

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01532. Tel: (508) 709-0909 Fax: (508) 709-0444

Please provide copies of the following document/information:

- Current Massachusetts License – Nursing, CNA, HHA
- Current Dementia Training certificate
- Copy of Driving License
- Copy of social security card
- Signed and completed I-9 Form
- Void Check/ACH Authorization form for Direct Deposit
- Copy of last physical
- Current immunization/health screening documentation including negative tuberculosis test and/or X-ray as well as Hepatitis B vaccination
- Current CPR, BLS, ACLS, PALS certification
- I.V. Certificate
- Individual professional liability insurance (www.nso.com)
Approximately \$100/year for 6M/1M
- Signed orientation and training for Abuse, Mistreatment and Neglect statute
- E-mail address for correspondence

From: Panna Siddiqui (Managing Director)
7 Kendall Drive,
Northborough,
MA 01532

Part 4. EMPLOYMENT HISTORY

Start with your present or last position then work backward.

| | | | |
|--------------------|---------------------|---|-----------------------------|
| 1 Present Employer | | | Employer's Phone Number |
| Your Title | From To | Avg. Hrs. Per Wk | Last Salary |
| Supervisor's Name | Reason for Leaving: | Volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO | No. of Employees Supervised |
| Specific Duties | | | |

| | | | |
|---------------------|---------------------|---|-----------------------------|
| 2 Previous Employer | | | Employer's Phone Number |
| Your Title | From To | Avg. Hrs. Per Wk | Last Salary |
| Supervisor's Name | Reason for Leaving: | Volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO | No. of Employees Supervised |
| Specific Duties | | | |

| | | | |
|---------------------|---------------------|---|-----------------------------|
| 3 Previous Employer | | | Employer's Phone Number |
| Your Title | From To | Avg. Hrs. Per Wk | Last Salary |
| Supervisor's Name | Reason for Leaving: | Volunteer <input type="checkbox"/> YES <input type="checkbox"/> NO | No. of Employees Supervised |
| Specific Duties | | | |

Part 5. TWO REFERENCES

| | | |
|------|---------|---------|
| Name | Address | Tel No. |
|------|---------|---------|

1)

2)

Part 6 DATE AND SIGN

TO BE ACCEPTED, YOU
MUST SIGN AND DATE
THIS APPLICATION.

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.



Date

Signature

Carelink Services, Inc.

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CORI REQUEST FORM

Carelink Services, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for employment, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Requested but not required)

RACE

FATHER'S NAME: Last Name _____ First Name: _____

MOTHER'S NAME: Last Name _____ First Name: _____

MOTHER'S MAIDEN NAME: _____

FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

Applicant Signature: _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's Telephone Number | |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

| | |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01532.

Tel: (508) 709-0909 Fax: (508) 709-0444

NONCOMPETITION AGREEMENT

In consideration and as a condition of my employment with Carelink Services, Inc (the "Company"). I hereby agree with the Company as follows:

I am not a full time, part-time or temporary employee of Carelink Services, Inc. I only pick up extra time/shifts with Carelink Services, Inc. when my regulars schedule/employment permits. I understand Carelink Services, Inc. does not pay any over-time and solely relies upon local facilities for work and has no control on availability of shifts, work, schedule or the way tasks are performed at various facilities.

During the term of this agreement and for a period of 6 months following the termination of this agreement, I shall not directly or indirectly enter the employ of, or render any services to, any person, or facility whereby Company has already contracted an agreement for services.

Signature

Date

Authorization for Automated Clearing House (ACH) Non-Federal Direct Deposit Enrollment Request Form

Employee: (1) Complete the upper portion of the form, sign, and date.
(2) Have your financial institution complete the lower portion, or attach a voided check.

| | | |
|-------------------------------------|------------------------|--|
| PAYROLL NAME (Last, First, Initial) | EMPLOYEE EMAIL ADDRESS | CARELINK SERVICES, INC 7 Kendall Drive, Northborough, MA 01532 |
|-------------------------------------|------------------------|--|

I hereby authorize and request Carelink Services, Inc., until this authorization is revoked as described below, to transfer the full amount of my salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account.

In the event that Carelink Services, Inc may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that Carelink Services, Inc shall have the authority to immediately terminate any transfer made under this authorization.

If Carelink Services, Inc discovers that the *electronic transmission* for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize Carelink Services, Inc to either process a reversing transaction that will result in sending the net pay amount back to Carelink Services, Inc, or seek full reimbursement of the overpayment by whatever means is appropriate.

If any action taken by me or my financial institution, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the Carelink Services, Inc assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution.

This authority is in force until written notification is received from me regarding its termination.

Banking information can be provided as follows:

If selecting ACH to your existing financial institution, complete the bottom section. Your financial institution can provide the correct routing number and account number suitable for ACH. You may also attach a voided check.

| | |
|-------------------------------|--|
| NAME OF FINANCIAL INSTITUTION | CHECK THE TYPE OF ACCOUNT TO BE DEPOSITED: <input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT |
|-------------------------------|--|

FINANCIAL INSTITUTION/AGENCY USE ONLY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ROUTING TRANSIT NUMBER (must be 9 digits) | ACCOUNT NUMBER (as required by financial institution for ACH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> </tr> </table> | | | | | | | | | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 10%; border: 1px solid black;"></td> </tr> </table> | | | | | | | | | | | | | | | | | | | |
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| | |
|----------------------|------|
| EMPLOYEE'S SIGNATURE | DATE |
|----------------------|------|

ACH Information:

What should I do if my account information changes?

If your deposit account information changes for any reason, you must notify your payroll office immediately. If your account is closed or frozen, the account or routing number is changed, or your account is otherwise unable to receive deposits and you do not notify your agency payroll office one week before the established pay date, your agency may not be able to change the payment information before the payment is sent.

If the payment is sent to the wrong account because you did not inform the payroll office of a change with sufficient time to change the payment information, Carelink Services, Inc is not responsible for the payment until it is returned by the financial institution. If a payment is rejected or returned by your institution, Carelink Services, Inc cannot release payment to you until the funds have been returned to the state—usually 3-4 banking days.

How long will it take to set up my account?

No matter what type of ACH account you choose (checking, savings, etc.) the payroll system must validate the account exists. This can take from three to ten days. Until this process completes, you will receive a paper warrant for your net pay on pay day.

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01532. Tel: (508) 709 0909 or (508) 393 4639 Fax: (508) 709 0444
Email: carelinkservicesincorporated@gmail.com

NURSING SKILLS CHECK LIST

Medication Administration:

- Oral
- Eye med
- Ear med

Different types of injection:

- Intramuscular
- Subcutaneous
- Intradermal

- Insulin Therapy
- Blood sugar monitoring
- IV therapy management
- G tube/ NG tube Management/care
- Oxygen therapy
- Ventilator care
- Tracheostomy care
- Wound care
- Wound vac care

Bowel Care

- Colostomy /Ileostomy /nephrostomy care

- Foley Cather care
- CPR certified
- IV certified

Signature..... Name

Signs of Nursing Home Abuse, Mistreatment and Neglect

Physical abuse

Some of the more commonly observed signs include:

- Assault
- Battery
- Sexual Assault
- Sexual Battery
- Rape
- Unreasonable physical restraint
- Prolonged or continual deprivation of food or water
- Use of a physical or chemical restraint or psychotropic medication for any purpose not consistent with that authorized by the physician
- Giving too much medication
- Not giving needed medication
- Unexplained injuries
- Caretaker cannot adequately explain condition
- Open wounds, cuts, bruises or welts
- Elder reports of being slapped or mistreated
- Slapping, pushing, shaking, beating
- Forcing an older person to stay in a room

Neglect

Some of the more commonly observed signs include:

- Physical neglect: disregard for the necessities of daily living
- Medical neglect: lack of care for existing medical problems
- Failure to prevent dehydration, malnutrition, and bed sores
- Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter
- Unsanitary and unclean conditions
- Infections
- Failure to protect from health and safety hazards
- Poor access to medical services

Verbal and emotional abuse

Creating situations harmful to the resident's self-esteem.

Possible signs of verbal or emotional abuse may include resident behavior such as:

- Emotionally upset or agitated
- Extremely withdrawn and non-communicative
- Unusual behavior (sucking, biting, rocking)
- Humiliating, insulting, frightening, threatening or ignoring behavior towards family and friends
- Wanting to be isolated from other people

Other warning signs

Other signs to look for if you think nursing home abuse or negligence has occurred include the following:

- Injuries requiring emergency treatment or hospitalization
- Any incident involving broken bones, especially a fractured hip
- Any injury or death occurring during or shortly after an episode of wandering (including outside the facility) when the staff is not aware that the resident is missing for some period of time
- Heavy medication or sedation
- Rapid weight loss or weight gain without physician or family notification and a change in treatment being provided
- Unexplained or unexpected death of the resident
- One nursing home resident injures another resident
- Resident is frequently ill, and the illnesses are not promptly reported to the physician and family

Name:solemnly takes the oath that I have read the above notes regarding Nursing home Abuse, Mistreatment and Neglect and agree to follow and honor the guidelines written.

.....
Signature

.....
Date

Social Security #
Email:

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| | | | | | |
|---|--|---|--|---|--|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | | OMB No. 1545-0074 2019 | |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." | | | |
| City or town, state, and ZIP code | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/> | | | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | | 5 | | | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ | | | |
| 7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ | | 7 | | | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | | |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | 9 First date of employment | | 10 Employer identification number (EIN) | |



Carelink Services Inc

7 Kendall Drive, Northborough MA 01532 Tel:(508)709 0909 Fax: (508)709 0444

Email:carelinkservicesincorporated@gmail.com **Specialists in Home Care & Nursing Services**

Carelink Services, Inc. provides temporary staffing services to various nursing and assisted living facilities and as such does not have fixed hours of commitment or staffing requirements.

I, _____, understand that I am temporary staff and Carelink Services, Inc. may, from time to time, offer shifts to me for which I have the choice to accept or decline. I am not entitled to any holidays, sick days, overtime, medical or any other benefits as I agree to the hourly rates offered in lieu through any shifts I choose to pick up.

Signature

Name.....

-

Proficiency Exam

Employee Name

CIRCLE THE MOST APPOROPRIATE ANSWER

1. A resident has just been admitted to a home. The resident is sitting in the room with the resident’s roommate. When you enter the room for the first time, what should you do first?
 - A) Introduce the resident to the roommate
 - B) Explain that you will put the resident’s cloths away.
 - C) Explain that you will check the resident’s vital signs.
 - D) Introduce yourself and explain that you are a nursing assistant

2. A resident has diarrhea and has soiled the bed. What should you do to control the spread of infection?
 - A) Wear gloves
 - B) Wear a face mask.
 - C) Give the resident an alcohol rub.
 - D) Clean the rectal area with alcohol.

3. A resident complains to you about another resident’s behavior. What should you do?
 - A) Ignore the complaint
 - B) Report the complaint to the charge nurse.
 - C) Joke about it with the resident.
 - D) Tell the resident to tell the administrator

4. Which of the following is TRUE regarding the use of side rails on a bed.
 - A) All side rails should be raised
 - B) Side rails on one side of the bed should be raised at night
 - C) Side rails should not be raised unless stated in the care plan
 - D) Side rails should be raised on both sides when making an unoccupied bed.

5. While caring for a resident, you hear the fire alarm ring. What should you do?
 - A) Make sure the resident is safe and report to the Nursing station
 - B) Begin gathering the residents belongings
 - C) Leave the resident and go outside the building
 - D) Go looking for the fire.

6. While caring for a resident, you notice bruises on his arms and legs. What should you do?
 - A) Joke with the resident about his injuries.
 - B) Forget that you even saw the injuries.
 - C) Tell other nursing assistants about them.
 - D) Tell the charge nurse immediately.

7. What are the four most common forms of abuse?
- A) Physical, Neglect, Financial and elder abuse.
 - B) Over Medicating, verbal, Unfair Confinement, Sexual.
 - C) Residents are never abused.
 - D) Physical, Neglect, Financial, Psychological.
8. The best way to prevent the spread of infections is to?
- A) Wear gloves all day long
 - B) Wash your hands between resident care.
 - C) Wear a gown and a face mask when toileting all residents.
 - D) Do not take care of sick residents.
9. Disposal razors should be placed in:
- A) Trash can
 - B) Toilets
 - C) Sharp container
10. It is everyone's responsibility to identify potential safety risks and report them to your supervisor
- A) True
 - B) False
11. Any information obtained at work can be shared with persons outside of work
- A) True
 - B) False
12. The caregiver can share a person's health information with co-workers that are not providing care for that person.
- A) True
 - B) False
13. A caregiver can leave charting in open view.
- A) True
 - B) False
14. It is everyone's responsibility to adhere to the policy's that are in place for a safe place to work, visit and live.
- A) True
 - B) False
15. Hand washing is the best way to prevent the spread of infections.
- A) True
 - B) False

16. When leaving a room where Droplet Precautions are in place you remove your mask before exiting the room.

- A) True B) False

17. MRSA and VRE are organisms that do not require special procedures.

- A) True B) False

18. Gloves are not needed when doing mouth care or peri-care on residents.

- A) True B) False

19. It is acceptable to discuss residents in the elevator and staff dining room.

- A) True B) False

20. Staff will make all resident related phone calls where the conversation will not be heard by others.

- A) True B) False

21. You can push twice as much as you can pull with less back strain

- A) True B) False

22. To avoid back injury twist at the waist when you lift or set down a heavy load.

- A) True B) False

23. It is everyone's responsibility to clean up spills.

- A) True B) False

24. Meeting the needs of people with Dementia takes patience, understanding, and careful thought by the person's caregiver.

- A) True B) False

25. Some signs of elder neglect include bedsores, poor personal hygiene, and an unsanitary environment.

- A) True B) False

- 26. The role of the ombudsman is to advocate resident and family.
A) True B) False

- 27. The most common signs of abuse are unexplained injuries, isolation, borrowing resident's belonging without appropriate consent.
A) True B) False

- 28. The best way to handle violent situation between two residents is to get help, stay at arm's length , diffuse the situation
A) True B) False

- 29. Only nurses are at risk of contracting blood borne pathogens.
A) True B) False

- 30. Residents have the right to choose their own schedule such as when to get up in the morning.
A) True B) False

- 31. If you only suspect elder abuse/neglect do not report it. You may be wrong.
A) True B) False

- 32. Resident's privacy is not a concern when staff is hurrying to get the task completed.
A) True B) False

- 33. When a resident refuses care in any form the nurse can prohibit them from attending activities.
A) True B) False

Date.....

Signature.....

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01542. Tel: (508) 709 0909 (508) 393 4639 Fax: (508) 709 0444

Medical Staffing

Employee Name:

 RN LPN CNA OTHER

| | Date | Start | Break/Lunch | Finish | Hours Worked | Facility Name: | |
|--------------------|------|-------|-------------|--------|--------------|---|--|
| Sun | | | | | | Date: | |
| Mon | | | | | | Signature | |
| Tue | | | | | | Print name | |
| Wed | | | | | | By signing you are certifying that the hours are correct, and the work was performed in a satisfactory manner. | |
| Thu | | | | | | | |
| Fri | | | | | | Comments | |
| Sat | | | | | | | |
| Employee Signature | | | | | TOTAL | | White - original copy for Carelink Services, inc. 2017 |

Carelink Services, Inc.

7 Kendall Drive, Northborough, MA 01542. Tel: (508) 709 0909 (508) 393 4639 Fax: (508) 709 0444

Medical Staffing

Employee Name:

 RN LPN CNA OTHER

| | Date | Start | Break/Lunch | Finish | Hours Worked | Facility Name: | |
|--------------------|------|-------|-------------|--------|--------------|---|--|
| Sun | | | | | | Date: | |
| Mon | | | | | | Signature | |
| Tue | | | | | | Print name | |
| Wed | | | | | | By signing you are certifying that the hours are correct, and the work was performed in a satisfactory manner. | |
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