



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header @ 1

List View

General Information [Contact](#) [Default Values](#) [Discount](#) [Document Information](#)

Procurement Folder: 268309

Procurement Type: Central Master Agreement

Vendor ID:

Legal Name: SUNBELT STAFFING LLC

Alias/DBA:

Total Bid: \$223,480.00

Response Date:

Response Time:

SO Doc Code: CRFQ

SO Dept: 0506

SO Doc ID: BHS1700000003

Published Date: 1/9/17

Close Date: 1/19/17

Close Time: 13:30

Status: Closed

Solicitation Description:

Total of Header Attachments: 1

Total of All Attachments: 1



Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder : 268309
Solicitation Description : ADDENDUM_1: Direct Care Staffing Services
Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation Response	Version
	2017-01-19 13:30:00	SR 0506 ESR01181700000003277	1

VENDOR

000000217801
SUNBELT STAFFING LLC

Solicitation Number: CRFQ 0506 BHS1700000003

Total Bid : \$223,480.00 **Response Date:** 2017-01-18 **Response Time:** 17:14:58

Comments: Please review "Sunbelt Staffing_RFQ Response_BHS1700000003" for the completed response and all required forms.

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
(304) 558-2307
mark.a.atkins@wv.gov

Signature on File

FEIN #

DATE

All offers subject to all terms and conditions contained in this solicitation

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS	1000.00000	HOUR	\$58.000000	\$58,000.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS.	300.00000	HOUR	\$87.000000	\$26,100.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS	40.00000	HOUR	\$87.000000	\$3,480.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS,	1000.00000	HOUR	\$47.000000	\$47,000.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS, (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS	300.00000	HOUR	\$70.500000	\$21,150.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS.	40.00000	HOUR	\$70.500000	\$2,820.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS	1000.00000	HOUR	\$43.000000	\$43,000.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
8	3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS	300.00000	HOUR	\$64.500000	\$19,350.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
9	3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS	40.00000	HOUR	\$64.500000	\$2,580.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :	3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS. (estimated hours)
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Comments: Delivery days confirmed upon award approval



Request for Qualifications

**Direct Care Staffing Services
Solicitation: BHS1700000003**

Presented to:

State of West Virginia
January 19th, 2017 at 1:30 p.m. EST

January 19, 2017

**Mark A Atkins
Bid Clerk
Department of Administration
Purchasing Division
2019 Washington Street E
Charleston, WV 25305**

Dear Mr. Atkins:

On behalf of the healthcare staffing and solutions professionals at Sunbelt Staffing, we are pleased to present the following response to the State of West Virginia's Request for Qualification for Direct Care Staffing Services.

Sunbelt Staffing isn't just another staffing company. With almost 30 years of staffing experience, Sunbelt has a dedicated nursing practice that focuses exclusively on providing healthcare professionals to hospitals and hospital associations across the country. For the last three years, the success of our relationship with the State of West Virginia was attributed to this dedicated nursing team. We consistently place quality RNs, LPNs, and CNAs in the behavior health facilities within the West Virginia state healthcare system. The consistency of a strong working relationship with key personnel enables us to recruit and fill the specific needs and character of the different facilities.

During our current contract period, Sunbelt has reached a 90% fill rate of the jobs released to us. We would love to continue the working relationship we have established with each facility as we feel it is mutually beneficial.

Additionally, Sunbelt has a Gold Seal of Approval for Health Care Staffing Services by the Joint Commission, assuring you that our processes and standards are second to none. Coupled with a rigorous credentialing program, we believe these endorsements show that Sunbelt won't be just a staffing firm for the State of West Virginia- we will be your partner in providing the best nursing services for your organization.

Finally, Sunbelt Staffing is keenly aware of the importance in providing these necessary services to your patients and we are pleased to present a response that is sensitive to the issues described in your request. We appreciate your interest in our solutions and hope to continue the existing partnership between Sunbelt Staffing and the State of West Virginia. If you have any questions, please contact me at 813-792-3423.

Sincerely,



**Whitney Holtzclaw
Senior National Account Executive**

3687 Tampa Road, Suite 200

Oldsmar, FL 34677

800.659.1522 office

800.776.7713 fax

www.sunbeltstaffing.com

Whitney.Holtzclaw@sunbeltstaffing.com

"My dealings with Sunbelt have all been positive and I feel that Sunbelt is invested in the success of the relationship and making a successful placement."

"Sunbelt Staffing helped us fill some very difficult positions and they were extremely reliable, courteous and helpful."

"Sunbelt Staffing was diligent about working to find a great fit based on our unique needs."

"They are highly knowledgeable in their respective fields, they readily adapted to our district policies and procedures and they have been very reliable."

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Online Solicitation Information

Please see the following pages for all of the information requested, and completed, in the online solicitation tool.

1. Respond to Lines

In order to provide quality services to the State of WV at an excellent value, extensive consideration has been given in determining our rate structure for this CRFQ. In developing our rates, we relied on our vast experience in the healthcare staffing business and a comprehensive understanding of today's market. It is critical that the professionals we send to the State of WV reflect the skills required to meet your goals.

Our rate structure has three goals:

- Provide the flexibility to attract world-class talent to the State of WV
- Provide staffing services in a timely manner
- Provide such talent at the most reasonable cost

The following are included in your rate:

- Recruiting
- General liability insurance
- Payroll
- Workers' compensation insurance
- State and local taxes
- W-2 & W-4 forms
- FICA and payroll taxes
- I-9 forms
- Employee benefits
- Unemployment compensation insurance
- Administration

Please see the following page for Exhibit A.

Request for Quotation

Direct Care Staffing Services

Locum-Tenens Contract Nurses

Item #	Classification	Estimated # of Hours*	Unit Price	Extended Price
#1	4.1.1 Registered Nurse (RN)			
	A. Regular Hours	1,000	\$58.00	\$58,000.00
	B. Overtime Hours	300	\$87.00	\$26,100.00
	C. Holiday Hours	40	\$87.00	\$3,480.00
	Total Classification Cost			\$87,580.00
#2	4.1.2 Licensed Practical Nurse (LPN)			
	A. Regular Hours	1,000	\$47.00	\$47,000.00
	B. Overtime Hours	300	\$70.50	\$21,150.00
	C. Holiday Hours	40	\$70.50	\$2,820.00
	Total Classification Cost			\$70,970.00
#3	4.1.3 Certified Nursing Assistant (CNA)			
	A. Regular Hours	1,000	\$43.00	\$43,000.00
	B. Overtime Hours	300	\$64.50	\$19,350.00
	C. Holiday Hours	40	\$64.50	\$2,580.00
	Total Classification Cost			\$64,930.00
GRAND TOTAL COST				\$223,480.00

All Rates are all inclusive (see Specification 4.2.3 & 4.2.6)

This is a progressive award contract with multiple vendors. Award will be made from low bid to high bid (Grand Total Cost) and facility usage will be prioritized in the same manner. If the low bid cannot meet the needs of the facility when solicited, the next lowest bid will be awarded until such time as the facility's needs can be met.

* The number of hours is only an estimation to be used for bid, each request for staffing may require more or less hours than stated above.

Please Print Information Below.

Company Name: Sunbelt Staffing, LLC

Sales Representative: Whitney Holtzclaw

Vendor Address: 3687 Tampa Road, Suite 200, Oldsmar, FL 34677

Vendor Phone: 813-792-3423

Email Address: whitney.holtzclaw.@sunbeltstaffing.com

Remit to Address: Dept CH 14430, Palatine, IL 60055-4430



SIGNATURE

1/17/2017

DATE

2. Criteria Response

This was not applicable to the CRFQ BHS1700000003

3. Attach Your Files

Please see the following pages for all of the required attachments and documents:

- Attachment 1: Provisions Required for Federally Funded Procurements
- Attachment 2: HIPPA Business Associate Agreement
- Attachment 3: Chapter 27 Article 3
- CRFQ Form
- General Terms and Conditions
- Purchasing Affidavit
- Specifications
- Vendor Preference Certificate
- Certificate of Insurance
- W-9

Attachment 1: Provisions Required for Federally Funded Procurements

Sunbelt Staffing has read, and agrees to, all terms and conditions listed in Attachment 1.

Attachment 2: HIPPA Business Associate Agreement

Sunbelt Staffing ensures that prior to consultant's start date that ALL consultant's placed in facilities in the State of West Virginia, will complete, and maintain record of, the HIPPA Business Associate Agreement and Appendix A.

Attachment 3: Chapter 27 Article 3

Client privacy and security are crucial in our business and is discussed during our consultant orientation process. All Sunbelt consultants are provided a Policies and Guidelines for Sunbelt Consultants Handbook, trained on current HIPAA guidelines and are required to sign and return a related Acknowledgement and Receipt Form. This Policies and Guidelines document contains the following provision:

"All information concerning customers or other confidential business information is considered privileged and must be held in strict confidence. Employees should not discuss such information with any outside parties, in public areas or with other employees, except on a need to know basis."

Many of our clients require our consultants to sign confidentiality agreements specific to their organization or projects. Upon request, Sunbelt will require each consultant on assignment with the State of West Virginia to enter into a confidentiality agreement in such form as may be reasonably requested. If your organization does not have a standard confidentiality agreement for consultants, we can provide our standard confidentiality agreement.

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.
 - a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: <http://www.state.wv.us/admin/purchase/vrc/agencyli.html>.
 - b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).
 - c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.
 - d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.
 - e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

- f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.
- g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.
- h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.
- i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.
- j. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

- a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.
- b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.
- c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

- a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.
- b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.
- c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:
 - i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;
 - ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;
 - iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;
 - iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.
- d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.
- e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. Support of Individual Rights.

- i. Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.
- ii. Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.
- iii. Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:

 - the date of disclosure;
 - the name of the entity or person who received the PHI, and if known, the address of the entity or person;
 - a brief description of the PHI disclosed; and
 - a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.
- iv. Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."
- v. Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

- g. Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.
- h. Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.
- j. Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.
- k. Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.
- l. Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incident@wv.gov or <https://apps.wv.gov/ot/ir/Default.aspx>.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

- m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

- a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.
- b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

- c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.
- d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.
- e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

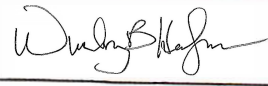
- a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section 4.b. above.
- b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.
- c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.
- d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.
- e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.
- g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.
- h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED: WVHHR/ Bureau for
Behavioral Health & Health Facilities

Name of Agency: _____

Name of Associate: TBD

Signature: _____

Signature: 


Title: _____

Title: Senior National Account Executive

Date: _____

Date: 01/18/17

Form - WVBAA-012004
Amended 06.26.2013

APPROVED AS TO FORM THIS 26th
DAY OF Jan 20 17
Patrick Morrissey
Attorney General
BY 

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: TBD

Name of Agency: WV DHHR/ Bureau for Behavioral Health and Health Facilities

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

Any and all personally identifiable information including but not limited to patient name, address, date of birth, Social Security Number, telephone number, and insurance information. Any and all protected health information including but not limited to patient diagnosis, lab test, radiological exams, physical health exams, and/or treatment procedures.



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 34 — Service - Prof

Proc Folder: 268309

Doc Description: Direct Care Staffing Services

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-12-20	2017-01-19 13:30:00	CRFQ 0506 BHS1700000003	1

BID RECEIVING LOCATION


BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:
 Sunbelt Staffing, LLC
 3687 Tampa Road, Suite 200
 Oldsmar, FL 34677
 813-792-3423

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins
 (304) 558-2307
 mark.a.atkins@wv.gov

Signature X  FEIN # 59-3675910 DATE 01/18/17

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMAITON:

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Department of Health and Human Resources (WVDHHR), the Bureau for Behavioral Health & Health Facilities (BBHFF), to establish an Open-End Direct Care Staffing contract for Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs), to comply with staffing needs of the seven (7) State owned and operated facilities and the West Virginia Childrens Home, per attached documents.

NOTE: The contract awarded as a result of this solicitation may be funded in whole or in part with Federal Funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment_1: Provisions Required for Federally Funded Procurements.

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS	1000.00000	HOUR	\$58.00	\$58,000.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

1A. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, REGULAR HRS. (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS.	300.00000	HOUR	\$87.00	\$26,100.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

1B. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, OVERTIME HRS. (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS	40.00000	HOUR	87.00	3,480.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

1C. 4.1.1 REGISTERED NURSE(RN) LOCUM-TENENS, HOLIDAY HRS. (estimated hours)

INVOICE TO		SHIP TO	
PURCHASING AGENT - 304-356-4802 HEALTH AND HUMAN RESOURCES BBH/HF 350 CAPITOL ST, RM 350 CHARLESTON US		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER No City WV 99999 US	
	WV25301-3702		

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS,	1000.00000	HOUR	\$47.00	\$47,000.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

2A. 4.1.2 LICENSED PRACTICAL NURSE(LPN) REGULAR HRS, (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS	300.00000	HOUR	70.50	\$21,150.00

Comm Code	Manufacturer	Specification	Model #
80111606			

Extended Description :

2B. 4.1.2 LICENSED PRACTICAL NURSE(LPN) OVERTIME HRS. (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS.	40.00000	HOUR	\$70.50	\$2,820.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

2C. 4.1.2 LICENSED PRACTICAL NURSE(LPN) HOLIDAY HRS. (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
7	3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS	1000.00000	HOUR	\$43.00	\$43,000.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

3A. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) REGULAR HRS. (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
8	3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS	300.00000	HOUR	\$64.50	\$19,350.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

3B. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) OVERTIME HRS. (estimated hours)

INVOICE TO		SHIP TO	
ALL STATE AGENCIES VARIOUS LOCATIONS AS INDICATED BY ORDER		STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER	
No City	WV99999	No City	WV 99999
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
9	3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS	40.00000	HOUR	\$64.50	\$2,580.00

Comm Code	Manufacturer	Specification	Model #
80111606	n/a	n/a	n/a

Extended Description :

3C. 4.1.3 CERTIFIED NURSING ASSISTANT(CNA) HOLIDAY HRS. (estimated hours)

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Technical Questions due by 4:00 pm EST	2017-01-05

BHS170000003	Document Phase Final	Document Description Direct Care Staffing Services	Page 6 of 6
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

General Terms and Conditions

Sunbelt Staffing, LLC. has reviewed the general terms and conditions included in the RFQ and although we agree with the terms in principle, we believe it may be precipitous to discuss the terms and conditions that will govern the services during the proposal stage. When awarded the bid, Sunbelt Staffing, LLC will collaborate, in good faith, with The State of West Virginia to establish mutually agreed upon terms and conditions governing the services proposed.

GENERAL TERMS AND CONDITIONS:

1. CONTRACTUAL AGREEMENT: Issuance of a Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.

2. DEFINITIONS: As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.

2.1. "Agency" or "Agencies" means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.

2.2. "Bid" or "Proposal" means the vendors submitted response to this solicitation.

2.3. "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.

2.4. "Director" means the Director of the West Virginia Department of Administration, Purchasing Division.

2.5. "Purchasing Division" means the West Virginia Department of Administration, Purchasing Division.

2.6. "Award Document" means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.

2.7. "Solicitation" means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

2.8. "State" means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.

2.9. "Vendor" or "Vendors" means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

Term Contract

Initial Contract Term: This Contract becomes effective on
Upon award _____ and extends for a period of one (1) _____ year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to three (3) _____ successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed thirty-six (36) months in total. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

Fixed Period Contract: This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within _____ days.

Fixed Period Contract with Renewals: This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within _____ days.

Upon completion, the vendor agrees that maintenance, monitoring, or warranty services will be provided for one year thereafter with an additional _____ successive one year renewal periods or multiple renewal periods of less than one year provided that the multiple renewal periods do not exceed _____ months in total. Automatic renewal of this Contract is prohibited.

One Time Purchase: The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

Other: See attached.

4. NOTICE TO PROCEED: Vendor shall begin performance of this Contract immediately upon receiving notice to proceed unless otherwise instructed by the Agency. Unless otherwise specified, the fully executed Award Document will be considered notice to proceed.

5. QUANTITIES: The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

Open End Contract: Quantities listed in this Solicitation are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

Service: The scope of the service to be provided will be more clearly defined in the specifications included herewith.

Combined Service and Goods: The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

One Time Purchase: This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

6. EMERGENCY PURCHASES: The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute a breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

7. REQUIRED DOCUMENTS: All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.

BID BOND (Construction Only): Pursuant to the requirements contained in W. Va. Code § 5-22-1(c), All Vendors submitting a bid on a construction project shall furnish a valid bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

PERFORMANCE BOND: The apparent successful Vendor shall provide a performance bond in the amount of _____. The performance bond must be received by the Purchasing Division prior to Contract award. On construction contracts, the performance bond must be 100% of the Contract value.

LABOR/MATERIAL PAYMENT BOND: The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award. In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable.

MAINTENANCE BOND: The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

INSURANCE: The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award and shall list the state as a certificate holder:

Commercial General Liability Insurance: In the amount of 1,000,000.00
_____ or more.

Builders Risk Insurance: In an amount equal to 100% of the amount of the Contract.

The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

LICENSE(S) / CERTIFICATIONS / PERMITS: In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

8. WORKERS' COMPENSATION INSURANCE: The apparent successful Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

9. LITIGATION BOND: The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or \$5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.

10. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount of N/A for N/A. This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

11. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

12. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

13. PAYMENT: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears.

14. PURCHASING CARD ACCEPTANCE: The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

15. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

16. ADDITIONAL FEES: Vendor is not permitted to charge additional fees or assess additional charges that were not either expressly provided for in the solicitation published by the State of West Virginia or included in the unit price or lump sum bid amount that Vendor is required by the solicitation to provide. Including such fees or charges as notes to the solicitation may result in rejection of vendor's bid. Requesting such fees or charges be paid after the contract has been awarded may result in cancellation of the contract.

17. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

18. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-6.1.e.

19. TIME: Time is of the essence with regard to all matters of time and performance in this Contract.

20. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.

21. COMPLIANCE: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

22. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

23. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

24. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

25. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

26. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.

27. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

28. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

29. BANKRUPTCY: In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

30. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.

31. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

32. LICENSING: In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

33. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

34. VENDOR CERTIFICATIONS: By signing its bid or entering into this Contract, Vendor certifies (1) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) that its bid or offer is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other information contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

35. VENDOR RELATIONSHIP: The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. PURCHASING AFFIDAVIT: In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of \$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.

38. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE: This Contract may be utilized by other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). Any extension of this Contract to the aforementioned Other Government Entities must be on the same prices, terms, and conditions as those offered and agreed to in this Contract, provided that such extension is in compliance with the applicable laws, rules, and ordinances of the Other Government Entity. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.

39. CONFLICT OF INTEREST: Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

40. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

41. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision. The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

42. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open heath, basic oxygen, electric furnace, Bessemer or other steel making process. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:
- c. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
- d. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

43. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a “substantial labor surplus area”, as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.



Senior National Account Executive

(Name, Title)

Whitney Holtzclaw, Senior National Account Executive

(Printed Name and Title)

3687 Tampa Road, Suite 200, Oldsmar, FL 34677

(Address)

P: 813-792-3423 / F: 800-776-7713

(Phone Number) / (Fax Number)

Whitney.Holtzclaw@sunbeltstaffing.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Sunbelt Staffing, LLC

(Company)



Senior National Account Executive

(Authorized Signature) (Representative Name, Title)

Whitney Holtzclaw, Senior National Account Executive

(Printed Name and Title of Authorized Representative)

01/18/17

(Date)

P: 813-792-3423 / F: 800-776-7713

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0506 BHS1700000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Sunbelt Staffing, LLC
Company 

Authorized Signature

01/18/17
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

SOLICITATION NUMBER: CRFQ BHS1700000003

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ 0506 BHS1700000003 (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation:

1. This addendum is for the attachment of vendor questions and responses.

No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment_A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ATTACHMENT_A

ADDENDUM #1 – Direct Care Staffing Services

CRFQ BHS1700000003

1. **Question:** How will our current contractors transition over to the new bid on extension?

Answer: All current contractors and staffing will continue through any previously agreed-to delivery orders until such time as those agreements expire. Once the new contract is issued, current contractors will not be processed nor transitioned under an extension as that will no longer be an allowable option. As those current staffing agreements expire any resulting staffing needs will be filled in accordance with the applicable protocols and costs for the new contract.

2. **Question:** We noticed that the hours were less compared to the last bid, is that due to having more control on the purchase orders? What is the comparison/difference/changes?

Answer: The hours were adjusted on the pricing page to provide a more consistent basis for bid evaluation and are not indicative of the needs of the facilities. This is an open ended contract and it is anticipated that the needs will fluctuate during the length of the contract and exceed the hours listed in the pricing sheet.

3. **Question:** Will one nurse be able to work a MAX of 1000 hour or a 26 week assignment? Will they be able to extend once those hours are up? If not, will we be able to replace those candidates with someone else or will we have to wait for another tier to open?

Answer: The length of assignment and maximum number of hours will be determined by the facility during the assessment of their staffing needs and before utilization of the contract. There are no restrictions related to the maximum number of hours a nurse may work based on the RFQ document.

4. **Question:** If they are not able to extend, is there a period of time they must wait before they can return?

Answer: See response to question #3.

5. **Question:** Travelers that are already at WV facilities, will they be able to extend under the new contract/rates, assuming we are an awardee?

Answer: All current contractors and staffing will continue through any previously agreed-to delivery orders until such time as those agreements expire. Once the new contract is issued, current contractors will not be processed nor transitioned under an extension as that will no longer be an allowable option. As those current staffing agreements expire any resulting staffing needs will be filled in accordance with the applicable protocols and costs for the new contract.

6. **Question:** On the pricing- what is the definition of the extended price and delivery days? Is it the price of what the contractors would be after the 1000 hours?

Answer: On the pricing page the "Extended Price" should reflect the estimated hours times the unit price per hour.

We are unable to locate "delivery days" on the pricing page.

No, the Extended price is not the cost after the 1000 hours.

7. **Question:** General Terms and Conditions- Number 14- the Purchasing Card Acceptance- are we going to be charged an administration fee?

Answer: That Term and Condition is from a standard template. Purchasing Cards will not be an acceptable payment mechanism for this contract.

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

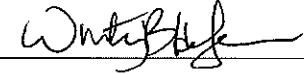
"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Sunbelt Staffing, LLC

Authorized Signature:  Date: 01/18/17

State of Florida

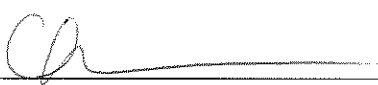
County of Duval, to-wit:

Taken, subscribed, and sworn to before me this 18 day of January, 2017.

My Commission expires May 23, 2020.

AFFIX SEAL HERE



NOTARY PUBLIC 

REQUEST FOR QUOTATION
CRFQ 0506 BHS1700000003
Direct Care Staffing Services

SPECIFICATIONS

- 1. PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Department of Health and Human Resources (WVDHHR), the Bureau for Behavioral Health & Health Facilities (BBHFF), to establish an Open-End Direct Care Staffing contract for Registered Nurses (RN's), Licensed Practical Nurses (LPN's), and Certified Nursing Assistants (CNA's), to comply with staffing needs of the seven (7) State owned and operated facilities listed below and the West Virginia Children's Home, which is located in Elkins, WV.

NOTE: The contract awarded as a result of this solicitation may be funded in whole or in part with Federal Funds and thus this solicitation and its resulting awarded contract are subject to the requirements of Attachment_1: Provisions Required for Federally Funded Procurements.

Lakin Hospital (Long Term Care)
11522 Ohio River Road
West Columbia, WV 25287

Jackie Withrow Hospital (Long Term Care)
105 S. Eisenhower Drive
Beckley, WV 25801

John Manchin Sr. Health Care Center (Long Term Care)
401 Guffey Street
Fairmont, WV 26554

Welch Community Hospital (Acute Care/Long Term Care)
454 McDowell Street
Welch, WV 24801

William R. Sharpe Hospital (Acute Psychiatric Care)
936 Sharpe Hospital Road
Weston, WV 26452

Hopemont Hospital (Long Term Care)
150 Hopemont Drive
Terra Alta, WV 26764

Mildred Mitchell-Bateman Hospital (Acute Psychiatric Care)
1530 Norway Avenue
Huntington, WV 25705

WV Children's Home
230 Heavner Avenue
Elkins, WV 26241

REQUEST FOR QUOTATION
CRFQ 0506 BHS1700000003
Direct Care Staffing Services

2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in section 2 of the General Terms and Conditions.

2.1 **“Contract Services”** means the list of services identified in Section 4.1 below.

2.2 **“Pricing Page”** means the pages upon which Vendor should list its proposed price for the Contract Services. The Pricing Page is either included on the last page of this RFQ or attached hereto as Exhibit A.

2.3 **“RFQ”** means the official request for quotation published by the Purchasing Division and identified as CRFQ 0506 BHS1700000003.

2.4 **“RN”** means Registered Nurse.

2.5 **“LPN”** means Licensed Practical Nurse.

2.6 **“CNA”** means Certified Nursing Assistant.

2.7 **“Agency”** means Bureau for Behavioral Health & Health Facilities (BBHFF) and all State owned and operated Facilities.

3. **QUALIFICATIONS:** Vendor must maintain primary source verification documentation that all personnel placed under this agreement meet the following minimum qualifications and must provide documentation upon request.

3.1 Must hold a current Professional State of WV Nursing License in West Virginia.

3.2 Must have at least one (1) year working experience in the area to be assigned.

3.3 Must have a current **Cardiopulmonary Resuscitation (CPR)** Card.

3.4 Must complete the facility’s Certified Caregiver (CCG) Training prior to service delivery.

3.4.1 The CCG Training is provided at Mildred Mitchell-Bateman Hospital and William R. Sharpe Hospital. The training is in response to Violent Patients – CCG and is a de-escalation training technique.

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Direct Care Staffing Services

4. GENERAL REQUIREMENTS:

4.1 Mandatory Contract Services Requirements: Vendor shall provide Contract Services with the desired services listed below on an open-end contract. Desired services must meet or exceed the mandatory requirements listed below.

4.1.1 Registered Nursing Services (RN's)

Vendor must document the competency of the staff being engaged and to provide documentation of the services to the Bureau for Behavioral Health and Health Facilities (BBHFF) or Bureau for Children and Families (BCF) assigned work site when requested. The competency assessment must include age-specific and cultural competencies for services provided to patients.

4.1.1.1 RN(s) must be licensed by the West Virginia Board of Nurses.

4.1.1.2 RN(s) must have a minimum of one (1) year experience in Psychiatric Nursing, if assignment is for an acute psychiatric care facility.

4.1.1.3 RN(s) must have a minimum of one (1) year experience in Long Term Care.

4.1.1.4 RN(s) must oversee the work of inexperienced (RN) Registered Nurse(s), LPN Licensed Practical Nurse(s), and CNA Certified Nursing Assistant(s).

4.1.1.5 RN(s) must participate in Treatment Team Meetings to develop Individualized Treatment Plans, direct consultations, receive and give recommendations to and from other disciplines to maximize positive behavioral results.

4.1.1.6 RN(s) must administer medications as prescribed by treating Physician(s).

4.1.1.7 RN(s) must ensure timely documentation into patient's Electronic medical records, per the policies and procedures and common practice of the particular facility utilizing the staff.

4.1.1.7.1 Policies and procedures will be provided during the hospital/facility orientation.

4.1.1.8 RN(s) must oversee all medical related emergencies.

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4.1.1.9 RN(s) must be available to testify in court and commitment hearings when necessary.

4.1.1.10 RN(s) must respond to inquiries of family members, advocates and other interested parties, ensuring adherence to the Confidentiality laws (see Attachment_3), and the HIPAA Regulations (see Attachment_2).

4.1.2 Licensed Practical Nursing Services (LPN's)

4.1.2.1 LPN(s) must be licensed by the West Virginia Board of Nurses.

4.1.2.2 LPN(s) must assist professional nursing & medical staff in providing direct nursing care to patients, including medical treatments, administering medications, giving injections, and assisting in care planning and recording.

4.1.2.3 LPN(s) must take and record temperatures, blood pressure, pulse and respirations; collect specimens for testing; administer medications according to the Physician Order.

4.1.2.4 LPN(s) must ensure timely documentation into patients' electronic medical records, per the policies, procedures and common practices of the assigned facility.

4.1.2.4.1 Policies and procedures will be provided during the hospital/facility orientation.

4.1.2.5 LPN(s) must screen patients and record medical information; assist physician and registered nurse in examinations and treatments; set up and clean examination area; give injections and immunizations; instruct patients/clients in the use of medications and possible side effects.

4.1.2.6 LPN(s) will provide for the emotional and physical comfort and safety of the patients/clients.

4.1.2.7 LPN(s) must assist in response to medical and psychiatric emergencies.

4.1.2.8 LPN(s) must assist patients with activities of daily living such as grooming and personal hygiene.

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Direct Care Staffing Services

4.1.2.9 LPN(s) may testify in court and commitment hearing when found appropriate and deemed necessary.

4.1.2.10 LPN(s) must respond to inquiries of family members, advocates, and other interested parties, ensuring adherence to the Confidentiality laws (see Attachment_3), and the HIPAA Regulations (see Attachment_2).

4.1.2.11 LPN(s) must have successfully completed a course in Intravenous therapy and training in venipuncture which permits the LPN(s) to start Intravenous fluids and provide a certificate as proof of training and competency before beginning service.

4.1.3 Certified Nursing Assistant Services (CNA's)

4.1.3.1 CNA(s) must be certified and in good standing with the WV Nurse Aide Registry.

4.1.3.2 CNA(s) must have a minimum of one (1) year experience in Long Term Care.

4.1.3.3 CNA(s) must have a minimum of one (1) year experience and working knowledge of the concepts of mental health, health disorders and related physical conditions and related treatment approach.

4.1.3.4 CNA(s) will be responsible for direct care services to residents in a Nursing Home Setting, Psychiatric Care Setting and Acute Care Setting or facility setting.

4.1.3.5 CNA(s) must provide both physical and psychological support and assistance with daily activities and maintain a therapeutic interaction with the residents.

4.1.3.6 CNA(s) must have a High School Diploma or GED

4.2 VENDOR RESPONSIBILITIES:

4.2.1 Successful vendor must be a qualified healthcare professional to accommodate the Facility's needs and must comply with all Agency policies and procedures.

4.2.2 Successful vendor must provide healthcare staffing as requested by the Facility to be compatible with week-to-week needs.

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4.2.2.1 Assignments also may be for specified period of time as agreed upon in writing.

4.2.3 Successful vendor must provide hourly rates that are inclusive of all federal, state, and local withholding taxes, social security & Medicare taxes, as well as all unemployment compensation, workers compensation, general and professional liability premiums.

4.2.4 Successful vendor shall provide the Facility with information on each healthcare staff member including applications, background checks, fingerprinting, health vaccinations (such as Hepatitis B, Flu Vaccine) and PPD (purified protein derivative) testing.

4.2.4.1 All applicable documents to include certifications, references, confidentiality agreements and other requested documents must be sent to the facility along with the listing of possible candidates to interview.

4.2.4.2 No nurse providing services to any Facility under this agreement will have been investigated and substantiated by a Board of Nursing or currently subject to discharge resulting from an investigation by a Board of Nursing.

4.2.5 Successful vendor shall ensure the following regarding the staff to be provided:

- A. Has completed the required training and education,
- B. Possess a current valid certification and professional license and with the State of West Virginia, and
- C. Have proof of recent acute psychiatric experience in a psychiatric setting, and
- D. Meet current Agency immunization requirements for **purified protein derivative (PPD)** and Hepatitis B Series.

4.2.6 Successful vendor must incorporate all anticipated costs, traveling expenses, administrative and overhead cost into their all-inclusive fees.

4.2.7 The facility will not allow any previous employee who was dismissed for disciplinary or performance reasons by any

REQUEST FOR QUOTATION
CRFQ 0506 BHS1700000003
Direct Care Staffing Services

DHHR Facility or Office to return and work through the staffing vendor.

- 4.2.8** Successful vendor will have 48 hours (2 business days) to respond to the initial contact requesting staffing and provide the Facility a list of potential candidates and the documentation required in section **4.2.4**.
- 4.2.9** If the Facility requests an LPN but the successful vendor provides a RN to cover the request, the agency will pay the LPN rate.

4.3 DUTIES AND RESPONSIBILITIES OF THE FACILITIES

- 4.3.1** Facility will notify all successful vendors of the number and specialty of the staffing needed for an assignment and the estimated length of the assignment.
- 4.3.2** After 48 hours (2 business days) the facility will proceed with administering the progressive award process whereby the lowest bidder able to meet the facilities needs will be awarded with the contract for the requested staffing until such time as all needs have been met.
- 4.3.3** Facility will conduct interviews, review certifications, and provide formal notifications on which applicants will be offered a staffing position.
- 4.3.4** The Facility shall be solely responsible for providing supervision and day-to-day guidance in the execution of staff's professional responsibilities.
- 4.3.5** Facility reserves the right to terminate any RN, LPN or CNA providing services to the facility.

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide the Agency's with a purchase price for the contracted services. This shall be a progressive award contract and the award will be made to each vendor demonstrating their ability to meet all minimum requirements set forth in this request for quotation. Each vendor meeting the minimum requirements of the request will be awarded a contract in a progressive

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utilization award format, meaning low bid will be designated as XXXXXA; next lowest bid will be designated as XXXXXB, and so on.

If vendor "A" cannot provide the services requested, Agency will go to vendor "B", and So on until the need is satisfied.

The facility will allow 48 hours for all vendors to respond to staffing requests as to whether they will be able to meet the facility's needs. If unable to fulfill the request, the Vendor must provide a written waiver to the facility.

5.2 Pricing Pages: Vendor should complete the Pricing Page by providing the Unit Cost (Hourly Rate) and Extended Cost for each category (RN(s), LPN(s), and CNA(s)). Then add the extended amounts as the Grand Total Cost for their bid. If Responding in WVOasis, the extended price and grand total is calculated automatically.

Vendor should complete the Pricing Page(s) in full as failure to complete the Pricing Page(s) in its entirety may result in the Vendor's bid being disqualified.

The Pricing Page(s) contain a list of desired services and estimated purchase volume. The estimated purchase volume for each service represents the approximate volume of anticipated services.

Notwithstanding the foregoing, the Purchasing Division may correct errors as its discretion. Vendor should type the information into the Pricing Page(s) to prevent errors in the evaluation.

If responding on paper, Vendor should complete the Exhibit_A Pricing Page by providing an all-inclusive hourly, overtime and holiday rates for RN(s), LPN(s), and CNA(s).

Vendor should complete the Exhibit_A Pricing Page in full s failure to complete the Pricing Page in its entirety may result in the Vendor's bid being disqualified. The Exhibit_A Pricing page is available in Excel format for convenience, but it is the vendors' responsibility to ensure all calculations for their bid is accurate and complete.

- 6. PERFORMANCE:** Vendor and Agency's shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Facility. In the event that this contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.
- 7. PAYMENT:** Facility shall pay an hourly rate for all Contract Services performed under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

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- 8. TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with the performance of this Contract. Such costs will not be paid by the Facility.
- 9. HOLIDAYS:** The official holidays will be those that are deemed a holiday by the State of West Virginia and will be observed during the 24 hour period of 12:01AM through Midnight on the date the State officially observes the holiday. Generally, the following official holidays are observed:

New Year's Day
Martin Luther King Day
President's Day
Memorial Day
West Virginia Day
Independence Day
Labor Day
Columbus Day
Veteran's Day
Thanksgiving
Christmas Eve (1/2 Day)
Christmas Day
New Year's Eve (1/2 Day)

- 10. FACILITIES ACCESS:** Performance of Contract Services may require access cards and/or keys to gain entrance to Agency's facilities. In the event that access cards and/or keys are required:

10.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.

10.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.

10.3. Vendor shall notify the Agency immediately of any lost, stolen, or missing card or key.

10.4. Anyone performing under this Contract will be subject to Agency security protocol and procedures.

10.5. Vendor shall inform all staff of the Facility security protocol and procedures.

11. VENDOR DEFAULT:

11.1. The following shall be considered a vendor default under this Contract.

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11.1.1. Failure to perform Contract Services in accordance with the requirements contained herein.

11.1.2. Failure to comply with other specifications and requirements contained herein.

11.1.3. Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

11.1.4. Failure to remedy deficient performance upon request

11.2. The following remedies shall be available to the Agency upon default.

11.2.1. Cancellation of the Contract.

11.2.2. Cancellation of one or more release orders issued under this Contract.

11.2.3. Any other remedies available in law or equity.

12. MISCELLANEOUS:

12.1. Contract Manager: During the performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Whitney Holtzclaw, Senior National Account Executive

Telephone Number: 813-792-3423

Fax Number: 800-776-7713

Email Address: Whitney.Holtzclaw@sunbeltstaffing.com

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
- Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;
- Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or**,
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,

2. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,

3. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,

4. Application is made for 5% vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,

5. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,

6. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.

- Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Sunbelt Staffing, LLC

Signed: 

Date: 01/18/17

Title: Senior National Account Executive

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/30/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: Adecco.certs@Marsh.com Fax: 212-948-0018		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
370044-ALL-ALL-17-18		INSURER(S) AFFORDING COVERAGE	
INSURED Sunbelt Staffing, LLC 3687 Tampa Road, Suite 200 Oldsmar, FL 34677		NAIC # INSURER A : AXA Insurance Company 33022 INSURER B : National Union Fire Insurance Co Of Pittsburgh 19445 INSURER C : Insurance Company of the State of Pennsylvania 19429 INSURER D : New Hampshire Insurance Company 23841 INSURER E : American Home Assurance Company 19380 INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-008703581-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PCS002071(17)	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY			1921832 (MA)	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO			1921833 (FL)	01/01/2017	01/01/2018	BODILY INJURY (Per person) \$
B	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1921834 (AOS)	01/01/2017	01/01/2018	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	XS002072(17)	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	14649688 (AOS)	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
E	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	14649694 (CA)	01/01/2017	01/01/2018	E.L. EACH ACCIDENT \$ 2,000,000
C	If yes, describe under DESCRIPTION OF OPERATIONS below			14649690 (FL)	01/01/2017	01/01/2018	E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	E&O / PROFESSIONAL LIABILITY (INCLUDING NETWORK SECURITY)			PCS002073(17)	01/01/2017	01/01/2018	EA. CLAIM/AGG(SIR \$500,000) \$5M/\$5M EA. CLAIM/AGG (SIR \$250,000) \$5M/\$5M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The State of West Virginia is/are included as additional insured (except workers' compensation, auto liability and crime) where required by written contract. The State of West Virginia is/are included as Loss Payee with respects to Crime Policy and where required by written contract. General Liability is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured and where required by written contract. Waiver of subrogation is applicable where required by written contract. The Workers' Compensation policy includes an Alternate Employer endorsement.

CERTIFICATE HOLDER	CANCELLATION
The State of West Virginia Department of Administration 2019 Washington Street East Charleston, WV 25305	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Jason Clarke <i>J Clarke</i>

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ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA, Inc.		NAMED INSURED Sunbelt Staffing, LLC 3687 Tampa Road, Suite 200 Oldsmar, FL 34677	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

WORKERS COMP CONTINUED:

POLICY NUMBER: 14649693
 STATE: ME
 EFFECTIVE: 1/1/2017- 1/1/2018
 PAPER: New Hampshire Insurance Company
 CARRIER: AIG

POLICY NUMBER: 14649691
 STATE: MA, ND, WA, WI, WY
 POLICY PERIOD: 01/01/2017 - 01/1/2018
 PAPER: New Hampshire Insurance Company
 CARRIER: AIG

POLICY NUMBER: 14649692
 STATE: MN
 POLICY PERIOD: 01/01/2017 - 01/01/2018
 PAPER: New Hampshire Insurance Company
 CARRIER: AIG

EXCESS WORKERS COMP-OHIO ONLY:
 INSURER: NATIONAL INSURANCE COMPANY OF THE STATE OF PA
 POLICY NUMBER: 6583133
 POLICY PERIOD: 01/01/2017 - 01/01/2018
 LIMITS:
 SIR: \$3,000,000
 EL EACH ACCIDENT: \$1,000,000
 EL DISEASE: \$1,000,000
 EL DISEASE - EACH EMPLOYEE: \$1,000,000

CRIME:
 WITH THIRD PARTY COVERAGE
 POLICY NUMBER: CRM1008415-01
 CARRIER: ZURICH AMERICAN INSURANCE COMPANY
 POLICY PERIOD: 04/01/2016- 03/31/2017
 LIMIT: \$10,000,000
 DEDUCTIBLE: \$1,000,000

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Sunbelt Staffing LLC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 10151 Deerwood Park Blvd., Building 200, Suite 400	Requester's name and address (optional)
	6 City, state, and ZIP code Jacksonville, Florida 32256	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																								
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="11" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> <tr> <td colspan="11" style="text-align: center;">or</td> </tr> <tr> <td colspan="11" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">9</td> <td style="text-align: center;">-</td> <td style="text-align: center;">3</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5</td> <td style="text-align: center;">9</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td></td> </tr> </table>	Social security number																						or											Employer identification number											5	9	-	3	6	7	5	9	1	0	
Social security number																																																								
or																																																								
Employer identification number																																																								
5	9	-	3	6	7	5	9	1	0																																															

Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.	

Sign Here	Signature of U.S. person ▶	Date ▶ Jan 1, 2017
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

4. Discounts/Comments

Sunbelt Staffing does not have any additional comments, or will provide a discount, at this time.

Additional Company Information

Please see the following pages for more information about Sunbelt Staffing as a company.

Who We Are

Founded in 1988, Sunbelt Staffing has been devoted to establishing lasting and rewarding relationships with healthcare facilities and nursing candidates nationwide for nearly 30 years. Through those decades, Sunbelt has become a leader in the nurse staffing industry and has remained a steadfast force in nursing and allied health travelers.

With a database of over 200,000 healthcare providers, as well as an aggressive Internet-based marketing approach, we are confident that we can find the staff you need, when you need them. We are owned by a Fortune Global 500 company, which because of its size, systems and benefits, allows us to pay our nurses weekly, offer top-of-the-line benefits including Blue Cross/Blue Shield preventive medical, dental, vision, 401(k) and stock purchasing options, all of which sets us apart and gives us the tools necessary to ensure that our recruiting efforts remain fruitful. Furthermore, we have a critical care nurse with 11 years of experience on staff to review candidate profiles and resolve any clinical issues that may arise.

Why choose Sunbelt Staffing? Simply put, we have the most to offer:

- Nearly 30 years of experience in the temporary staffing industry
- Recognized name as a leader in healthcare staffing
- Extensive, refined database of facilities, healthcare professionals and candidates
- High concentration of healthcare professionals in rural, hard-to-staff locations
- Nationwide travel division
- Travel, permanent, or temp-to-perm assignments
- Flexibility to change as the marketplace changes
- Experienced and motivated staff devoted to timely callback and follow-up
- Excellent support system
- Exceptional housing and relocation service
- Efficient accounting department
- State-of-the-art corporate offices

Sunbelt is constantly expanding and changing in order to meet the needs of the sometimes unpredictable healthcare industry. We have always treated every employee as an individual and we are committed to maintaining that attitude. Our personal touch, along with the support of our parent company, assures our clients that we will always be able to provide customized and efficient services. This commitment to you is what defines our past, present and future.

Our Services

Sunbelt Staffing attracts, recruits and retains the highest caliber and most qualified healthcare professionals in facilities across the country. We are able to access and assemble a vast nationwide talent pool through our extensive network. Our expertise also includes, but is not limited to, acute and sub-acute care hospitals, rehabilitation clinics, outpatient facilities, long-term care facilities, skilled nursing facilities and home health agencies.

Registered Nurses	Social Workers
Occupational Therapists	Behavior Specialists
Physical Therapists	Speech-Language Pathologists

Licensed Practical Nurses	Assistants – SLP, OT, PT
Counselors	And more!

Nursing

The nursing division of Sunbelt Staffing has specialized in providing medical professional staffing services since 1988. In our 20+ years, we have provided supplemental healthcare service professionals clients in all 50 states. Our team is dedicated to healthcare staffing solutions because we recognize the need for specialized services in our client’s facilities. Our team is comprised of 25 National Hiring Managers that interview and screen our medical professional candidates. Typically, during the entire hiring process, from the time we are made aware of a vacancy, we can have an experienced candidate interviewed within three to five days. Once an offer is extended, within two (2) weeks, we are usually able to have the entire credentialing process completed and the professional ready to start the assignment. In 2015, Sunbelt made 1,213 placements in the medical staffing industry.

ALLIED - CATH LAB TECH	1
ALLIED - IMAGING	1
ALLIED - LAB TECH	1
ALLIED - RESPIRATORY THERAPIST	1
NURSE PRACTITIONER	95
NURSING	1
NURSING - CALL CENTER RN	1
NURSING - CASE MANAGEMENT	3
NURSING - CATH LAB RN	8
NURSING - CCU NURSE	14
NURSING - CERTIFIED OR TECH	4
NURSING - CNA (NURSING ASST.)	81
NURSING - CVOR NURSE	7
NURSING - CVOR TECH	32
NURSING - DIALYSIS	6
NURSING - EMERGENCY ROOM NURSE	161
NURSING - ENDO / GI	4
NURSING - HOME HEALTH NURSE	136
NURSING - ICU NURSE	97
NURSING - INT. RADIOLOGY	3
NURSING - LPN	28

NURSING - MED SURG NURSE	125
NURSING - MEDICAL ASSISTANT	3
NURSING - NICU NURSE	5
NURSING - ONCOLOGY RN	1
NURSING - OPERATING ROOM NURSE	66
NURSING - OR STFA	2
NURSING - OR TECH	155
NURSING - ORTHO	1
NURSING - PACU RN	6
NURSING - PCU NURSE	12
NURSING - PEDIATRICS	3
NURSING - PHLEBOTOMY TECH	2
NURSING - PRE/POST OP	1
NURSING - RADIOLOGY	3
NURSING - REHAB	4
NURSING - RNFA	3
NURSING - SICU NURSE	3
NURSING - STERILE PROCESS TECH	77
NURSING - SURGICAL ASSIST	11
NURSING - TELEMETRY	28
NURSING PSYCHIATRIC NURSE	8
PHARM TECH	1
PHYSICIAN STAFFING	5
OTHER	3
TOTAL	1213

Additional Experience

Sunbelt Staffing has been in the special education staffing field for over two decades, staffing both public and private institutions. Throughout the years, we have provided therapy services to hundreds of school districts nationwide. We appreciate the fact that our public school clients must adhere to statutes, ordinances, and legislative guidelines that private schools may not. Accordingly, all of our personnel meet all state, national and district requirements for their given occupation. We will conduct thorough referencing, as well as background and drug testing. Sunbelt has the ability to relocate selected healthcare professionals to their respective assignments, in a short amount of time. If necessary, we

assist them with housing, and ensure that they have adequate transportation to get from site to site in a timely manner.



Over the years, several of our large districts including Baltimore Public Schools (Psych), Boston Public Schools (OT, SLP, CFY), Clark County School District (OT, PT), Denver Public Schools (SLP, CFY), Flint City School District (SLI, PT, OT, SLP), Hillsborough County School District (OT, COTA), Jurupa Unified (LPN, OT), Killeen ISD (SLI), Lodi Unified (SLPA), New York Department of Education (SLP, OT, CFY, Psych, Social Worker), Onslow County Schools (OT, SLP), Richmond County (SLI, TVI), San Francisco USD (Special Ed Teacher, SLP, SLPA), Spotsylvania County Public Schools (Music Therapist, SLP, PT), St Vrain Valley (Social Worker, Special Education Teacher, Psych), Temecula Valley United

(School Psych) have relied upon our services to fill multiple vacancies in their respective district for a variety of disciplines.

On the other hand, several districts we work with in rural areas have requested and received the services from one to three healthcare professionals. The smaller districts to which we currently provide healthcare professionals include; Bloomington Public School District (OT), Central Dauphin (LPN, School Psych, CFY), Danville City Public Schools (Psych, SLP), Farmington Municipal Schools (SLI, Ed Diagnostician), Haverhill Public Schools (SLP, PTA, SLPA), LEARN Charter School Network (SLP, RN, SLPA), Monroe School Dist. 103 (Psych, SLP, RN), Pontiac City School District (SLP, OT, CFY).

Recruiting

Sunbelt Staffing matches our best candidates to your requirements. A proper match considers all aspects of the job requirements gathered from the client's request, such as:

- Years of experience
- Specific skill sets for the position
- Professional certifications
- Ability to complete the assignment

Our representatives are trained to clearly and accurately query our clients regarding assignment length, work location, hours, titles and number of positions. We respond to any changes in assignment specifications upon notification from our client. Once we receive the assignment details, we enter the work order into our recruiting database, and we immediately begin the recruiting and screening process. Some of our recruitment sources include:

- Advertising
- Bilingual/minority recruiting
- College career centers
- Community resources
- Consultant referrals
- Job fairs and open houses
- Networking
- Source recruiting
- Sunbelt Staffing's website job board
- State job services

Interview Process

After recruiting a pool of candidates, we conduct a pre-screen interview of approximately 20 minutes. Our national account manager assesses the candidate's technical skills and aptitudes as they relate to the position requirements. Our national account manager also determines the candidate's motivation for

pursuing a new position, financial expectations and geographic limitations, as well as non-technical skills.

Sunbelt Staffing’s in-person screening interview covers past and current positions, expectations and preferences. During this time, we communicate the specific needs of the client to the candidate. Probing questions, seeking detail and substantiation, reveal the true depth of the skill level. The candidate must also demonstrate a commitment to take the engagement if it is offered as well as a commitment to stay on the engagement for the duration of the contract.

To confirm a candidate has a strong history of job performance, Sunbelt checks a minimum of two (2) previous or current professional references for each consultant we hire. These references must reveal positive remarks regarding technical skills, work habits, attendance and interpersonal skills. As we respect an individual’s need for confidentiality in securing new employment, we may rely on previous employment references rather than the current employer. At the client’s request, candidate references are submitted to the client along with the resume and profile sheet. Our entire process, from application to job offer, is thoroughly documented.

Recruiting for Today’s Generation

As one of the largest healthcare staffing firms in the world, Sunbelt knows our key to success lies with our ability to attract and retain top talent. In a competitive market of perpetual change and growth, Sunbelt combines our proven recruiting practices with innovative search techniques through our pervasive internet presence to catch the attention of the resources you need to keep your business moving forward.

Evolving with the world around them, our account managers have gone viral. Utilizing social media sites, such as Facebook, Twitter, YouTube and LinkedIn, account managers are able to connect with candidates on a personal level.

Credentialing

Sunbelt Staffing’s credentialing division is comprised of six staff members with more than 42 years of combined experience assisting Sunbelt Staffing consultants through the credentialing process.

Furthermore, we have earned a Gold Seal of Approval for Health Care Staffing Services by the Joint Commission. This accomplishment is a testament of the commitment and expertise of Sunbelt’s credentialing division, assuring you that our credentialing processes and standards meet the highest standards.

While Sunbelt will credential to the requirements of our clients, the following list is an example of the documents we require our consultants to complete prior to beginning their assignment:

Professional State License	EPLS search
Professional License Verification:	US treasury blocked persons
NBCOT/FSBPT/ASHA	Professional References
NPI Number	Education verification
CPR/BLS	Current Resume
CEUs as required by licensing board	Completed Employment Application
Fingerprinting, if applicable	TB-PPD, if applicable

Motor Vehicle Search, if applicable	Hepatitis B Proof or Declination
Child abuse reporting requirements	Drug Screen 10 panel
Sexual predator search	Proof of MMR vaccination, if applicable
HHS/OIG search	E-Verify
Annual OSHA/HIPAA Training	FERPA Training
Criminal Background Search to include Social Security Address Check	

Monitoring Performance

The measures, metrics and processes used to evaluate consultants vary based on our client’s priorities and objectives; however, we always ensure that a quality process is in place to drive continuous process improvement, productivity improvement and accountability. Further, our clients have hands-on participation in all of our processes. Our clients are given the opportunity to influence, change and evaluate our services, when and where they chose.

Once the selected candidate is on-site, we keep the communication channels open to both you (the client) and the consultant (our employee). We designate personnel in each office to communicate with consultants in the field and back to the branch. These designees are responsible for orienting the consultant to our company and your organization while maintaining frequent and regular contact with the consultant. This person also serves as a counselor, addressing training issues, skill development and future career goals. We conduct extensive performance reviews at 30, 90 and 180-day intervals, as well as at the consultant’s first year anniversary.

We use an Employee Performance Evaluation form that outlines key points which are then reviewed periodically throughout the consultant’s assignment. We can also measure additional performance criteria, based on our client’s requirements. All of our evaluation tools can be offered at any frequency and format based our client’s request.

Account Management

To make things as simple and efficient as possible, we adopted a “full-desk” model. With this system, our national account executives act as account manager and recruiter so your needs aren’t lost in translation, and you have the same contact throughout the lifecycle of your account.

Our national account executives also source, screen, qualify and present candidates to meet our clients’ staffing requirements. They recruit and work with clients to make the placements. In addition, they manage the account, client relations and employee relations. Each undergoes extensive training to learn how to assess each candidate’s abilities during the candidate interview process. As such, they are highly qualified to evaluate the best talent for each assignment.

Whitney Holtzclaw

Senior National Account Executive

Sunbelt Staffing

Local: (813) 792-3423

Fax: (877) 309-9788

Whitney.Holtzclaw@sunbeltstaffing.com

Proposed Candidates for Renewal

Please see the following pages for copies of resumes for the proposed healthcare professionals. Because of our desire to tailor our solution to your needs, the duration of the selection process, contract negotiations, length of time before we receive a work order and consultant availability, we are providing the names, resumes and certifications of healthcare professionals that may or may not be used to fulfill your particular needs.



STAFFING SOLUTIONS, INC.

TRAVEL DIVISION PROUDLY PRESENTS:

Juawiner C. Robinson

Employment History

3/1/2016 -Present **Mildred Mitchell Bateman Hospital with Sunbelt Staffing**
Psych CNA

- Assisted with mentally impaired or emotionally disturbed patients under the direction of nursing and medical staff
- Assisted with daily living activities
- Lead patients in educational and recreational activities
- Restrained violent patients

11/2015-01/2016 **Wedgewood Manor, Cavalier ND**

3/2015-11/2015 **Guest House, Slidell, LA**

- Provided personal hygiene and daily living needs
- Providing comfort, transportation, and vital sign monitoring

8/2014-Currently **Pontchartrain Health Care, Mandeville, LA**

- Helped patients by supporting personal hygiene and daily living needs
- Provided comfort, transportation, and vital sign monitoring

12/2013 - Currently **Northlake Behavioral Health**
Mental Health Technician

- Assisted with mentally impaired or emotionally disturbed patients under the direction of nursing and medical staff
- Assisted with daily living activities
- Lead patients in educational and recreational activities
- Restrained violent patients

10/2009-12/2013 **Acumen, Abita Springs LA**

- Caregiver for homebound patient helping with a wide range of services; specifically bathing, preparing meals, some light housekeeping, transporting to doctors' visits as well as any other service requested by the family

07/2011-08/2013 **Helping Hands for Healing, Slidell LA**

- In home caregiver for mentally challenged person suffering with dementia
- Assisted with all daily living activities and worked to help the patient enjoy a better lifestyle

01/2006-01/2008 **Southeastern Mental Hospital, Mandeville LA**
Mental Health Technician

- Provided care to mentally ill or emotionally disturbed patients
- Worked under the direction of a RN psych professional
- Typical duties were to, assist in patient assessment, monitoring and documenting care, escorting patients, and identifying the personal needs of patients

Education History

BSW. Department of Education. Southern University at New Orleans

Occupational Licenses & Certificates

Certification Title	Issuing Organization	Completion Date
Electrocardiography	Louisiana State Board	08/2014
Certified Nursing Assistant	Louisiana State Board	03/2014
CPR/First Aide	Acumen	09/2013

**CERTIFIED NURSING ASSISTANT
SKILLS SELF ASSESSMENT**



DIRECTIONS

Please circle the appropriate level of skill and frequency for each item below that most accurately describes your level of experience with each skill. By completing this checklist, you will help us match your skills with our available assignments as well as assist the facility in selecting the appropriate skill set needed.

FREQUENCY

- 1 Not Performed, Never Worked
- 2 Performed Over 1 year ago
- 3 Performed 6 to 12 months ago
- 4 Performed within the last 6 months

EXPERIENCE

- 1 No Experience
- 2 Some Experience (Require Assistance/Supervision)
- 3 Experienced (Performs without Supervision)
- 4 Very Experienced (Performs Well Independently)

Juawiner Robinson

Print Name

09/18/2015

Date

CARE ROUTINES	FREQUENCY				EXPERIENCE			
	1	2	3	4	1	2	3	4
New Admissions and Transfers:								
Inventory and Disposition of Belongings, Use of Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Room Orientation, Call Bell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basic Comfort Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Post-op Patients:								
Transferring into Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Call Bell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assist with Turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ROM Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maintaining O2 Therapy:								
Replacing Mask or Nasal Caunula if Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Notifying Nurse of Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basic Comfort Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparation For and Transfer to SNF:								
Early Bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparing Belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Preparing for and Explaining Routines to Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Post Mortem Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Incentive Spirometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Removing /Replacing:								
Antiembotic Stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sequential Stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COMMUNICATION								
Using Appropriate Abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Identifying Unusual Patient Incidents that Require Reporting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating to RN:								
Changes in Patient Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Needs, Complaints and Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Unusual Incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recording and Reporting:								
Vital Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathing /Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turning and Repositioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ambulation and Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diet intake, Calorie Count	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I & O:								
Shift Volumes and Totals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marking and /or Measuring Amount of Urine, Gastric Fluid, NG Drainage,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emesis, Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	FREQUENCY				EXPERIENCE			
	1	2	3	4	1	2	3	4
COMMUNICATION (continued)								
Reinforcing RN Teaching With Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Selecting and Using Forms Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Using Alternate Communication Tools /Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
GI/GU								
Report Abnormal Findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bowel Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administering Enemas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tap Water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleets	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placing and Removing Bed Pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clamping Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emptying Foley Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Placing Condom Catheter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Emptying and Replacing Ostomy Bag (Established Ostomy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HYGIENE / SKIN CARE								
Risk Factors for Skin Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Observing Pressure Points for Redness or Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bathing /Daisy Hygiene:								
Bathing (Shower /Tub /Arjo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oral Care								
General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NPO Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comatose Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patients with Dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foot Care for Patients with Impaired Circulation or Sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Incontinence Care – Bladder and Bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shaving and Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reducing Pressure and Friction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Pressure and Friction Reduction Devices:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Special Beds /Mattresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heels and Elbow Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foot Cradles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Shower Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Bath /Shower Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INFECTION CONTROL								
Proper use of Specific Barrier, Methods:								
Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mask /Goggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reverse Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Body Substance Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TB Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MRSA Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hand Washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infectious /Hazardous Waste Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	FREQUENCY				EXPERIENCE			
	1	2	3	4	1	2	3	4
INFECTION CONTROL (continued)								
Supply /Equipment Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Disposable Therrnometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of CPR Mask /Bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NATIONAL PATIENT SAFETY GOALS								
Accurate Patient Identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Effective Communication with Patient, Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interpretation and Communication of Lab Values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Labeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medication Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Minimize Fall Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pain Assessment and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Prevention of Pressure Ulcers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reconciliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of PCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NUTRITION								
Estimating Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Setting up for Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Feeding Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Aspiration Precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Nourishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Counting Calories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fluid Restriction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PATIENT RIGHTS								
Communicates and obtains information while respecting the rights and privacy and confidentiality of information in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Involves the patient and family and respects their role in determining the nature of care to be provided, including Advance Directives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Complies with nursing staff responsibility included in the hospital policy related to Organ Donation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Meets patient and families needs regarding communication, including interpreter services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Provides accurate information to patient and families in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROTOCOL, SAFETY AND ACTIVITY								
Determining Patient ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Identifying Safety Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Determining Need for Additional Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assessing Safety and ADL Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recognizing Abuse: Substance, Physical, Emotional, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Maintaining Clean, Orderly Work Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disposing of Sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PROTOCOL, SAFETY AND ACTIVITY (continued)	FREQUENCY				EXPERIENCE			
	1	2	3	4	1	2	3	4
Handling Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proper Body Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ROM Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transferring to Bed, WC, Commode, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Turning and Positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Safety Module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Broken Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Responding to Safety Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Hoyer Lift (Dextra /Maxi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bed Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Wheel Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Alarms: Bed, Patient, Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Call Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Documenting Use of Restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Application of Restraints:								
Belt Including Seat Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wrist /Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Transfer Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Gait Belt for Ambulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Seizure Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPECIMENS	1	2	3	4	1	2	3	4
Collecting Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Collecting Sputum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Collecting Urine:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clean Catch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24 Hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Labeling Specimens and Preparing for Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VITAL SIGNS, WEIGHT	1	2	3	4	1	2	3	4
Obtaining and Recording:								
BP, including Orthostatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pulse, Radial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature, Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature, Rectal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature, Axillary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Temperature, Tympanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Respirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Weight, Pounds and Kilograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recognizing Cardiac Arrest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Activating Code Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Providing Appropriate Code Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of Electronic VS equipment:								
Automatic BP machine (Dynamap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electronic Thermometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Applying Oximeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Scale Use:								
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**CERTIFIED NURSING ASSISTANT
SKILLS SELF ASSESSMENT**

AGE SPECIFIC	FREQUENCY				EXPERIENCE			
	1	2	3	4	1	2	3	4
Newborns (Birth - 30 days)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infants (30 days - 1 year)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddler (1 - 3 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschooler (3 - 5 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older Children (5 - 12 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adolescents (12 - 18 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Young Adults (18 -39 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Middle Adults (40 - 65 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Older Adults/ Geriatrics (65+ years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The information I have given is true and accurate to the best of my knowledge.								
Signature								
Juawiner Robinson						09/18/2015		
Printed Name						Date		

Professional Reference Letter

Date: 09/24/2015

Name, Title Michelle Shell - LPN
 Facility Name Pontchartrain Health Care

Direct Supervisor: Yes No
 City, State: Mandeville, LA

Healthcare Professional Information

Name, Discipline Juawiner Robinson
 Unit Assigned Float Position Held: CNA
 Employment Dates **From:** 08/2014 **To:** Present
 Reason for Leaving Wants a new position and expand skills set Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.	Juawiner is a remarkable employee, responsible and reliable. She is able to handle a multitude of tasks at one time and will compassion. Residents loved her.				

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments ***She showed up on time and never called in. Always willing to go the extra mile and available for extra shifts.***

This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative

Professional Reference Letter

Date: 09/21/2015

Name, Title Shaqanta Brumfield - Direct Supervisor Direct Supervisor: Yes No
 Facility Name Pontchartrain Healthcare Center City, State: Mandeville, LA

Healthcare Professional Information

Name, Discipline Juawiner Robinson
 Unit Assigned Float Position Held: CNA
 Employment Dates From: 08/2014 To: Present
 Reason for Leaving Wants a new position and expand skill set Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.	She takes pride in her work and appearance, she goes above and beyond the call of duty				

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Juawiner is a very loving, attentive, reliable, enthusiastic employee.

This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative

HEALTHCARE PROVIDER

Healthcare
Provider



American
Heart
Association®

Juawiner Robinson

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

3/2016

Issue Date

3/2018

Recommended Renewal Date

HEALTHCARE PROVIDER

Training Center Name St. Mary's Medical Center TC ID # [REDACTED]
2900 First Ave
TC Info City, State, Zip Phone
Huntington, WV 25702 (304) 526-1169
Course Location St. Mary's Medical Center
Huntington, WV 25702

Instructor Name Barb Bias [REDACTED] ID #

Holder's
Signature

Juawiner Robinson



TRAVEL DIVISION PROUDLY PRESENTS:

Lisa Bell, CNA

Professional Experience

6/2016- present

Mildred Mitchell Bateman Hospital-Huntington, WV

Mental Health CNA- With Sunbelt Staffing

- State Mental Health Facility
- Adult In-Patient Care
- Monitor Daily Activities

11/2015-3/2016

Caring Hearts of LA-Slidell, LA

CNA Supervisor-Contract

- In-home and Facility Care Services
- LTC and Alzheimer's Patients
- Home Care and Personal Care
- Supervision of CNA's and Med Tech's

6/2015-9/2015

Glendive Medical Center- Glendive, MT

CNA-Travel Assignment

- 71-bed Skilled Nursing Facility
- LTC and Alzheimer's Unit
- Assisted in Daily Living Activities

1/2015-4/2015

Guest House of Slidell- Slidell, LA

CNA-Contract

- Skilled Nursing Facility
- LTC & Stroke Rehab Patients
- Assisted with Daily Activities

4/2014-2/2015

Northlake Behavioral Health- Mandeville, LA

Mental Health Tech- Staff

- 153-bed State Mental Health Facility
- Criminal Justice, Juvenile, Adult In-Patient Care
- Monitor Daily Activities

3/2007-9/2010

Ida's Home Health

CNA- Staff

- In-Home Care Services
- In-home and Facility Care Services
- LTC and Alzheimer's Patients
- Home Care and Personal Care

Education

5/2011

Texas Career Institute

Medical Technician Certification

5/2008

Continental Acadamey- Miramar- FL

High School Diploma

Licensure/Certifications

5/2006

TPI-Pinebluff, AR

Nursing Assistant Certification

SKILLS CHECKLIST - CERTIFIED NURSING ASSISTANT

Traveler Name: Lisa Michele Bell

Date: 04/29/2016

VITAL SIGNS & WEIGHTS		
Obtaining and Recording		
BP, including Orthostatic	Functionally Independent	Within 6 months
Pulse, Radial	Functionally Independent	Within 6 months
Temperature, Oral	Functionally Independent	Within 6 months
Temperature, Rectal	Functionally Independent	Within 6 months
Temperature, Axillary	Functionally Independent	Within 6 months
Temperature, Tympanic	Functionally Independent	Within 6 months
Respirations	Functionally Independent	Within 6 months
Weight, Pounds and Kilograms	Functionally Independent	Within 6 months
Recognizing Cardiac Arrest	Functionally Independent	Within 6 months
Activating Code Team	Functionally Independent	6 mo. - 12 mo. ago
Bringing Emergency Equipment to Room	Functionally Independent	6 mo. - 12 mo. ago
Providing Appropriate Code Support	Functionally Independent	6 mo. - 12 mo. ago
Use of Electronic VS equipment		
Automatic BP Machine (Dynamap)	Functionally Independent	Within 6 months
Electronic Thermometer	Functionally Independent	Within 6 months
Applying Oximeter	Functionally Independent	Within 6 months
Scale Use		
Standing	Functionally Independent	Within 6 months
Chair	Functionally Independent	Within 6 months
Bed	Functionally Independent	Within 6 months
GI/GU		
Report Abnormal Finding	Functionally Independent	Within 6 months
Bowel Function	Functionally Independent	Within 6 months
Bladder Function	Functionally Independent	Within 6 months
Administering Enemas	Functionally Independent	Over 1 year ago
Tap Water	Functionally Independent	Within 6 months
Fleets	Functionally Independent	Within 6 months
Return Flow	Functionally Independent	Within 6 months
Placing & Removing Bed Pan	Functionally Independent	Within 6 months
Clamping Catheter	Functionally Independent	Within 6 months
Emptying Foley Bag	Functionally Independent	Within 6 months
Placing Condom Catheter	Functionally Independent	Within 6 months
Emptying & Replacing Ostomy Bag (Established)	Functionally Independent	Within 6 months

Ostomy)

NUTRITION		
Estimating Intake	Functionally Independent	Within 6 months
Setting up for Meals	Functionally Independent	Within 6 months
Feeding Patients	Functionally Independent	Within 6 months
Aspiration Precautions	Functionally Independent	Within 6 months
Nourishments	Functionally Independent	Within 6 months
Counting Calories	Functionally Independent	Within 6 months
Fluid Restriction	Functionally Independent	Within 6 months
NPO	Functionally Independent	Within 6 months

SPECIMENS		
Collecting Stools	Functionally Independent	Within 6 months
Collecting Sputum	Functionally Independent	Within 6 months
Collecting Urine	Functionally Independent	Within 6 months
Clean Catch	Functionally Independent	Within 6 months
24 Hour	Functionally Independent	Within 6 months
Labeling Specimens & Preparing for Transport	Functionally Independent	Within 6 months

HYGIENE/SKIN		
Risk Factors for Skin Breakdown	Functionally Independent	Within 6 months
Observing Pressure Points for Redness or Breakdown	Functionally Independent	Within 6 months
Bathing/Daily Hygiene		
Bathing (Shower/Tub/Arjo)	Functionally Independent	Within 6 months
Oral Care, Including Patients who are NPO, Comatose, Patients w/ Dentures	Functionally Independent	Within 6 months
Peri Care	Functionally Independent	Within 6 months
Foot Care for Patients with Impaired Circulation or Sensation	Functionally Independent	Within 6 months
Incontinence Care	Functionally Independent	Within 6 months
Shaving & Precautions	Functionally Independent	Within 6 months
Reducing Pressure & Friction	Functionally Independent	Within 6 months
Use of Pressure & Friction Reduction Devices		
Special Beds/Mattresses	Functionally Independent	Within 6 months
Heels & Elbow Protection	Functionally Independent	Within 6 months
Foot Cradles	Functionally Independent	Within 6 months
Use of Shower Chair	Functionally Independent	Within 6 months
Use of Bath/Shower Boat	Functionally Independent	Within 6 months

INFECTION CONTROL		
Proper Use of Scientific Barrier Methods		

Gloves	Functionally Independent	Within 6 months
Gown	Functionally Independent	Within 6 months
Mask/Goggles	Functionally Independent	Within 6 months
Reverse Isolation	Functionally Independent	Within 6 months
Body Substance Isolation	Functionally Independent	Within 6 months
TB Precautions	Functionally Independent	Within 6 months
MRSA Precautions	Functionally Independent	Within 6 months
Hand Washing	Functionally Independent	Within 6 months
Infectious/Hazardous Waste Disposal	Functionally Independent	Within 6 months
Supply/Equipment Disposal	Functionally Independent	Within 6 months
Use of Disposable Thermometer	Functionally Independent	Within 6 months
Use of CPR Mask/Bag	Minor or No Experience	Not Performed / Never Worked

SAFETY & ACTIVITY

Determining Patient ID	Functionally Independent	Within 6 months
Identifying Safety Hazards	Functionally Independent	Within 6 months
Determining Need for Additional Help	Functionally Independent	Within 6 months
Assessing Safety & ADL Needs	Functionally Independent	Within 6 months
Recognizing Abuse: Substance, Physical, Emotional, etc.	Functionally Independent	Within 6 months
Maintaining Clean, Orderly Work Area	Functionally Independent	Within 6 months
Disposing of Sharps	Functionally Independent	Within 6 months
Handling Hazardous Materials	Functionally Independent	Within 6 months
Proper Body Mechanics	Functionally Independent	Within 6 months
ROM Exercises	Functionally Independent	Within 6 months
Transferring to Bed, WC, Commode, etc.	Functionally Independent	Within 6 months
Turning & Positioning	Functionally Independent	Within 6 months
Patient Safety Module	Functionally Independent	Within 6 months
Reporting Broken Equipment	Functionally Independent	Within 6 months
Responding to Safety Hazards	Functionally Independent	Within 6 months
Use of Hoyer Lift (Dextra/Maxi)	Functionally Independent	Within 6 months
Bed Operation	Functionally Independent	Within 6 months
Use of Wheel Locks	Functionally Independent	Within 6 months
Use of Alarm: Bed, Patient, Unit	Functionally Independent	Within 6 months
Use of Call Light	Functionally Independent	Within 6 months
Documenting Use of	Functionally Independent	Within 6 months

Restraints

Application of Restraints		
Belt, including Seat Belt	Functionally Independent	Within 6 months
Wrist/Ankle	Functionally Independent	Within 6 months
Vest	Functionally Independent	Within 6 months
Use of Transfer Belt	Functionally Independent	Within 6 months
Use of Gait Belt for Ambulation	Functionally Independent	Within 6 months
Use of Seizure Pads	Functionally Independent	Within 6 months

CARE ROUTINES

New Admissions & Transfers		
Inventory & Disposition of Belongings, Use of Checklist	Functionally Independent	Within 6 months
Room Orientation, Call Bell	Functionally Independent	Within 6 months
Basic Comfort Measures	Functionally Independent	Within 6 months
Post-op Patients		
Transferring into Bed	Functionally Independent	Within 6 months
Call Bell	Functionally Independent	Within 6 months
Assist with Turns	Functionally Independent	Within 6 months
ROM Exercises	Functionally Independent	Within 6 months

MAINTAINING O2 THERAPY

Replacing Mask or Nasal Canula if Needed	Functionally Independent	Within 6 months
Notifying Nurse of Problems	Functionally Independent	Within 6 months
Basic Comfort Measures	Functionally Independent	Within 6 months
Preparing for & Transfer to SNF		
Early Bath	Functionally Independent	Within 6 months
Preparing Belongings	Functionally Independent	Within 6 months
Preparing for and Explaining Routines to Patient	Functionally Independent	Within 6 months
Post Mortem Care	Functionally Independent	Within 6 months
Use of Incentive Spirometer	Functionally Independent	Within 6 months
Removing/Replacing		
Antiembolic Stockings	Functionally Independent	Within 6 months
Sequential Stockings	Functionally Independent	Within 6 months

COMMUNICATION

Using Appropriate Abbreviations	Functionally Independent	Within 6 months
Identifying Unusual Patient Incidents That Require Reporting	Functionally Independent	Within 6 months
Identifying Need for Alternate Communicating Mechanisms	Functionally Independent	Within 6 months
Communicating to RN		

Changes in Patient Condition	Functionally Independent	Within 6 months
Patient Needs, Complaints and Concerns	Functionally Independent	Within 6 months
Unusual Incidents	Functionally Independent	Within 6 months
Recording & Reporting		
Vital Signs	Functionally Independent	Within 6 months
Bathing/Hygiene	Functionally Independent	Within 6 months
Turning & Repositions	Functionally Independent	Within 6 months
Ambulation & Activity	Functionally Independent	Within 6 months
Diet Intake, Calorie Count	Functionally Independent	Within 6 months
Bowel Movements	Functionally Independent	Within 6 months
I&Q		
Shift Volumes & Totals	Functionally Independent	Within 6 months
Marking and/or Measuring Amount of Urine, Gastric Fluid, NG Drainage, Emesis, Diarrhea	Functionally Independent	Within 6 months
Reinforcing RN Teaching With Patient	Functionally Independent	Within 6 months
Selecting & Using Forms Appropriately	Functionally Independent	Within 6 months
Using Alternate Communications Tools/Devices	Functionally Independent	Within 6 months

UNIT ACTIVITY

Identifying Unusual Incidents on the Unit That Requires Reporting	Functionally Independent	Within 6 months
Locating & Using Appropriate Reference Materials: Hospital, Patient Care and Unit Standards Manuals, Procedure Textbook	Functionally Independent	Within 6 months
Charging for Patient Care Items	Functionally Independent	Within 6 months
Completing Risk Management Reports as Needed	Some Experience	Over 1 year ago
Obtaining Needed Supplies and Equipment	Functionally Independent	Within 6 months
Reporting and Following Up on Faulty Equipment & Supplies	Functionally Independent	Within 6 months
Using Telephone System	Functionally Independent	Within 6 months

OTHER SKILLS

Please list any additional skills:

Please list any additional training:

Please list any additional equipment:

Age Group	Competency Level	Date Last Performed
Newborn (birth-30 days)	Functionally Independent	Within 6 months
Infant (30 days-1 yrs)	Functionally Independent	Within 6 months
Toddler (1-3 yrs)	Functionally Independent	Within 6 months
Preschooler (3-5 yrs)	Functionally Independent	Within 6 months
School Age (5-12 yrs)	Functionally Independent	Within 6 months
Adolescents (12-18 yrs)	Functionally Independent	Within 6 months
Young Adults (18-39 yrs)	Functionally Independent	Within 6 months
Middle Adults (39-64 yrs)	Functionally Independent	Within 6 months
Older Adults (64 yrs +)	Functionally Independent	Within 6 months

Professional Reference Letter



Date: 5/3/2016

Name, Title Nicole Barnes, Mental Health Tech
 Facility Name Northlake Behavioral Health Hospital

Direct Supervisor: Yes No
 City, State: Mandeville, LA

Healthcare Professional Information

Name, Discipline Lisa Bell, Mental Health Tech
 Unit Assigned Adolescents
 Employment Dates **From:** 4/2014
 Reason for Leaving _____

Position Held: Staff
To: 2/2015
 Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.					

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Lisa was a great employee

This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF THE INSPECTOR GENERAL
OFFICE OF HEALTH FACILITY LICENSURE
AND CERTIFICATION

Registered Long-Term Care Nursing Assistant Program

NURSE AIDE REGISTRY SEARCH RESULTS

Registration Information

Name: Lisa M. Bell

Eval-Code: [REDACTED]

Date of Registration: 5/25/2016

Expiration Date: 5/28/2018

Basis of Registration: Reciprocity

Training Program

Training Providers Incare Inc.-AR

WV Nurse Aide Training Class Hours are 120 + hours

Substantiated Findings

This nurse aide has no substantiated findings of abuse, neglect or misappropriation of resident property on file with the West Virginia Long-Term Care Nurse Aide Program.

This verification was completed on 1/12/2017 at 3:48:32 PM.

BASIC LIFE SUPPORT

BASIC LIFE SUPPORT

**BLS
Provider**



Lisa Bell

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

May 31, 2016

May 2018

Issue Date

Recommended Renewal Date

Training Center Name **Ridgeland High School** TC ID # [REDACTED]

TC Info **Braxton, MS 39044 601-540-7450**

Course Location **Moore Chiropractic Clinic, Carriere, MS**

Instructor Name **Debbie Moore DC LAc** Inst ID # [REDACTED]

Holder's Signature *Lisa M. Bell*

© 2015 American Heart Association. Resposing with this card will alter its applicability. 15-1805

PEEL
HERE

This card contains unique security features to protect against forgery.

15-1805 11/15

PEEL
HERE

This card contains unique security features to protect against forgery.

15-1805 11/15

Tori Leep, RN

Psych RN

BLS



Work Experience

- Mildred Mitchell Bateman Hospital
Psych RN with Sunbelt Staffing
August 2016 to Present
- Highland Hospital
Charge Nurse/ Float RN/ Psych RN
September 2015 to February 2016
- River Park Hospital
Charge Registered Nurse
March 2014 to February 2015
- Broughton's Dairy
Vendor
June 2011 to February 2012
- Stewart's Original Hotdogs
Server/Food Preparation
September 2007 to June 2010

Education

- St. Mary's Nursing School/Marshall University
Associate of Science in Nursing
August 2011- December 2013
- Fairland High School
August 2005 to May 2009

SKILLS CHECKLIST - PSYCHIATRIC NURSE

Traveler Name: Tori Leep

Traveler Email: tleeprn@gmail.com

Recruiter Name: Rachel Stafford

Date: 07/16/2016

ASSESSMENT		
Admission	Functionally Independent	Within 6 months
Mental Status	Functionally Independent	Within 6 months
Neurological Vital Signs	Functionally Independent	Within 6 months
Potential Danger	Functionally Independent	Within 6 months
Safety Risk	Functionally Independent	Within 6 months
Suicide Risk	Functionally Independent	Within 6 months
Care Planning	Functionally Independent	Within 6 months

CONDITIONS		
Depression	Functionally Independent	Within 6 months
Suicide Behavior	Functionally Independent	Within 6 months
Suicide Precaution	Functionally Independent	Within 6 months
Bipolar Disorder	Functionally Independent	Within 6 months
Manic Behavior	Functionally Independent	Within 6 months
Organic Brain Syndrome	Minor or No Experience	Not Performed / Never Worked
Schizophrenia	Functionally Independent	Within 6 months
Hallucinations	Functionally Independent	Within 6 months
Delusions	Functionally Independent	Within 6 months
Paranoia	Functionally Independent	Within 6 months
Personality Disorder	Functionally Independent	Within 6 months
Affective Disorder	Functionally Independent	Within 6 months
Dissociative Disorder	Functionally Independent	Within 6 months
Multiple Personality	Functionally Independent	Within 6 months
Hysteria	Functionally Independent	Within 6 months
Extrapyramidal Syndrome	Functionally Independent	Within 6 months
Schizoaffective Disorder	Functionally Independent	Within 6 months
Seizure Disorder	Functionally Independent	Within 6 months
Post-Traumatic Stress	Functionally Independent	Within 6 months
Eating Disorder	Functionally Independent	Within 6 months
Drug Dependency	Functionally Independent	Within 6 months
Alcohol Dependency	Functionally Independent	Within 6 months
Acute Intoxication	Functionally Independent	Within 6 months
Delirium Tremens	Functionally Independent	Within 6 months
Detoxification	Functionally Independent	Within 6 months
Withdrawal Symptoms	Functionally Independent	Within 6 months
Aggressive / Combative Behavior	Functionally Independent	Within 6 months
Alzheimers	Functionally Independent	Within 6 months

Geriatric Patient / Safety	Functionally Independent	Within 6 months
Medical - Psychiatric Disorder	Functionally Independent	Within 6 months
Tardive Dyskinesia	Functionally Independent	Within 6 months

MED ADMINISTRATION / IV THERAPY

Angiocath IV	Minor or No Experience	Not Performed / Never Worked
Anti Anxiety Agents	Functionally Independent	Within 6 months
Antidepressants	Functionally Independent	Within 6 months
Antipsychotics	Functionally Independent	Within 6 months
CNS Stimulants	Functionally Independent	Within 6 months
Butterfly IV	Functionally Independent	Within 6 months
Central Venous Line	Minor or No Experience	Not Performed / Never Worked
Emergency Involuntary Medication	Functionally Independent	Within 6 months
Evaluation / Side Effects	Functionally Independent	Within 6 months
Heparin Lock	Functionally Independent	Within 6 months
Hyperalimentation	Minor or No Experience	Not Performed / Never Worked
Hypnotics	Functionally Independent	Within 6 months
IV Insertion / Care	Functionally Independent	Within 6 months
Long Term Use Medications	Functionally Independent	Within 6 months
Mood Stabilizers	Functionally Independent	Within 6 months
Pediatric Conversions	Functionally Independent	Within 6 months
Psychotropic Drug Interactions	Functionally Independent	Within 6 months
Psychotropic Drug Overdose	Functionally Independent	Within 6 months
Rapid Tranquilizer	Functionally Independent	Within 6 months
Self Administered Medication	Functionally Independent	Within 6 months
Blood / Blood Products	Minor or No Experience	Not Performed / Never Worked
1. Packed Red Blood Cells	Minor or No Experience	Not Performed / Never Worked
2. Whole Blood	Minor or No Experience	Not Performed / Never Worked

MEDICAL MANAGEMENT

Catheter Care	Functionally Independent	Within 6 months
Tube Feeding	Functionally Independent	Within 6 months
Tracheotomy Care	Functionally Independent	Within 6 months
Oxygen Administration	Functionally Independent	Within 6 months
Assisted Ventilation	Minor or No Experience	Not Performed / Never Worked
Suctioning / Oro - Naso - Pharynx	Functionally Independent	Within 6 months
Assist Lumbar Puncture	Minor or No Experience	Not Performed / Never

Worked

TREATMENT

Individual Therapy	Functionally Independent	Within 6 months
Group Therapy	Functionally Independent	Within 6 months
Family Therapy	Functionally Independent	Within 6 months
Play Therapy	Functionally Independent	Within 6 months
Milieu Therapy	Functionally Independent	Within 6 months
Anger Management	Functionally Independent	Within 6 months
Behavior Modification	Functionally Independent	Within 6 months
Electroconvulsive Therapy	Minor or No Experience	Not Performed / Never Worked
Discharge Planning	Functionally Independent	Within 6 months
Seizure Activity	Functionally Independent	Within 6 months
Spinal Cord Injury	Functionally Independent	Within 6 months

Please list any licenses or certifications held and when they expire:

Please list any area of competence (techniques, procedures, technologies, skills, etc.) where you would like to pursue additional training in order to enhance the level of care, treatment, or services to the population(s) that you serve:

Age Group	Competency Level	Date Last Performed
Toddler (1-3 yrs)	Minor or No Experience	Not Performed / Never Worked
Preschooler (3-5 yrs)	Functionally Independent	Within 6 months
School Age (5-12 yrs)	Functionally Independent	Within 6 months
Adolescents (12-18 yrs)	Functionally Independent	Within 6 months
Young Adults (18-39 yrs)	Functionally Independent	Within 6 months
Middle Adults (39-64 yrs)	Functionally Independent	Within 6 months
Older Adults (64 yrs +)	Functionally Independent	Within 6 months

Professional Reference Letter



Date: 06/10/2016

Name, Title Sheri Estes - Nursing Supervisor
 Facility Name Highland Hospital

Direct Supervisor: Yes No
 City, State: Charleston WV

Healthcare Professional Information

Name, Discipline Tori Leep
 Unit Assigned Psych
 Employment Dates **From:** 09/2015
 Reason for Leaving Contract ended

Position Held: Charge Nurse/Float RN
To: 02/2016
 Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.	Very dependable, great nurse, good with patients				

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

TORI SHANNON LEEP [NCSBN ID: ██████████]

Thursday, January 12 2017 08:33:13 AM

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This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

Name on license	Type	State	License	Active	Original Issue Date	Expiration Date	Compact Status	Discipline	Discipline Against Privilege to Practice
LEEP, TORI SHANNON	RN	WEST VIRGINIA-RN	88020	YES	02/25/2014	10/31/2017	N/A	NO	N/A

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist



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PEEL
HERE

BASIC LIFE SUPPORT BASIC LIFE SUPPORT

BLS
Provider



Tori Leep

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

8/8/2016
Issue Date

8/31/2018
Recommended Renewal Date

TC ID # [REDACTED]

Training Center Name Cabell County EMS

TC Info Huntington, WV 25701 (304)526-8510

Course Location Cabell County EMS

Instructor Name Lisa Cooper Inst. ID # [REDACTED]

Holder's Signature *Tori Leep*

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This card contains unique security features to protect against forgery.



Angela Workman

Registered Nurse

- Highly skilled career professional in psychology with 6 years' experience.
- Established in adult, child, and adolescent psych including assessment, counseling, education regarding medications and treatment, lab work, documentation with care plan for diagnosis, and administration of medication.
- Computer skilled, managing heavy daily patient volume including treatment planning, appointment scheduling, de-escalation, and 1:1 patient care. Proficient in all documentation/record maintenance/paperwork to ensure accuracy and patient confidentiality. Authorized to work in the US for any employer

WORK EXPERIENCE

Charge RN

Mildred Mitchell Bateman via Sunbelt Staffing February 2016 – Present

- Supervise LPN staff and have an 11 patient load.
- Make LPN schedule.
- Do nursing assessments and mar reviews.

Charge RN

REM Community Options - Beckley, WV - September 2015 to Present

Registered Nurse

Pretera - Charleston, WV - October 2014 to Present

RN

Highland Hospital - Charleston, WV - 2009 to 2015t

University of Charleston - Charleston, WV

2009

SKILLS CHECKLIST - PSYCHIATRIC NURSE

Traveler Name: Angela Workman

Traveler Email: Angrn09@yahoo.com

Recruiter Name: Ron Reichert

Date: 1/19/2016

ASSESSMENT		
Admission	Functionally Independent	Within 6 months
Mental Status	Functionally Independent	Within 6 months
Neurological Vital Signs	Functionally Independent	Within 6 months
Potential Danger	Functionally Independent	Within 6 months
Safety Risk	Functionally Independent	Within 6 months
Suicide Risk	Functionally Independent	Within 6 months
Care Planning	Functionally Independent	Within 6 months

CONDITIONS		
Depression	Functionally Independent	Within 6 months
Suicide Behavior	Functionally Independent	Within 6 months
Suicide Precaution	Functionally Independent	Within 6 months
Bipolar Disorder	Functionally Independent	Within 6 months
Manic Behavior	Functionally Independent	Within 6 months
Organic Brain Syndrome	Minor or No Experience	Over 1 year ago
Schizophrenia	Functionally Independent	Within 6 months
Hallucinations	Functionally Independent	Within 6 months
Delusions	Functionally Independent	Within 6 months
Paranoia	Functionally Independent	Within 6 months
Personality Disorder	Functionally Independent	Within 6 months
Affective Disorder	Functionally Independent	Within 6 months
Dissociative Disorder	Functionally Independent	Within 6 months
Multiple Personality	Functionally Independent	Within 6 months
Hysteria	Some Experience	Over 1 year ago
Extrapyramidal Syndrome	Functionally Independent	Within 6 months
Schizoaffective Disorder	Functionally Independent	Within 6 months
Seizure Disorder	Functionally Independent	Within 6 months
Post-Traumatic Stress	Functionally Independent	Within 6 months
Eating Disorder	Functionally Independent	Within 6 months
Drug Dependency	Functionally Independent	Within 6 months
Alcohol Dependency	Functionally Independent	Within 6 months
Acute Intoxication	Functionally Independent	Within 6 months
Delirium Tremens	Some Experience	Not Performed / Never Worked
Detoxification	Functionally Independent	Within 6 months
Withdrawal Symptoms	Functionally Independent	Within 6 months
Aggressive / Combative Behavior	Functionally Independent	Within 6 months
Alzheimers	Some Experience	Over 1 year ago

Geriatric Patient / Safety	Functionally Independent	Within 6 months
Medical - Psychiatric Disorder	Functionally Independent	Within 6 months
Tardive Dyskinesia	Functionally Independent	Within 6 months

MED ADMINISTRATION / IV THERAPY

Angiocath IV	Minor or No Experience	Not Performed / Never Worked
Anti Anxiety Agents	Functionally Independent	Within 6 months
Antidepressants	Functionally Independent	Within 6 months
Antipsychotics	Functionally Independent	Within 6 months
CNS Stimulants	Some Experience	6 mo. - 12 mo. ago
Butterfly IV	Minor or No Experience	Not Performed / Never Worked
Central Venous Line	Minor or No Experience	Not Performed / Never Worked
Emergency Involuntary Medication	Functionally Independent	Within 6 months
Evaluation / Side Effects	Functionally Independent	Within 6 months
Heparin Lock	Minor or No Experience	Not Performed / Never Worked
Hyperalimentation	Minor or No Experience	Not Performed / Never Worked
Hypnotics	Minor or No Experience	Not Performed / Never Worked
IV Insertion / Care	Minor or No Experience	Not Performed / Never Worked
Long Term Use Medications	Functionally Independent	Within 6 months
Mood Stabilizers	Functionally Independent	Within 6 months
Pediatric Conversions	Minor or No Experience	Not Performed / Never Worked
Psychotropic Drug Interactions	Some Experience	Within 6 months
Psychotropic Drug Overdose	Some Experience	Within 6 months
Rapid Tranquilizer	Functionally Independent	Not Performed / Never Worked
Self Administered Medication	Functionally Independent	Not Performed / Never Worked
Blood / Blood Products	Minor or No Experience	Not Performed / Never Worked
1. Packed Red Blood Cells	Minor or No Experience	Not Performed / Never Worked
2. Whole Blood	Minor or No Experience	Not Performed / Never Worked

MEDICAL MANAGEMENT

Catheter Care	Functionally Independent	Within 6 months
Tube Feeding	Minor or No Experience	Not Performed / Never

Tracheotomy Care	Minor or No Experience	Worked Not Performed / Never Worked
Oxygen Administration	Some Experience	Within 6 months
Assisted Ventilation	Minor or No Experience	Not Performed / Never Worked
Suctioning / Oro - Naso - Pharynx	Minor or No Experience	Not Performed / Never Worked
Assist Lumbar Puncture	Minor or No Experience	Not Performed / Never Worked

TREATMENT

Individual Therapy	Functionally Independent	Within 6 months
Group Therapy	Functionally Independent	Within 6 months
Family Therapy	Functionally Independent	Within 6 months
Play Therapy	Minor or No Experience	Not Performed / Never Worked
Milieu Therapy	Functionally Independent	Within 6 months
Anger Management	Functionally Independent	Within 6 months
Behavior Modification	Minor or No Experience	Not Performed / Never Worked
Electroconvulsive Therapy	Minor or No Experience	Not Performed / Never Worked
Discharge Planning	Functionally Independent	Within 6 months
Seizure Activity	Functionally Independent	Within 6 months
Spinal Cord Injury	Minor or No Experience	Not Performed / Never Worked

Please list any licenses or certifications held and when they expire:

RN license expires 10/31/2016

Please list any area of competence (techniques, procedures, technologies, skills, etc.) where you would like to pursue additional training in order to enhance the level of care, treatment, or services to the population(s) that you serve:

7 years psych experience with adults and adolescents.

Age Group	Competency Level	Date Last Performed
Toddler (1-3 yrs)	Some Experience	6 mo. - 12 mo. ago
Preschooler (3-5 yrs)	Some Experience	6 mo. - 12 mo. ago
School Age (5-12 yrs)	Some Experience	6 mo. - 12 mo. ago
Adolescents (12-18 yrs)	Functionally Independent	Within 6 months
Young Adults (18-39 yrs)	Functionally Independent	Within 6 months

Middle Adults (39-64 yrs)

Functionally Independent

Within 6 months

Older Adults (64 yrs +)

Functionally Independent

Within 6 months

Professional Reference Letter



Date: 1/20/16

Name, Title Laura Fragale, DON
 Facility Name REM Community

Direct Supervisor: Yes No
 City, State: Berkley, WV

Healthcare Professional Information

Name, Discipline Angela Workman, RN
 Unit Assigned Psych Position Held: RN
 Employment Dates **From:** 9/15/2016 **To:** Present
 Reason for Leaving wants to travel Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.	I'm referring her to Bateman, so that should tell you what I think of her				

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

ANGELA MARIE WORKMAN [REDACTED]

Thursday, January 12 2017 02:31:57 PM

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This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

Name on license	Type	State	License	Active	Original Issue Date	Expiration Date	Compact Status	Discipline	Discipline Against Privilege to Practice
WORKMAN, ANGELA MARIE	RN	WEST VIRGINIA-RN	[REDACTED]	YES	07/17/2009	10/31/2017	N/A	NO	N/A

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist



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HEALTHCARE PROVIDER

Healthcare Provider



American Heart Association

Angela Workman

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

2/2016

Issue Date

2/2018

Recommended Renewal Date

HEALTHCARE PROVIDER

Training Center Name **St. Mary's Medical Center** TC ID # [REDACTED]
2900 First Ave
TC Info City **Huntington, WV 25702** (304) 526-1169

Course Location **St. Mary's Medical Center**
Huntington, WV 25702

Instructor Name **Steven Ashley** [REDACTED] (S)

Holder's Signature *Angela Workman*



Kim Craig, LPN

Work Experience:

Mildred Mitchell Bateman Hospital Jan 2017- Present
With Sunbelt Staffing

- Worked with adult clients with behavioral / psychiatric issues
- Reported clients status to RN.
- Monitored health and wellness of clients.

Rem Options St. Albans, WV Sept 2007-June 2016 LPN

- Worked with adult clients with behavioral / psychiatric issues in the comfort of their own home.
- Administered medications and completed treatments as ordered.
- Monitored health and wellness of clients.
- Scheduled annual appointments and all follow ups.
- Reported clients status to RN.
- Maintained client records.

Key Qualifications:

Resourceful and motivated LPN with 16+ years of professional experience in delivering direct and indirect patient care in Hospital Setting - Telemetry Unit, Long Term Care, Drug Rehabilitation, Home Health, Behavioral Health and Private Duty.

Able to perform evaluation, planning and implementation of patient care.

Organizational skills with ability to set priorities; able to work as a team member and / or as a leader.

Critical thinker: Consults, learns and shares medical knowledge to provide optimum healthcare treatment.

Nursing Skills:

Demonstrates knowledge and ability to provide a full range of practical nursing care to patients with a variety of physical and/or behavioral problems.

Provides effective education to patients in relation to diagnosis, medication, and prescribed treatment regimes.

Establishes constructive relationships with individual patients to elicit feelings and attitudes, and to promote positive relationships, communication and socialization skills.

Knowledge and understanding of human behavior, patient motivators and reactions to situations, and the ability to appropriately utilize this knowledge in working effectively with patients, family, and other staff members.

Education & Certifications:

WVSU Institute, WV Various Dates General Education Classes / Basic Sign Language Certificate, Deans List

Garnet Career Center , Charleston, WV Jan. 2000 Licensed Practical Nurse Diploma

Fundamentals of Infusion Therapy , Feb. 2000 Certificate

American Red Cross Nov. 2016 Basic Life Support and First Aid

SKILLS CHECKLIST - LPN

Traveler Name: Kim Craig

Traveler Email: kimmelco@gmail.com

Recruiter Name: Caterina Phillips

Date: 11/28/16

DEPARTMENTS		
Burn Unit	Minor or No Experience	Not Performed / Never Worked
Cardiac Care	Some Experience	Over 1 year ago
Doctor's Office/Clinic	Some Experience	Over 1 year ago
Emergency Room	Minor or No Experience	Not Performed / Never Worked
Gynecology	Minor or No Experience	Not Performed / Never Worked
Labor and Delivery	Minor or No Experience	Not Performed / Never Worked
Medical	Some Experience	Over 1 year ago
Mother/Baby	Minor or No Experience	Not Performed / Never Worked
Neurology	Some Experience	Over 1 year ago
Nursery	Minor or No Experience	Not Performed / Never Worked
Obstetrics	Minor or No Experience	Not Performed / Never Worked
Oncology	Minor or No Experience	Not Performed / Never Worked
Orthopedics	Minor or No Experience	Not Performed / Never Worked
Pediatrics	Minor or No Experience	Not Performed / Never Worked
Post Partum	Minor or No Experience	Not Performed / Never Worked
Psychiatry	Functionally Independent	Within 6 months
Rehabilitation	Some Experience	Over 1 year ago
Surgical	Some Experience	Over 1 year ago
Telemetry	Some Experience	Over 1 year ago

INFECTION CONTROL		
Knowledge of Universal Precautions	Functionally Independent	Within 6 months
Knowledge of Waste Disposal	Functionally Independent	Within 6 months
Proper Disposal of Sharps	Functionally Independent	Within 6 months
Management of Patient In Respiratory	Functionally Independent	Within 6 months

Care of the Patient in Reverse Isolation	Functionally Independent	Over 1 year ago
Cleaning of Equipment	Functionally Independent	Within 6 months

SPECIMEN COLLECTION

Foley Catheter Specimen	Functionally Independent	Within 6 months
Sputum Specimen	Functionally Independent	Within 6 months
Stool Hemocult	Functionally Independent	6 mo. - 12 mo. ago
Stool Ova/Parasite	Functionally Independent	6 mo. - 12 mo. ago
Stool Specimen	Functionally Independent	Within 6 months
Urine for Culture	Functionally Independent	Within 6 months
Urine for Specific Gravity	Functionally Independent	Within 6 months
Perform Straight Catheterization	Functionally Independent	Within 6 months
Assist w/ Clean Catch Midstream Urine	Functionally Independent	Within 6 months
Collect 24-Hour Urine Specimen	Functionally Independent	6 mo. - 12 mo. ago

INTRAVENOUS

Change IV Tubing	Functionally Independent	Over 1 year ago
Chemotherapy	Minor or No Experience	Not Performed / Never Worked
CVP Line	Some Experience	Over 1 year ago
Discontinuing an IV	Some Experience	Over 1 year ago
Hyperalimentation	Minor or No Experience	Not Performed / Never Worked
IV Push Drugs	Minor or No Experience	Not Performed / Never Worked
Maintain IV Site	Functionally Independent	Over 1 year ago
Medication Addition	Functionally Independent	Over 1 year ago
Packed RBC	Some Experience	Over 1 year ago
Piggyback Administration	Some Experience	Over 1 year ago
Plasma	Some Experience	Over 1 year ago
Platelets	Some Experience	Over 1 year ago
Regulate Flow	Some Experience	Over 1 year ago
Serum Albumin	Some Experience	Over 1 year ago
Starting an IV	Some Experience	Over 1 year ago
Whole Blood Administration	Some Experience	Over 1 year ago

ASSESSMENT

Cardiopulmonary Arrest	Some Experience	Over 1 year ago
Drug/Allergic Reaction	Functionally Independent	Within 6 months
Cardiovascular Assessment	Functionally Independent	Within 6 months
Gastrointestinal Assessment	Functionally Independent	Within 6 months
Genitourinary Assessment	Functionally Independent	Within 6 months
Musculoskeletal Assessment	Functionally Independent	Within 6 months

Neurological Assessment	Functionally Independent	Within 6 months
Respiratory Assessment	Functionally Independent	Within 6 months

MANAGEMENT OF:

Chest Tube	Some Experience	Over 1 year ago
Jejunostomy Tube	Some Experience	Over 1 year ago
Levine Tube	Some Experience	Over 1 year ago
Nephrostomy Catheter	Some Experience	Over 1 year ago

PROCEDURES

Set Up/Instruct Patient in Sitz Bath	Functionally Independent	Over 1 year ago
Administer:		
Tap/Saline Enema	Functionally Independent	Over 1 year ago
Soap Suds Enema	Functionally Independent	Over 1 year ago
Oil Retention Enema	Functionally Independent	Over 1 year ago
Fleets Enema	Functionally Independent	Within 6 months
Post Mortem Care	Some Experience	Over 1 year ago
Douches	Functionally Independent	Over 1 year ago
Perform:		
Wet to Dry Dressings	Functionally Independent	Over 1 year ago
Sterile Dressing Changes	Functionally Independent	Within 6 months
Bladder Irrigation	Functionally Independent	Over 1 year ago
Ostomy Care	Functionally Independent	Within 6 months
NG Tube Feeding	Some Experience	Over 1 year ago
Gastrostomy Tube Feeding	Functionally Independent	Within 6 months
Personal Hygiene Oral/Care	Functionally Independent	Within 6 months
Wound Irrigation	Functionally Independent	Within 6 months
Catheterization of Male and Female	Functionally Independent	Within 6 months
Nasal Suctioning	Functionally Independent	Within 6 months
Oral Suctioning	Functionally Independent	Within 6 months

MEDICATION ADMINISTRATION

Emergency Medications/Crash Cart	Some Experience	Over 1 year ago
Heparin Lock	Some Experience	Over 1 year ago
Inhalers	Functionally Independent	Within 6 months
Intradermal	Functionally Independent	Within 6 months
Intramuscular Injections	Functionally Independent	Within 6 months
Nasal Drops	Functionally Independent	Within 6 months
Ophthalmic Drops	Functionally Independent	Within 6 months
Ophthalmic Ointments	Functionally Independent	Within 6 months
Oral Medications	Functionally Independent	Within 6 months
Rectal Suppositories	Functionally Independent	Within 6 months
Subcutaneous Injections	Functionally Independent	Within 6 months
Topical Ointments	Functionally Independent	Within 6 months

Track Injections	Functionally Independent	Within 6 months
Vaginal Suppositories	Functionally Independent	Over 1 year ago

EQUIPMENT		
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Humidifiers	Functionally Independent	Within 6 months
Alternate Pressure Mattress	Functionally Independent	Within 6 months
Ambu-Bag	Functionally Independent	Within 6 months
Bed Scale	Functionally Independent	Over 1 year ago
Blood Glucose Monitors	Functionally Independent	Within 6 months
Corstovac Suction	Functionally Independent	Over 1 year ago
Egg Crate Mattress	Functionally Independent	Within 6 months
Enteral Pump	Functionally Independent	Within 6 months
Heat Lamp	Functionally Independent	Over 1 year ago
Healing Pad	Functionally Independent	Within 6 months
Hemovac/Davol Suction Pump	Functionally Independent	Over 1 year ago
Hoyer Lift	Functionally Independent	Within 6 months
Incentive Spirometer	Functionally Independent	Within 6 months
Infusion Devices (Volumetric Pump)	Some Experience	Over 1 year ago
Pleurevac/Emerson Suction	Some Experience	Over 1 year ago
Venturi Mask	Functionally Independent	Within 6 months
Wall Suction	Functionally Independent	Within 6 months
Nasal Cannula	Functionally Independent	Within 6 months
Oxygen Mask	Functionally Independent	Within 6 months
Trach Collar	Functionally Independent	Over 1 year ago
Care of Patient with Pcs Pump	Minor or No Experience	Not Performed / Never Worked
Application of Ted Hose	Functionally Independent	Within 6 months
Abg Kits	Minor or No Experience	Not Performed / Never Worked
Assist With Set Up of Water Seal Suction	Some Experience	Over 1 year ago
Soft Limb Restraints	Functionally Independent	Over 1 year ago
Leather Restraints	Functionally Independent	Over 1 year ago
Posey Restraints	Functionally Independent	Over 1 year ago
Observation of Patient In Restraints	Functionally Independent	Over 1 year ago
Documentation of Restraints	Some Experience	Over 1 year ago
Safety Guidelines of Patient In Restraints	Some Experience	Over 1 year ago

Age Group	Competency Level	Date Last Performed
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Newborn (birth-30 days)	Minor or No Experience	Not Performed / Never Worked
Infant (30 days-1 yr)	Minor or No Experience	Not Performed / Never Worked

Toddler (1-3 yrs)	Minor or No Experience	Not Performed / Never Worked
Preschooler (3-5 yrs)	Minor or No Experience	Not Performed / Never Worked
School Age (5-12 yrs)	Some Experience	Over 1 year ago
Adolescents (12-18 yrs)	Some Experience	Over 1 year ago
Young Adults (18-39 yrs)	Functionally Independent	Within 6 months
Middle Adults (39-64 yrs)	Functionally Independent	Within 6 months
Older Adults (64 yrs +)	Functionally Independent	Over 1 year ago

Professional Reference Letter



Date: 11/19/2016

Name, Title Angela Fragale, RN
 Facility Name Rem Community Options

Direct Supervisor: Yes No
 City, State: St. Albans, WV

Healthcare Professional Information

Name, Discipline Kim Craig, LPN
 Unit Assigned Behavioral Health
 Employment Dates **From:** September 2007
 Reason for Leaving Wants to travel

Position Held: LPN
To: June 2016
 Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.	She is an excellent nurse - more of a leader than a follower. Great problem solving skills, helped make codes for company, very punctual.				

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Detailed oriented and never misses a beat.

This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative

Professional Reference Letter



Date: 11/19/2016

Name, Title Pam Cook, LPN
 Facility Name Rem Community Options

Direct Supervisor: Yes No
 City, State: St. Albans, WV

Healthcare Professional Information

Name, Discipline Kim Craig, LPN
 Unit Assigned Behavioral Health
 Employment Dates **From:** September 2007
 Reason for Leaving Wants to travel

Position Held: LPN
To: June 2016
 Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.	She is able to establish a repor with the patient whether its the first time she sees the patients or the tenth time she sees them. Kim is a great listener and a patient advocate.				

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments She is an excellent nurse and person.

This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative

BASIC LIFE SUPPORT

**BLS
Provider**



**American
Heart
Association**

Kim Craig

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

1/7/2017

Issue Date

1/7/2019

Recommended Renewal Date

→
**PEEL
HERE**
→

BASIC LIFE SUPPORT

Training Center Name **AMC LSTC Institute** TC ID # [REDACTED]

TC Info **Charleston, WV 25301** (304) 388-1856

Course Location **Putnam County EMS, Winfield, WV**
Site: Putnam Co. EMS

Instructor Name **MaryJo Woodford** Inst. ID # [REDACTED]

Holder's Signature *Kim Craig*

© 2015 American Heart Association Tampering with this card will alter its appearance. 15-1805

This card contains unique security features to protect against forgery.

Tammy Mollohan, LPN
Psych and Home Health
BLS

PROFESSIONAL EXPERIENCE

From: July 2016
To: Present

Mildred Mitchell Bateman Hospital **HUNTINGTON, WV**
With Sunbelt Staffing
LPN Psych

- In-home health care for 4-11 patients a day.
- Provided care for patients diagnosed with:
Seizure disorder, schizophrenia, cerebral palsy and down syndrome.
- Provided care for patients on feeding tube and also preformed tracheostomy suctioning
- Performed medication administration
- Provided patient and family education
- Supervisor: Natalie Adkins, RN Case Manager
PH: 304-395-9178

From: Sept.2015
To: Present

THE MENTOR NETWORK **ST. ALBANS, WV**
IDD WAIVER PROGRAM
LPN

- In-home health care for 4-11 patients a day.
- Provided care for patients diagnosed with:
Seizure disorder, schizophrenia, cerebral palsy and down syndrome.
- Provided care for patients on feeding tube and also preformed tracheostomy suctioning
- Performed medication administration
- Provided patient and family education
- Supervisor: Natalie Adkins, RN Case Manager
PH: 304-395-9178

From: Jan. 2013
To: Sept. 2015

PRESTERA **CLENDENIN, WV**
MENTAL HEALTH
LPN

- Would visit 9 patients house to house a day under 24/7 watch
- Provided care for violent patients diagnosed with:
Schizophrenia, autism, bipolar disorder, and dementia
- Also cared for patients diagnosed with Prader-Willi syndrome
- Used Qaulifacts and Soarian charting systems
- Provided patient and family education
- Performed daily assessments
- Performed medication administration.

From: Aug. 2012
To: Aug. 2014

MAXIM HEALTHCARE SERVICES **CROSS LANES, WV**
LPN

- Private duty in-home care
- Provided care mostly for recent car accident victims
- Cared for patients who were bedridden, on ventilators, had cerebral palsy, CHF and stroke.
- Performed medication administration
- Performed daily assessments
- Assessed wounds and provided wound care
- Observed patients for change in status

EDUCATION

YEAR

DEGREE

2008

LPN DEGREE FROM GARNET CAREER CENTER CHARLESTON, WEST VIRGINIA

PROFESSIONAL LICENSURE AND CERTIFICATIONS

WEST VIRGINIA LPN LICENSE [REDACTED] expiring 06/30/2017

BLS expiring 01/2017

SKILLS CHECKLIST - LPN

Traveler Name: Tammy Mollohan

Traveler Email: tsmollohan1977.9191@gmail.com

Recruiter Name: Lena Stebleva

Date: 6/13/2016

DEPARTMENTS		
Burn Unit	Minor or No Experience	Not Performed / Never Worked
Cardiac Care	Some Experience	Over 1 year ago
Doctor's Office/Clinic	Some Experience	Over 1 year ago
Emergency Room	Minor or No Experience	Not Performed / Never Worked
Gynecology	Minor or No Experience	Not Performed / Never Worked
Labor and Delivery	Minor or No Experience	Not Performed / Never Worked
Medical	Functionally Independent	Within 6 months
Mother/Baby	Minor or No Experience	Not Performed / Never Worked
Neurology	Minor or No Experience	Within 6 months
Nursery	Minor or No Experience	Not Performed / Never Worked
Obstetrics	Minor or No Experience	Not Performed / Never Worked
Oncology	Minor or No Experience	Not Performed / Never Worked
Orthopedics	Minor or No Experience	Over 1 year ago
Pediatrics	Some Experience	Over 1 year ago
Post Partum	Minor or No Experience	Not Performed / Never Worked
Psychiatry	Functionally Independent	Within 6 months
Rehabilitation	Functionally Independent	Over 1 year ago
Surgical	Minor or No Experience	Not Performed / Never Worked
Telemetry	Functionally Independent	Over 1 year ago
INFECTION CONTROL		
Knowledge of Universal Precautions	Functionally Independent	Within 6 months
Knowledge of Waste Disposal	Functionally Independent	Within 6 months
Proper Disposal of Sharps	Functionally Independent	Within 6 months
Management of Patient In Respiratory	Functionally Independent	Over 1 year ago
Care of the Patient in Reverse	Functionally Independent	Over 1 year ago

Isolation		
Cleaning of Equipment	Functionally Independent	Over 1 year ago

SPECIMEN COLLECTION		
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Foley Catheter Specimen	Functionally Independent	Over 1 year ago
Sputum Specimen	Functionally Independent	Over 1 year ago
Stool Hemocult	Functionally Independent	Over 1 year ago
Stool Ova/Parasite	Minor or No Experience	Not Performed / Never Worked
Stool Specimen	Functionally Independent	Over 1 year ago
Urine for Culture	Functionally Independent	Over 1 year ago
Urine for Specific Gravity	Functionally Independent	Over 1 year ago
Perform Straight Catheterization	Functionally Independent	Within 6 months
Assist w/ Clean Catch Midstream Urine	Functionally Independent	Over 1 year ago
Collect 24-Hour Urine Specimen	Functionally Independent	Over 1 year ago

INTRAVENOUS		
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Change IV Tubing	Some Experience	Over 1 year ago
Chemotherapy	Minor or No Experience	Not Performed / Never Worked
CVP Line	Minor or No Experience	Not Performed / Never Worked
Discontinuing an IV	Functionally Independent	Over 1 year ago
Hyperalimentation	Some Experience	Over 1 year ago
IV Push Drugs	Some Experience	Over 1 year ago
Maintain IV Site Medication Addition	Functionally Independent	Over 1 year ago
Packed RBC	Minor or No Experience	Not Performed / Never Worked
Piggyback Administration	Some Experience	Over 1 year ago
Plasma	Minor or No Experience	Not Performed / Never Worked
Platelets	Minor or No Experience	Not Performed / Never Worked
Regulate Flow	Some Experience	Over 1 year ago
Serum Albumin	Minor or No Experience	Not Performed / Never Worked
Starting an IV	Minor or No Experience	Over 1 year ago
Whole Blood Administration	Minor or No Experience	Not Performed / Never Worked

ASSESSMENT		
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Cardiopulmonary Arrest	Minor or No Experience	Over 1 year ago
Drug/Allergic Reaction	Functionally Independent	Within 6 months

Cardiovascular Assessment	Functionally Independent	Within 6 months
Gastrointestinal Assessment	Functionally Independent	Within 6 months
Genitourinary Assessment	Functionally Independent	Within 6 months
Musculoskeletal Assessment	Functionally Independent	Within 6 months
Neurological Assessment	Functionally Independent	Within 6 months
Respiratory Assessment	Functionally Independent	Within 6 months

MANAGEMENT OF:

Chest Tube	Minor or No Experience	Not Performed / Never Worked
Jejunostomy Tube	Some Experience	Over 1 year ago
Levine Tube	Minor or No Experience	Not Performed / Never Worked
Nephrostomy Catheter	Some Experience	Over 1 year ago

PROCEDURES

Set Up/Instruct Patient in Sitz Bath	Some Experience	Over 1 year ago
Administer:		
Tap/Saline Enema	Functionally Independent	Over 1 year ago
Soap Suds Enema	Functionally Independent	Over 1 year ago
Oil Retention Enema	Minor or No Experience	Not Performed / Never Worked
Fleets Enema	Functionally Independent	Within 6 months
Post Mortem Care	Some Experience	Over 1 year ago
Douches	Minor or No Experience	Not Performed / Never Worked
Perform:		
Wet to Dry Dressings	Functionally Independent	Within 6 months
Sterile Dressing Changes	Functionally Independent	Over 1 year ago
Bladder Irrigation	Functionally Independent	Over 1 year ago
Ostomy Care	Functionally Independent	Within 6 months
NG Tube Feeding	Minor or No Experience	Not Performed / Never Worked
Gastrostomy Tube Feeding	Functionally Independent	Within 6 months
Personal Hygiene Oral/Care	Functionally Independent	Within 6 months
Wound Irrigation	Functionally Independent	6 mo. - 12 mo. ago
Catheterization of Male and Female	Functionally Independent	Within 6 months
Nasal Suctioning	Some Experience	Over 1 year ago
Oral Suctioning	Functionally Independent	Within 6 months

MEDICATION ADMINISTRATION

Emergency Medications/Crash Cart	Some Experience	Over 1 year ago
Heparin Lock	Functionally Independent	Over 1 year ago
Inhalers	Functionally Independent	Within 6 months

Intradermal	Functionally Independent	6 mo. - 12 mo. ago
Intramuscular Injections	Functionally Independent	Within 6 months
Nasal Drops	Functionally Independent	Within 6 months
Ophthalmic Drops	Functionally Independent	Within 6 months
Ophthalmic Ointments	Functionally Independent	6 mo. - 12 mo. ago
Oral Medications	Functionally Independent	Within 6 months
Rectal Suppositories	Functionally Independent	Within 6 months
Subcutaneous Injections	Functionally Independent	Over 1 year ago
Topical Ointments	Functionally Independent	Within 6 months
Track Injections	Minor or No Experience	Not Performed / Never Worked
Vaginal Suppositories	Some Experience	Over 1 year ago

EQUIPMENT

Humidifiers	Functionally Independent	Within 6 months
Alternate Pressure Mattress	Functionally Independent	Within 6 months
Ambu-Bag	Functionally Independent	Over 1 year ago
Bed Scale	Functionally Independent	Over 1 year ago
Blood Glucose Monitors	Functionally Independent	Within 6 months
Corstovac Suction	Some Experience	Over 1 year ago
Egg Crate Mattress	Functionally Independent	Over 1 year ago
Enteral Pump	Functionally Independent	Within 6 months
Heat Lamp	Some Experience	Over 1 year ago
Healing Pad	Functionally Independent	Within 6 months
Hemovac/Davol Suction Pump	Some Experience	Over 1 year ago
Hoyer Lift	Functionally Independent	Within 6 months
Incentive Spirometer	Functionally Independent	Within 6 months
Infusion Devices (Volumetric Pump)	Functionally Independent	Within 6 months
Pleurevac/Emerson Suction	Minor or No Experience	Not Performed / Never Worked
Venturi Mask	Some Experience	Over 1 year ago
Wall Suction	Some Experience	Over 1 year ago
Nasal Cannula	Functionally Independent	Within 6 months
Oxygen Mask	Functionally Independent	Within 6 months
Trach Collar	Some Experience	Over 1 year ago
Care of Patient with Pcs Pump	Minor or No Experience	Over 1 year ago
Application of Ted Hose	Functionally Independent	Within 6 months
Abg Kits	Minor or No Experience	Not Performed / Never Worked
Assist With Set Up of Water Seal Suction	Minor or No Experience	Not Performed / Never Worked
Soft Limb Restraints	Some Experience	Over 1 year ago
Leather Restraints	Minor or No Experience	Not Performed / Never Worked
Posey Restraints	Some Experience	Over 1 year ago
Observation of Patient In	Functionally Independent	Over 1 year ago

Restraints

Documentation of Restraints	Functionally Independent	Over 1 year ago
Safety Guidelines of Patient In Restraints	Functionally Independent	Over 1 year ago

Age Group	Competency Level	Date Last Performed
Newborn (birth-30 days)	Minor or No Experience	Not Performed / Never Worked
Infant (30 days-1 yr)	Minor or No Experience	Not Performed / Never Worked
Toddler (1-3 yrs)	Some Experience	Over 1 year ago
Preschooler (3-5 yrs)	Some Experience	Over 1 year ago
School Age (5-12 yrs)	Some Experience	Over 1 year ago
Adolescents (12-18 yrs)	Functionally Independent	Over 1 year ago
Young Adults (18-39 yrs)	Functionally Independent	Within 6 months
Middle Adults (39-64 yrs)	Functionally Independent	Within 6 months
Older Adults (64 yrs +)	Functionally Independent	Within 6 months

Professional Reference Letter



Date: 06/07/2016

Name, Title Natalie Adkins, RN Case Manager
 Facility Name Mentor Network

Direct Supervisor: Yes No
 City, State: St. Albans, West Virginia

Healthcare Professional Information

Name, Discipline Tammy Mollohan
 Unit Assigned Home Health Care/Psych
 Employment Dates **From:** Sept. 2015
 Reason for Leaving Better opportunity

Position Held: LPN
To: Present
 Eligible for Rehire: Yes No

Clinical Evaluation

STANDARDS	Superior	Exceeds	Meets	Below	NA
Clinical knowledge and expertise: <i>Able to apply sound clinical knowledge to thoroughly investigate problems. Makes clear, sound and proactive decisions that reflect good clinical skills and judgment. Knows when to seek consultation.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of patient care plan: <i>Able to implement the patient care plan as directed providing feedback as necessary. Able to recommend adjustments to care plans based on results and effective communication with healthcare team.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving and decision-making: <i>Able to think and see beyond the obvious. Uses all available information and resources to maximize solutions.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation: <i>Documentation of all aspects of patient status and care are clear, concise, accurate and timely. Reporting to oncoming shifts is thorough.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to deal with pressure: <i>Able to put difficulties into perspective, retains control over events and show resilience. Aware of personal strengths and weaknesses and involve team members as necessary.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills: <i>Able to adjust behavior and language as appropriate to differing situations. Clear and concise and actively involves patient, family and team members.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a supervisor with direct knowledge of clinical skills and abilities, please provide any additional information that you feel may be helpful.					

Professional Evaluation

STANDARDS	Superior	Exceeds	Meets	Below
Respects authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to float	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accepts direction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Attitude	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STANDARDS	Superior	Exceeds	Meets	Below
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments "She's a very knowledgeable nurse and a good employee."

This information was obtained via verbal reference by a Sunbelt representative

Sunbelt Staffing Representative



QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

TAMMY S MOLLOHAN [REDACTED]

Tuesday, June 28 2016 07:55:04 AM

Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

All Discipline/final orders data are submitted by the primary source Boards of Nursing. Please contact the boards of nursing for all questions.

Name on license	Type	State	License	Active	Original Issue Date	Expiration Date	Compact Status	Discipline	Discipline Against Practice
MOLLOHAN, TAMMY S	PN	WEST VIRGINIA-PN	[REDACTED]	YES	08/21/2008	06/30/2017	N/A	YES	N/A

Primary source Boards of Nursing discipline/final orders

Contact the boards of nursing for any questions

- **Discipline/Final Orders state:** WEST VIRGINIA-PN
- **Date action was taken:** 05/01/2015
- **Against privilege to practice (PTP):** NO
- **Basis for action**
 - **NPDB code:** A2 - FAILURE TO COMPLY WITH CONTINUING EDUCATION OR COMPETENCY REQUIREMENTS
- **Primary source boards of nursing discipline/final orders**
 - **NPDB code:** 1173 - PUBLICLY AVAILABLE FINE/MONETARY PENALTY
 - **Initial action date:** 05/01/2015
 - **Effective date(s):** 05/01/2015
 - **Is license automatically reinstated after the effective date(s):** NOT SUPPLIED
- **Official primary source board order(s). Also check with the board of nursing for any subsequent or superseding orders.**
 - 29670_Mollohan.pdf

License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist



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**American
Red Cross**

Tammy Mollohan

has successfully completed requirements for

Adult First Aid/CPR: valid 2 Years

Date Completed: 01/07/2015

conducted by: American Red Cross

Instructor: Samantha Nooney



ID: GR63LB

Scan code or visit:

redcross.org/confirm