136,504
Liabilities and Capital			
<i>Current Liabilities</i>			
<i>Accounts Payable</i>	\$8,927	\$8,382	\$9,627
<i>Current Borrowing</i>	\$0	\$0	\$0
<i>Other Current Liabilities</i>	\$0	\$0	\$0
Subtotal Current Liabilities	\$8,927	\$8,382	\$9,627
<i>Long-term Liabilities</i>	\$0	\$0	\$0
Total Liabilities	\$8,927	\$8,382	\$9,627

<i>Paid-in Capital</i>	\$35,000	\$35,000	\$35,000
<i>Retained Earnings</i>	(\$2,525)	(\$12,725)	\$28,656
<i>Earnings</i>	(\$10,200)	\$41,381	\$63,221
<i>Total Capital</i>	\$22,275	\$63,656	\$126,877
<i>Total Liabilities and Capital</i>	\$31,202	\$72,038	\$136,504
<i>Net Worth</i>	\$22,275	\$63,656	\$126,877

7.6 BUSINESS RATIOS

The business ratios table below is generated based on standard industry ratios, standard Industrial Classification Code (SIC), Local and Suburban Transit are shown for comparison.

HEAVENLY MENDERS LLC				
Ratio Analysis				
	Year 1	Year 2	Year 3	Industry Profile
<i>Sales Growth</i>	0.00%	67.49%	13.08%	3.70%
Percent of Total Assets				
<i>Other Current Assets</i>	0.00%	0.00%	0.00%	45.30%
<i>Total Current Assets</i>	96.81%	99.31%	100.00%	64.40%
<i>Long-term Assets</i>	3.19%	0.69%	0.00%	35.60%
Total Assets	100.00%	100.00%	100.00%	100.00%
<i>Current Liabilities</i>	28.61%	11.64%	7.05%	31.20%
<i>Long-term Liabilities</i>	0.00%	0.00%	0.00%	25.20%
<i>Total Liabilities</i>	28.61%	11.64%	7.05%	56.40%
Net Worth	71.39%	88.36%	92.95%	43.60%
Percent of Sales				
<i>Sales</i>	100.00%	100.00%	100.00%	100.00%
<i>Gross Margin</i>	80.00%	80.00%	80.00%	66.70%
<i>Selling, General & Administrative Expenses</i>	86.04%	65.37%	60.12%	46.50%
<i>Advertising Expenses</i>	0.36%	0.21%	0.19%	0.50%
<i>Profit Before Interest and Taxes</i>	-6.04%	19.51%	26.51%	2.90%
Main Ratios				

<i>Current</i>	3.38	8.53	14.18	1.61
<i>Quick</i>	3.38	8.53	14.18	1.17
<i>Total Debt to Total Assets</i>	28.61%	11.64%	7.05%	56.40%
<i>Pre-tax Return on Net Worth</i>	-45.79%	86.68%	66.81%	4.60%
<i>Pre-tax Return on Assets</i>	-32.69%	76.59%	62.10%	10.50%
Additional Ratios	Year 1	Year 2	Year 3	
<i>Net Profit Margin</i>	-6.04%	14.63%	19.77%	<i>n.a</i>
<i>Return on Equity</i>	-45.79%	65.01%	49.83%	<i>n.a</i>
Activity Ratios				
<i>Accounts Payable Turnover</i>	7.49	12.17	12.17	<i>n.a</i>
<i>Payment Days</i>	27	31	28	<i>n.a</i>
<i>Total Asset Turnover</i>	5.41	3.93	2.34	<i>n.a</i>
Debt Ratios				
<i>Debt to Net Worth</i>	0.40	0.13	0.08	<i>n.a</i>
<i>Current Liab. to Liab.</i>	1.00	1.00	1.00	<i>n.a</i>
Liquidity Ratios				
<i>Net Working Capital</i>	\$21,279	\$63,158	\$126,877	<i>n.a</i>
<i>Interest Coverage</i>	0.00	0.00	0.00	<i>n.a</i>
Additional Ratios				
<i>Assets to Sales</i>	0.18	0.25	0.43	<i>n.a</i>
<i>Current Debt/Total Assets</i>	29%	12%	7%	<i>n.a</i>
<i>Acid Test</i>	3.38	8.53	14.18	<i>n.a</i>
<i>Sales/Net Worth</i>	7.58	4.44	2.52	<i>n.a</i>
Dividend Payout	0.00	0.00	0.00	<i>n.a</i>

HEAVENLY MENDERS LLC TRANSPORTATION LLC



EMPLOYEE HANDBOOK

2055 Kent Road Folcroft, PA 19032
267-769-0434
heavenlymenders1531@gmail.com

INTRODUCTION

Title Page
Employee Welcome Message
Introductory Statement
Our Purpose
Attitude
Employee Acknowledgment Form

EMPLOYMENT

Nature of Employment
Equal Employment Opportunity
Hiring of Relatives
Employee Medical Examinations
Immigration Law Compliance
Outside Employment

EMPLOYMENT STATUS & RECORDS

Employment Categories
Access to Personnel Files
Employment Reference Checks
Personnel Data Changes
Introductory Period
Employment Applications
Performance Evaluation
Personal Health Requirements

EMPLOYEE BENEFIT PROGRAMS

Vacation Benefits
Parking
Workers' Compensation Insurance
Sick Leave Benefits/Administrative
Grievance Procedures
Bereavement Leave
Jury Duty
Sick Leave/Hourly Employees
Modified Duty

TIMEKEEPING AND PAYROLL

Timekeeping
Paydays
Employment Termination
Administrative Pay Corrections
Pay Deductions & Setoffs

WORK CONDITIONS & HOURS

Safety
Instructions for Fire Safety
Work Schedules
Use of Phone & Mail Systems

Smoking
Rest & Meals Periods
Overtime
Employee Suggestions
Policy for Purchasing Supplies and Equipment
Personal Belongings
Packages
Interpretation
Use of Equipment & Vehicles
Visitors in the Workplace
Harassment Policy

LEAVES OF ABSENCE

Medical Leave
Family and Medical Leave (FMLA Leave) Policy
Military Leave
Pregnancy-Related Absences

EMPLOYEE CONDUCT & DISCIPLINARY ACTION

Employee Conduct & Work Rules
Drug & Alcohol Use
Attendance & Punctuality
Behavior
Personal Appearance
Name Tags
Resignation
Solicitation
Courtesy
Confidentiality
Warning Notice
Gratuities
Drug Testing

Welcome Aboard!

On behalf of your colleagues, I welcome you to HEAVENLY MENDERS LLC and wish you every success here.

We believe that each employee contributes directly to our organization's growth and success, and we hope you will take pride in being a member of our team.

This handbook was developed to describe some of the expectations of our employees and to outline the policies, programs, and benefits available to eligible employees. Employees should familiarize themselves with the contents of the employee handbook as soon as possible, for it will answer many questions about employment with HEAVENLY MENDERS LLC

We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Sincerely,

Julliette Scott

INTRODUCTORY STATEMENT

This handbook is designed to acquaint you with **HEAVENLY MENDERS LLC** and provide you with information about working conditions, employee benefits, and some of the policies affecting your employment. You should read, understand, and comply with all provisions of the handbook. It describes many of your responsibilities as an employee and outlines the programs developed by HEAVENLY MENDERS LLC to benefit employees. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about policy. As HEAVENLY MENDERS LLC continues to grow, the need may arise and management reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion. The only exception to any changes is our employment-at-will policy permitting you or HEAVENLY MENDERS LLC to end our relationship for any reason at any time. Employees will, of course, be notified of such changes to the handbook as they occur.

Our Purpose

To conduct our personal lives in a manner that elevates standards and brings more creditability to our profession and industry.

Seek to earn the respect and good will of all monitoring agencies and the entire community.

As a NEMT agency, we are serving human beings that are in need of medical treatment, personal assistance and psychological guidance. Our patients and clients are deserving of the most courteous and attentive care we can offer. The clients we serve form the very essence of every facility and are the reason for our existence.

Attitude

Patients, clients, and the community develop opinions and ideas about our agency by observing the staff's attitude, performance of their job, and communication with patients. It is important that you always treat them with respect and courtesy.

NON-EMERGENCY MEDICAL TRANSPORTATION
"You're in our caring hands, every step of the way"



- Doctor's Appointments
- Dialysis treatment
- Physical Therapy
- Outpatient
- Adult Day Care Facilities
- Adult Living Facilities

- Dental Appointments •
- Optometrists Visit •
- Social Outings / Shopping •
- Airports / Sea Ports •
- Church / Synagogue •
- Restaurants •

EMPLOYEE ACKNOWLEDGMENT FORM

The employee handbook describes important information about HEAVENLY MENDERS LLC, and I understand that I should consult the Administrator regarding any questions not answered in the handbook. I have entered into my employment relationship with HEAVENLY MENDERS LLC voluntarily and acknowledge that there is no specified length of employment. Accordingly, either HEAVENLY MENDERS LLC or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to the agency's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the chief executive officer of HEAVENLY MENDERS LLC has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

NATURE OF EMPLOYMENT

This handbook is intended to provide employees with a general understanding of our personnel policies. Employees are encouraged to familiarize themselves with the contents of this handbook, for it will answer many common questions concerning employment with HEAVENLY MENDERS LLC.

However, this handbook cannot anticipate every situation or answer every question about employment. It is not an employment contract and is not intended to create contractual obligations of any kind. Neither the employee nor HEAVENLY MENDERS LLC is bound to continue the employment relationship if either chooses, at its will, to end the relationship at any time.

In order to retain necessary flexibility in the administration of policies and procedures, HEAVENLY MENDERS LLC reserves the rights to change, revise, or eliminate any of the policies and/or benefits described in this handbook, except for its policy of employment-at-will. The only recognized deviations from the stated policies are those authorized and signed by the chief executive officer of the facility.

EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at HEAVENLY MENDERS LLC will be based on merit, qualifications, and abilities. HEAVENLY MENDERS LLC does not discriminate in employment opportunities or practices based on race, color, religion, sex, national origin, age, or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

HIRING OF RELATIVES

The employment of relatives in the same area of an organization may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships.

Although HEAVENLY MENDERS LLC has no prohibition against hiring relatives of existing employees, we are committed to monitoring situations in which relatives work in the same area. In case of actual or potential problems, the management will take prompt action. This can include reassignment or, if necessary, termination of employment for one or both of the individuals involved.

For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

EMPLOYEE MEDICAL EXAMINATIONS

To help assure that employees are able to perform their duties safely and also to meet the requirements of our clients, medical examinations may be required.

Current employees may be required to take medical examinations to determine fitness for duty. Such examinations will be scheduled at reasonable times and intervals and performed at HEAVENLY MENDERS LLC's expense.

Information on an employee's medical condition or history will be kept separate from other employee information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

IMMIGRATION LAW COMPLIANCE

HEAVENLY MENDERS LLC is committed to employing only United States citizens and aliens who are authorized to work in the United States and do not unlawfully discriminate based on citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with HEAVENLY MENDERS LLC within the past three years, or if their previous I-9 is no longer retained or valid.

Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

OUTSIDE EMPLOYMENT

An employee may hold a job with another organization as long as he or she satisfactorily performs his or her job responsibilities with HEAVENLY MENDERS LLC. All employees will be judged by the same performance standards and will be subject to HEAVENLY MENDERS LLC's scheduling demands, regardless of any existing outside work requirements.

If the management determines that an employee's outside work interferes with performance or the ability to meet the requirements of the facility as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain with HEAVENLY MENDERS LLC.

Outside employment will present a conflict of interest if it has an adverse impact on care of the clients of our agency.



EMPLOYMENT CATEGORIES

It is the intent of HEAVENLY MENDERS LLC to clarify the definitions of employment classifications so those employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationship at will at any time is retained by both the employee and HEAVENLY MENDERS LLC.

Each employee is designated as either NONEXEMPT or EXEMPT from federal and state wage and hour laws. NONEXEMPT employees are entitled to overtime pay under the specific provisions of federal and state laws. EXEMPT employees are excluded from specific provisions of federal and state wage and hour laws. An employee's EXEMPT or NONEXEMPT classification may be changed only upon written notification by HEAVENLY MENDERS LLC management.

In addition to the above categories, each employee will belong to one other employment category:

REGULAR FULL-TIME employees are those who are not in a temporary or introductory status and who are regularly scheduled to work HEAVENLY MENDERS LLC's full-time schedule 32 hours or more. Generally, they are eligible for HEAVENLY MENDERS LLC's benefit package, subject to the terms, conditions, and limitations of each benefit program.

PART-TIME employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work less than 24 hours per week. While they do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for all of HEAVENLY MENDERS LLC's other benefit programs.

INTRODUCTORY employees are whose performance is being evaluated to determine whether further employment in a specific position or with HEAVENLY MENDERS LLC is appropriate. Employees who satisfactorily complete the introductory period will be notified of their new employment classification.

CASUAL employees are those who have established an employment relationship with HEAVENLY MENDERS LLC but who are assigned to work on an intermittent and/or unpredictable basis. While they receive all legally mandated benefits (such as workers' compensation insurance and Social Security), they are ineligible for all of HEAVENLY MENDERS LLC's other benefit programs.

ACCESS TO PERSONNEL FILES

HEAVENLY MENDERS LLC maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of HEAVENLY MENDERS LLC, and access to the information they contain is restricted. Generally, only supervisors and management personnel of HEAVENLY MENDERS LLC who have a legitimate reason to review information in a file are allowed to do so.

With reasonable advance notice, employees may review their own personnel files in the agency's offices and in the presence of an individual appointed by HEAVENLY MENDERS LLC to maintain the files.

EMPLOYMENT REFERENCE CHECKS

To ensure that individuals who join HEAVENLY MENDERS LLC are well qualified and have a strong potential to be productive and successful, it is the policy of the agency to check the employment references of all applicants.

The management will respond in writing only to those reference check inquiries that are submitted in writing. Responses to such inquiries will be limited to factual information that can be substantiated by the agency's records. No employment data will be released without a written authorization and release signed by the individual who is the subject of the inquiry.

PERSONNEL DATA CHANGES

It is the responsibility of each employee to promptly notify the agency of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of emergency, educational accomplishments, and other such status reports should be accurate and current at all times. If any personnel data has changed, notify the Administrator.

INTRODUCTORY PERIOD

All new employees will be given a general orientation of the agency. The purpose of the orientation program is to welcome the new employee to the agency; and present policies and procedures; to explain in-service education requirements; to summarize the benefits package; and to complete all personnel and payroll processing. It also includes a tour of the agency, and the opportunity to meet with other departments and employees. HEAVENLY MENDERS LLC uses this period to evaluate employee capabilities, work habits, and overall

performance. Either the employee or the agency may end the employment relationship at will at any time during or after the introductory period with or without cause or advance notice.

All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire. Any significant absence will automatically extend an introductory period by the length of the absence. If the management determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

Upon satisfactory completion of the introductory period, employees enter the "regular" employment classification.

During the introductory period, new employees are eligible for those benefits that are required by law, such as workers' compensation insurance and Social Security. After becoming regular employees, they may also be eligible for other Hermitage-provided benefits, subject to the terms and conditions of each benefits program. Employees should read the information for each specific benefits program for the details on eligibility requirements.

EMPLOYMENT APPLICATIONS

The HEAVENLY MENDERS LLC relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the agency exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

PERFORMANCE EVALUATION AND ADVANCEMENT

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. Additional formal performance evaluations are conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

Each employee's potential, leadership ability and interest in job knowledge and training are periodically evaluated to determine promotion potential. Employees will be considered for vacant positions that they are qualified for by training, experience, and education.

PERSONNEL HEALTH REQUIREMENTS

1--MEDICAL EXAMINATIONS: Governmental authorities having jurisdiction over medical facilities require that as a condition of employment, each employee, whether full or part time, present a current statement from his physician or an approved medical clinic stating that he is free from communicable diseases and submit the results of a chest x-ray that he/she is free from communicable diseases and submits the results of negative chest x-rays or TB Tests dated within 12 months of employment or submit to a 2-step TB screening on the first day of employment.

2-- EMPLOYEE ILLNESS: Employees are required to report to their supervisor any illness, including infections, boils, fever blisters, excessive sneezing, etc. which they may have. Symptoms of any nature should be reported immediately. Employees with infections or contagious diseases will not be allowed to work until a physician's statement had been obtained which states the staff member is no longer a hazard to clients or other employees.

VACATION BENEFITS

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Employees in the following employment

Classifications are eligible to earn and use vacation time as described in this policy:

Regular full-time employees

The amounts of paid vacation time employees receive each year increases with the length of their employment as shown in the following schedule.

VACATION EARNING SCHEDULE

YEARS OF ELIGIBLE SERVICE	VACATION DAYS
EACH YEAR	

Upon initial eligibility	4 days
After 5 years	8 days

The length of eligible service is calculated based on a "benefit year." This is the 12-month period that begins when the employee starts to earn vacation time. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

Once employees enter an eligible employment classification, they begin to earn paid vacation time according to the schedule. Earned vacation time is available for use in the year following its accrual.

Paid vacation time can be used in minimum increments of one week. To take vacation, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and Home requirements. Vacation request will be granted on a first come first serve basis. In the event that two or more requests are submitted on the same date, the request will be granted based on seniority.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits. In the event that available vacation is not used by the end of the benefit year, employees will be paid for the unused time bringing the benefit balance to zero. Vacation time accruals will begin again in the next benefit year.

Upon termination of employment, employees will be paid for unused vacation time that has been earned through the last day of work. However, if HEAVENLY MENDERS LLC, in its sole discretion, terminates employment for cause, forfeiture of unused vacation time may result.

PARKING

Employees may park in areas designated as employee parking areas. Reserve parking is not available. The agency is not responsible for any damage to or theft of any vehicle parked on the agency's premises or the premises of our clients.

WORKERS' COMPENSATION INSURANCE

HEAVENLY MENDERS LLC provides comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately. No matter how minor an on- the-job injury may appear it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

GRIEVANCE PROCEDURES

In order to give an employee the opportunity to discuss freely problems or complaints connected with his/her position, the following procedures will be followed:

- 1 The employee should discuss the complaint with his/her Supervisor. If the problem is still unresolved,
- 2 The employee should discuss the complaint frankly and sincerely with his immediate Supervisor. If this fails to provide a satisfactory resolution,
- 3 The employee should request an appointment to discuss the problem with the administrator. The Administrator may request additional persons he would like present so that factual and circumstantial information can be obtained. The decision of the administrator will be the final and will be made known to the employee and the Supervisor no later than three days after the meeting.

An employee using this authorized procedure for handling problems will not be discriminated against or in any way be penalized for so doing.

BEREAVEMENT LEAVE

A full time permanent employee may be granted 7 days without pay due to the death of an immediate family member, the employee should notify his or her supervisor immediately. Unpaid time off will be granted to allow the employee to attend the funeral and make any necessary arrangements associated with the death.

Approval of bereavement leave will occur in the absence of unusual operating requirements. Any employee may, with the supervisor's approval, use any available paid leave for additional time off as necessary.

The management defines "immediate family" as the employee's spouse, parent, child, sibling; the employee's spouse's parent, child, or sibling; the employee's child's spouse.

JURY DUTY

HEAVENLY MENDERS LLC encourages employees to fulfill their civic responsibilities by serving jury duty when required. Employees may request unpaid jury duty leave for the length of absence. If desired, employees may use any available paid time off (for example, vacation benefits).

Employees must show the jury duty summons to their supervisor as soon as possible so that the supervisor may make arrangements to accommodate their absence. Of course, employees are expected to report for work whenever the court schedule permits.

Either HEAVENLY MENDERS LLC or the employee may request an excuse from jury duty if, in HEAVENLY MENDERS LLC's judgment, the employee's absence would create serious operational difficulties.

Vacation, sick leave and holiday benefits, will continue to accrue during unpaid jury duty leave.

SICK LEAVE

Regular full time employees will be eligible for sick days with pay under the following terms and conditions.

- 1 The employee of the agency must have been employed as a full time employee for six months before he or she becomes eligible.
- 2 The formula for determining the sick day benefit will be one-half day for every complete month worked, for a maximum of 6 days per year.
- 3 Sick days will not accumulate from year to year, however; if an employee does not use his sick days during the year, he will receive 1/2 day's wages for every day not used.
- 4 Doctors' excuse for absence from work is required to be eligible for the benefit.
- 5 Paid sick leave can be used in minimum increments of one day. Eligible employees may only use sick leave benefits for an absence due to their own illness or injury, or the illness or injury of their child.

MODIFIED DUTY

It is the policy of this agency, when practical and medically advisable; "Modified Duty" will be offered and approved by the Administrator to employees who have sustained a work related injury occurring within the scope and course of employment. If it is determined, that

“Modified Duty” is not practical or cannot be offered the Administrator must be consistent with all employees in reference to his/her decision.

If the decision is rendered to offer and approve “Modified Duty”, then those employees with a **certified** physician’s statement for “Modified Duty” outlining specific limitations will be provided with a job description of such nature as to not violate those restrictions. However, please note that the facility will offer a limited number of “Modified Duty” positions compatible with the normal and appropriate Home patterns for the department.

In accordance, the following rules will apply upon receipt of a “Return To Work” physician’s statement:

- “Modified Duty” positions will be offered on a first come, first serve basis to individuals who have sustained a work-related injury while working as an employee of our agency.
- The Administrator will determine the number of positions available.
- All “Modified Duty” job positions are temporary and are not intended to be permanent in nature.
- At the beginning of each calendar quarter, the Administrator or their designee will conduct a conference with the agency worker’s compensation adjuster to review the “Modified Duty” status of each employee nearing or exceeding six weeks of “Modified Duty”. At a minimum, this conference will cover the employee’s medical recovery, future duty status, and the ability of the employee to return to full duty.

“Modified Duty” will be consistent with the quality of care and services rendered to clients.

TIMEKEEPING

Accurately recording time worked is the responsibility of every nonexempt employee. Federal and state laws require HEAVENLY MENDERS LLC to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

Nonexempt employees should accurately record the time they begin and end their work. They should also record the beginning and ending time of any split shift or departure from work for personal reasons. Overtime work must always be approved before it is performed.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

Nonexempt employees should report to work no more than three minutes prior to their scheduled starting time nor stay more than three minutes after their scheduled stop time without expressed, prior authorization from their supervisor.

If corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes by initialing the time record.

PAYDAYS

Payroll checks are issued every two weeks on _____ following the end of the pay period. The pay is established on a 40-hour workweek, paid every two weeks. The pay period begins on _____ First Shift and ends the following _____ third shift.

All employees will receive their checks from the supervisor, secretary, or administrator. If the employee is absent, the check may be picked up on the following day. If the employee is on an extended absence or vacation, the pay will be delivered by mail. In either case, someone else may be authorized to pick up the paycheck, but such authorization must be personally written and presented before the check will be released.

Paychecks for the previous pay period will be available on payday after 1:00pm. No payroll checks will be issued in advance due to vacation, holidays, or days off. After discharge or resignation, the employee's earned wages to date of discharge will be issued on the next regularly scheduled payday.

EMPLOYMENT TERMINATION

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

RESIGNATION - voluntary employment termination initiated by an employee.

DISCHARGE - involuntary employment termination initiated by the organization.

LAYOFF - involuntary employment termination initiated by the organization for non-disciplinary reasons.

RETIREMENT - voluntary employment termination initiated by the employee meeting age, length of service, and any other criteria for retirement from the organization.

Since employment with HEAVENLY MENDERS LLC is based on mutual consent, both the employee and HEAVENLY MENDERS LLC have the right to terminate employment at will, with or without cause, at any time.

ADMINISTRATIVE PAY CORRECTIONS

HEAVENLY MENDERS LLC takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Administrator so that corrections can be made as quickly as possible.

PAY DEDUCTIONS AND SETOFFS

The law requires that the agency make certain deductions from every employee's compensation. Among these are applicable federal, state, and local income taxes. The agency also must deduct Social Security taxes on each employee's earnings up to a specified limit that is called the Social Security "wage base." HEAVENLY MENDERS LLC matches the amount of Social Security taxes paid by each employee.

Pay setoffs are pay deductions taken by HEAVENLY MENDERS LLC, usually to help pay off a debt or obligation to HEAVENLY MENDERS LLC or others.

If you have questions concerning why deductions were made from your paycheck or how they were calculated, your supervisor can assist in having your questions answered.

WORK SCHEDULES

Work schedules for employees vary throughout our organization. Supervisors will advise employees of their individual work schedules. Home needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Schedules should be posted by the end of the month for the upcoming month. All special requests for time off must be in the department heads office or the administrator's office by the ____ of the month to be honored on the next schedule.

USE OF PHONE AND MAIL SYSTEMS

Personal use of telephones is not permitted at our agency or the premises of our client during work hours. Employees may be required to reimburse the facility for any charges resulting from their personal use of the telephone. The use of a client's private **PHONE** is **strictly forbidden**.

The mail system is reserved for business purposes only. Employees should refrain from sending or receiving personal mail at the workplace.

To ensure effective telephone communications, employees should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller and hang up only after the caller has done so.

SMOKING

In keeping with HEAVENLY MENDERS LLC's intent to provide a safe and healthful work environment, smoking in the workplace is prohibited except in those locations that have been

specifically designated as smoking areas. In situations where the preferences of smokers and nonsmokers are in direct conflict, the preferences of nonsmokers will prevail.

This policy applies equally to all employees and visitors.

REST AND MEAL PERIODS

Each workday, full-time nonexempt employees are provided with two rest periods. Supervisors will advise employees of the regular rest period length and schedule. To the extent possible, rest periods will be provided in the middle of work periods. Since this time is counted and paid as time worked, employees must not be absent from their workstations beyond the allotted rest period time.

All full-time employees are provided with one meal period each workday. Supervisors and work site supervisors will schedule meal periods to accommodate operating requirements. Employees will be relieved of all active responsibilities and restrictions during meal periods and will be compensated for that time.

OVERTIME

When operating requirements or other needs cannot be met during regular working hours, employees could be required to work overtime assignments. All overtime work must receive the supervisor's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour restrictions. Overtime pay is based on actual hours worked. Time off on

sick leave, vacation leave, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Failure to work assigned overtime may result in disciplinary action, up to and including possible termination of employment.

EMPLOYEE SUGGESTIONS

All employees are encouraged to submit to their supervisor in writing suggestions pertaining to improvements, cost reductions, duplication, limitation, labor and time saving methods, client comfort, changes of personnel practices and similar matters.

POLICY FOR PURCHASING SUPPLIES AND EQUIPMENT

As an employee, you have no authority to purchase equipment and/or supplies or to sign contractual agreements of any kind as a representative of this company without authorization from the owners. A statement regarding limited authorization will be posted in the office area for the attention of all sales persons.

Our equipment and supplies are expensive. Your assistance in helping us to protect and to care for our equipment and supplies is anticipated. In case of a malfunction or an accident to either equipment or supplies, report the fact to your supervisor to turn in the broken and damaged article for replacement.

PERSONAL BELONGINGS

The agency will not be responsible for personal effects of employees. Do not leave purses and pocketbooks in unlocked area. Money should be carried on you person.

PACKAGES

Employees are not to bring packages or bundles of any kind into the facility or client work sites. Packages taken from the agency or work sites are subject to inspection by the administrator, an authorized individual or work sites supervisors.

INTERPRETATIONS

Any confusion or misunderstanding of the intent or meaning of the policies and statements made in this Employee Handbook will be clarified and resolved by the Administrator or management.

USE OF EQUIPMENT AND VEHICLES

Equipment and vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines. Please notify the supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, can result in disciplinary action, up to and including termination of employment.

VISITORS IN THE WORKPLACE

To provide for the safety and security of employees at our agency and work sites, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Because of safety and security reasons, family and friends of employees are discouraged from visiting. In cases of emergency, employees will be called to meet any visitor outside their work area.

All visitors should enter the agency at the reception area. Authorized visitors will receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors.

If any unauthorized individuals are observed on the agency's premises employees should immediately notify their supervisor or, if necessary, direct the individual to the reception area.

HARASSMENT POLICY

It is the policy of HEAVENLY MENDERS LLC to provide an environment that is free from unlawful harassment. Therefore, all forms of harassment related to an employee's race, color, religions, sex, age, national origin, disability or veteran status constitute violations of this policy. In furtherance of this policy, this agency will not tolerate the use of racial, religious, sexual, age-related, ethnic or disability-related epithets, innuendoes, slurs or jokes. In addition, all forms of verbal and physical harassment based on the above categories are prohibited.

With regard to sexual harassment in particular, unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature are considered instances of sexual harassment when:

- Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creates an intimidating, hostile or offensive work environment;
- An employee's submission to or rejection of such conduct is used as the basis of employment decisions that affect the employee; or
- Submission to such conduct is implied or stated to be a term or condition of the employee's employment.

It is important to remember that behavior which one individual considers innocent or harmless may be regarded as sexual harassment by another person. Beyond being in violation of the facility's policy, sexual harassment is against the law, and HEAVENLY MENDERS LLC will not tolerate sexual harassment of its employees by anyone, including HEAVENLY MENDERS LLC management, other employees or individuals conducting business with HEAVENLY MENDERS LLC. Any employee who violates this harassment policy or our commitment to equal employment opportunity will be subject to disciplinary action, up to and including termination of employment.

If at any time an employee feels that he or she has been subjected to or has observed verbal or physical harassment, of a sexual nature or otherwise, the employee must report such conduct to his or her supervisor immediately so that an investigation can be initiated and appropriate action can be taken. If for any reason the employee does not feel comfortable contacting his or her supervisor about the matter, the employee must report the matter to the Administrator or any other member of Management. The confidentiality of all such inquiries will be respected to the fullest extent possible. Employees will not be retaliated against in any manner for reporting perceived harassment pursuant to this policy.

MEDICAL LEAVE

HEAVENLY MENDERS LLC provides medical leaves of absence without pay to eligible employees who are temporarily unable to work due to a serious health condition or disability. For purposes of this policy, serious health conditions or disabilities include inpatient care in a hospital, hospice, or residential medical care facility; continuing treatment by a health care provider; and temporary disabilities associated with pregnancy, childbirth, and related medical conditions.

Employees in the following employment classifications are eligible to request medical leave as described in this policy:

Regular full-time employees

Eligible employees may request medical leave only after having completed 365 calendar days of service. Exceptions to the service requirement will be considered to accommodate disabilities.

Eligible employees should make requests for medical leave to their supervisors at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events.

A health care provider's statement must be submitted verifying the need for medical leave and its beginning and expected ending dates. Any changes in this information should be promptly reported to the facility. Employees returning from medical leave must submit a health care provider's verification of their fitness to return to work.

Eligible employees are normally granted leave for the period of the disability, up to a maximum of eight weeks within any 12-month period. Any combination of medical leave and family

leave may not exceed this maximum limit. If the initial period of approved absence proves insufficient, consideration will be given to a request for an extension. Employees will be required to first use any accrued paid leave time before taking unpaid medical leave.

Employees who sustain work-related injuries are eligible for a medical leave of absence for the period of disability in accordance with all applicable laws covering occupational disabilities.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon return to active employment.

So that an employee's return to work can be properly scheduled, an employee on medical leave is requested to provide HEAVENLY MENDERS LLC with at least two weeks advance notice of the date the employee intends to return to work. When a medical leave ends, the employee will be reinstated to the same position, if it is available, or to an equivalent position for which the employee is qualified.

If an employee fails to report to work promptly at the end of the medical leave, the management will assume that the employee has resigned.

FAMILY AND MEDICAL LEAVE (FMLA LEAVE) POLICY

A. Eligibility

Employees must have been employed for a minimum of 12 months and must have worked at least 1,250 hours in the proceeding 12 months immediately before the date when they would begin to be eligible for family and medical leave.

B. Types of Family And Medical Leave Covered By This Policy

Eligible employees are entitled by law to the following unpaid leaves of absence:

1. Birth/Adoption/Foster Care Leave: An employee may take up to the maximum family

and medical leave for the birth of the employee's natural child or the placement of a child with the employee for adoption or foster care. Birth leave may be a combination of parental leave and pregnancy leave. Parental leave is time off work for employees who are physically able to return to work but choose to stay home and care for newborn children. Pregnancy leave is characterized by physical disability because of childbirth or a related medical condition.

2. Family Care Leave: An employee may take up to the maximum family and medical leave to care for a family member suffering from a serious health condition. For these purposes, the term "family member" means an employee's spouse, parent or child under the age of 18, as well as any other individual with a serious health condition who is considered to be a "family member" under applicable federal or state regulations.

3. Medical Leave: An employee may take up to the maximum family and medical leave if he/she suffers from a serious health condition that renders the employee unable to perform his/her duties. A "serious health condition" means an illness, injury, impairment or condition involving any of the following:

- Inpatient care in a hospital, nursing home or hospice, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care; or
- Outpatient care that requires continuing treatment or supervision by a health care provider for:
 - a. A period of incapacity of more than 3 consecutive calendar days that also involves treatment 2 or more times by a health care provider or treatment by a health care provider on at least 1 occasion which results in a regimen of continuing treatment;

- b. Any period of incapacity due to pregnancy or for prenatal care;
- c. A chronic condition, which requires periodic visits for treatment by a health care provider, continues over an extended period of time and may cause a periodic rather than a continuing period of incapacity;
- d. A period of incapacity which is permanent or long term due to a condition for which treatment may not be effective (the employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider); or
- e. Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than 3 consecutive calendar days in the absence of medical intervention or treatment.

C. Maximum Period for Leave

1. In General: Leave may not exceed 12 weeks in any 12-month period, measured on a rolling basis. The time period within which leave may be taken for birth, adoption or foster care placement extends until 1 year from the birth or placement of the child.
2. Intermittent Leave: Intermittent leave or reduced working hour arrangements may be provided for family care leaves or medical leaves when required as part of a medically necessary

course of conduct, provided adequate medical certification of such need is obtained. Intermittent leave or reduced working hours for birth, child placement or other non-health-related reasons is at the discretion of the management. The Management reserves the right to transfer temporarily an employee to an alternative position with equivalent pay and benefits to accommodate intermittent leaves.

3. Two Employee Households: If a husband and wife both work for HEAVENLY MENDERS LLC and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent with a serious health condition, the husband and wife together may only take a combined total of 12 weeks leave.

D. Scheduling and Notice

1. Scheduling: A leave of absence request must be completed and turned in to the employee's supervisor for all leaves of absence whether paid or unpaid. An employee intending to take leave must give 30 days advance notice to the agency if the leave is foreseeable. If not foreseeable, the employee must provide as much advance notice as possible. In situations involving leave for a medical condition, every reasonable effort to schedule medical treatment so that it does not disrupt the facility operations must be made before a leave will be considered.

2. Certification: An employee requesting medical leave must provide medical certification indicating that a serious health condition exists and other information as requested within 15 days after the employee makes the request for leave. The certification needs to include:

- a. The date on which the serious health conditions commenced;
- b. The probable duration of the condition;

- c. The appropriate medical facts within the knowledge of the health care provider regarding the condition, including a diagnosis of the particular condition involved and a brief description of the prescribed regimen of treatment;
- d. Indication of whether hospitalization is required; and
- e. For an employee's own illness or serious health condition, a statement that the employee cannot perform the essential functions of his/her job.
- f. The signature of the physician or other health care provider.
- g. If the leave is to care for a child, parent or spouse, the certification must state that the employee is needed to care for the family member and provide an estimate of the amount of time the employee will be needed to provide care or assistance.
- h. The management is entitled to request a second opinion at its expense. If necessary to resolve a conflict between the original certification and the second opinion, the management will require the opinion of a third doctor. The management and the employee will jointly select the third doctor, and the facility will pay for the opinion. This third opinion will be considered final. The facility has a form, which may be presented to your physician in order to provide medical certification. The management reserves the right to seek periodic medical rectification during an employee's medical leave.

3. Return to Work: The management may require an employee on family and medical leave to report periodically on his/her status and intent to return to work. If the employee is able to return to work earlier than anticipated, he/she must provide the agency with at least 2-business days' notice. Failure to return to work after the scheduled end of family and medical leave without notifying the agency in advance shall be considered a voluntary resignation of employment. If medical reasons require extension of leave beyond a scheduled date of return, and if the employee retains accrued but unused family and medical leave, the employee must give the facility as much advance notice as possible of the need for additional

leave. The management may require additional certification to demonstrate the medical need for the additional leave.

Prior to returning to work at the conclusion of an FMLA leave for the employee's own serious health condition, the employee must furnish a fitness-for-duty certification from a health care provider stating that the employee is able to return to work. Heavenly Menders LLC reserves the right to delay reinstatement until the employee submits the required fitness-for-duty certification and terminate the employee upon conclusion of the FMLA leave if the required certification has not been submitted by that time.

E. Use of Sick Leave and Vacation Days During Family And Medical Leave

1. If the employee has accrued paid time off; the employee must use that accrued-paid time off days first and take the remainder of the 12 weeks as unpaid leave.

2. An employee who is taking leave because of the employee's own serious health condition or the serious health condition of a family member must, in addition to using accrued paid time off; use paid sick leave prior to taking unpaid leave for the remainder of the 12 weeks.

3. An employee taking leave for the birth of a child must, in addition to using accrued paid time off use paid sick leave for physical recovery following childbirth, prior to taking unpaid leave for the remainder of the 12 weeks.

F. Rights upon Return To Work

1. Employees who return to work within the approved family and medical leave period and who are capable of performing all the essential functions of their position will be reinstated to their same position or to an equivalent one in accordance with applicable federal and state laws. The agency reserves the right not to reinstate employees who exceed the maximum family and medical leave, who would not otherwise be employed at the time

reinstatement is requested due to layoff or other reasons, or those highly compensated "key employees" defined as exempt from reinstatement rights under federal law. Key employees are those salaried employees among the highest paid 10% of all the facility employees. If reinstatement of a key employee from leave causes substantial and grievous economic injury to HEAVENLY MENDERS LLC, HEAVENLY MENDERS LLC reserves the right not to reinstate such an employee.

2. This policy is meant to comply with applicable federal and state laws. It is not intended to provide benefits beyond those required by such laws.

MILITARY LEAVE

A military leave of absence will be granted to employees, except those occupying temporary positions, to attend scheduled drills or training or if called to active duty with the US armed services.

The leave will be unpaid. However, employees may use any available paid time off for the absence.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon the employee's return to active employment.

Employees on two-week active-duty training assignments or inactive duty training drills are required to return to work for the first regularly scheduled shift after the end of training, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with all applicable state and federal laws.

Every reasonable effort will be made to return eligible employees to their previous position or a comparable one. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service, such as the rate of vacation accrual and job seniority rights.

PREGNANCY-RELATED ABSENCES

HEAVENLY MENDERS LLC will not discriminate against any employee who requests an excused absence for medical disabilities associated with a pregnancy. Such leave requests will be made and evaluated in accordance with the medical leave policy provisions outlined in this handbook and in accordance with all applicable federal and state laws.

Requests for time off associated with pregnancy and/or childbirth (apart from medical disabilities associated with these conditions) will be considered in the same manner as any other request for unpaid personal or family leaves.

EMPLOYEE CONDUCT AND WORK RULES

Certain rules and standards of conduct are essential to performing your job efficiently and safely. You should have little difficulties adapting to our rules. Employees who fail to abide by established rules and regulations may be reprimanded or penalized by suspension or dismissed depending on the seriousness of the offense. An employee may be discharged immediately when his conduct is detrimental to the facility, clients, or fellow workers. The following are reasons that may lead to immediate discharge or reprimand.

- 1 Dishonesty, including falsification of employment applications forms, time cards, medical or other records, and omission of pertinent information or giving false testimony.
- 2 Acts of dangerous or destructive nature, including careless or willful damage to the agency's property or client property, or personal property of the patients.
- 3 Bringing, possession, or using alcoholic beverages on the agency's property or client property or any degree of intoxication on the premises.
- 4 Unauthorized possession or illegal use of narcotics or drugs.

- 5 Participating in or being present at gambling activities on the premises.
- 6 Possession of firearms or other unauthorized weapons on the premises.
- 7 Insubordination, including willful negligence or refusal to perform work in the manner designed.
- 8 Loafing, wasting time, sleeping on the job, or leaving the work area during normal shift hours without authorization.
- 9 Knowingly harboring a communicable disease, this could endanger clients or co-workers.
- 10 Voiced or inferred threats or assaults toward anyone in the facility including members of the staff, clients or the public.
- 11 Conduct, which would be widely regarded as immoral, improper, or inappropriate in a work group.
- 12 Lack of courtesy to the public, patients and their families, physicians, or fellow employees.
- 13 Unauthorized use of patients' television, clothing, food, etc. at work sites
- 14 Self-medicating with the medications of any patients (prescription or standard)
- 15 Violation of patients' Bill of Rights, safety regulations, or other established policies and procedures.
- 16 Discussion of pay rate, or job performances with other personnel.
- 17 Acceptance of gratuities or soliciting tips from patients or families/responsible parties.
- 18 Sexual or other unlawful or unwelcome harassment.
- 19 Violation of these personnel policies.
- 20 Unsatisfactory performance or conduct
- 21 If an employee notifies the agency that he/she will be absent from work due to illness or a family member's illness, written documentation from a doctor's office or appropriate health care facility will be required.

DRUG AND ALCOHOL USE

It is HEAVENLY MENDERS LLC's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on HEAVENLY MENDERS LLC premises and while conducting business-related activities off HEAVENLY MENDERS LLC premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

"Illegal Drug" means any drug (1), which is not legally obtainable, or (2), which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes.

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the Administrator without fear of reprisal.

ATTENDANCE AND PUNCTUALITY

To maintain a safe and productive work environment, the agency expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees, the agency and our clients. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor at least 3 hours (or earlier if possible) in advance of the anticipated tardiness or absence.

BEHAVIOR

Quietness is necessary and expected at our agency and client's premises. Personnel are to avoid loud talking and calling through corridors, patient's rooms, and all areas of the facility.

Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment.

PERSONAL APPEARANCE

Cleanliness is a vital consideration in client care. The patients and public have every right to expect neatness and cleanliness. Working uniforms, including shoes, should be clean and in good condition. Hair should be neat and well groomed

Personal appearance will be regarded as an important aspect of an employee's overall effectiveness. All employees will wear uniforms as designated by the administrator.

NAME TAGS

Management provides nametags for employees. Your FIRST name tag will be free. Any replacement will be at the expense of the employee. Nametags are to be worn while on duty.

RESIGNATION

When you resign from your position you are expected to give at least two weeks written notice to the Administrator or supervisor. The exception to the two-week period is for Management and you are expected to give a 30-day written notice to the Administrator. All property issued to you (keys, name pins, uniforms, etc.) must be returned before your final check is issued.

After termination of employment by resignation, the employee's earned wages to date will be mailed on the next regularly scheduled payday.

Any employee failing to work at least one week of the required two-week notice will forfeit all vacation pay. The exception to the two-week notice is for Management and you must work two weeks of the four-week written notice of forfeit all vacation pay.

SOLICITATION

In an effort to assure a productive and harmonious work environment, persons not employed by the agency may not solicit or distribute literature in the workplace at any time for any purpose.

The management recognizes that employees may have interests in events and organizations outside the workplace. However, employees may not solicit or distribute literature concerning these activities during working time. (Working time does not include lunch periods, work breaks, or any other periods in which employees are not on duty.)

Examples of impermissible forms of solicitation include:

- The sale of goods, services, or subscriptions outside the scope of official organization business
- The distribution of literature not approved by the employer

In addition, the posting of written solicitations on company bulletin boards is prohibited.

Bulletin boards are reserved for official organization communications on such items as:

- Affirmative Action statement
- Employee announcements
- Internal memoranda
- Workers' compensation insurance information
- State disability insurance/unemployment insurance information

COURTESY

You as an employee, play a vital part in creating favorable or unfavorable attitudes in the community toward your agency. Our reputation depends a great deal upon the organization, efficiency, and courtesy of the staff. Make the best of all situations, listen to criticism, and be patient with all requests.

WARNING NOTICES

A warning notice is a written reprimand. It is given to employees who violate rules and regulations of this agency. Three warning notices are given. The first warning is given to

employee and a copy is placed in his/her personnel file. The second warning notice is treated the same. The third warning notice may be cause for immediate dismissal.

When you violate company policy, you could be forfeiting employment rights. It is the policy of the agency to be fair with all employees. It will be the decision of the administrator as to whether a violation of company policy will be cause for immediate discharge. Employees discharged for cause will be paid for the number of hours worked to the time of discharge and are not eligible for any benefits accrued up to the time of discharge.

GRATUITIES

Employees shall not accept tips from patients or visitors for work performed while on duty. Penalty is dismissal. Gifts of personal items, e.g. furniture, appliances, etc., may not be accepted by employee unless approved by the Administrator.

DRUG TESTING

HEAVENLY MENDERS LLC is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug or alcohol testing may result in disciplinary action, up to and including termination of employment.

The agency will utilize drug and/or alcohol testing, including the following types of testing, to help administer this policy:

- A. Employees will be tested for cause.
- B. Employees will be tested following accidents.

The agency will maintain confidentiality for all testing.

This policy applies to all employees of the agency. All employees will be required to complete, sign, and date a chemical screening Consent and Release form and submit to testing.

The company prohibits the unlawful manufacture, distribution, dispensation, presence, or use of drugs, other controlled substances or alcohol, while on its property is or at its work sites. Employees violating this prohibition will be disciplined up to and including termination.

The unlawful possession, manufacture, distribution, dispensation, sale or use of drugs, or other controlled substances while off duty and off company property is prohibited. Employees violating this prohibition will be disciplined up to and including termination.

If an employee is arrested or convicted for driving under the influence, or for violating a criminal statute, HEAVENLY MENDERS LLC will investigate to determine whether cause exists for drug testing. HEAVENLY MENDERS LLC may take disciplinary action up to and including discharge, whether or not a drug test is conducted, in the event that an employee is arrested or convicted, for driving under the influence, or for violating a criminal statute.

For-Cause Testing- Current employees may be asked to submit to a test if reasonable cause exists to indicate that their health or ability to perform work may be impaired. Factors, which could establish cause, include, but are not limited to:

- a. Sudden changes in work performance
- b. Repeated failure to follow instructions or operating procedures.
- c. Violation of company safety policies.

- d. Involvement in an accident, or near-accident
- e. Discovery or presence of substances in an employee's possession or near the employee's work place
- f. Odor of alcohol and/or residual odor peculiar to some chemical or controlled substances.
- g. Unexplained and/or frequent absenteeism.
- h. Personality changes or disorientation.
- i. Arrest or conviction for violation of criminal drug statutes.

For-Cause Testing also applies to employees who have had an accident without an injury. Employees involved in an accident resulting in death or any property damage will be drug tested for the use of controlled substances, including a blood test for alcohol as soon as possible after the accident. Any employee who is seriously injured and cannot provide a urine or blood specimen at the time of the accident shall be required to provide the necessary authorization for obtaining hospital records and other documents that would indicate whether there were on controlled substances in the employee's system.

Each employee will be required to sign a Chemical Screening Consent and Release Form upon implementation of this policy. If the employee refuses to sign the Chemical Screening Consent and Release Form when knowingly able, he or she will be terminated.

A confirmed positive test result will result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit another specimen to replace the original specimen submitted for testing.

An employee waiting pending test results may be placed on probationary status, and may be sent home without pay during the time required for a specimen to be evaluated.

At the request of the management based upon suspicion of evidence of sale, possession, or use of controlled substances, and employee shall be required to:

- A. Submit to the search of their person and/or any personal articles brought upon company premises, companies work sites, or while on company business.
- B. Submit to seizure any controlled substance found in their possession. Suspected illegal substances will be turned over to appropriate law enforcement authorities. Employee will be required to furnish the company with a physician's name and/or prescription for confirmation of a legal substance found in the employee's possession.
- C. Submission to a personal search or search of personal articles as used above shall include the search of any vehicles brought upon company premises, work sites, or used in company business. A personal search also includes a search of items within the employee's work area, including desks and lockers.
- D. Failure to submit to a search will result in termination.

This Substance Abuse Policy in no way creates an obligation or contract of employment.

The management reserves the right to alter or amend the policy at any time at its sole discretion.

If any part of this policy is determined to be void or unenforceable under state or federal law, the remainder, to the extent possible will remain in full force and effect.

Any violation of failure to comply with the terms of this policy by any employee may result in disciplinary action up to and including termination.



HEAVENLY MENDERS LLC

Section 3



MAINTENANCE Policies

2055 Kent Road, Folcroft PA 19032

267-769-0434

heavenlymenders1531@gmail.com

3.1 BIOMEDICAL EQUIPMENT TESTING AND MAINTENANCE POLICY

Purpose: To provide guidelines for Biomedical equipment testing and maintenance policy.

Policy: HEAVENLY MENDERS LLC will ensure all biomedical equipment are tested and maintained in compliance with the manufacturer's recommendations and federal standards whichever is more frequent. The administrator will maintain a list of all biomedical equipment, testing and maintenance schedule and periodically ensure the testing and maintenance are completed in compliance with manufacturer's recommendation or federal standards, whichever is more frequent.

The administrator will ensure all biomedical equipment and devices comply with all applicable provisions set forth by the Federal Food and Drug Administration for safe care, utilization and maintenance of medical devices.

Biomedical equipment includes, but is not limited to:

1. Cardiac resuscitators (that is, Thumpers [FN®]);
2. Automated external defibrillator (AED);
3. Pulse oximeters; and
4. Automatic ventilators.

The administrator will ensure the required testing and maintenance shall be conducted by:

1. Qualified employees of the firm that manufactured the equipment;
2. Qualified employees of a firm approved or authorized by the manufacturer;
3. Biomedical engineering staff of a general hospital;
4. A recognized independent laboratory; or
5. Crewmembers or other employees of HEAVENLY MENDERS LLC who have been qualified by the equipment manufacturer to perform such testing and maintenance.

The requirements above shall not apply to biomedical equipment that is:

1. In the physical possession of a general hospital or other licensed health care facility;
2. Is placed in HEAVENLY MENDERS LLC's vehicle for treatment, during transportation, of that hospital's or facility's patient; and
3. Is operated by that hospital or facility's personnel.

The results of the biomedical equipment tests shall be kept on file by the administrator at HEAVENLY MENDERS LLC's principal place of business and shall be made available to Department staff upon demand.

3.2 AUTOMATED EXTERNAL DEFIBRILLATOR REPORTING POLICY

Purpose: To establish guidelines for compliance with the manufacturer's equipment maintenance and testing requirements.

Policy: HEAVENLY MENDERS LLC will comply with manufacturer's equipment maintenance and testing requirements.

Procedure:

A notation shall be made on the patient care report each and every time a crewmember applies an AED to a patient.

In addition, a crewmember shall make a complete verbal report to the receiving physician or registered nurse;

A copy of the patient care report shall be filed with the receiving health care facility no later than 24 hours after completion of the call.

3.3: VEHICLE PIOOS (PROVIDER-INITIATED-OUT-OF-SERVICE) LOGS AND MAINTENANCE POLICY

Purpose: To establish policies and procedures for vehicle PIOOS log and to provide guidelines for vehicle maintenance.

Policy: HEAVENLY MENDERS LLC to maintain vehicles and equipment in order to provide safe, comfortable, and reliable transportation to our passengers, effective and efficient service to the community. Provider-Initiated-Out-of-Service" or "PIOOS" means the temporary removal from service of a vehicle by HEAVENLY MENDERS LLC. This includes vehicles in transit for repairs, when being utilized for official administrative duties or when being utilized in a parade or similar ceremony. Vehicles removed from service in this manner shall be identified by the placement of a placard by the administrator in designee in one of the vehicle's windows indicating that the vehicle is "PIOOS". Any PIOOS (Provider-Initiated-Out-of-Service) for a period greater than 30 calendar days shall be reported by the administrator or designee to the state regulatory agency.

Vehicle Maintenance

1. *It is the policy of HEAVENLY MENDERS LLC to maintain vehicles to promote the safety and comfort of passengers, operators, and protect the public.*
 - Conduct regular pre-trip inspections in order to identify vehicle and equipment problems and assure vehicles are in good operating condition.
 - Conduct basic Preventive Maintenance service routines in a timely manner to identify vehicle problems and keep vehicle systems in good repair.
 - Conduct vehicle repairs in a timely manner and in accordance with industry best practices.
 - Maintain a clean appearance for vehicles through regular interior and exterior cleaning.
2. *Manage Preventive Maintenance and repair activities to promote the reliability of the service by minimizing service interruptions due to vehicle or equipment failure.*
 - Regularly inspect vehicles in order to identify and correct problems in to prevent service interruptions.
 - Schedule repairs promptly in order to minimize service interruptions.
 - Utilize subcontractors as needed to perform specialized services.
 - Analyze repair, road call and tow data to identify trouble-prone components or systems for proactive attention.
3. *Maintain vehicles and equipment to promote cost-efficiency of operations.*
 - Maintain and repair vehicles to ensure their operation at peak efficiency, including fuel efficiency, emissions systems, etc.
 - Analyze vehicle fuel usage and repair data; identify vehicles which may need remedial work or may need to put in PIOOS.
 - Maintain vehicles and related equipment to fulfill manufacturer's warranty requirements and pursue warranty repairs where applicable; research and follow up on any applicable recalls or service bulletins.

- Maintain vehicles to maximize the useful vehicle life, including the life of key components such as tires, brakes, batteries, etc.
 - Manage the maintenance program to be cost effective in terms of staff time, service vendors and parts and supplies costs.
4. *Conduct vehicle operations, repairs, and cleaning in compliance with applicable local, state and federation regulations.*
- Ensure maintenance procedures comply with applicable OSHA laws and regulations protecting the health and welfare of workers.
 - Handle and dispose of fuels, lubricants, solvents, tires and related materials in a safe and environmentally responsible manner.
 - Maintain vehicles to comply with relevant emission standards and other applicable regulations.
 - Conduct vehicle cleaning to comply with applicable wastewater and other relevant regulations.
 - Conduct maintenance and repairs in compliance with environmental standards and other relevant regulations.

Program Elements:

Pre-trip inspections. Each vehicle will be inspected at the start of each shift by a driver trained in the procedure. A walk-around will be performed with a vehicle pre-trip checklist and any irregularities reported to the Mechanic before the vehicle leaves the lot. Please see Attachments for Pre-Trip Inspection checklist.

Basic Service Routines. Per the recommendations of the chassis, bus body, and wheelchair lift manufacturers, and the additional recommendations of the Mechanic, a thorough preventive maintenance schedule will be established and followed for each vehicle. At or before the recommended mileage intervals, HEAVENLY MENDERS LLC mechanic will perform all the elements of maintenance due at that mileage.

Vehicle Cleaning. Interior cleaning and sweeping of each in-service vehicle will be performed at the end of each shift by crewmembers. Vehicle exteriors will be washed on a weekly basis or more frequently, as needed.

Vehicle Repairs. The need for a vehicle repair may be discovered during a pre-trip inspection, preventive maintenance inspection, or breakdown. The Mechanic will determine warranty coverage for the system requiring attention, and if appropriate, pursue warranty repairs with the vendor, bus or chassis manufacturer, or authorized warranty outlet. The Mechanic will determine whether the repair can be accomplished by the Mechanic, or because of the need for special diagnostic expertise or equipment, will be assigned to a subcontractor.

Documentation and Analysis. Vehicle condition will be regularly documented through pre-trip inspections and problems discovered on the road will be documented on a Vehicle Condition Report by the driver. In addition, all vehicle maintenance and repair activity and costs will be documented. Vehicle data will be organized for summary and analysis.

3.4 VEHICLE REGISTRATION POLICY

Purpose: To set guidelines for each non-emergency transportation vehicle registration.

Policy: HEAVENLY MENDERS LLC shall register, maintain and operate each vehicle in accordance with all applicable state and federal regulations. The vehicle registration card shall be made available to state licensing agency staff upon demand. Vehicles registered as a motor vehicle in the state shall display a valid motor vehicle inspection decal issued by the state Motor Vehicle Commission. The vehicle shall only be utilized to provide service after it has successfully passed all motor vehicle tests conducted by the DMV or an authorized re-inspection Station. No vehicle shall be utilized to provide services while it bears a voided, expired or "Rejected" MVC sticker. Vehicles registered as motor vehicles in other states shall display a valid motor vehicle inspection decal issued in accordance with the requirements of the state registering the vehicle. The vehicle shall only be utilized to provide service after it has successfully passed all tests conducted in accordance with the requirements of the state registering the vehicle.

3.5 VEHICLE SANITATION POLICY

Purpose: To provide guidelines regarding the sanitation of vehicles

Policy: The interior of the vehicle, including all areas utilized for storage, and the equipment and supplies within the vehicle, shall be kept clean and sanitary. A disinfectant shall be applied to all contact surfaces at least weekly. The floor, walls and equipment shall be free of stains, dirt, debris, odors and insect infestation.

All interior surfaces shall be covered with stain resistant material that is impervious to blood, vomitus, grease, oil and common cleaning materials.

Blankets, pillows and mattresses shall be kept clean and in good repair. All pillows and mattresses shall have protective, waterproof and stain resistant covers.

Clean linens shall be utilized in the transport of stretcher patients. All linens shall be changed after each patient. Disposable linens may be utilized, so long as they are disposed of after each patient.

There shall be adequate, clean, dustproof storage for clean linens.

Plastic bags and/or covered containers or compartments shall be provided and shall be utilized for all soiled supplies (including linens and blankets) carried within the vehicle.

In order to protect the safety of the general public and emergency response personnel, after a vehicle has been occupied by or used to transport a patient known or suspected to have a communicable disease, the vehicle shall, prior to transportation of another patient, be cleaned and all contact surfaces, equipment and blankets shall be disinfected according to applicable standards set forth by the Occupational Safety and Health Administration (OSHA). Where possible, only single-service implements shall be inserted into the patient's nose or mouth. These single-service items shall be wrapped and properly stored and disposed of after utilization. Non-disposable patient care equipment shall be decontaminated after each patient utilization in a manner consistent with the sending or receiving health care facility's requirements for equipment decontamination. No airway, tube, catheter or other similar device shall be utilized on more than one patient unless sterilized in accordance with manufacturer's recommendations. Exterior surfaces of the vehicle shall be cleaned weekly.

Related Policy

1. Vehicle Maintenance Policy

3.6 VEHICLE HEATER/AIR CONDITIONER POLICY

Purpose: To provide guidelines for functionality and operation for vehicle heater/air conditioner.

Policy: Each vehicle shall have a functional heater and air conditioner: When the outside temperature is below 65 degrees Fahrenheit, the heater shall, within 20 minutes after initial engine start up, provide an inside ambient patient compartment temperature of 68 to 72 degrees Fahrenheit.

The air conditioner shall, within 45 minutes after engine start up, provide an inside ambient patient compartment temperature of:

- i. Sixty-eight to 72 degrees Fahrenheit when the outside temperature is between 75 and 85 degrees Fahrenheit; and
- ii. At least 13 degrees Fahrenheit below the outside temperature when the outside temperature is over 85 degrees Fahrenheit.

3.7 VEHICLE CHASSIS, BODY AND COMPONENTS POLICY

Purpose: This policy reflects standard for the motor vehicle chassis, body and components

Policy: It is the policy of HEAVENLY MENDERS LLC that the motor vehicle chassis, body and components shall be standard commercial products and shall comply with all Federal Motor Vehicle Safety Standards (FMVSS) and Federal regulations applicable or specified for the year of manufacture.

The curb weight and payload weight shall not exceed the gross motor vehicle weight rating as determined by the manufacturer.

Tires shall be appropriate for the Gross Vehicle Weight of the vehicle and shall not be damaged or have excessive tread wear. Radial and non-radial tires shall not be mixed on the vehicle.

The completed/modified vehicle's center of gravity shall be within the parameter recommended by the chassis manufacturer.

(e) All seats shall comply with 49 C.F.R. 571.207 (FMVSS No. 207). Automotive safety belts and anchorages for seats and for occupied wheelchairs shall comply with 49 C.F.R. 571.208, 209 and 210 (FMVSS Nos. 208, 209 and 210).

All glazing shall comply with 49 C.F.R. 571.205 (FMVSS No. 205).

HEAVENLY MENDERS LLC shall, with the approval of the Department, permanently assign a unique non-duplicated recognition number to each vehicle. The recognition number shall consist of at least one, but not more than six, characters. A character shall mean either an Arabic number, an Arabic letter, a space or a dash. At least one of the characters in the recognition number shall be either an Arabic letter or Arabic number.

3.8 VEHICLE CARBON MONOXIDE CONCENTRATIONS POLICY

Purpose: This policy provides standards to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle.

Policy: It is the policy of HEAVENLY MENDERS LLC to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle:

The vehicle exhaust system, as well as the vehicle exterior, doors, windows and related gaskets shall be in good condition and free of leaks; and

The vehicle exhaust system shall extend beyond the sides of the vehicle and away from the fuel tank filler pipes and doors.

The vehicle shall not be utilized to transport patients if the exhaust system has:

1. Loose or leaking joints;
2. Holes, leaking seams, or patches;
3. A tail pipe end that is pinched or damaged; or
4. A tail pipe end that does not extend beyond the edge of the vehicle body.

3.9 PNEUMATIC TESTING POLICY

Purpose: To provide guidelines for the testing of respiratory equipment.

Policy: All respiratory equipment shall be pneumatically tested by HEAVENLY MENDERS LLC at least once every six months and, if required by the manufacturer, at more frequent intervals. Testing respiratory equipment is performed using specially designed test equipment. Periodic pneumatic testing will be conducted by HEAVENLY MENDERS LLC using the state licensing agency pneumatic testing guide, entitled "Pneumatic and Oxygen Delivery Testing Standards".

The results of all pneumatic tests shall be kept on file by the administrator or designee at HEAVENLY MENDERS LLC's principal place of business.

(d) At the discretion of the state licensing agency, pneumatic testing conducted by approved outside agencies may be accepted for the purpose of vehicle licensure.

(e) The results of all pneumatic tests shall be made available to state licensing staff part of any annual or biennial inspection for the purpose of licensure of a vehicle.

3.10 PRE-TRIP VEHICLE INSPECTION POLICY

Purpose: To help ensure the safe mechanical condition of each vehicle before it is used in service. To identify minor and major vehicle defects for immediate maintenance

Policy:

The Pre-Trip Vehicle Inspection Sheet should be completed by each driver before they start their run for the day. Items to be checked are listed on the left side of the page. Two boxes on the right side of the page highlight information that should be recorded for administrative purposes. There are three main areas that must be inspected by the driver. The exterior inspection checks the lighting systems, tires, body damage, and wheelchair lift/ramp operation. The interior inspection checks the operating condition of the major mechanical systems such as the brakes and steering as well as the operation of the radio (if applicable) and the cleanliness of the vehicle.

Drivers should also visually check the condition of the belts and hoses in the engine compartment and fluid levels as instructed by their supervisor.

Exterior Inspection

The exterior inspection can be completed more efficiently by two people but it should not take long for a single person to do the work.

Headlights	Both high and low beams must be checked
Turn Signals	Front and back pairs of signals must work. In addition hazard lights must be operational.
Back-up Lights	Back-up lights must work if transmission is shifted into reverse. (Should be inspected by another individual if possible.)
Mirrors	All mirrors must be present, unobstructed, and adjusted to the person who will be driving the vehicle.
Windshield Wipers	Windshield wipers must work at all settings. Wiper fluid pump should also be tested.
Windows	Windows must be secure and in good operating condition.
Tires	All tires should be visibly inspected for inflation and tread wear.
Body Damage	Any body damage should be reported even if transportation system administration and personnel are already aware of the problem.
Cleanliness	Outside of the vehicle should be inspected for accumulated dirt and grime.
Lift/Ramp Operation	All wheelchair lifts must be checked before the vehicle is put into service, whether or not the lifts are intended to be used.

Interior Inspection

Brakes	Brakes should be checked by putting the vehicle in gear without acceleration and applying the brakes.
Steering	Steering wheel should both have a full range of motion and effectively turn the front wheels.
Gauges and Indicators	All gauges and indicators should be visually inspected to make sure that they are operational.
Transmission Selector	Vehicle should be capable of being shifted into any gear
Radio	If the vehicle is equipped with a radio, a radio check should be conducted with dispatch.
Cleanliness	The interior of the vehicle should be free of any litter, food, or excessive dirt.

Engine Area Inspection

Each driver should visibly inspect the engine compartment for any loose belts or hoses. Fluid levels should also be checked as appropriate.

CROSS REFERENCE POLICY

1. Vehicle PIOOS Policy
2. Vehicle Sanitation Policy

HEAVENLY MENDERS LLC

Section 1



Organization and Administration Policies

2055 Kent Road Folcroft PA 91032
267-769-0434
heavenlymenders1531@gmail.com

1.1 STANDARD OPERATING PROCEDURES MANUAL POLICY

Purpose: This Standard **Operating Procedures Manual** provide standards which delineate what should be included in HEAVENLY MENDERS LLC’s standard operating proceeds and the usage of the SOP manual.

Policy: HEAVENLY MENDERS LLC has developed and maintains the standard operating procedures (SOP) manual to reflect the methods of daily operation and to provide the standards to each employee. The SOP manual will be available in a binder labeled “SOP Manual”. A copy of the SOP manual shall be available at each location where a vehicle is garaged, shall be readily accessible to all crewmembers and shall be made available to State regulatory agency upon demand. The SOP manual address the following employees' responsibilities in cooperating with inspections, the rules governing vehicles placed in unusable status, the possibility of incurring monetary penalties in case of licensure violations, having training credentials available and performing duties in a professional manner. The SOP manual shall address sanitation requirements, confidentiality of patient information, maintenance of records, vehicle cleanliness, and communicable disease guidelines, placing patients into physical behavioral restraints, patient rights, vehicle breakdowns, child and elder abuse reporting requirements, portable and mobile radio. The SOP manual shall also contain a nondiscrimination statement, outlining the service's willingness to transport and treat patients regardless of a person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) or ability to pay. A current copy of the state regulatory agency rules and regulations shall be included in the SOP manual.

The SOP Manual will be reviewed annually by the administrator and senior management with input from staff to ensure the manual reflects current practice and all relevant state and federal regulations.

1.2 REVIEW AND DEVELOPMENT OF NEW POLICY AND PROCEDURES

Purpose: Identify need for new policy and/or procedures and process for reviewing of existing Policy and Procedures for the Standard Operating Procedure Manual

Policy: The need for new policy and/or procedures may be identified by:

- The department of health and senior services staff or other stakeholders
- Administrator or management staff
- Employees
- Patient related concerns and complaints

The triggers for a new policy and/or procedures may include:

- changes to the external or internal operating environment;
- changes to government policy or legislation;
- review of the strategic directions of HEAVENLY MENDERS LLC;
- new initiatives within or across the industry;
- need for consistency across areas of service delivery.

Review of Existing Policy and Procedures

Policies and procedures of HEAVENLY MENDERS LLC must be reviewed on a regular basis. The policy review team shall include the administrator, management staff and selected employees. The review cycle may vary depending on the policy type and its scope, but three years would be typical, and there must be no more than five years between policy reviews. Procedures are likely to be reviewed more frequently. Review dates should be set to allow adequate time for revision and approvals processes.

Minor editorial updates that do not affect the title or substance of the policy (purpose, scope, policy statement) do not need to go through the formal approvals process. These include correction of typographical errors or changes to:

- stakeholders
- policy owner
- contact person/maintainer
- key words and definitions

1.3 ADMINISTRATOR AND DESIGNATED ALTERNATIVE POLICY

Purpose: To set guidelines for the administration and day to day operations of HEAVENLY MENDERS LLC.

Policy: It is the policy of HEAVENLY MENDERS LLC to ensure a fully qualified administrator is employed for the day-to-day operation of all HEAVENLY MENDERS LLC services. The administrator shall designate one or more alternates to act in the administrator's absence. The state regulatory agency shall be informed of the appointment by the appointment administrator and the alternate within 14 calendar days of appointment and or of any subsequent change. The administrator or the designated alternate shall be available for consultation with the state regulatory agency during normal business hours.

1.4 BUSINESS LOCATION POLICY

Purpose: To provide guidelines regarding the business location of HEAVENLY MENDERS LLC.

Policy: It is the policy of HEAVENLY MENDERS LLC to maintain a principal location of HEAVENLY MENDERS LLC. The principal location of HEAVENLY MENDERS LLC is 2055 Kent Road Folcroft PA 19032. The administrator shall inform the state regulatory agency of the specific location of HEAVENLY MENDERS LLC 14 calendar days in advance of any change in the location of the principal place of business. The principal place of HEAVENLY MENDERS LLC will be located on an actual piece of real property and not be a post office box or mail drop. The administrator or designated alternate informs the state regulatory agency of the location of any satellite offices and vehicle storage sites maintained by HEAVENLY MENDERS LLC. HEAVENLY MENDERS LLC will notify the state at least 14 calendar days prior to commencement of business at any proposed satellite location.

1.5 INSURANCE COVERAGE POLICY

Purpose: To provide guidelines for maintaining the required insurance coverage.

Policy: HEAVENLY MENDERS LLC will maintain the required insurance coverage. HEAVENLY MENDERS LLC shall immediately discontinue any and all non-emergency Transportation vehicles services in the event any portion of the required insurance is cancelled, expires or otherwise becomes null or void. At a minimum HEAVENLY MENDERS LLC will maintain:

1. At least \$500,000 per occurrence of combined bodily injury/property damage coverage for each vehicle;
2. At least \$300,000 of single limit coverage of "premises and operations" type general liability insurance; and
3. At least \$300,000 per occurrence coverage of "malpractice" type professional liability insurance, if operating a BLS ambulance service.

A "Certificate of Insurance" form, issued by an insurance carrier, covering all three types of insurance listed above shall be maintained at HEAVENLY MENDERS LLC. The vehicle insurance card shall be kept in the vehicle at all times so as to be accessible to the crewmembers. Vehicle insurance cards shall be made available to state regulatory staff upon demand. Copies of all insurance policies shall be kept at HEAVENLY MENDERS LLC's principal place of business and made available to state staff upon demand forms that show that the required insurance has been purchased and is in force. If the vehicles are insured as "Scheduled Autos," the Vehicle Identification Number (VIN) of each vehicle shall be listed on the "Certificate of Insurance" form. The Certificate of Insurance shall contain the following:

1. The name of the insurance Company or companies issuing each policy;
2. The name of the policyholder, which shall include the provider's trade name;
3. All policy numbers;
4. The expiration date of each policy; and
5. The types and limits of coverage for each policy.

HEAVENLY MENDERS LLC shall make the state regulatory agency a certificate holder of any required insurance policies. HEAVENLY MENDERS LLC will also make all Certificate of Insurance readily available and shall supply the state with the certificate of Insurance with all identified information as outlined in 1 to 5 as listed above for any vehicle re- licensure.

1.6 ADVERTISING POLICY

Purpose: To provide guidelines for the advertising of HEAVENLY MENDERS LLC services and to ensure all staff comply with advertising restrictions.

Policy: It is the policy of HEAVENLY MENDERS LLC to ensure all HEAVENLY MENDERS LLC advertising or representations are only services HEAVENLY MENDERS LLC is licensed to provide. All advertisements shall include the name under which HEAVENLY MENDERS LLC is licensed by the Department.

Advertisements of HEAVENLY MENDERS LLC NEMT services shall not give the impression that HEAVENLY MENDERS LLC is capable of providing emergency medical services and shall be void of any word or expression indicating emergency medical services, including, but not limited to, "Emergency," "9-1-1," or "Emergency Response." The words "24-hour service," "Immediate Response," "Eliminate Delay" or similar expressions shall **NOT** appear in HEAVENLY MENDERS LLC advertising. The words "Paramedic," "EMT-Paramedic," "Mobile Intensive Care," "Intensive Care," "MICU," "Critical Care Transport Unit," "CCTU," "Coronary Care," "Special Care," "Specialty Care," "SCTU," "Specialty Care Transport Unit," "ALS," "Advanced Life Support" or abbreviations of such words, shall **NOT** appear in advertisements unless HEAVENLY MENDERS LLC is licensed to provide those services.

All advertising materials will be reviewed and approved by the administrator in compliance with this policy.

1.7 RELEASE OF INFORMATION POLICY

Purpose: To delineate guidelines for ensuring the confidentiality and the release of patient information.

Policy: It is the policy of HEAVENLY MENDERS LLC that all patient information, including patient identifiable data, remains confidential and private. All HEAVENLY MENDERS LLC staff shall be informed upon hire regarding the confidentiality and the release of patient information as provided in the SOP manual.

All Patient information shall only be disclosed or released in the following circumstance:

1. If the patient, guardian, executor or other legally authorized person has requested in writing that the information be released to a specific person, entity or HEAVENLY MENDERS LLC;
2. In compliance with a subpoena, judicial order or applicable law, rule and/or regulation;
3. To process a claim for insurance, including Medicare or Medicaid, if authorized by the patient, guardian, executor or other legally authorized person;
4. To Department staff in the performance of their duties and/or while conducting inspection, audit and/or investigation; and
5. To affect the transfer of the patient to another health care professional receiving the patient.

1.8 MAINTENANCE OF RECORDS POLICY

Purpose: To ensure the appropriate maintenance of patient records

Policy: HEAVENLY MENDERS LLC will take action to maintain full, complete and accurate records as required by all applicable regulations. Records shall not be falsified, altered or destroyed. Records will be stored in hard copy files in cabinets located in a secure room. Other records will also be stored in a computer format. All records will be deemed confidential only accessed by employees as required in their job function. The administrator will ensure safeguards are in place to prevent unauthorized access and tampering, and adequate back-up data through a hard disk drive for all electronic records. HEAVENLY MENDERS LLC will keep a copy of each required record, including patient care reports, at its principal place of business. The records shall be made available to state licensure agency staff upon demand.

HEAVENLY MENDERS LLC shall retain and safely store all patient medical records, including patient care reports, for at least 10 years. However, in those instances where a patient is less than 18 years of age at the time of treatment, the patient medical records shall be retained and stored until the patient's 23rd birthday or for 10 years, whichever is greater. HEAVENLY MENDERS LLC shall retain and safely store all other required records for at least five years. In the event HEAVENLY MENDERS LLC ceases operation for any reason, HEAVENLY MENDERS LLC will arrange with a data storage HEAVENLY MENDERS LLC under a contract that will ensure the safety, integrity, legibility, and accessibility of all records.

Cross Reference Policy

Release of Information Policy

Forms

1. Release of Information Form

1.9 OPERATION AND ADMINISTRATION POLICY

Purpose: Operation is main activity of HEAVENLY MENDERS LLC. Safe and efficient operation is necessary to improve HEAVENLY MENDERS LLC performance. HEAVENLY MENDERS LLC is committed to safe and efficient administration and operation.

POLICY

HEAVENLY MENDERS LLC management will ensure all staff complies with the following:

1. Ensure Drivers employed for vehicle are medically and mentally fit for driving.
2. Proper training for all drivers at orientation and annually
3. Office staff will ensure the drivers have necessary information about the journey total time, duty hours, routes, rest areas and potential hazards of journey
4. Drivers will be trained to ensure the following for all trips:
 - *Before transporting client* to check the fitness of vehicle by drivers and supervisors
 - To check the drivers activities by tracking, spot checking and trip log.
 - If vehicle has defect of maintenance or safety and cannot continue safe operation

Cross Reference Policy

1. Standard Operating Procedure Policy

1.10 MOBILE PHONE POLICY

Purpose: *HEAVENLY MENDERS LLC* is committed to the goal of no harm to *clients*.

Mobile phones have become an essential business tool for most staff; however the use of a mobile phone, or other communication equipment, while driving presents a significant safety hazard.

Therefore, as a minimum within our business, the use of Mobile phones in motor vehicles is as follows:

Policy: For safety purpose, the use of a hands-held mobile phone while driving is forbidden and should be treated as a case of serious misconduct. If there is no hands free facility available, the phone must be switched off while driving and a messaging service should be used to take incoming calls.

When the vehicle is equipped with a hands-free kit, the phone should only be used to receive *calls and conversations kept to an absolute minimum while driving*. If there is a need for a longer discussion, the driver should explain his situation and offer to call the caller back when a safe place to park is available. It is not safe to stop on the hard shoulder of a motorway.

Outgoing calls should not be made while driving and dialing must not take place whilst the vehicle is in motion.

HEAVENLY MENDERS LLC

Section 2



SERVICE Policies

2055 Kent Road Folcroft PA 91032267-769-0434

heavenlymenders1531@gmail.com

2.1 PATIENT CARE REPORTS POLICY

Purpose: To provide guidelines for the maintenance and utilization of patient care reports by HEAVENLY MENDERS LLC crew members.

Policy: HEAVENLY MENDERS LLC will maintain and ensure the utilization of a patient care report form each time a crewmember makes physical or verbal contact with a patient. All crewmembers will be trained on properly completing the patient care report. A separate patient care report shall be prepared for each patient transported in the same vehicle. One patient care report, per person shall be completed. A separate patient care report shall be completed for each leg of a round trip transport. The patient care report form shall be signed by all of the crewmembers. Each patient care report form shall be completed in eligible ink and shall contain the following information:

1. The patient's name, age, sex and home address;
2. A description of the patient's condition and any observed changes
3. A description of any care and/or assistance given to the patient.
4. The time when, and location where, the patient was picked up and was discharged;
5. The vehicle recognition number, date, and full names of each crewmember and their affiliation.

A copy of the patient care report shall be given to an authorized representative at the receiving health care facility. This shall be done no later than 24 hours after completion of the call. Additions to the original report shall not be made once a copy has been delivered to the receiving health care facility, unless such changes are initialed and dated by the person making the change and the receiving health care facility is provided with a copy of the changes.

HEAVENLY MENDERS LLC shall keep all patient care reports in accordance maintenance of record policy and in compliance with state regulatory agency rules and regulation.

The Administrator shall review daily all patient care reports to ensure they are completed correctly.

2.2 NON-DISCRIMINATION POLICY

Purpose: Consistent with best work environment practice, our policy and practice is to maintain a work environment free from discrimination, one where employees and patients are treated with dignity and respect. All employees share the responsibility for fulfilling HEAVENLY MENDERS LLC's commitment to equal employment opportunity and access to service for all patients. To that end, HEAVENLY MENDERS LLC's Non-Discrimination Policy provides that we do not discriminate against any employee or applicant for employment or patients. We also comply with all applicable national and local laws pertaining to non-discrimination and equal opportunity.

Policy:

Patients: HEAVENLY MENDERS LLC does not discriminate against existing and potential patients on the basis of person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) religion, marital status, sexual orientation, gender identity and expression, pregnancy, covered veteran status, political affiliation or ability to pay.

Employees: As an equal opportunity employer, HEAVENLY MENDERS LLC will provide equal consideration to all employees and job candidates without regard to sex, age, race, color, marital status, gender identity, sexual orientation, religion, national origin, veteran status, disability, political affiliation, or any other characteristic protected by federal, state, or local law.

Any form of discrimination is strictly prohibited. Discrimination of any form should be reported immediately to the Administrator for investigation. The crewmembers or staff affected by the allegation will be placed on administrative leave during the investigation. If the allegations are substantiated, the employee will be terminated, and the appropriate agencies will be notified.

2.3 CHILD AND ELDER ABUSE REPORTING POLICY

Purpose: To describe the process for identifying, investigating, and reporting suspected victims of Domestic Abuse, Child Abuse and Neglect, and Elder Abuse and Neglect.

Policy: HEAVENLY MENDERS LLC leaders are cognizant of the increasing occurrence of domestic violence, abuse and neglect in America today. Realizing that victims of alleged or suspected domestic violence, abuse or neglect may be admitted to the service of HEAVENLY MENDERS LLC and that appropriate services cannot be provided by HEAVENLY MENDERS LLC unless these victims are identified and assessed, this organization will:

- Define terms used in this policy as follows:

Domestic: household or family related

Violence: implies use of great force, intense vehemence, physical force exerted for the purpose of violating, damaging or abusing people or things

Abuse: generally carries with it a sense of harm and takes the form of physical, verbal, sexual, psychological and emotional injury. It is generally repetitive and escalating.

Neglect: failure to care for or do, to disregard or pay no attention to. Neglect can be passive (unintentional failure to administer care or to give attention) or active (intentional failure to fulfill a care-taking obligation; to inflict physical or emotional stress or injury)

- Educate staff about domestic violence, abuse and neglect issues.
- Educate staff about appropriately identifying and assessing alleged or suspected victims.
- Educate staff about appropriate intervention in response to the identified abuse and neglect findings.
- Educate the staff to issues related to violence, abuse and neglect.
- Use the current state laws and regulations regarding abuse, neglect and domestic violence issues as HEAVENLY MENDERS LLC's guide for reporting and intervention processes.
- Establish and maintain a list of referral sources that includes private and public community agencies that provide for, or arrange for, assessment and care of victims of suspected or alleged abuse and establish a referral network with these and other appropriate resources.
- Educate all staff regarding the referral process with these resources, including the referral criteria and implementation of the referral process to the appropriate resources within the network.
- Educate staff to appropriate documentation of assessment and care.

- Establish screening guidelines for the identification of HEAVENLY MENDERS LLC's "at risk" population and educate the staff to recognize HEAVENLY MENDERS LLC's at risk population.

Related Policy:

1. Reportable events

2.4 REPORTABLE EVENTS POLICY

Purpose: To establish policies and procedures to notify the Department of Health and Senior Services of reportable events.

Policy: HEAVENLY MENDERS LLC will comply with all requirements for reportable events. HEAVENLY MENDERS LLC will notify the state regulatory agency by telephone and also by written confirmation using the Reportable Events form as provided by the state.

Reportable events will be reported by the Administrator to the state by phone and in writing and will include the following:

1. Any death or injury that occurred to a patient, passenger or crewmember while being treated, transported or riding in the provider's vehicle
2. Any accident reportable in which one or more of the provider's vehicles is involved, regardless of whether or not the accident is actually reported to the police.
3. Any event occurring on or within the provider's vehicle(s) or place of business that results in any damage to patient medical records;
4. Any instance where a crewmember acts outside of his or her approved scope of practice;
5. Any and all incidents or series of incidents which, upon objective evaluation, lead to the good faith belief that the conduct is in violation of any applicable law, rule and/or regulation (including, but not limited to, any instances of child abuse or neglect, elder abuse, domestic violence and/or the utilization of physical behavioral restraints); and/or
6. Any PIOOS (Provider-Initiated-Out-of-Service) for a period greater than 30 calendar days.

The initial telephone report shall be made during regular business hours before the end of the next business day following the incident.

The written confirmation shall be in the form provided by state regulatory agency and shall include all information known to the provider or crewmembers, including the condition of, and prognosis for, any injured persons, as well as copies of any official reports (such as a police report) and the provider's estimate of the degree of disruption of services, as applicable. This confirmation shall be delivered to state regulatory agency no later than 14 calendar days after the incident.

Related Policy:

1. Non-Discrimination Policy
2. PIOOS Policy

2.5 VEHICLE SAFETY POLICY

Purpose: To provide guidelines for vehicle safety operations

Policy: Each HEAVENLY MENDERS LLC vehicle shall be maintained in a safe operating condition. The vehicle and all required equipment shall be functional and operable when the non-emergency transportation vehicle is "in-service." The responsibility for the safe operation of each vehicle shall rest with the crewmembers staffing that vehicle. HEAVENLY MENDERS LLC strongly prohibits the operation of any vehicle without due regard for the safety of the general public or without adhering to all applicable laws, rules and/or regulations. HEAVENLY MENDERS LLC will also avoid the operation of any vehicle that is patently unsafe to drive, presents a hazard to personnel and/or bystanders, has not passed the state Motor Vehicle Commission (MVC) inspection or does not display a valid MVC inspection sticker. It is the policy of HEAVENLY MENDERS LLC that no person shall staff or operate, or be allowed to staff or operate a non-emergency transportation vehicle:

1. After consuming or while under the influence of alcohol, narcotics or any substance that substantially compromises a person's decision-making abilities;
2. In a reckless manner;
3. At an excessive rate of speed; or
4. While engaging in any illegal conduct.

(e) The interior of the vehicle shall be designed for the safety of patients and crewmembers and the patient compartment shall have the following safety features:

1. There shall be no protruding edges
2. Exterior corners (corners that point-out) shall be rounded or covered with a padded material;
3. The ceiling shall be finished with a padded material or with a flat, even and unbroken surface;
4. The floor shall have a flat, even, unbroken and impervious surface and shall be covered with a slip resistant material;
5. Any seats with under seat storage shall have a positive latching mechanism that holds the seat closed;
6. All cabinet doors, except a sliding door, shall have a positive latching mechanism that shall hold the door securely closed and shall prevent the contents of the cabinet from pushing the door open from the inside; and
7. All equipment and supplies carried on the vehicle shall be stored in a crashworthy manner (that is, they shall remain firmly in place and shall not present a hazard to any vehicle occupant in the event of an accident or sudden change in vehicle speed or direction). There shall be sufficient cabinets and other storage spaces within the vehicle so as to meet this requirement. Crashworthy retention systems shall not incorporate rubber straps, "shock cords" or Velcro [FN®]-type closures.
8. The bench seats in all vehicles manufactured after July 1, 2002 shall have a passive barrier at the forward end of the bench.

(f) Automotive safety belts shall be provided for each vehicle occupant (patient, passenger or crewmember) over eight years of age or under eight years of age but weighing more than 80 pounds and shall meet all State standards. Each vehicle occupant shall be properly restrained either in an automotive safety belt, or, if a passenger is a patient and it is medically appropriate, in a wheelchair or on a stretcher. All children under eight years of age weighing 80 pounds or

less shall be properly restrained in a Federally-approved child restraint system. or, if such a child passenger is a patient and it is medically appropriate in a wheelchair or on a stretcher.

(g) Signs shall appear in both the patient and driver's compartments that clearly indicate that smoking is prohibited anywhere in the vehicle.

(h) Each vehicle shall be equipped with the following minimum safety equipment:

1. One flashlight, two D-cell size or larger;
2. One fire extinguisher, U.L. rated at least 2A 10BC or 3A 40BC. The extinguisher shall have a valid inspection tag indicating that it is fully charged. The fire extinguisher shall be securely mounted in a bracket on the wall, floor or ceiling; and
3. Three portable red emergency reflective safety triangles or three battery-operated flashers. Due to their flammable nature, ground and/or safety flares of any type shall not be carried on any vehicle.

Related Policy

1. Alcohol and Drug Policy

2.6 PHYSICAL BEHAVIORAL RESTRAINTS POLICY

Purpose: To establish a policy and procedure for physical behavioral restraints of patients

Policy: Patients shall not be placed and/or transported in physical behavioral restraints unless:

1. A physician or court has authorized the placement of the restraints;
2. The patient is in the custody of a law enforcement officer; or
3. The medical condition of the patient mandates transportation to, and treatment at, a health care facility, and the patient manifests such a degree of behavior that he or she:
 - i. Poses serious physical danger to himself or herself or to others; or
 - ii. Causes serious disruption to ongoing medical treatment that is necessary to sustain his or her life or to prevent disability.

(b) A patient placed in physical behavioral restraints shall not remain restrained for a period greater than one hour unless:

1. A physician or court has authorized the utilization of the restraints for longer than one hour; or
2. The patient is personally accompanied by a law enforcement officer.

(c) Physical behavioral restraints shall not be of a type, or utilized in a manner, that causes undue physical discomfort, harm or pain to a patient. Hard restraints, such as handcuffs, are specifically prohibited unless the law enforcement officer who applied the hard restraints or handcuffs personally accompanies the patient. A patient placed in any type of restraint shall be closely monitored to ensure that his or her airway is not compromised in any way. In no circumstance shall a patient be placed prone (that is, face-down) on a stretcher while in restraints.

(d) The rationale for placing and/or transporting a patient in physical behavioral restraints, and the type of restraints utilized, shall be clearly stated in the patient care report.

2.7 GUIDE DOGS POLICY

Purpose: To provide guidelines foreseeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs to assist a blind, handicapped or hearing impaired person.

Policy: In accordance with the state and federal Against Discrimination Laws, seeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs trained by a recognized company or school to assist a blind, handicapped or hearing impaired person shall be permitted on any non-emergency transportation vehicle where their presence is necessary to perform the duties for which they are trained. No crewmember shall refuse transportation of handicapped or hearing impaired person with seeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs trained by a recognized company.

2.8 PATIENT RESTRICTIONS POLICY

Purpose: To provide guidelines for patient restrictions under non-emergency transportation

Policy:

(a) When "in-service," a non-emergency transportation vehicle may be utilized to provide non-emergency health care transportation to sick, infirm or otherwise disabled persons:

1. Who are under the care or supervision of a physician or other recognized health care provider;
2. Whose medical condition is not of sufficient magnitude or gravity to require transportation in a BLS ambulance, but does require transportation from place to place for medical care; and
3. Whose utilization of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle might create a serious risk to life and health. This shall include those persons who are either ambulatory or wheelchair-bound.

(b) A non-emergency medical transportation shall not be utilized to provide transportation to persons who, based upon current medical condition or past medical history, require:

1. Transportation in a prone or supine position (including persons that are bed-or stretcher-bound);
2. Constant attendance due to a medical and/or mental condition;
3. Aspiration or suctioning;
4. Management or observation of intravenous fluids and/or intravenous medications unless
 - i. The device is totally self-sufficient, including medication supply and patient interface devices;
 - ii. The device requires no interaction or intervention by non-emergency transportation crewmembers; and
 - iii. The device is of the type approved by the FDA for home administration of medications;
5. An automatic ventilator or whose breathing is ventilator assisted unless:
 - i. The device is totally self-sufficient (including gas supply and power source);
 - ii. The device requires no monitoring or interaction by non-emergency transportation crewmembers; and
 - iii. The device is of the type approved for home utilization on patients;
6. Pre-hospital basic or advanced life support emergency medical care;
7. A BLS or ALS inter-facility transfer;
8. Treatment in the emergency department of a general hospital (for other than a set appointment or routine non-emergency follow-up care of a previously diagnosed condition);
9. Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the Intensive and/or coronary care unit of a general hospital; or
10. Transportation in physical behavioral restraints.

(c) A patient who is receiving oxygen from a portable supply routinely utilized by the patient may be transported in a non-emergency transportation vehicle without the presence of an EMT-Basic, provided that there is no need for the non-emergency transportation crewmember to monitor, regulate or control the oxygen system.

(d) A non-emergency transportation vehicle shall not carry more than nine passengers at any given time.

(e) An non-emergency transportation vehicle shall not be utilized as a BLS ambulance.

(f) When not "in-service," a non-emergency transportation vehicle may be utilized to provide non-health care services.

2.9 OXYGEN ADMINISTRATION POLICY

Purpose: To provide guidelines for oxygen administration

Policy: Oxygen administration devices may, but need not be carried on a non-emergency medical transportation vehicle.

If carried, except in those instances where the patient supplies such devices, the non-emergency transportation shall be staffed with at least one EMT-Basic, and the oxygen and related equipment shall meet the state standard.

Each vehicle shall have a pocket-mask device, CPR mask with a one-way valve or some other approved barrier protection device for utilization in the event that CPR is performed on a patient.

Related Policy

1. Crewmember Duties Policy
2. Required Crewmember Policy

2.10 PATIENT TRANSPORT DEVICES POLICY

Purpose: To set guidelines for patient transport devices

Policy: Stretchers and/or patient litters shall not be carried on, or within, any non-emergency medical transportation vehicle. There shall be a four-point forward facing wheelchair restraint system to secure and immobilize each occupied wheelchair transported in the vehicle.

Vehicles shall be equipped only with forward-facing wheelchair systems and patient seats. The wheelchair restraint system shall secure and immobilize the frame of the wheelchair in a crashworthy manner and so that movement of the occupied wheelchair does not exceed one inch in any direction. The restraint system shall not be attached to the wheels of the wheelchair. Each wheelchair shall have a patient seatbelt that secures the patient into the wheelchair in a configuration similar to an automotive safety belt. Velcro [FN®]-type closures shall not be utilized. The seatbelt shall attach only to the wheelchair, not to the vehicle, and shall not be part of the wheelchair restraint system. The seatbelt shall be properly secured on the patient whenever the patient is in the wheelchair and under the care of the crewmembers, including moving the patient in and out of the vehicle, and transferring the patient to his or her destination.

2.11 RAMPS AND LIFTS POLICY

Purpose: To provide policies and procedures for Ramps and Lifts.

Policy: The HEAVENLY MENDERS LLC will ensure there is operable ramp or fully automatic lift for the safe entry and exit of occupied standard size wheelchairs. The ramp or lift shall be permanently fastened to the vehicle and be capable of accommodating a load of at least 500 pounds. When the vehicle is in transit, the ramp or lift shall be secured in a crashworthy manner and shall be positioned so as not to obstruct both of the patient compartment exterior doorways.

(b) The ramp or lift shall have a slip resistant surface, be structurally sound, free from defects and provide a rigid interlocking surface when being utilized.

(c) The lift, as well as any ramp that relies on electric, hydraulic or other power for its operation, shall be capable of manual operation by an unassisted person or there shall be a manually operated backup device. The manual backup device shall be capable of both lifting and lowering the patient and shall perform either function within five minutes.

2.12 PATIENT COMPARTMENT REQUIREMENTS AND DIMENSIONS POLICY

Purpose: To set guidelines for patient compartment requirements and dimensions.

Policy: Each vehicle utilized as non-emergency medical transportation shall have a patient compartment. There need not be a partition between the driver's seating area and the patient compartment.

The patient compartment shall have the following dimensions:

1. Height: At least 58 inches between the floor and the ceiling, when measured above each wheelchair restraint position;
2. Width: At least 56 inches between the vehicle interior sides when measured at any point 42 inches above the floor. (The width of cabinets, etc. shall be included when measurements are made.) When "in-service" and transporting a wheelchair bound patient, all aisles shall be maintained at a width of at least 30 inches; and
3. Length: At least 92 inches between the interior surface of the rear door and the rear surface of the driver's seat or, if present, the surface of any bulkhead or partition, if three or four wheelchair positions are present. At least 82 inches between the interior surface of the rear door and the rear surface of the driver's seat or, if present, the surface of any bulkhead or partition, if one or two wheelchair positions are present.

The patient compartment shall have at least two exterior doorways:

1. The two doorways shall not be adjacent to each other. Permissible configurations shall include one doorway on the passenger (or curb) side of the vehicle within the front half of the body of the vehicle, and the second doorway either at the rear of the vehicle, or on the driver's side of the vehicle, opposite the curbside door.
2. Each doorway opening shall be at least 28 inches wide and at least one doorway shall be at least 56 inches high in order to accommodate the required lift or ramp.
3. At least one patient compartment doorway shall be available for utilization as an emergency exit at all times. Access to patient compartment doorways shall not be obstructed by any immovable objects.
4. The doors to each patient compartment doorway shall be capable of being opened and utilized from both inside the patient compartment and from the exterior of the vehicle, using a standard automotive industry door handle.
5. There shall be a window in each door of the patient compartment. Rear windows shall be fixed and non-opening.

The patient compartment shall be equipped with a built-in lighting system. The lighting system shall utilize white or clear lenses. The lighting shall not interfere with the driver's vision and shall be located so that glare is not reflected into the driver's eyes or line of vision.

Vehicles shall be equipped with an integral roll cage or roll bar that is secured to the floor of the vehicle, or is otherwise certified by the manufacturer to provide occupant protection in the event of a rollover type collision.

(Once a vehicle is licensed by the state licensing agency, there shall be no further changes to the vehicle's interior configuration unless and until such changes have been approved, in writing, by OEMS.

Each vehicle shall meet all applicable requirements set forth in the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101) and any current companion regulations as may be set forth in the Code of Federal Regulations.

2.13 VEHICLE MARKINGS AND EMERGENCY WARNING DEVICES POLICY

Purpose: To delineate guidelines for vehicle markings and emergency warning devices.

Policy: HEAVENLY MENDERS LLC shall ensure each HEAVENLY MENDERS LLC non-emergency medical transportation vehicle bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
2. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high; and
3. The International Symbol of Access for the Handicapped (that is, the outline form of a person in a wheelchair) shall be visible on the rear and the two sides of the vehicle in a size not less than eight inches high.

The required markings shall appear in colors and shades that contrast with the background on which they appear so that they are clearly visible.

To avoid the appearance of a Basic Life Support (BLS) ambulance, Mobile Intensive Care Unit (MICU) or Specialty Care Transport Unit (SCTU), the following shall not appear on any HEAVENLY MENDERS LLC non-emergency transportation vehicle:

1. Symbols consisting of or resembling the "Star of Life," a Greek cross or a Maltese cross, or any symbol implying provision of advanced life support care; and/or
2. Words, or abbreviations of words, such as (but not limited to) "Advanced Life Support," "Basic Life Support," "Coronary Care," "Critical Care Transport Unit," "Emergency Medical Technician," "Intensive Care," "MICU," "Mobile Intensive Care," "Paramedic," "Special Care," "Specialty Care," "Specialty Care Transport Unit" or "Trauma."

The words "Ambulance" or "Emergency" or an abbreviation of either word shall only appear when the word is part of the lawfully incorporated name of the provider.

No HEAVENLY MENDERS LLC non-emergency medical transportation vehicle shall be equipped with, or appear to be equipped with, audible or visible emergency vehicle warning devices, including, but not limited to, red lights and sirens.

2.14 TWO-WAY COMMUNICATIONS POLICY

Purpose: To provide guidelines for two-way communication systems.

Policy: HEAVENLY MENDERS LLC will ensure each non-emergency medical transportation vehicle shall have at least one form of two-way communications. HEAVENLY MENDERS LLC non-emergency medical transportation shall not be equipped with a JEMS radio.

The following radio frequencies shall not be utilized in two-way communications to, or from, an MAV:

1. Any of the UHF radio frequencies known as "Med 1" through "Med 10" and "MED A" through "MED X";
2. Any of the VHF radio frequencies listed in Appendix A of the N.J.A.C 8:40-3.6
3. Any of the following radio frequencies: 155.280 MHz, 155.340 MHz, 153.785 MHz.

All two-way communications shall comply with all applicable Federal Communications Commission (FCC) rules and regulations. The Department shall be provided with a copy of any FCC license(s) issued to the provider.

HEAVENLY MENDERS LLC shall not engage in any communications activity that causes harmful interference with the EMS communications system. For the purpose of this section, harmful interference is defined as:

1. A complaint found by state licensing agency to be valid of radio interference from a service provider operating in accordance with the JEMS Communications Plan; and/or
2. A finding by the state licensing agency or the FCC that the provider's communications are causing harmful interference.

2.15 TRANSPORTING CHILDREN POLICY

Purpose: To ensure the safe transportation of children and young people and to comply with state safety requirements in the transportation of children and young people.

Policy: HEAVENLY MENDERS LLC will ensure the safe transport of all children. The child's application for enrolment requires written consent from the parent or legal guardian for transportation. If the parent or legal guardian is not available at a time of transportation and a written consent has not been provided, a verbal consent must be obtained from the parent or legal guardian before transport and must be documented on the patient care report form.

The transport crew of HEAVENLY MENDERS LLC assumes responsibility for children transported without an escort from time and place of pickup until delivered to parents, guardians or responsible persons designated by parents or guardians.

An approved infant or child car seat or other specially adapted seating appropriate to age and size of child must be utilized for transporting children. The transport crew exercise reasonable care that its infant or child car seats or other specially adapted seating are safe. Passenger windows will not be opened more than 50% when children are in transport.

Procedure:

Upon admission of children a written consents from the parent or legal guardian for transportation.

Transporting of children policy will be provided to each parent or legal guardian at admission

If the parent or legal guardian is not available at a time of admission and a written consent has not been provided, a verbal consent must be obtained from the parent or legal guardian before transport and must be documented on the patient care report form.

Each staff person must be informed of transporting children policy

2.16 CUSTOMER COMPLAINT POLICY

Purpose: To establish a process for addressing patient or other customer complaints and/or comments regarding their experience with this HEAVENLY MENDERS LLC. Complaints and comments are taken seriously and will be subject to the policy and procedure listed below.

Policy: It is the policy of HEAVENLY MENDERS LLC to ensure all staff are courteous, truthful, and respectful when dealing with patients, and provided with services regardless of person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) religion, marital status, sexual orientation, gender identity and expression, pregnancy, covered veteran status, political affiliation or ability to pay. HEAVENLY MENDERS LLC staff will carry out their professional work in a competent and objective manner. All staff will comply with this complaint policy and procedures and also comply at all times with all federal, state and local laws and regulations, including but not limited to laws relating to license, scope of practice, facility operations and billing requirements.

Procedure

1. Complaints: Persons concerned that any violation of the above principles has occurred can register a comment with HEAVENLY MENDERS LLC complaint officer.
 - a. Written complaint with any supporting evidence regarding the complaint must be submitted no later than 60 days after the event.
 - b. Complaint can be sent to HEAVENLY MENDERS LLC address and to the attention of the complaint officer: XXXXXX

2. HEAVENLY MENDERS LLC response to complaints:
 - a. Complaints must be sent to Juliette Scott within 2 working days of being received.
 - b. The Juliette Scott will be responsible for promptly investigating and responding to complaints, and responding to the person making the claim within 30 days of receipt of complaint.
 - c. The Juliette Scott will notify the appropriate staff and complainant of investigation results within 30 days after complaint is received.
 - d. The Juliette Scott will keep a record of receipt and disposition of all complaints.
 - e. The Juliette Scott will be responsible for reporting any infraction of laws or guidelines that govern an employee's license and /or credentials to the proper governing authorities.
 - f. The Juliette Scott will be responsible for reporting any infraction of laws or guidelines that govern patient or staff safety to the proper governing authorities.

Related Policy

1. Non Discrimination Policy

2.17 NOTICE OF PRIVACY PRACTICE POLICY

As an essential part of our commitment to you, HEAVENLY MENDERS LLC maintains the privacy of certain confidential healthcare information about you, known as Protected Health Information, or PHI. We are required by law to protect your healthcare information and to provide you with the attached Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how HEAVENLY MENDERS LLC is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

HEAVENLY MENDERS LLC is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

PLEASE READ THE ATTACHED DETAILED NOTICE.

If you have any questions about it, please contact: [Juliette Scott 267-769-0434](tel:267-769-0434)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice:

HEAVENLY MENDERS LLC is required by law to maintain the privacy of certain confidential healthcare information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how HEAVENLY MENDERS LLC is permitted to use and disclose PHI about you.

HEAVENLY MENDERS LLC is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosers of PHI:

HEAVENLY MENDERS LLC may use PHI for the purposes of treatment, payment, and healthcare operations, in most cases without your written permission.

Examples of our use of your PHI:

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer

your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or other health care facilities or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing HEAVENLY MENDERS LLC), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For healthcare operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conduction business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

USES AND DISCLOSURES OF PHI WITHOUT YOUR AUTHORIZATION

HEAVENLY MENDERS LLC is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

For HEAVENLY MENDERS LLC's use in treating you or in obtaining payment for services provided to you or in other health care operations;

For treatment activities of another health care provider;

To another health care provider (such as the hospital to which you are transported) for health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

For health care fraud and abuse detection or for activities related to compliance with the law;

To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the transportation for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the transportation that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our non-emergency transportation crew;

To a public health authority in certain situations such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;

For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;

For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;

For military, national defense and security and other special government functions;

To avert a serious threat to the health and safety of a person or the public at large;

For workers' compensation purposes, and in compliance with workers' compensation laws;

To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation or transplantation;

For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights:

As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access copy or inspect your PHI. This means you may come to our Somerville office and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within three (3) business days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have a right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you

know your appeal rights. If you wish to inspect and copy your medical information, you should contact our Privacy Officer whose name and contact information is at the end of this Notice.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within five (5) business days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our Privacy Officer whose name and contact information is at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for the purposes of treatment, payment or healthcare operations, or when we share your health information with our business associates, like our billing HEAVENLY MENDERS LLC or a medical facility from / to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information that we have used or disclosed that is not exempt from the accounting requirement, you should contact our Privacy Officer whose name and contact information is at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment, or healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your healthcare. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a healthcare provider to provide you with emergency treatment. HEAVENLY MENDERS LLC is not required to agree to any restrictions you request, but any restriction agreed to by HEAVENLY MENDERS LLC is binding on HEAVENLY MENDERS LLC Service, Inc.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: If we maintain a Web site, we will prominently post a copy of this Notice on our Web site and make the Notice available electronically through the Web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: HEAVENLY MENDERS LLC reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our Web site. You can get a copy of the latest version of this Notice by contacting our Privacy Officer whose name and contact information is at the end of this Notice.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a

complaint with us or the government. Should you have any questions, comments, or complaints you may direct all inquiries to our Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

Juliette Scott
267-769-0434