



Health Care Staffing Services Certification by The Joint Commission



Aureus Medical
C&A Plaza
13609 California Street
Omaha, Nebraska 68130
1.800.456-5857
Ph: 402.891.1118
Fax: 402.895.7812
www.aureusmedical.com

April 24.2013

Roberta Wagner
Department of Administration
Purchasing Division
2019 Washington Street, East
Charleston, WV 25311

Dear Ms. Wagner:

Re: RFQ No. HOP13122 – HOPEMONT HOSPITAL, Open –End Blanket for Certified Nursing Assistants

Included in this fax is our proposal for bid to the above-referenced RFQ. We have completed the Solicitation Bid document HOP13122 in its entirety, inclusive of Page 22 of the document: PRICE SHEET. We have signed & dated the applicable pages.

SUPPORTING ATTACHMENTS are as follows:

- 1. Corporate Certificate of Insurance
2. CNA Candidate Profiles (2)
3. Client Reference Letter – Mildred Mitchell Bateman Hospital

I want to clarify our corporate structure to aid in understanding our support documentation:

Parent Company: C&A Industries, Inc.
DBA is: Aureus Medical Group
LLC entities for Aureus Medical Group are: Aureus Medical Management Services, LLC and Aureus Nursing, LLC

The Identifying information for Aureus Medical as a federal GSA contract vendor is as follows:

- 1) DUNS Number 12-834-2859
2) GSA Contract Number V797p-4645a
3) Cage Code 3YPK0
4) Contract issued under name: C&A Industries / Aureus Medical Management Services, LLC

We look forward to serving the Hopemont Hospital with their healthcare staffing needs!

[Handwritten signature of Roxanne L. Stanard]

Sincerely,
Roxanne L. Stanard
Director, Medical Operations
Aureus Medical
800.456.5857, Ext. 6009
rstanard@aureusmedical.com

04/25/13 09:10:27 AM
West Virginia Purchasing Division



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
HOP13122

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF: ROBERTA WAGNER 304-558-0067

RFQ COPY
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

HEALTH AND HUMAN RESOURCES
 HOPEMONT HOSPITAL
 CENTRAL RECEIVING
 150 HOPEMONT DRIVE
 TERRA ALTA, WV
 26764-7728 304-789-2411

DATE PRINTED
03/28/2013

BID OPENING DATE: 04/25/2013 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	7,200	HR		964-65	38.00	\$273,600
				OPEN-END BLANKET CONTRACT		
				CERTIFIED NURSING ASSISTANT		
***** THIS IS THE END OF RFQ HOP13122 ***** TOTAL:						\$273,600

SIGNATURE	Roxanne L Stanard	TELEPHONE	402.891.1118, Ext. 6009	DATE	4.24.13
TITLE	Director, Medical Operations	FEIN	470592910	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

INSTRUCTIONS TO VENDORS SUBMITTING BIDS

3

- 1. **REVIEW DOCUMENTS THOROUGHLY:** The attached documents contain a solicitation for bids. Please read these instructions and all documents attached in their entirety. These instructions provide critical information about requirements that if overlooked could lead to disqualification of a Vendor's bid. All bids must be submitted in accordance with the provisions contained in these instructions and the Solicitation. Failure to do so may result in disqualification of Vendor's bid.
- 2. **MANDATORY TERMS:** The Solicitation may contain mandatory provisions identified by the use of the words "must," "will," and "shall." Failure to comply with a mandatory term in the Solicitation will result in bid disqualification.
- 3. **PREBID MEETING:** The item identified below shall apply to this Solicitation.

A pre-bid meeting will not be held prior to bid opening.

A NON-MANDATORY PRE-BID meeting will be held at the following place and time:

A MANDATORY PRE-BID meeting will be held at the following place and time:

All Vendors submitting a bid must attend the mandatory pre-bid meeting. Failure to attend the mandatory pre-bid meeting shall result in disqualification of the Vendor's bid. No one person attending the pre-bid meeting may represent more than one Vendor.

An attendance sheet provided at the pre-bid meeting shall serve as the official document verifying attendance. The State will not accept any other form of proof or documentation to verify attendance. Any person attending the pre-bid meeting on behalf of a Vendor must list on the attendance sheet his or her name and the name of the Vendor he or she is representing. Additionally, the person attending the pre-bid meeting should include the Vendor's E-Mail address, phone number, and Fax number on the attendance sheet. It is the Vendor's responsibility to locate the attendance sheet and provide the required

information. Failure to complete the attendance sheet as required may result in disqualification of Vendor's bid.

All Vendors should arrive prior to the starting time for the pre-bid. Vendors who arrive after the starting time but prior to the end of the pre-bid will be permitted to sign in, but are charged with knowing all matters discussed at the pre-bid.

Questions submitted at least five business days prior to a scheduled pre-bid will be discussed at the pre-bid meeting if possible. Any discussions or answers to questions at the pre-bid meeting are preliminary in nature and are non-binding. Official and binding answers to questions will be published in a written addendum to the Solicitation prior to bid opening.

4. **VENDOR QUESTION DEADLINE:** Vendors may submit questions relating to this Solicitation to the Purchasing Division. Questions must be submitted in writing. All questions must be submitted on or before the date listed below and to the address listed below in order to be considered. A written response will be published in a Solicitation addendum if a response is possible and appropriate. Non-written discussions, conversations, or questions and answers regarding this Solicitation are preliminary in nature and are non-binding.

Question Submission Deadline: 4/9/2013

Submit Questions to:

Roberta Wagner

2019 Washington Street, East

P.O. Box 50130

Charleston, WV 25305

Fax: 304-558-4115

Email: roberta.a.wagner@wv.gov

5. **VERBAL COMMUNICATION:** Any verbal communication between the Vendor and any State personnel is not binding, including that made at the mandatory pre-bid conference. Only information issued in writing and added to the Solicitation by an official written addendum by the Purchasing Division is binding.
6. **BID SUBMISSION:** All bids must be signed and delivered by the Vendor to the Purchasing Division at the address listed below on or before the date and time of the bid opening. Any bid received by the Purchasing Division staff is considered to be in the possession of the Purchasing Division and will not be returned for any reason. The bid delivery address is:

Department of Administration, Purchasing Division
2019 Washington Street East
P.O. Box 50130,
Charleston, WV 25305-0130

The bid should contain the information listed below on the face of the envelope or the bid may not be considered:

SEALED BID
 BUYER: WEST VIRGINIA, DEPT. OF ADMINISTRATION, P
 SOLICITATION NO.: HOP13122 *Purchasing Division*
 BID OPENING DATE: 4.25.13
 BID OPENING TIME: 1:30 PM
 FAX NUMBER: 304.558.4115

In the event that Vendor is responding to a request for proposal, the Vendor shall submit one original technical and one original cost proposal plus [] convenience copies of each to the Purchasing Division at the address shown above. Additionally, the Vendor should identify the bid type as either a technical or cost proposal on the face of each bid envelope submitted in response to a request for proposal as follows:

BID TYPE: [] Technical
[✓] Cost

- 7. **BID OPENING:** Bids submitted in response to this Solicitation will be opened at the location identified below on the date and time listed below. Delivery of a bid after the bid opening date and time will result in bid disqualification. For purposes of this Solicitation, a bid is considered delivered when time stamped by the official Purchasing Division time clock.

Bid Opening Date and Time:

4/25/2013 at 1:30 PM

Bid Opening Location:

Department of Administration, Purchasing Division
2019 Washington Street East
P.O. Box 50130,
Charleston, WV 25305-0130

- 8. **ADDENDUM ACKNOWLEDGEMENT:** Changes or revisions to this Solicitation will be made by an official written addendum issued by the Purchasing Division. Vendor should acknowledge receipt of all addenda issued with this Solicitation by completing an Addendum Acknowledgment Form, 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.
- 9. **BID FORMATTING:** Vendor should type or electronically enter the information onto its bid to prevent errors in the evaluation. Failure to type or electronically enter the information may result in bid disqualification.

GENERAL TERMS AND CONDITIONS:

1. **CONTRACTUAL AGREEMENT:** Issuance of a Purchase Order 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 "Contract" means the binding agreement that is entered into between the State and the Vendor to provide the goods and services requested in the Solicitation.

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

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

 - 2.5 "Purchase Order" 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 successful bidder and Contract holder.

 - 2.6 "Solicitation" means the official solicitation published by the Purchasing Division and identified by number on the first page thereof.

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

 - 2.8 "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
and extends for a period of 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 must be submitted to the Purchasing Division Director 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 successive one (1) year periods. 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.

Reasonable Time Extension: At the sole discretion of the Purchasing Division Director, and with approval from the Attorney General's office (Attorney General approval is as to form only), this Contract may be extended for a reasonable time after the initial Contract term or after any renewal term as may be necessary to obtain a new contract or renew this Contract. Any reasonable time extension shall not exceed twelve (12) months. Vendor may avoid a reasonable time extension by providing the Purchasing Division Director with written notice of Vendor's desire to terminate this Contract 30 days prior to the expiration of the then current term. During any reasonable time extension period, the Vendor may terminate this Contract for any reason upon giving the Purchasing Division Director 30 days written notice. Automatic extension of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases, but Attorney General approval may be required.

- Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within days.
- One Time Purchase:** The term of this Contract shall run from the issuance of the Purchase Order until all of the goods contracted for have been delivered, but in no event shall 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 Purchase Order 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. **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.
7. **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.
8. **REQUIRED DOCUMENTS:** All of the items checked below must be provided to the Purchasing Division by the Vendor as specified below.
- BID BOND:** All Vendors shall furnish a 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 issued and 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 issued and 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.

[✓] **WORKERS' COMPENSATION INSURANCE:** The apparent successful Vendor shall have appropriate workers' compensation insurance and shall provide proof thereof upon request.

[✓] **INSURANCE:** The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award:

[] **Commercial General Liability Insurance:** [] or more.

[] **Builders Risk Insurance:** builders risk -- all risk insurance in an amount equal to 100% of the amount of the Contract.

[✓] Professional Liability coverage \$1 million per occurrence/\$3 million aggregate.

[✓] General Liability coverage \$1 million per occurrence/\$2 million aggregate.

[] []

[] []

[] []

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.

- Certified Nursing Assistance Certificate
- Current CPR Card
-
-

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.

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. **ALTERNATES:** Any model, brand, or specification listed herein establishes the acceptable level of quality only and is not intended to reflect a preference for, or in any way favor, a particular brand or vendor. Vendors may bid alternates to a listed model or brand provided that the alternate is at least equal to the model or brand and complies with the required specifications. The equality of any alternate being bid shall be determined by the State at its sole discretion. Any Vendor bidding an alternate model or brand should clearly identify the alternate items in its bid and should include manufacturer's specifications, industry literature, and/or any other relevant documentation demonstrating the equality of the alternate items. Failure to provide information for alternate items may be grounds for rejection of a Vendor's bid.

11. **EXCEPTIONS AND CLARIFICATIONS:** The Solicitation contains the specifications that shall form the basis of a contractual agreement. Vendor shall clearly mark any exceptions, clarifications, or

other proposed modifications in its bid. Exceptions to, clarifications of, or modifications of a requirement or term and condition of the Solicitation may result in bid disqualification.

- 12. **LIQUIDATED DAMAGES:** Vendor shall pay liquidated damages in the amount for

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.

- 13. **ACCEPTANCE/REJECTION:** The State may accept or reject any bid in whole, or in part. Vendor's signature on its bid signifies acceptance of the terms and conditions contained in the Solicitation and Vendor agrees to be bound by the terms of the Contract, as reflected in the Purchase Order, upon receipt.

- 14. **REGISTRATION:** Prior to Contract award, the apparent successful Vendor must be properly registered with the West Virginia Purchasing Division and must have paid the \$125 fee if applicable.

- 15. **COMMUNICATION LIMITATIONS:** In accordance with West Virginia Code of State Rules §148-1-6.6, communication with the State of West Virginia or any of its employees regarding this Solicitation during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited without prior Purchasing Division approval. Purchasing Division approval for such communication is implied for all agency delegated and exempt purchases.

- 16. **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.

- 17. **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, to the Agency at the address on the face of the purchase order labeled "Invoice To."

- 18. **UNIT PRICE:** Unit prices shall prevail in cases of a discrepancy in the Vendor's bid.

- 19. **DELIVERY:** All quotations are considered freight on board destination ("F.O.B. destination") unless alternate shipping terms are clearly identified in the bid. Vendor's listing of shipping terms that contradict the shipping terms expressly required by this Solicitation may result in bid disqualification.

- 20. **INTEREST:** Interest attributable to late payment will only be permitted if authorized by the West Virginia Code. Presently, there is no provision in the law for interest on late payments.

- 21. **PREFERENCE:** Vendor Preference may only be granted upon written request and only in accordance with the West Virginia Code § 5A-3-37 and the West Virginia Code of State Rules. A Resident Vendor Certification form has been attached hereto to allow Vendor to apply for the preference. Vendor's

failure to submit the Resident Vendor Certification form with its bid will result in denial of Vendor Preference. Vendor Preference does not apply to construction projects.

- 22. SMALL, WOMEN-OWNED, OR MINORITY-OWNED BUSINESSES:** For any solicitations publicly advertised for bid on or after July 1, 2012, in accordance with West Virginia Code §5A-3-37(a)(7) and W. Va. CSR § 148-22-9, any non-resident vendor certified as a small, women-owned, or minority-owned business under W. Va. CSR § 148-22-9 shall be provided the same preference made available to any resident vendor. Any non-resident small, women-owned, or minority-owned business must identify itself as such in writing, must submit that writing to the Purchasing Division with its bid, and must be properly certified under W. Va. CSR § 148-22-9 prior to submission of its bid to receive the preferences made available to resident vendors. Preference for a non-resident small, women-owned, or minority owned business shall be applied in accordance with W. Va. CSR § 148-22-9.
- 23. 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.
- 24. 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 cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-7.16.2.
- 25. WAIVER OF MINOR IRREGULARITIES:** The Director reserves the right to waive minor irregularities in bids or specifications in accordance with West Virginia Code of State Rules § 148-1-4.6.
- 26. TIME:** Time is of the essence with regard to all matters of time and performance in this Contract.
- 27. 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.
- 28. COMPLIANCE:** Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendors acknowledge that they have reviewed, understand, and will comply with all applicable law.
- 29. PREVAILING WAGE:** On any contract for the construction of a public improvement, Vendor and any subcontractors utilized by Vendor shall pay a rate or rates of wages which shall not be less than the fair minimum rate or rates of wages (prevailing wage), as established by the West Virginia Division of Labor under West Virginia Code §§ 21-5A-1 et seq. and available at <http://www.sos.wv.gov/administrative-law/wagerates/Pages/default.aspx>. Vendor shall be responsible for ensuring compliance with prevailing wage requirements and determining when prevailing wage

requirements are applicable. The required contract provisions contained in West Virginia Code of State Rules § 42-7-3 are specifically incorporated herein by reference.

30. **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.
31. **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). No Change shall be implemented by the Vendor until such time as the Vendor receives an approved written change order from the Purchasing Division.
32. **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.
33. **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.
34. **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.
35. **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.
36. **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.
37. **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.

- 38. HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at <http://www.state.wv.us/admin/purchase/vrc/hipaa.html> and is hereby made part of the agreement provided that the Agency meets the definition of a Covered entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the Vendor. Additionally, the HIPAA Privacy, Security, Enforcement & Breach Notification Final Omnibus Rule was published on January 25, 2013. It may be viewed online at <http://www.gpo.gov/fdsys/pkg/FR-2013-01-25/pdf/2013-01073.pdf>. Any organization, that qualifies as the Agency's Business Associate, is expected to be in compliance with this Final Rule. For those Business Associates entering into contracts with a HIPAA Covered State Agency between January 25, 2013 and the release of the 2013 WV State Agency Business Associate Agreement, or September 23, 2013 (whichever is earlier), be advised that you will be required to comply with the 2013 WV State Agency Business Associate Agreement. For those Business Associates with contracts with a HIPAA Covered State Agency executed prior to January 25, 2013, be advised that upon renewal or modification, you will be required to comply with the 2013 WV State Agency Business Associate Agreement no later than September 22, 2014.
- 39. 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>.
- 40. DISCLOSURE:** Vendor's response to the Solicitation and the resulting Contract are considered public documents and will be disclosed to the public in accordance with the laws, rules, and policies governing the West Virginia Purchasing Division. Those laws include, but are not limited to, the Freedom of Information Act found in West Virginia Code § 29B-1-1 et seq.

If a Vendor considers any part of its bid to be exempt from public disclosure, Vendor must so indicate by specifically identifying the exempt information, identifying the exemption that applies, providing a detailed justification for the exemption, segregating the exempt information from the general bid information, and submitting the exempt information as part of its bid but in a segregated and clearly identifiable format. Failure to comply with the foregoing requirements will result in public disclosure of the Vendor's bid without further notice. A Vendor's act of marking all or nearly all of its bid as exempt is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor's act of marking a bid or any part thereof as "confidential" or "proprietary" is not sufficient to avoid disclosure and WILL NOT BE HONORED. In addition, a legend or other statement indicating that all or substantially all of the bid is exempt from disclosure is not sufficient to avoid disclosure and WILL NOT BE HONORED. Vendor will be required to defend any claimed exemption for nondisclosure in the event of an administrative or judicial challenge to the State's nondisclosure. Vendor must indemnify the State for any costs incurred related to any exemptions claimed by Vendor. Any questions regarding the applicability of the various public records laws should be addressed to your own legal counsel prior to bid submission.

41. **LICENSING:** In accordance with West Virginia Code of State Rules §148-1-6.1.7, 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.

42. **ANTITRUST:** In submitting a bid to, signing a contract with, or accepting a Purchase Order 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.

43. **VENDOR CERTIFICATIONS:** By signing its bid or entering into this Contract, Vendor certifies (1) that its bid was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid for the same material, supplies, equipment or services; (2) that its bid 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 RFQ in its entirety; understands the requirements, terms and conditions, and other information contained herein. Vendor's signature on its bid 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 on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid 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.

44. **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.

45. **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.

46. **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.
47. **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.
48. **ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE:** This Contract may be utilized by and extends to 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"). This Contract shall be extended to the aforementioned Other Government Entities on the same prices, terms, and conditions as those offered and agreed to in this Contract. 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.
49. **CONFLICT OF INTEREST:** Vendor, its officers or members or employees, shall not presently have or acquire any 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.

50. **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.

51. **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.

52. **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:

- a. 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
- b. 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.

53. 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.

REQUEST FOR QUOTATION
HOP13122 CNA TEMPORARY STAFFING

18

SPECIFICATIONS

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of WVDHHR/BHHR/Hopemont Hospital to establish a contract for Certified Nursing Assistant temporary staffing

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 vendor will supply Certified Nursing Assistant staffing on a temporary basis.
 - 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 HOP13122.

3. **QUALIFICATIONS:** Vendor shall have the following minimum qualifications:
 - 3.1. CNA Temporary Staffing must be certified and approved. Certification found on: <http://www.wvdhhr.org/ohflac/FacilityLookup/default.aspx> or call Professional Healthcare Development LLC at 304-733-6145.
 - 3.2. Vendor must provide CNA'S as requested by the hospital to be compatible with day-to-day or week-to-week needs. Assignments may also be made for a specified period of time as agreed in writing.
 - 3.3. Vendor must provide time sheets for staff, which will be signed by hospital Nursing Supervisor or Director of Nursing. A copy of the time sheet will be submitted with each invoice. Assigned staffing that will be tardy or absent for a shift must call facility no less than 2 hours prior to start of the shift.

4. **MANDATORY REQUIREMENTS:**
 - 4.1 **Mandatory Contract Services Requirements and Deliverables:** Contract Services must meet or exceed the mandatory requirements listed below.

4.1.1 VENDOR RESPONSIBILITIES

4.1.1.1 Vendor shall provide the hospital with information on each staff according to state and federal standards, including application and skills checklist: CPR certification, references, confidentiality agreement and other requested documents such as a current physical examination, immunization records, negative 9 panel drug screening and licensure confirmation.

4.1.1.2 Vendor shall ensure the following representations regarding the CNA's to be provided: a. posses a current certification in West Virginia, b. Carry an original CPR card, and c. meet current hospital immunization requirements.

5. AWARD:

5.1 Contract Award: The Contract is intended to provide Agency with a purchase price for the Contract Services. This will be a Progressive Award with the lowest bidder meeting specs. being designated as vendor A, second lowest meeting specs., vendor B, and so on. Agency will contact each vendor progressively to obtain services. If vendor A cannot provide the services, they will contact Vendor B and so on, until one of the vendors awarded the contract, can meet the needs of the facility.

5.2 Pricing Page: Vendor should complete the Pricing Page by providing hourly rates that are inclusive of all federal, state, and local withholding taxes, social security and Medicare taxes, as well as unemployment compensation, workers compensation, general and professional liability premiums. Vendor must include pricing of all hiring costs incurred by the vendor, such as background checks and drug screening. Attached cost sheet will have job description with per hour pricing, vendor name, address and contact information must be completed and signed. Vendor should complete the Pricing Page in full as failure to complete the Pricing Page in its entirety may result in Vendor's bid being disqualified.

The Pricing Pages contain a list of the Contract Items and estimated purchase volume. The estimated purchase volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied.

REQUEST FOR QUOTATION
HOP13122 CNA TEMPORARY STAFFING

Notwithstanding the foregoing, the Purchasing Division may correct errors as it deems appropriate. Vendor should type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

5. **PERFORMANCE:** Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. 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.
6. **PAYMENT:** Agency shall pay hourly rate, as shown on the Pricing Pages, for all Contract Services performed and accepted under this Contract. Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.
7. **TRAVEL:** Vendor shall be responsible for all mileage and travel costs, including travel time, associated with performance of this Contract. Any anticipated mileage or travel costs may be included in the flat fee or hourly rate listed on Vendor's bid, but such costs will not be paid by the Agency separately.
8. **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:
 - 8.1. Vendor must identify principal service personnel which will be issued access cards and/or keys to perform service.
 - 8.2. Vendor will be responsible for controlling cards and keys and will pay replacement fee, if the cards or keys become lost or stolen.
 - 8.3. Vendor shall notify Agency immediately of any lost, stolen, or missing card or key.
 - 8.4. Anyone performing under this Contract will be subject to Agency's security protocol and procedures.
 - 8.5. Vendor shall inform all staff of Agency's security protocol and procedures.

REQUEST FOR QUOTATION
HOPI3122 CNA TEMPORARY STAFFING

9. VENDOR DEFAULT:

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

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

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

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

9.1.4. Failure to remedy deficient performance upon request.

9.2. The following remedies shall be available to Agency upon default.

9.2.1. Cancellation of the Contract.

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

9.2.3. Any other remedies available in law or equity.

10. MISCELLANEOUS:

10.1. **Contract Manager:** During its 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: Richard Kousgaard
Telephone Number: 800.856.5457, Ext. 2248
Fax Number: 402.895.7812
Email Address: rkousgaard@aureusmedical.com

PRICE SHEET
HOP13122

Item#	Estimated Annual Quantity:	Description:	Unit Price:	Total Price:
1.	7200hrs	Certified Nursing Assistant	\$ 38.00 /per hr.	\$ 273,600

This will be a Progressive Award with the lowest bidder meeting specs. being designated as vendor A, second lowest meeting specs., vendor B, and so on. Agency will contact each vendor progressively to obtain services. If vendor A cannot provide the services, they will contact Vendor B and so on, until one of the vendors awarded the contract, can meet the needs of the facility.

Vendor Name: Aureus Medical (Aureus Nursing, LLC)

Address: 13609 California Street, Omaha, NE
Omaha, NE 68154

E-Mail: rstanard@aureusmedical.com

Fax#: 402.895.7812

Phone#: 402.856.5457

Signature: Roxanne L Stanard Date: 4.24.13

Dynat, signed by Roxanne L Stanard
On: 04/24/2013 10:52:00 AM
Medical Bureau aureusmedical.com
stanard@aureusmedical.com
Date: 2013.04.24 10:52:00 AM

Rev. 07/12

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 Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident 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; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; 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% resident 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% resident vendor preference for the reason checked:**
 _____ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident 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% resident 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% resident 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) reject the bid; 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.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), 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: _____ Signed: _____
 Date: _____ Title: _____

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Aureus Medical (Aureus Nursing, LLC)

(Company)



(Authorized Signature)

Roxanne L. Stanard, Director of Medical Operations

(Representative Name, Title)

402.891.1118, Ext. 6009

402.895.7812

(Phone Number)

(Fax Number)

4.24.13

(Date)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: HOP13122

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)

NO ADDENDUMS POSTED OR RECEIVED

- | | |
|-----------------------------------------|------------------------------------------|
| <input 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.

Aureus Medical (Aureus Nursing, LLC)

Company

Roxanne L Stanard

Digitally signed by Roxanne L Stanard
DN: cn=Roxanne L Stanard, o=Aureus Medical
ou=www.aureusmedical.com
email=rstanard@aureusmedical.com, c=US
Date: 2013.04.24 13:25:17 -0500

Authorized Signature

4.24.13

Date

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

RFQ No. HOP13122

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 exceeds 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: Aureus Medical (Aureus Nursing, LLC)
Authorized Signature: [Signature] Date: 4.24.13

State of Nebraska

County of Douglas, to-wit:

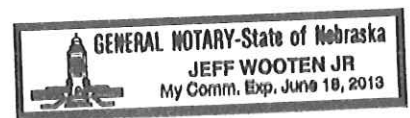
Taken, subscribed, and sworn to before me this 24 day of April, 2013.

My Commission expires June 18th, 2017.

AFFIX SEAL HERE

NOTARY PUBLIC

[Signature]
Purchasing Affidavit (Revised 07/01/2012)



STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

SOLICITATION NO. HOP13122
HOPEMONT HOSPITAL
COST PROPOSAL, Due Date 4.25.13

CORPORATE CERTIFICATE OF INSURANCE

REF: SOLICITATION HOP13122
PAGE 8



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2012

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 SilverStone Group 11516 Miracle Hills Drive Omaha NE 68154	CONTACT NAME: Mardi Whitley	FAX (A/C, No): 402-557-6322
	PHONE (A/C, No, Ext): 402.964.5567	E-MAIL ADDRESS: mwhitley@ssgi.com
INSURED C & A Industries, Inc. (See Named Insured Listing) 13609 California St., Ste 500 Omaha NE 68154	PRODUCER CUSTOMER ID #: C&AIND-	NAIC #
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hartford Insurance Company	37478
	INSURER B: Zurich Insurance Co.	16535
	INSURER C: Granite State Insurance Co.	23809
	INSURER D: National Union Ins. Co. of PA	19445
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: 1643822335 REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X \$10,000 Ded. GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			LEX003692497-5	6/1/2012	6/1/2013	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
								\$
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			91UUNUY6306	6/1/2012	6/1/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
D	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE X DEDUCTIBLE RETENTION \$10,000			EXS6916158 (13)	6/1/2012	6/1/2013	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
							Over GL/Prof/	\$
							AL & EL	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A			WC3434780-11	1/1/2013	1/1/2014	X WC STATUTORY LIMITS X OTH-ER	\$1,000,000
							E L EACH ACCIDENT	\$1,000,000
							E L DISEASE - EA EMPLOYEE	\$1,000,000
							E L DISEASE - POLICY LIMIT	\$1,000,000
D	Staffing Medical Professional Liability Occurrence Form			HHA6914793 (13)	6/1/2012	6/1/2013	\$1M/\$3M \$500,000	Occ/Agg SIR

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Named Insured Listing:
C&A Industries, Inc.
Aureus Medical Management Services, LLC (AMMS)
See Attached...

CERTIFICATE HOLDER To Whom It May Concern ...	CANCELLATION 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 <i>Jeffrey E. Bennett</i>



ADDITIONAL REMARKS SCHEDULE

AGENCY SilverStone Group		NAMED INSURED C & A Industries, Inc. (See Named Insured Listing) 13609 California St., Ste 500 Omaha NE 68154	
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**

Aureus Radiology, LLC
 dba Aureus Allied Health
 dba Aureus Medical Group
 Aureus Nursing, LLC
 dba Aureus Healthcare
 dba Aureus Medical Group
 dba Aureus International, LLC
 Aureus Healthcare One, LLC f/k/a Aureus Advanced Practice, LLC
 FOCUSONE Solutions, LLC
 Honeydew, LLC (Building Owner)
 7 Court, LLC (Building Owner)
 LCKC, LLC

Crime Coverage:
 Carrier: Federal Insurance Company
 Policy Number: 8221-1963
 Policy term: 6-1-12 to 6-1-13
 Employee Dishonesty limit: \$3,000,000
 Third Party Coverage included
 Deductible: \$50,000

Technology Errors & Omissions Liability/Network Security/Privacy and Media
 Carrier: Indian Harbor Insurance Company
 Policy Number: MTP0034324
 Policy Period: 6-1-12 to 6-1-13
 Each Claim limit: \$3,000,000
 Aggregate: \$3,000,000
 Deductible: \$50,000

CNA CANDIDATES
HOPEMONT HOSPITAL

REF: SOLICITATION HOP13122
PAGE 9

1. **GLEND A PATTERSON**
2. **TINA MILLER**



Health Care Staffing Services Certification by The Joint Commission



www.aureusmedical.com

April 23, 2013

Roxanne Standard, Aureus Director, Medical Operations/QA
Hopemont Hospital
Route 3, Box 330
Terra Alta, WV 26764

Dear Roxanne Standard

The following candidate is being proposed for Hopemont Hospital for a contract position.

APPLICANT PROFILE

NAME:	Glenda J. Patterson
POSITION:	CNA(Marketing Only)
SPECIALTY AREAS:	Long Term Care and MedSurg
CERTIFICATIONS:	CPR/BLS (Basic Life Support) - 12/1/2013, CNA (Certified Nurse Assistant) - North Dakota - 1/1/2014, CNA (Certified Nurse Assistant) - Alabama West Virginia upon job offer.
STATE LICENSURE STATUS:	CNA since 1978
EXPERIENCE:	Huge customer service kudos, well traveled, adapts to new environments quickly.
PROFESSIONAL HIGHLIGHTS:	Flexible with shifts; prefers days.
PREFERRED SHIFTS:	ASAP
AVAILABLE TO START:	ASAP
CANDIDATE CONTACT INFO:	Phone number upon interest.

MINIMUMS: Aureus Medical Group will charge the applicable rate with the following minimums: 36 hours per week - 12 hour shifts
40 hours per week - 8 or 10 hour shifts

The referred candidate(s) and information are being supplied in complete confidence. The terms of this letter supplement those set forth in our Client Agreement. Acceptance of these terms is evidenced upon your receipt of a candidate's resume or your interview of a candidate presented through our firm.

I am confident you will find Glenda J. Patterson to meet your requirements, and I am looking forward to scheduling an interview!

Sincerely,

Richard A. Kousgaard
Account Manager
(800) 856-5457 Ext.2248
RKousgaard@aureusmedical.com

Enclosures: Candidate Qualifying Documents

Note: Certifications and Licensure represented will be verified by Aureus Nursing, LLC with the "primary source" prior to the start date of a contract assignment. "Primary source" is the original source of a specific credential (e.g., state boards, certifying associations). The candidate resume may contain information furnished by the candidate that has not been verified.



Health Care Staffing Services Certification by The Joint Commission



Aureus Nursing, LLC
2425 South 171st Street
Omaha, NE 68130
1.800.856.0375
Ph: 402.938.2050
Fax: 402.895.7812

Glenda Patterson

Work Experience:

05/2012-Present

Bluefield Regional Medical Center, Bluefield, WV
CNA, Medical Surgical (Aureus travel assignment)

- **Unit Size:** 30-Bed Medical Surgical/Telemetry Unit
- **Duties:** Types of patients include Isolations, Amputees, pediatric, ortho, tracheotomy, renal, cardiac, rehab and hospice/end of life. Floated to general Medical Surgical 60 bed unit as well. Floated to Out Patient Surgery Center, CCU, ICU, Mother Baby/Post-Partum and ER as well. Extended twice.

01/2012-04/2012

Trinity Hospital, Minot, ND
CNA, Long Term Care (Aureus travel assignment)

- **Client Population:** 292-Bed LTC Hospital; Largest Long Term Care Facility in the State
- **Duties:** Floats between all wings. Bathes, dressing changes, get patient's up and around for the day/transport patients.

08/1999-11/2011

Jefferson Rehabilitation and Health Center, Birmingham, AL
CNA, Rehab

- **Unit Size:** 12:1 Patient Ratio
- **Duties:** 238 Residents. Take care of the Residents. Take Vital Signs, help residents with hygiene and clothing, feedings, Toileting, take to activities, help with everyday grooming and to report any changes to the LPN.

Certifications:

CPR/BLS
CNA

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

CNA (Certified Nursing Assistant) Skills CheckList

Summary of Experience

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Patient Care Skills	0	1	2	3	4
Cardiac	0	0	0	0	■
Computerized Charting Systems	0	0	0	0	■
Gastrointestinal	0	0	0	0	■
General Patient Care	0	0	0	0	■
Genitourinary	0	0	0	0	■
Orthopedic	0	0	0	0	■
Respiratory	0	0	0	0	■
Specialty Care	0	0	0	0	■
Urology	0	0	0	■	0
Vascular	0	0	0	■	0

General Patient Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Routine Care	0	1	2	3	4
Admission of Patient / Paperwork	■	0	0	0	0
AM & PM Care	0	0	0	0	■
Ambulation Assistance	0	0	0	0	■
Back & Skin Care	0	0	0	0	■
Bathing / Shower Assistance	0	0	0	0	■
Bed Bath / Total Assist	0	0	0	0	■
Bed Side Rails Positioning	0	0	0	0	■
Charting Documentation	0	0	0	0	■
Discharge Patient / Paperwork	■	0	0	0	0
Equipment Cleaning	0	0	0	■	0
Exercise/ROM	0	0	0	0	■
Feeding	0	0	0	0	■
Hair Care	0	0	0	0	■
Handwashing - Correct technique	0	0	0	0	■
Nutrition / Menu Selections	0	■	0	0	0
Oral Hygiene	0	0	0	0	■
Perineal Care	0	0	0	0	■
Positioning / Turning	0	0	0	0	■
Reporting to Supervisor	0	0	0	0	■
Toileting Activities	0	0	0	0	■
Transfer/ Transport patient	0	0	0	0	■
Vital Signs – TPR, BP & Monitoring	0	0	0	0	■
Weigh Patient / Stationary or Bed Scale	0	0	0	0	■
Specialized Care	0	1	2	3	4
Aqua-K pads	■	0	0	0	0
Bedsore Care	0	0	0	0	■
Blood Glucose Monitoring	0	0	0	■	0

General Patient Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Specialized Care	0	1	2	3	4
Cold compresses	0	0	■	0	0
Colostomy care	0	0	0	0	■
Dressing Changes – Non-Sterile	0	■	0	0	0
Enema	0	■	0	0	0
Fluid Restrictions	0	0	0	0	■
Foley catheter	0	0	0	0	■
Intake / Output Monitoring & Calculation	0	0	0	0	■
Post-Anesthesia Care	■	0	0	0	0
Pre-Operative Care / Preparation	■	0	0	0	0
Pulse Oximetry	0	0	0	0	■
Restraint Application / Monitoring	0	0	0	■	0
Sharps Disposal	0	0	0	■	0
Shave patient	0	0	0	0	■
Sitz bath	0	0	0	■	0
Special mattresses	0	0	0	0	■
Specimen collection (urine, stool, sputum)	0	0	0	■	0
Supplies- Restocking	0	0	0	■	0
TED hose	0	0	0	■	0
Urine Dipstick	0	■	0	0	0
Wound Care	0	■	0	0	0
Knowledge Of	0	1	2	3	4
Advance Directives	0	0	0	0	■
Isolation Techniques	0	0	0	0	■
Postmortem Care	0	0	0	0	■
Universal precautions	0	0	0	0	■
Cardiac	0	1	2	3	4
Assist Care of Patient with	0	1	2	3	4
12-lead EKG	0	0	■	0	0
Acute MI	0	0	■	0	0
Aneurysm	■	0	0	0	0
Cardiac Monitor	0	0	0	■	0
Congestive Heart Failure	0	0	0	0	■
Permanent Pacemaker	0	0	0	0	■
Pre / Post Cardiac Cath	■	0	0	0	0
Pre / Post Cardiac Surgery	■	0	0	0	0
Temporary Pacemaker	0	0	0	0	■
Assist with	0	1	2	3	4
Code	0	0	0	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:21AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Glenda Patterson
 Recruiter: Penny L Havelka

Aureus Medical

CNA (Certified Nursing Assistant) Skills CheckList

Orthopedic

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assist Care of Patient with	0	1	2	3	4
Amputation	0	0	0	0	■
Arthroscopy / Arthrotomy	0	0	0	0	■
Cast Care	0	0	0	0	■
Crutch Walking	0	0	0	■	0
Skeletal Traction	■	0	0	0	0
Total Hip Replacement	0	0	0	0	■
Total Knee Replacement	0	0	0	0	■
Traction	0	0	0	■	0

Genitourinary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assist Care of Patient with	0	1	2	3	4
Hysterectomy	0	0	0	0	■
Mastectomy	0	0	0	0	■
Nephrectomy	0	0	0	■	0
Prostate surgery	0	0	0	■	0
Renal Failure Oncology	0	0	0	0	■
Renal Transplant	0	0	0	0	■
Shunts & Fistulas Burns	0	0	0	0	■
Perform	0	1	2	3	4
Clean Catch Urine	0	0	0	0	■
Straight / Foley Cath - Female	0	■	0	0	0
Straight / Foley Cath - Male	0	■	0	0	0

Vascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Apply Antiembolism Stockings	0	0	0	0	■
Apply Noninvasive BP Monitor	0	0	0	0	■
Discontinue Peripheral IVs	■	0	0	0	0
Draw Blood for Lab Studies	■	0	0	0	0
Monitor Noninvasive BP Monitor	0	0	0	0	■
Monitoring Peripheral Pulses	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
DVT	0	0	0	0	■
Ultrasonic Doppler	■	0	0	0	0
Vascular Surgery	■	0	0	0	0

Respiratory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with Extubation	0	0	0	0	■

Respiratory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with Incentive Spirometry	0	0	0	0	■
Assist with Intubation (ETT)	0	0	0	■	0
Open / Monitor Airway	0	0	0	0	■
Perform O2 Saturation Spot Checks	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
Asthma / COPD	0	0	0	0	■
Chest Tubes	■	0	0	0	0
Face Mask	0	0	0	0	■
Nasal Cannula	0	0	0	0	■
O2 Saturation Monitor	0	0	0	0	■
Tracheostomy	0	0	0	0	■

Neurology

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with conducting Glasgow Coma Scale	■	0	0	0	0
Assist with Lumbar Puncture	■	0	0	0	0
Neurological Evaluation	0	0	0	■	0
Seizure Precautions	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
Craniotomy	0	0	0	■	0
CVA	0	0	0	■	0
Drug Overdose / DTs	0	0	0	■	0
Open / Closed Head Injury	0	0	0	■	0
Spinal Cord Injury	0	0	0	■	0

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with Feedings	0	0	0	0	■
Assist with Nutritional Evaluation	■	0	0	0	0
Gastrostomy Tube Monitor / Feed	0	0	0	0	■
Monitor NG Tube	0	0	0	0	■
Ostomy Care	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
Drains	0	0	0	0	■
GI Bleed	0	0	0	0	■

Specialty Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Areas	0	1	2	3	4
AIDS	0	0	0	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:21AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

CNA (Certified Nursing Assistant) Skills CheckList

Specialty Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Areas	0	1	2	3	4
Bone Marrow Transplant	0	0	0	■	0
Burns	0	0	0	0	■
Diabetes	0	0	0	0	■
Liver Transplant	0	0	0	■	0
Multiple Trauma	0	0	0	0	■
Oncology	0	0	0	0	■

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
1-Newborn/Neonate (birth - 30 days)	0	0	0	■	0
2-Infant (30 days - 1 year)	0	0	0	■	0
3-Toddler (1 - 3 years)	0	0	0	■	0
4-Preschooler (3 - 5 years)	0	0	0	■	0
5-School age children (5 - 12 years)	0	0	0	■	0
6-Adolescents (12 - 18 years)	0	0	0	0	■
7-Young adults (18 - 39 years)	0	0	0	0	■
8-Middle adults (39 - 64 years)	0	0	0	0	■
9-Older adults (64+)	0	0	0	0	■

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Current National Patient Safety Goals	0	■
Official "Do Not Use" List of Abbreviations	0	■
Universal Protocol for Preventing Errors	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:21AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

Long-term Care Skills CheckList

Clinical Experience Summary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Clinical Area	0	1	2	3	4
Alzheimers Care	0	0	0	■	0
Chronic Illness Care	■	0	0	0	0
Gerontology	■	0	0	0	0
Home Health Care	■	0	0	0	0
Hospice	0	0	0	■	0
Medical-Surgical	0	0	0	■	0
Ostomy Care	■	0	0	0	0
Pain Management	■	0	0	0	0
Pediatric Rehab	■	0	0	0	0
Post-Acute Care	■	0	0	0	0
Psychiatric Care	■	0	0	0	0
Rehabilitation	0	0	0	■	0
Skilled Care	0	0	0	0	■
Other	0	1	2	3	4
Automated Medication Dispensing Systems (e.g. Pyxis, Omnicell)	■	0	0	0	0
Charge Role	■	0	0	0	0
Computerized Charting Systems	■	0	0	0	0

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0	1	2	3	4
Assessment of Peripheral Pulses	0	0	0	0	■
Basic & Life-Threatening Dysrhythmias	■	0	0	0	0
Cardiopulmonary Resuscitation (CPR)	0	0	0	0	■
Care of Resident with Internal Pacemaker	■	0	0	0	0
Heimlich Maneuver	0	0	0	■	0
Pacemaker Check: Telecommunication	■	0	0	0	0
Administration of Antiarrhythmics	0	1	2	3	4
Intramuscular	■	0	0	0	0
Intravenous	■	0	0	0	0
Oral	■	0	0	0	0
Administration of Antihypertensives	0	1	2	3	4
Intravenous	■	0	0	0	0
Oral	■	0	0	0	0
Administration of Nitrates	0	1	2	3	4
Oral	■	0	0	0	0
Topical	■	0	0	0	0
Cardiac Rehabilitation	0	1	2	3	4
Blood Pressure & Stress Management Counseling	■	0	0	0	0

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Cardiac Rehabilitation	0	1	2	3	4
Diabetes Counseling	■	0	0	0	0
Initial Patient Assessment – Medical History, EKG, etc.	■	0	0	0	0
Medication Counseling	■	0	0	0	0
Nutritional Counseling	■	0	0	0	0
Weight Management, Physical Activity Counseling	■	0	0	0	0

Dermatology

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Common Skin Problems in Elderly	■	0	0	0	0
Recognizing Skin Changes of Elderly	■	0	0	0	0
Prevention and Treatment of Dermal Ulcers	0	1	2	3	4
External Causes-Pressure, Friction	■	0	0	0	0
Internal Causes (i.e., Poor Nutrition)	■	0	0	0	0
Use of Special Pressure Relief Devices	0	1	2	3	4
Air Fluidized Bed	0	0	0	■	0
Low Airloss Beds	0	0	0	■	0
Pressure Relief Mattress/Cushion	■	0	0	0	0
Wound Care	0	1	2	3	4
Dressing Changes	0	0	0	0	■
Irrigations	■	0	0	0	0

Endocrine

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Blood Glucose Monitoring	0	1	2	3	4
Blood Glucose Meter Device	■	0	0	0	0
Performing Fingersticks	■	0	0	0	0
Use of Visual Blood Glucose Strips	■	0	0	0	0
Insulin Administration	0	1	2	3	4
Mixed Insulins	■	0	0	0	0
Single Type	■	0	0	0	0

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0	1	2	3	4
Collection of: Urine Specimens	0	0	0	0	■
Collection of: Vaginal Cultures	■	0	0	0	0
Removal of Pessary	■	0	0	0	0
Administration of Tube Feedings	0	1	2	3	4
Feeding Pump	■	0	0	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:40AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: **Glenda Patterson**
 Recruiter: **Penny L Havelka**

Aureus Medical

Long-term Care Skills CheckList

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Administration of Tube Feedings	0 1 2 3 4
Gravity Infusion	■ 0 0 0 0
Care of Resident with	0 1 2 3 4
A-V Shunt/Fistula Care	0 0 0 ■ 0
Dialysis Treatments	■ 0 0 0 0
Nephrostomy Tube	■ 0 0 0 0
Urinary Diversion - Ileal Conduit	■ 0 0 0 0
Management of	0 1 2 3 4
Cecostomy Tubes	■ 0 0 0 0
Gastrostomy Tubes	■ 0 0 0 0
Jejunostomy Tubes	■ 0 0 0 0
Nasogastric Tube Insertion & Care	0 1 2 3 4
Dobhoff	■ 0 0 0 0
Levin	■ 0 0 0 0
Salem Sump	■ 0 0 0 0

Infection Control

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Aseptic Technique	0 0 0 0 ■
Enteric Precautions	0 0 0 0 ■
Genitourinary Precautions	0 0 0 0 ■
Hazardous Waste/Sharps Disposal	0 0 0 0 ■
Respiratory Precautions	0 0 0 0 ■
Universal Precautions	0 0 0 0 ■

Medication Administration

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Controlled Substance Administration	■ 0 0 0 0
Controlled Substance Count & Security	■ 0 0 0 0
IV Additives	■ 0 0 0 0
IV Antibiotics	■ 0 0 0 0
Syringe Count	■ 0 0 0 0
Unit Dose	■ 0 0 0 0
Medications	0 1 2 3 4
Ophthalmic	■ 0 0 0 0
Optic	■ 0 0 0 0
Rectal	■ 0 0 0 0
Topical	■ 0 0 0 0
Vaginal	■ 0 0 0 0

IV Therapy

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Discontinuing Peripheral IV's	■ 0 0 0 0
Inserting IV's	■ 0 0 0 0
Mixing IV's	■ 0 0 0 0
Regulating IV's	■ 0 0 0 0

Musculoskeletal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Application of Orthotic Devices	■ 0 0 0 0
Application of Prosthetic Devices	■ 0 0 0 0
Cast Care	■ 0 0 0 0
Circulation Checks	0 0 0 0 ■
Gait Retraining	0 0 0 0 ■
Range of Motion Exercises	0 0 0 0 ■
Transfer Techniques	0 0 0 0 ■
Use of Assistive Devices -Walker,QuadCane	0 0 0 0 ■
Use of Hoyer Lift	0 0 0 0 ■
Care of Resident with	0 1 2 3 4
Amputation	0 0 0 0 ■
Arthritic/Rheumatic Disease	0 0 0 0 ■
Neuromuscular Disease	0 0 0 0 ■
Total Joint Replacement	0 0 0 0 ■

Neurological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Administration of: Anticonvulsants	■ 0 0 0 0
Assessing Levels of Consciousness	■ 0 0 0 0
Care of Resident with a Stroke	0 0 0 0 ■
Reality Orientation	0 0 0 0 ■
Seizure Precautions	0 0 0 0 ■
Suicide Precautions	0 0 0 ■ 0
Use of Restraints	0 0 0 0 ■
Care of Resident with Behaviors of	0 1 2 3 4
Agitation	0 0 0 0 ■
Anxiousness	0 0 0 0 ■
Combativeness	0 0 0 0 ■
Hallucinations-Auditory,Olfactory,Visual	0 0 0 0 ■
Suicidal Ideations	0 0 0 0 ■
Wandering	0 0 0 0 ■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: **Glenda Patterson**

Digital Signature: Feb 27 2013 10:40AM Printed by: **Richard A Kousgaard, Account Manager** Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

Long-term Care Skills Checklist

Ostomy Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Conduct patient assessments, make recommendations, care of:

- Goals of rehabilitation (e.g., considering prognosis) 0 1 2 3 4
- Peristomal skin complications 0 0 0 ■ 0
- Pouching and/or containment strategies 0 0 0 ■ 0
- Stomal complications 0 0 0 ■ 0
- Urinary/fecal diversion postop complications ■ 0 0 0 0

Customize teaching based on age, knowledge level, culture, etc.

- Bowel dysfunction-e.g., diverticular disease, bowel disease, incontinence 0 0 0 0 ■
- Gastrointestinal and genitourinary cancers 0 0 0 0 ■
- Genetic and congenital diseases-e.g., polyposis, imperforate anus, spina bifida 0 0 0 0 ■
- Necrotizing enterocolitis 0 0 0 0 ■
- Strategies to minimize odor 0 0 0 0 ■
- Urinary dysfunction -e.g., cystitis, incontinence, neurogenic bladder 0 0 0 0 ■

Colostomy 0 1 2 3 4

- Identify appropriate candidates for irrigation 0 0 0 0 ■
- Identify plan of care based on type of colostomy 0 0 0 0 ■
- Instruct patient in dietary modifications to prevent constipation / reduce gas 0 0 0 ■ 0
- Prepare patient for reanastomosis and takedown 0 0 0 ■ 0
- Teach irrigation techniques ■ 0 0 0 0
- Teach management of retained distal segment of bowel ■ 0 0 0 0

Ileostomy 0 1 2 3 4

- Patient teaching to prevent blockage, correction of fluid/electrolyte imbalances ■ 0 0 0 0
- Prepare patient for reanastomosis and takedown ■ 0 0 0 0
- Recommend and/or perform ileostomy lavage ■ 0 0 0 0
- Teach management of retained distal segment of bowel ■ 0 0 0 0

Urostomy 0 1 2 3 4

- Instruct patients in mucus & fluid management, nighttime control ■ 0 0 0 0
- Manage stents ■ 0 0 0 0
- Obtain urine specimens 0 0 0 0 ■

Ostomy Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Urostomy 0 1 2 3 4

- Teach patients signs and symptoms of urinary tract infections ■ 0 0 0 0

Patient Teaching for: 0 1 2 3 4

- Abcess ■ 0 0 0 0
- Continent Cutaneous Fecal Diversions ■ 0 0 0 0
- Continent Urinary Diversions ■ 0 0 0 0
- Fistulas ■ 0 0 0 0
- Ileal Pouch Anal Anastomosis (IPAA) ■ 0 0 0 0
- Orthotopic Neobladder ■ 0 0 0 0
- Percutaneous Tubes and Drains ■ 0 0 0 0

Percutaneous Tubes and Drains 0 1 2 3 4

- Assess and manage patency and placement ■ 0 0 0 0
- Initiate measures to prevent tube migration ■ 0 0 0 0
- Manage dislodgment ■ 0 0 0 0
- Perform chemical cauterization ■ 0 0 0 0
- Prevention & management of peritubular skin breakdown ■ 0 0 0 0
- Recommend stabilization method ■ 0 0 0 0
- Replace a gastrostomy tube in an established tract ■ 0 0 0 0

Continence Care 0 1 2 3 4

- Assess normal micturition and defecation and age-related changes ■ 0 0 0 0
- Assess sexual/reproductive function-e.g., obstetric, menopause, sexual habits ■ 0 0 0 0
- Identify type of bowel dysfunction-e.g., infection, rectocele, obstruction 0 0 0 ■ 0
- Identify urinary dysfunction-e.g., infection, prolapse, prostate, fistula 0 0 0 ■ 0
- Perform Physical Examinations including urogenital, pelvic, rectal exams ■ 0 0 0 0
- Review & interpret patient bladder/bowel diaries ■ 0 0 0 0

Diagnostic Testing: Prep & Teaching: 0 1 2 3 4

- EMG studies ■ 0 0 0 0
- Endoscopic procedures (including cystoscopy) ■ 0 0 0 0
- Pad testing ■ 0 0 0 0
- Post-void residual urine measurement (by catheter or bladder scan) ■ 0 0 0 0
- Provoked stress maneuver (cough test) ■ 0 0 0 0
- Q-tip test ■ 0 0 0 0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:40AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: **Glenda Patterson**
 Recruiter: **Penny L Havelka**

Aureus Medical

Long-term Care Skills Checklist

Ostomy Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Diagnostic Testing: Prep & Teaching: 0 1 2 3 4

- Radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound) 0 0 0
- Urine studies 0 0 0
- Urodynamics (e.g. cystometrogram, uroflowmetry) 0 0 0

Urinary Incontinence- Patient Teaching 0 1 2 3 4

- Bladder and bowel training program 0 0 0
- Dietary and fluid management (including bladder irritants) 0 0 0
- Emptying maneuvers 0 0 0
- Skin care - topical treatment for prevention 0 0 0

Teach and/or perform the following management techniques: 0 1 2 3 4

- Biofeedback 0 0 0
- Catheterization-e.g., clean intermittent, indwelling 0 0 0
- Electrical stimulation 0 0 0
- Environmental modifications (e.g., bedside commode, urinal, clothing) 0 0 0
- Pelvic muscle exercises 0 0 0
- Pessaries 0 0 0
- The "knack" contraction method 0 0 0
- Toileting programs (e.g., scheduled toileting, prompted voiding) 0 0 0
- Urge suppression techniques (e.g., quick flicks) 0 0 0
- Vaginal weights 0 0 0

Bowel Dysfunctions – Patient Teaching 0 1 2 3 4

- Bowel cleansing 0 0 0
- Containment devices/pouches 0 0 0
- Lifestyle modifications (e.g., diet, fluids, exercise) 0 0 0
- Pelvic muscle exercises 0 0 0
- Pharmacologic management of bowel dysfunction 0 0 0
- Prevention strategies to maintain optimal bowel function 0 0 0
- Sensory motor re-education (including biofeedback) 0 0 0
- Skin protection 0 0 0

Pain Management

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures 0 1 2 3 4

- Assess physical/psychological strengths/weaknesses of the patient/resident 0 0 0
- Care of patient/resident w/Opioid withdrawal 0 0 0
- Conduct pain assessments 0 0 0
- Identify & document Pain Management interventions & results 0 0 0
- Implement non-invasive Pain Management interventions 0 0 0
- Patient & Family counseling 0 0 0
- Patient referrals to Pain Management program as needed 0 0 0

Monitor care, side effects & tolerance 0 1 2 3 4

- Adjuvant side effects(CNS effects, renal, liver) 0 0 0
- Non-Opioid side effects (GI upset or bleed, renal, liver, delerium) 0 0 0
- Opioid side effects-pruritis, dermatitis, constipation, respiratory depression 0 0 0

Psychological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures 0 1 2 3 4

- Behavior Therapy-e.g., self-awareness, modification, delusion mgmt 0 0 0
- Communication Enhancement (relationship-building, socialization) 0 0 0
- Coping Assistance-e.g., body image, fear, anxiety, grief, self-esteem 0 0 0
- Family Counseling 0 0 0

Respiratory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures 0 1 2 3 4

- Care of the Resident w/ Tracheostomy 0 0 0
- Chest Physiotherapy 0 0 0
- Collection of Sputum Specimens 0 0 0
- Incentive Spirometry 0 0 0
- Inserting an Oral Airway 0 0 0
- Intermittent Positive Pressure Breathing Treatment 0 0 0
- Oxygen Delivery Devices 0 0 0

Suctioning 0 1 2 3 4

- Nasotracheal 0 0 0
- Oropharyngeal 0 0 0
- Tracheal 0 0 0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: **Glenda Patterson**

Digital Signature: Feb 27 2013 10:40AM Printed by: **Richard A Kousgaard, Account Manager** Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L. Havelka

Aureus Medical

Long-term Care Skills Checklist

Sensory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0	1	2	3	4
Application of Hearing Aid Devices	0	0	0	0	■
Care of	0	1	2	3	4
Contact Lens	■	0	0	0	0
Dentures	0	0	0	0	■
Prosthetic Eyes	0	0	0	■	0
Care of Resident with	0	1	2	3	4
Blindness	0	0	0	0	■
Cataracts	0	0	0	0	■
Hearing Loss	0	0	0	0	■
Macular Degeneration	■	0	0	0	0

Wound Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Differential Assessment for etiologic factors	■	0	0	0	0
Initial - diversity, age, medications	■	0	0	0	0
Nutrition	■	0	0	0	0
Pain	■	0	0	0	0
Patient goals & factors affecting care	■	0	0	0	0
Phase of wound healing	■	0	0	0	0
Wound characteristics	■	0	0	0	0
Patient / Caregiver Teaching	0	1	2	3	4
Care and prevention strategies (e.g., trauma, foot care)	■	0	0	0	0
Control of risk factors	■	0	0	0	0
Lifestyle changes to maximize perfusion	■	0	0	0	0
Patient referral for orthotics and shoes	■	0	0	0	0
Pharmacologic measures to maximize perfusion	■	0	0	0	0
Dressing Selection & Dressing Changes	0	1	2	3	4
Bacteria	■	0	0	0	0
Containment	■	0	0	0	0
Moisture	■	0	0	0	0
Odor Control	■	0	0	0	0
Wound Debridement Experience	0	1	2	3	4
Autolytic	■	0	0	0	0
Chemical cauterization	■	0	0	0	0
Enzymatic (i.e., chemical)	■	0	0	0	0
Mechanical	■	0	0	0	0
Sharp instrument	■	0	0	0	0

Wound Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Wound Management	0	1	2	3	4
Application of Topical Agents for periwound skin protection	■	0	0	0	0
Cleaning with prescribed solutions	■	0	0	0	0
Growth Factor treatment	■	0	0	0	0
Hydrotherapy, Pulsed Lavage	■	0	0	0	0
Hyperbaric oxygenation administration	■	0	0	0	0
Identify indications for wound culture	■	0	0	0	0
Initiate pain control measures	■	0	0	0	0
Negative Pressure therapy	■	0	0	0	0
Precautions to minimize risk of infection	■	0	0	0	0
Techniques to control edema	■	0	0	0	0
Use of bioengineered tissue products	■	0	0	0	0
Wound culture via non-invasive techniques (e.g., swab, aspirate)	■	0	0	0	0
Make recommendations for Topical Therapy	0	1	2	3	4
Atypical wounds	■	0	0	0	0
Autoimmune wounds	■	0	0	0	0
Neoplastic wounds	■	0	0	0	0
Surgical wounds	■	0	0	0	0
Traumatic wounds	■	0	0	0	0
Make recommendations for treatment of skin damage in:	0	1	2	3	4
Allergic reactions	■	0	0	0	0
Bacterial and Fungal Skin Infections	■	0	0	0	0
Chemical trauma	■	0	0	0	0
Mechanical trauma	■	0	0	0	0
Thermal injury (E.G., Radiation)	■	0	0	0	0
Make recommendations to manage systemic factors:	0	1	2	3	4
Glucose control	■	0	0	0	0
Immunosuppression	■	0	0	0	0
Nutrition	0	0	0	0	■
Perfusion	■	0	0	0	0
Pressure Ulcers	0	1	2	3	4
Initiate measures for control of shear and friction	0	0	0	0	■
Initiate plan for control of incontinence	0	0	0	0	■
Recommend measures to promote mobility	0	0	0	0	■
Risk assessment	■	0	0	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:40AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

Long-term Care Skills CheckList

Wound Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Pressure Ulcers	0	1	2	3	4
Stage pressure ulcers	■	0	0	0	0
Turning and repositioning	0	0	0	0	■
Use of support surfaces (e.g., mattresses, overlays, seating devices)	0	0	0	0	■
Lower Extremity Ulcers	0	1	2	3	4
Ankle-brachial index (ABI)	■	0	0	0	0
Arterial insufficiency	■	0	0	0	0
Assess and differentiate types	■	0	0	0	0
Bandages (wraps)	■	0	0	0	0
Capillary refill	■	0	0	0	0
Dermatitis	■	0	0	0	0
Dynamic compression therapy (e.g., pumps)	■	0	0	0	0
Edema	■	0	0	0	0
Foot Deformity (e.g., Charcot changes, hammer toes)	■	0	0	0	0
Monitor for infection	■	0	0	0	0
Pulses	0	0	0	0	■
Risk assessment	■	0	0	0	0
Sensorimotor status - monofilament, range of motion	■	0	0	0	0
Skin & Toes assessment	■	0	0	0	0
Static compression therapy	■	0	0	0	0
Therapeutic support stockings	0	0	0	0	■
Toe pressure	■	0	0	0	0
Transcutaneous oxygen pressure (TcPO2)	■	0	0	0	0
Venous insufficiency	■	0	0	0	0

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
1-Adolescents (12 - 18 years)	0	0	0	0	■
2-Young adults (18 - 39 years)	0	0	0	0	■
3-Middle adults (39 - 64 years)	0	0	0	0	■
4-Older adults (64+)	0	0	0	0	■

Medical Software Systems

0-No Experience 1-Limited 2-Intermediate 3-Proficient

Medical Software Systems	0	1	2	3
AllScripts	■	0	0	0
Baxter-SureMed	■	0	0	0
CarePoint - Guardian Rx	■	0	0	0
Cerner	■	0	0	0
CHCS	■	0	0	0

Medical Software Systems

0-No Experience 1-Limited 2-Intermediate 3-Proficient

Medical Software Systems	0	1	2	3
CPSI	■	0	0	0
Eclipsys	■	0	0	0
EPIC	■	0	0	0
GE-Centricity	■	0	0	0
Healthland	■	0	0	0
HMS	■	0	0	0
Keane	■	0	0	0
McKesson	■	0	0	0
MedAssets	■	0	0	0
Meditech	■	0	0	0
Mediware-Worx	■	0	0	0
Merlin	■	0	0	0
Misys	■	0	0	0
NurseVue Sensor Monitoring System	■	0	0	0
OmniCell	■	0	0	0
OPUS	■	0	0	0
Other Computerized System(s) not Listed Here	■	0	0	0
PDX	■	0	0	0
Pyxis	■	0	0	0
QuadraMed	■	0	0	0
Siemens Healthcare	■	0	0	0
Siemens Soarian Clinicals	■	0	0	0
Siemens-Novius	■	0	0	0
Soarian	■	0	0	0

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Current National Patient Safety Goals	0	■
Official "Do Not Use" List of Abbreviations	0	■
Universal Protocol for Preventing Errors	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Feb 27 2013 10:40AM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

Medical-Surgical Skills CheckList

Clinical Experience Summary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Clinical Area	0	1	2	3	4
Cardiac	0	0	0	■	0
Neurology	■	0	0	0	0
OB/GYN	0	0	0	■	0
Oncology	■	0	0	0	0
Orthopedics	■	0	0	0	0
Pediatrics	■	0	0	0	0
Psychiatry	■	0	0	0	0
Rehabilitation	■	0	0	0	0
Surgical	■	0	0	0	0
Telemetry	0	0	0	0	■
Other	0	1	2	3	4
Automated Medication Dispensing Systems (e.g. Pyxis, Omnicell)	■	0	0	0	0
Charge Role	■	0	0	0	0
Computerized Charting Systems	0	0	0	■	0

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Auscultation (Rate, Rhythm)	■	0	0	0	0
Blood Pressure/Non-Invasive	0	0	0	■	0
Doppler	■	0	0	0	0
Heart Sounds/Murmurs	■	0	0	0	0
Pulses/Circulation Checks	0	0	0	■	0
Care of the Patient with	0	1	2	3	4
Angina	■	0	0	0	0
Cardiac Arrest	■	0	0	0	0
Cardiomyopathy	■	0	0	0	0
Carotid Endarterectomy	■	0	0	0	0
Congestive Heart Failure (CHF)	0	0	0	0	■
Femoral-Popliteal Bypass	■	0	0	0	0
Myocarditis	■	0	0	0	0
Post Acute MI (24-48 Hours)	■	0	0	0	0
Post Angioplasty	■	0	0	0	0
Post Cardiac Cath	0	0	0	■	0
Post Cardiac Surgery	■	0	0	0	0
Thrombophlebitis	■	0	0	0	0
Equipment & Procedures	0	1	2	3	4
Pacemaker: Permanent	0	0	0	■	0
Pacemaker: Temporary	0	0	0	■	0
Telemetry: Basic 12 Lead Interpretation	0	0	0	■	0

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Equipment & Procedures	0	1	2	3	4
Telemetry: Basic Arrhythmia Interpretation	■	0	0	0	0
Telemetry: Lead Placement	0	0	0	■	0
Medications	0	1	2	3	4
Heparin Drip	■	0	0	0	0
Oral & IVP Antihypertensives	■	0	0	0	0
Oral & Topical Nitrates	■	0	0	0	0
Oral Anticoagulants	■	0	0	0	0

Endocrine/Metabolic

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
S/S Diabetic Coma	■	0	0	0	0
S/S Insulin Reaction	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Diabetes Mellitus	■	0	0	0	0
Disorders of Adrenals-Addison's Disease	■	0	0	0	0
Disorders of Pituitary -Diabetes Insipidus	■	0	0	0	0
Hyperthyroidism -Grave's Disease	■	0	0	0	0
Hypothyroidism	■	0	0	0	0
Thyroidectomy	■	0	0	0	0
Equipment & Procedures	0	1	2	3	4
Blood Glucose Monitoring: Electronic Measuring Device	0	0	0	■	0
Blood Glucose Monitoring: Performing Finger Stick	0	0	0	■	0
Blood Glucose Monitoring: Visual Blood Glucose Strips	0	0	0	■	0
Indwelling Insulin Pump	■	0	0	0	0
Medications	0	1	2	3	4
Insulin	■	0	0	0	0
Oral Hypoglycemics	■	0	0	0	0
Steroids	■	0	0	0	0
Thyroid	■	0	0	0	0

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Abdominal/Bowel Sounds	■	0	0	0	0
Fluid Balance	■	0	0	0	0
Nutritional Status	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Bowel Obstruction	0	0	0	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Mar 7 2013 5:11PM

Printed by: Richard A Kousgaard, Account Manager
Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

Medical-Surgical Skills Checklist

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Care of the Patient with	0	1	2	3	4
Colostomy/Ileostomy	0	0	0	0	■
Corpak and Dobhoff Feeding Tubes	■	0	0	0	0
Feeding Pump	0	0	0	0	■
Gastrostomy Tube	0	0	0	0	■
GI Bleeding	0	0	0	0	■
GI Surgery	■	0	0	0	0
Gravity Tube Feeding	■	0	0	0	0
Hepatitis	■	0	0	0	0
Inflammatory Bowel Disease	■	0	0	0	0
Invasive Diagnostic Testing	■	0	0	0	0
Jejunostomy Tube	■	0	0	0	0
Liver Failure	0	0	0	0	■
Nasogastric Tube	■	0	0	0	0
Paralytic Ileus	■	0	0	0	0
Salem Sump to Suction	■	0	0	0	0
Saline Lavage	■	0	0	0	0
T-Tube	■	0	0	0	0

Interpretation of Lab Results

Blood Chemistry	■	0	0	0	0
Blood Count	■	0	0	0	0

Infectious Diseases

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Care of the Patient with	0	1	2	3	4
AIDS	■	0	0	0	0
Hepatitis	■	0	0	0	0
Lyme Disease	■	0	0	0	0

Equipment & Procedures

Fever Management	■	0	0	0	0
Isolation	0	0	0	0	■

Interpretation of Lab Results

Blood Count	■	0	0	0	0
-------------	---	---	---	---	---

Neurological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Glasgow Coma Scale	■	0	0	0	0
Level of Consciousness	■	0	0	0	0

Care of the Patient with

Aneurysm Precautions	■	0	0	0	0
Basal Skull Fracture	■	0	0	0	0

Neurological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Care of the Patient with	0	1	2	3	4
Closed Head Injury	■	0	0	0	0
Coma	■	0	0	0	0
Delirium Tremens / DTs	■	0	0	0	0
Encephalitis	0	0	0	■	0
Externalized Ventriculoperitoneal Shunts	■	0	0	0	0
Meningitis	0	0	0	■	0
Neuromuscular Disease	■	0	0	0	0
Post Craniotomy	■	0	0	0	0
Seizures	0	0	0	0	■
Spinal Cord Injury	0	0	0	0	■
Stroke / CVA	0	0	0	0	■

Equipment & Procedures

Assist with Lumbar Puncture	■	0	0	0	0
Use of Hyper/Hypothermia Blanket	0	0	0	0	■

Medications

Anticonvulsants	■	0	0	0	0
-----------------	---	---	---	---	---

Oncology

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Nutritional Status	■	0	0	0	0
Pain Control	■	0	0	0	0

Care of the Patient with

Bone Marrow Transplant	■	0	0	0	0
Fresh Oncologic Surgery	■	0	0	0	0
Inpatient Chemotherapy	■	0	0	0	0
Inpatient Hospice	0	0	0	0	■
Leukemia	■	0	0	0	0
Radiation Implant	■	0	0	0	0

Equipment & Procedures

Reverse Isolation	0	0	0	0	■
-------------------	---	---	---	---	---

Medications

Chemotherapy	■	0	0	0	0
--------------	---	---	---	---	---

Interpretation of Lab Results

Blood Chemistry	■	0	0	0	0
Blood Counts	■	0	0	0	0

Orthopedics

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Circulation Checks	■	0	0	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Mar 7 2013 5:11PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Glenda Patterson
 Recruiter: Penny L Havelka

Aureus Medical

Medical-Surgical Skills CheckList

Orthopedics

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Gait	0	0	0	0	■
Range of Motion	0	0	0	0	■
Skin	0	0	0	0	■
Care of the Patient with	0	1	2	3	4
Amputation	0	0	0	0	■
Arthroscopic Surgery	0	0	0	0	■
Cast	0	0	0	0	■
Osteoporosis	0	0	0	0	■
Pinned Fractures	0	0	0	■	0
Rheumatic/Arthritic Disease	0	0	0	0	■
Total Hip Replacement	0	0	0	0	■
Total Knee Replacement	0	0	0	0	■
Equipment & Procedures	0	1	2	3	4
Continuous Passive Motion Devices	0	0	0	0	■
Support Devices: Cane	0	0	0	0	■
Support Devices: Cervical Collar	0	0	0	0	■
Support Devices: Gait Belt	0	0	0	0	■
Support Devices: Prosthetic	0	0	0	0	■
Support Devices: Sling	0	0	0	0	■
Support Devices: Transfer Boards	0	0	0	0	■
Support Devices: Walker	0	0	0	0	■
Support Devices: Wheelchair	0	0	0	0	■
Traction	■	0	0	0	0

Pain Management

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Pain Level/Tolerance	0	0	0	0	■
Care of the Patient with	0	1	2	3	4
Epidural Anesthesia/Analgesia	0	0	0	0	■
IV Conscious Sedation	0	0	0	0	■
Narcotic Analgesia	0	0	0	0	■
Patient Controlled Analgesia: PCA Pump	0	0	0	0	■

Phlebotomy & IV Therapy

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Central Line / Catheter / Dressing	0	1	2	3	4
Broviac	■	0	0	0	0
Groshong	■	0	0	0	0
Hickman	■	0	0	0	0
Peripheral Line/Dressing	■	0	0	0	0

Phlebotomy & IV Therapy

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Central Line / Catheter / Dressing	0	1	2	3	4
PICC Line	0	0	0	■	0
Portacath	■	0	0	0	0
Quinton	■	0	0	0	0
IV Administration & Management	0	1	2	3	4
Albumin	■	0	0	0	0
Cryoprecipitate	■	0	0	0	0
Drawing Blood from Central Line / PICC Line	■	0	0	0	0
Drawing Venous Blood	■	0	0	0	0
Nutritional Therapy (e.g., TPN, lipids)	■	0	0	0	0
Packed Red Blood Cells	■	0	0	0	0
Plasma	■	0	0	0	0
Starting IV's with: Angiocath	■	0	0	0	0
Starting IV's with: Butterfly	■	0	0	0	0
Starting IV's with: Heparin Lock	■	0	0	0	0
Whole Blood	■	0	0	0	0

Pulmonary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Breath Sounds	0	0	0	■	0
Rate and Work of Breathing	0	0	0	■	0
Care of the Patient with	0	1	2	3	4
Bronchoscopy	0	0	0	0	■
COPD	0	0	0	0	■
Fresh Tracheostomy	0	0	0	0	■
Lobectomy	■	0	0	0	0
Pneumectomy	0	0	0	0	■
Pneumonia	0	0	0	0	■
Pulmonary Embolism	■	0	0	0	0
Thoracotomy	■	0	0	0	0
Tuberculosis	■	0	0	0	0
Equipment & Procedures	0	1	2	3	4
Airway Devices/Suctioning: Endotracheal Tube/Suctioning	■	0	0	0	0
Airway Devices/Suctioning: Nasal Airway/Suctioning	■	0	0	0	0
Airway Devices/Suctioning: Oropharyngeal/Suctioning	■	0	0	0	0
Airway Devices/Suctioning: Sputum Specimen Collection	■	0	0	0	0
Airway Devices/Suctioning: Tracheostomy/Suctioning	■	0	0	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Mar 7 2013 5:11PM

Printed by: Richard A Kousgaard, Account Manager
 Print Date: 4/23/2013

Name: Glenda Patterson

Recruiter: Penny L Havelka

Aureus Medical

Medical-Surgical Skills CheckList

Pulmonary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Equipment & Procedures	0	1	2	3	4
Assist with Intubation	0	0	0	0	■
Assist with Thoracentesis	0	0	0	0	■
Care of Patient with a Chest Tube: Assist with Set-Up & Insertion	0	0	0	0	■
Care of Patient with a Chest Tube: Measuring and Emptying	0	0	0	■	0
Care of Patient with a Chest Tube: Removal	■	0	0	0	0
Care of the Patient on a Ventilator	■	0	0	0	0
Chest Physiotherapy	■	0	0	0	0
Incentive Spirometry	■	0	0	0	0
O2 Therapy & Medication Delivery: Bag and Mask	■	0	0	0	0
O2 Therapy & Medication Delivery: External CPAP	■	0	0	0	0
O2 Therapy & Medication Delivery: Face Masks	■	0	0	0	0
O2 Therapy & Medication Delivery: Inhalers	■	0	0	0	0
O2 Therapy & Medication Delivery: Nasal Cannula	■	0	0	0	0
O2 Therapy & Medication Delivery: Portable O2 Tank	■	0	0	0	0
O2 Therapy & Medication Delivery: Tracheostomy Collar	■	0	0	0	0
Oximetry	■	0	0	0	0

Interpretation of Lab Results	0	1	2	3	4
Arterial Blood Gas (ABG)	■	0	0	0	0
Blood Chemistry	■	0	0	0	0
Blood Count	■	0	0	0	0

Renal/Genitourinary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Arterio Venous Fistula/Shunt	■	0	0	0	0
Fluid Balance	■	0	0	0	0

Care of the Patient with	0	1	2	3	4
Diversion/Ileal Conduit Nephrostomy	0	0	0	0	■
Hemodialysis	0	0	0	0	■
Nephrectomy	0	0	0	0	■
Peritoneal Dialysis	0	0	0	0	■
Renal Failure	0	0	0	0	■
Renal Transplant	0	0	0	0	■
TURP	0	0	0	0	■
Urinary Tract Infection	0	0	0	0	■

Renal/Genitourinary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Equipment & Procedures	0	1	2	3	4
Bladder Irrigations: Continuous	■	0	0	0	0
Bladder Irrigations: Intermittent	■	0	0	0	0
Catheter Care: 3-Way Foley	■	0	0	0	0
Catheter Care: Supra-Pubic	0	0	0	0	■
Insertion/Care of Straight / Foley Catheter: Male	0	0	0	0	■
Insertion/Care of Straight/Foley Catheter: Female	0	0	0	0	■
Specimen Collection: 24 Hour	0	0	0	0	■
Specimen Collection: Routine	0	0	0	0	■

Interpretation of Lab Results	0	1	2	3	4
BUN	■	0	0	0	0
Creatinine	■	0	0	0	0
Electrolytes	0	0	0	0	■

Wound Management

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Skin for Impending Breakdown	0	0	0	0	■
Stasis Ulcers	0	0	0	0	■
Surgical Wound Healing	■	0	0	0	0

Care of the Patient with	0	1	2	3	4
Burns	■	0	0	0	0
Pressure Sores	0	0	0	0	■
Staged Decubitus Ulcers	0	0	0	0	■
Surgical Wounds with Drain(s)	0	0	0	0	■
Traumatic Wounds	0	0	0	0	■

Equipment & Procedures	0	1	2	3	4
Air Fluidized, Low Airloss Beds	0	0	0	0	■
Sterile Dressing Changes	0	0	0	0	■
Wound Care/Irrigations	■	0	0	0	0

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
1-Newborn/Neonate (birth - 30 days)	0	0	0	0	■
2-Infant (30 days - 1 year)	0	0	0	0	■
3-Toddler (1 - 3 years)	0	0	0	0	■
4-Preschooler (3 - 5 years)	■	0	0	0	0
5-School age children (5 - 12 years)	■	0	0	0	0
6-Adolescents (12 - 18 years)	■	0	0	0	0
7-Young adults (18 - 39 years)	0	0	0	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Glenda Patterson

Digital Signature: Mar 7 2013 5:11PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: **Glenda Patterson**
 Recruiter: **Penny L Havelka**

Aureus Medical

Medical-Surgical Skills CheckList

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
8-Middle adults (39 - 64 years)	0	0	0	0	■
9-Older adults (64+)	0	0	0	0	■

Medical Software Systems

0-No Experience 1-Limited 2-Intermediate 3-Proficient

Medical Software Systems	0	1	2	3
AllScripts	■	0	0	0
Baxter-SureMed	■	0	0	0
CarePoint - Guardian Rx	■	0	0	0
Cerner	■	0	0	0
CHCS	■	0	0	0
CPSI	■	0	0	0
Eclipsys	■	0	0	0
EPIC	■	0	0	0
GE-Centricity	■	0	0	0
Healthland	■	0	0	0
HMS	■	0	0	0
Keane	■	0	0	0
McKesson	■	0	0	0
MedAssets	■	0	0	0
Meditech	■	0	0	0
Mediware-Worx	■	0	0	0
Merlin	■	0	0	0
Misys	■	0	0	0
NurseVue Sensor Monitoring System	■	0	0	0
OmniCell	■	0	0	0
OPUS	■	0	0	0
Other Computerized System(s) not Listed Here	■	0	0	0
PDX	■	0	0	0
Pyxis	■	0	0	0
QuadraMed	■	0	0	0
Siemens Healthcare	■	0	0	0
Siemens Soarian Clinicals	■	0	0	0
Siemens-Novius	■	0	0	0
Soarian	■	0	0	0

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Universal Protocol for Preventing Errors	0	■

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Current National Patient Safety Goals	0	■
Official "Do Not Use" List of Abbreviations	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: **Glenda Patterson**

Digital Signature: Mar 7 2013 5:11PM

Printed by: **Richard A Kousgaard, Account Manager** Print Date: 4/23/2013



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Professional Reference

For: Glenda J. Patterson (11-859725)

Taken by: Andrea K Eisenhart

Date: 11/9/2011 2:48:23 PM

Reference Provided By:
 Name:
 Title: LPN

Reference Known: From: 1999 To: 2011
 Company/Facility: Jefferson Rehabilitation & Health Center
 Overall Rating: 5
 Form Status: Complete

Work Phone:
 Cell Phone:
 Home Phone:
 Average Rating: 4.75

1. What was your relationship with the Candidate? Supervisor Peer Subordinate HR Other

Comment:
 I am LPN.

2. Will you please provide the following information?

Job Title: CNA- Rehab
 Dates of Employment: 8/1999 mm/yyyy To: current mm/yyyy

Comment:
 I have worked with her from 8/1999-current (as of 11/9/2011)

Attendance: Acceptable Unacceptable

Comment:

Would you rehire? Yes No Not able or willing to answer

If not, why?

Salary/Rate of Pay

3. Describe his/her job duties/responsibilities

Glenda is responsible for normal CNA duties for rehab patients. Her charting is done by hand.

Please rate each of the following categories on the 1-5 scale below.		Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Work Performance (Quality and quantity of work)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	I would give her a 4.5.						
Initiative		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments							
Dependability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	She is very dependable.						
Professionalism		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments							
Communication Skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments							

Ability to identify/solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to multi-task/meet deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/> She gets along great with others.					
Attitude (Towards work and others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Patient Care Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/> She is great with the patients.					

Technical/Clinical/Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Overall Employee Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/> Glenda is a very good CNA.					

Is there anything else you'd like to tell me that might help in forming an accurate appraisal of this candidate?	<hr/>					
Comments	<hr/>					

Reason for leaving?	<hr/>					
Comments	<hr/> She is looking for advancement.					

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Professional Reference

For: Glenda J. Patterson (11-859725)

Taken by: Andrea K Eisenhart

Date: 11/9/2011 3:38:19 PM

Reference Provided By:

Name:

Title: RN

Reference Known: From: 2010 To: 2011

Work Phone:

Company/Facility: Jefferson Rehabilitation & Health Center

Cell Phone:

Overall Rating: 5

Home Phone:

Form Status: Complete

Average Rating: 4.833

1. What was your relationship with the Candidate?

Supervisor Peer Subordinate HR Other

Comment:

I am a RN.

2. Will you please provide the following information?

Job Title

CNA- Rehab

Dates of Employment

From

8/1999

mm/yyyy

To current

mm/yyyy

Comment:

She has been here since 1999 and I have worked with her for the past 2 years.

Attendance

Acceptable Unacceptable

Comment:

Would you rehire?

Yes No Not able or willing to answer

If not, why?

Salary/Rate of Pay

3. Describe his/her job duties/responsibilities

Glenda is responsible for normal CNA duties for rehab patients. Her documentation is done by hand.

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Work Performance (Quality and quantity of work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	She is a good employee.					
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	She always goes above and beyond.					
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	She is very dependable.					
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments						
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments						

Ability to identify/solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to multi-task/meet deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	She gets along great with others.					
Attitude (Towards work and others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
-----------------------------------------------------------------------------	------------------------------	-------------------------------	-------------------------------	-------------------------------	------------------------	------------------

Patient Care Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Technical/Clinical/Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
-----------------------------------------------------------------------------	------------------------------	-------------------------------	-------------------------------	-------------------------------	------------------------	------------------

Overall Employee Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	Glenda is a very good CNA.					

Is there anything else you'd like to tell me that might help in forming an accurate appraisal of this candidate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Reason for leaving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	The facility is closing.					

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Professional Reference

For: Glenda J. Patterson (11-859725)

Taken by: Andrea K Eisenhart

Date: 1/23/2012 3:52:48 PM

Reference Provided By:
 Name:
 Title: RN Supervisor

Reference Known: From: 2005 To: 2011
 Company/Facility: Jefferson Rehabilitation & Health Center
 Overall Rating: 5
 Form Status: Complete

Work Phone:
 Cell Phone:
 Home Phone:
 Average Rating: 4.909

1. What was your relationship with the Candidate? Supervisor Peer Subordinate HR Other

Comment:
 I am a RN Supervisor.

2. Will you please provide the following information?

Job Title: CNA- LTC/Rehab
 Dates of Employment: From 8/1999 mm/yyyy To 11/2011 mm/yyyy

Comment:
 I worked with her from 8/1999-11/2011.

Attendance: Acceptable Unacceptable

Comment:

Would you rehire? Yes No Not able or willing to answer

If not, why?

Salary/Rate of Pay

3. Describe his/her job duties/responsibilities

Glenda was responsible for normal CNA duties for LTC and rehab patients. Her documentation was done by hand.

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Work Performance (Quality and quantity of work) Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Initiative Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Dependability Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Professionalism Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Communication Skills Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ability to identify/solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to multi-task/meet deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Attitude (Towards work and others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Patient Care Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Technical/Clinical/Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Overall Employee Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	Glenda was a great CNA.					

Is there anything else you'd like to tell me that might help in forming an accurate appraisal of this candidate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Reason for leaving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	The facility is closing.					

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Assignment Performance Evaluation - Version 2

For: Glenda J. Patterson (11-859725)

Appraisal Provided By
 Evaluator: _____
 Title: Director OF Nursing AT The Long Term Ca
 Evaluator Company: Trinity Hospitals
 Phone: (701) 857-2711

Assignment
 Job Order: 12-306837
 Assignment Discipline: MED-Nursing
 Assignment Position: CNA-General
 Assignment Specialty: CNA-GENERAL

Assignment Period (mm/dd/yyyy) : 01/30/2012 to 04/28/2012

Please rate the Aureus Medical employee using the scale provided.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Dependability <i>(Attendance and punctuality in accordance with expectations; follows directions and departmental procedures)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility <i>(Willingness to adapt to changes in workload, procedures, and schedule)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency <i>(Organized; prioritizes workload appropriately; performs quantity of work in accordance with expectations)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative <i>(Takes action to meet the needs of patients and the department. Ability to work competently with limited supervision)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication <i>(Establishes effective rapport with patients, family, co-workers and other departments to share information and foster a healing, caring environment)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Appearance <i>(Presents oneself in a professional manner in the areas of appearance, attire, grooming, and personal hygiene)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Care <i>(Delivers quality patient care with respect for patient rights, dignity and age specific needs; evaluates patient response and/or progress toward attainment of outcomes)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Ethics <i>(Conducts themselves with honesty, integrity, dignity and respect when dealing with patients and coworkers)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical and Technical Skills <i>(Demonstrates technical and clinical competence appropriate to credentials and level of experience; adheres to standards of care and facility policies and procedures relative to safety, emergency preparedness, and infection control policies)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Assessment & Analysis

(Collects pertinent data about the patient procedure, equipment, and work environment; analyzes information collected to adapt procedure to the patient as appropriate; consults other medical personnel as appropriate)

Comments

Problem-Solving Skills

(Uses sound, professional judgment in dealing with unexpected outcomes and resolving conflicts; consults available resources as appropriate)

Comments

Documentation

(Complete, accurate, timely, and in accordance with departmental policies and procedures)

Comments

Overall Employee Rating

Comments

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 858-5457
 Fax: (402) 895-7812

Assignment Performance Evaluation - Version 2

For: Glenda J. Patterson (11-859725)

Appraisal Provided By
 Evaluator: _____
 Title: Manager 3 South/tele
 Evaluator Company: Bluefield Regional Medical Center
 Phone: (304) 327-1365

Assignment
 Job Order: 12-312237
 Assignment Discipline: MED-Nursing
 Assignment Position: CNA-General
 Assignment Specialty: CNA-GENERAL

Assignment Period (mm/dd/yyyy) : 05/07/2012 to 01/19/2013

Please rate the Aureus Medical employee using the scale provided.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Dependability <i>(Attendance and punctuality in accordance with expectations; follows directions and departmental procedures)</i> Comments <u>Rearranged and came in many days when not scheduled</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Flexibility <i>(Willingness to adapt to changes in workload, procedures, and schedule)</i> Comments _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency <i>(Organized; prioritizes workload appropriately; performs quantity of work in accordance with expectations)</i> Comments _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative <i>(Takes action to meet the needs of patients and the department. Ability to work competently with limited supervision)</i> Comments _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication <i>(Establishes effective rapport with patients, family, co-workers and other departments to share information and foster a healing, caring environment)</i> Comments _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Professional Appearance <i>(Presents oneself in a professional manner in the areas of appearance, attire, grooming, and personal hygiene)</i> Comments _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Patient Care <i>(Delivers quality patient care with respect for patient rights, dignity and age specific needs; evaluates patient response and/or progress toward attainment of outcomes)</i> Comments <u>Many positive comments from patients about the care they received</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Ethics <i>(Conducts themselves with honesty, integrity, dignity and respect when dealing with patients and coworkers)</i> Comments _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Clinical and Technical Skills <i>(Demonstrates technical and clinical competence appropriate to credentials and level of experience; adheres to standards of care and facility policies and procedures relative to safety, emergency preparedness, and infection control policies)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Comments

Assessment & Analysis

☐ ☐ ☐ ☐ ☐ ☐ ☐

(Collects pertinent data about the patient procedure, equipment, and work environment; analyzes information collected to adapt procedure to the patient as appropriate; consults other medical personnel as appropriate)

Comments

Problem-Solving Skills

☐ ☐ ☐ ☐ ☐ ☐ ☐

(Uses sound, professional judgment in dealing with unexpected outcomes and resolving conflicts; consults available resources as appropriate)

Comments

Documentation

☐ ☐ ☐ ☐ ☐ ☐ ☐

(Complete, accurate, timely, and in accordance with departmental policies and procedures)

Comments

Overall Employee Rating

☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Assignment Performance Evaluation - Version 2

For: Glenda J. Patterson (11-859725)

Appraisal Provided By
 Evaluator: _____
 Title: Nurse Recruiter
 Evaluator Company: Trinity Hospitals
 Phone: (701) 857-5126

Assignment
 Job Order: 12-332809
 Assignment Discipline: MED-Nursing
 Assignment Position: CNA-General
 Assignment Specialty: RN-MEDICAL-SURGICAL

Assignment Period (mm/dd/yyyy): 01/28/2013 to 04/27/2013

Please rate the Aureus Medical employee using the scale provided.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Dependability <i>(Attendance and punctuality in accordance with expectations; follows directions and departmental procedures)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility <i>(Willingness to adapt to changes in workload, procedures, and schedule)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency <i>(Organized; prioritizes workload appropriately; performs quantity of work in accordance with expectations)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative <i>(Takes action to meet the needs of patients and the department. Ability to work competently with limited supervision)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication <i>(Establishes effective rapport with patients, family, co-workers and other departments to share information and foster a healing, caring environment)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Appearance <i>(Presents oneself in a professional manner in the areas of appearance, attire, grooming, and personal hygiene)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Care <i>(Delivers quality patient care with respect for patient rights, dignity and age specific needs; evaluates patient response and/or progress toward attainment of outcomes)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Ethics <i>(Conducts themselves with honesty, integrity, dignity and respect when dealing with patients and coworkers)</i> Comments: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical and Technical Skills <i>(Demonstrates technical and clinical competence appropriate to credentials and level of experience; adheres to standards of care and facility policies and procedures relative to safety, emergency preparedness, and infection control policies)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

CNA Details

Name:	GLEND A J PATTERSON
Registrant ID:	47619
Status:	Active
Initial Date:	01/20/2012
Expiration Date:	01/20/2014
Obtained by:	Endorsed from AL
Certification Action:	NONE

Search Date: 1/3/2013 3:12:45 PM

For more information contact the NA Registry at naregistry@nd.gov

600 E. Boulevard Ave., Dept. 301 Bismarck N.D., 58505-0200 Phone : 701.328.2353 Fax: 701.328.1890

Copyright © 2011 North Dakota Department of Health
Email: health@nd.gov

PEEL HERE

HEALTHCARE PROVIDER		HEALTHCARE PROVIDER	
Healthcare Provider			
Glenda Patterson		Training Center Name BREMSS	TC ID #
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.		TC Info BREMSS Birmingham, AL John Reed 205-834-2685, ext 3	TC Director
12/13/2011	12/2013	Course Location Rural Metro	Instructor Name Jaye Wilson
Issue Date	Recommended Renewal Date	Holder's Signature <i>Glenda Patterson</i>	Inst. ID #
<small>© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1802</small>			

Glenda Patterson

Peel the wallet card off the sheet and fold it over.

This card contains unique security features to protect against forgery.
 This card can be inserted into either a number 10 window or regular envelope.
 If using a number 10 regular envelope, peel off the address label and apply it to the outside of the envelope.

STATE OF WEST VIRGINIA DEPARTMENT OF ADMINISTRATION
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

SOLICITATION NO. HOP13122
HOPEMONT HOSPITAL
COST PROPOSAL, Due Date 4.25.13

CLENT REFERENCE LETTER

REF: SOLICITATION HOP13122



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Earl Ray Tomblin
Governor

Bureau for Behavioral Health & Health Facilities
MILDRED MITCHELL – BATEMAN HOSPITAL
1530 Norway Avenue
Huntington, WV 25705
Telephone: (304) 525-7801 Fax: (304) 528-5958

Rocco S. Fucillo
Cabinet Secretary

MEMORANDUM

FROM: Patricia Hamilton, RN-BC
Director of Nursing

SUBJECT: AUREUS Medical Group

DATE: November 7, 2012

Mildred Mitchell-Bateman Hospital has had the pleasure of working with Aureus Medical Group in providing RN and LPN contract nurses. We have established a very good rapport with Richard Kousgard, Account Manager for the Nursing Division. To date, our facility has 16 RNs and 14 LPNs on staff from Aureus.

Aureus Medical Group has provided our facility with professional and quality nursing staff. Aureus staff promptly addresses and resolves any issue that may arise.

Furthermore, Aureus Medical Group has always been quick to respond to our individual needs, has promptly forwarded necessary paperwork, and has had no incidents with our Human Resource Department. Richard Kousgard has visited our site twice to meet our staff.

Overall, our facility has had a good working relationship with Aureus Medical Group and staff.

PH/tme

Victoria L. Jones
Chief Executive Officer

Pat Franz
Assistant Chief Executive Officer

Shahid Masood, MD
Clinical Director



April 23, 2013

Roxanne Standard, Aureus Director, Medical Operations/QA
Hopemont Hospital
Route 3, Box 330
Terra Alta, WV 26764

Dear Roxanne Standard

The following candidate is being proposed for Hopemont Hospital for a contract position.

APPLICANT PROFILE

NAME:	Tina M. Miller
POSITION:	CNA (Marketing Only)
SPECIALTY AREAS:	Long Term Care and MedSurg
CERTIFICATIONS:	CNA (Certified Nurse Assistant) - North Carolina - 5/1/2010, CNA (Certified Nurse Assistant) - Hawaii - 3/1/2014, CPR/BLS (Basic Life Support) - 5/1/2014, CNA (Certified Nurse Assistant) - Georgia - 12/1/2013, CNA (Certified Nurse Assistant) - North Dakota - 2/1/2014, CNA (Certified Nurse Assistant) - Massachusetts - 12/1/2013 West Virginia upon job offer.
STATE LICENSURE STATUS:	CNA since 2002
EXPERIENCE:	Experience in LTC and MedSurg environments, well traveled, adapts quickly to new environments.
PROFESSIONAL HIGHLIGHTS:	Flexible; prefers day shift.
PREFERRED SHIFTS:	ASAP
AVAILABLE TO START:	Phone number available upon interest.
CANDIDATE CONTACT INFO:	

MINIMUMS: Aureus Medical Group will charge the applicable rate with the following minimums: 36 hours per week - 12 hour shifts
40 hours per week - 8 or 10 hour shifts

The referred candidate(s) and information are being supplied in complete confidence. The terms of this letter supplement those set forth in our Client Agreement. Acceptance of these terms is evidenced upon your receipt of a candidate's resume or your interview of a candidate presented through our firm.

I am confident you will find Tina M. Miller to meet your requirements, and I am looking forward to scheduling an interview!

Sincerely,

Richard A. Kousgaard
Account Manager
(800) 856-5457 Ext.2248
RKousgaard@aureusmedical.com

Enclosures: Candidate Qualifying Documents

Note: Certifications and Licensure represented will be verified by Aureus Nursing, LLC with the "primary source" prior to the start date of a contract assignment. "Primary source" is the original source of a specific credential (e.g., state boards, certifying associations). The candidate resume may contain information furnished by the candidate that has not been verified.



Aureus Nursing, LLC
2425 South 171st Street
Omaha, NE 68130
1.800.856.0375
Ph: 402.938.2050
Fax: 402.895.7812

Tina Miller

Total Cumulative Experience: 10 years

Work Experience:
04/2012 – Present

Bluefield Regional Medical Center, Bluefield, WV
CNA, Tele/Med-Surg (Aureus travel assignment)

- **Unit Size:** 28-Bed Unit
- **Client Population:** 120-Bed Community Hospital
- **Duties:** Floated to any unit as needed. CNA duties for vitals and feedings, helping with transport of patients, etc.

01/2012 – 04/2012

Trinity Hospital, Minot, ND
CNA, Float (Aureus travel assignment)

- **Client Population:** 292-Bed LTC Hospital
- **Duties:** Largest Long Term Care Facility in the state. Floats between all wings. Bathes, dressing changes, get patient's up and around for the day/transporting patients.

09/2011 – 01/2012

Marietta Specialty Care, Marietta, GA
CNA

- **Client Population:** 200 Residents
- **Duties:** Patients include rehab - total shoulders, hips, knees, backs, geriatrics, Alzheimer's and general CNA care. Assist patients with ADL's. Observe patients' conditions and report back to the nurse. Work duties may include, but are not limited to, taking vital signs, moving patient and assisting with some medical procedures. Also monitor food and liquid input and output.

02/2011 – 10/2011

Synergy Home Health Care, Alpharetta, GA
CNA

- **Duties:** Care for a variety of Patients, mostly Geriatric Patients. Help with bathing, feeding and day-to-day activities.

05/2010 – 02/2011

Terrace at Riverstone, Canton, GA
CNA

- **Unit Size:** 1:12-15 Patient Ratio
- **Client Population:** 80-Bed Hospital
- **Duties:** Assisted living facility, mostly Alzheimer's Patients.

01/2009 – 12/2010

Carolina Living, Hendersonville, NC
CNA

- **Duties:** Cared mainly for Psych patients. Administered medications as prescribed by the resident's physician and documented the administration, the medication effectiveness and any noted adverse actions or side effects of the medications in accordance with the established policies. Accurately recorded the administration of medications for residents. Monitored medications to ensure adequate accountability measures were taken when medications were ordered and received into the facility. Routinely inspected, cleaned and monitored equipment and supplies.

01/2005 – 01/2009

Carepartners, Hendersonville, NC
CNA

- **Duties:** Provided Home Management and Personal care. Assisted clients with ADL's and assisted with performing range of motion exercises. Hospice. Provided emotional support and actively listened to the client. High quality Care.

01/2002 – 01/2005

Trans Home Health, Brevard, NC
CNA

- **Duties:** Provided Home Management and Personal care. Assisted clients with ADL's and assisted with performing range of motion exercises. Hospice. Provided emotional support and actively listened to the client. High quality Care.

Education:
09/2002

Blueridge Community College, Hendersonville, NC
Certificate in Nursing Assistant Studies

Certifications:

CPR/BLS
CNA

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

CNA (Certified Nursing Assistant) Skills CheckList

Summary of Experience

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Patient Care Skills	0	1	2	3	4
Cardiac	0	0	0	■	0
Computerized Charting Systems	0	0	0	0	■
Gastrointestinal	0	0	0	■	0
General Patient Care	0	0	0	0	■
Genitourinary	0	0	■	0	0
Orthopedic	0	0	0	0	■
Respiratory	0	0	0	■	0
Specialty Care	0	0	0	■	0
Urology	0	■	0	0	0
Vascular	0	0	■	0	0

General Patient Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Routine Care	0	1	2	3	4
Admission of Patient / Paperwork	0	0	■	0	0
AM & PM Care	0	0	0	0	■
Ambulation Assistance	0	0	0	0	■
Back & Skin Care	0	0	0	0	■
Bathing / Shower Assistance	0	0	0	0	■
Bed Bath / Total Assist	0	0	0	0	■
Bed Side Rails Positioning	0	0	0	0	■
Charting Documentation	0	0	0	0	■
Discharge Patient / Paperwork	0	0	■	0	0
Equipment Cleaning	0	0	0	■	0
Exercise/ROM	0	0	0	■	0
Feeding	0	0	0	0	■
Hair Care	0	0	0	0	■
Handwashing - Correct technique	0	0	0	0	■
Nutrition / Menu Selections	0	0	0	0	■
Oral Hygiene	0	0	0	0	■
Perineal Care	0	0	0	0	■
Positioning / Turning	0	0	0	0	■
Reporting to Supervisor	0	0	0	0	■
Toileting Activities	0	0	0	0	■
Transfer/ Transport patient	0	0	0	0	■
Vital Signs – TPR, BP & Monitoring	0	0	0	0	■
Weigh Patient / Stationary or Bed Scale	0	0	0	0	■
Specialized Care	0	1	2	3	4
Aqua-K pads	■	0	0	0	0
Bedsore Care	0	0	0	0	■
Blood Glucose Monitoring	0	0	0	0	■

General Patient Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Specialized Care	0	1	2	3	4
Cold compresses	0	0	0	■	0
Colostomy care	0	0	0	0	■
Dressing Changes – Non-Sterile	0	0	0	0	■
Enema	■	0	0	0	0
Fluid Restrictions	0	0	0	0	■
Foley catheter	0	0	0	0	■
Intake / Output Monitoring & Calculation	0	0	0	0	■
Post-Anesthesia Care	0	0	■	0	0
Pre-Operative Care / Preparation	0	0	0	■	0
Pulse Oximetry	0	0	0	0	■
Restraint Application / Monitoring	0	0	0	0	■
Sharps Disposal	0	0	0	0	■
Shave patient	0	0	0	0	■
Sitz bath	0	0	0	0	■
Special mattresses	0	0	0	0	■
Specimen collection (urine, stool, sputum)	0	0	0	0	■
Supplies- Restocking	0	0	0	0	■
TED hose	0	0	0	0	■
Urine Dipstick	0	0	0	0	■
Wound Care	0	0	0	0	■
Knowledge Of	0	1	2	3	4
Advance Directives	0	0	0	0	■
Isolation Techniques	0	0	0	0	■
Postmortem Care	0	0	0	0	■
Universal precautions	0	0	0	0	■

Cardiac

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assist Care of Patient with	0	1	2	3	4
12-lead EKG	0	0	0	■	0
Acute MI	0	■	0	0	0
Aneurysm	0	■	0	0	0
Cardiac Monitor	0	0	0	0	■
Congestive Heart Failure	0	0	0	0	■
Permanent Pacemaker	0	0	0	■	0
Pre / Post Cardiac Cath	0	■	0	0	0
Pre / Post Cardiac Surgery	0	■	0	0	0
Temporary Pacemaker	■	0	0	0	0
Assist with	0	1	2	3	4
Code	0	0	■	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:40PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

CNA (Certified Nursing Assistant) Skills Checklist

Orthopedic

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assist Care of Patient with	0	1	2	3	4
Amputation	0	0	0	0	■
Arthroscopy / Arthrotomy	0	0	■	0	0
Cast Care	0	0	0	0	■
Crutch Walking	0	0	0	0	■
Skeletal Traction	■	0	0	0	0
Total Hip Replacement	0	0	0	0	■
Total Knee Replacement	0	0	0	0	■
Traction	■	0	0	0	0

Genitourinary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assist Care of Patient with	0	1	2	3	4
Hysterectomy	0	0	0	■	0
Mastectomy	0	0	0	■	0
Nephrectomy	0	■	0	0	0
Prostate surgery	0	0	0	■	0
Renal Failure Oncology	0	0	0	■	0
Renal Transplant	■	0	0	0	0
Shunts & Fistulas Burns	0	0	0	■	0
Perform	0	1	2	3	4
Clean Catch Urine	0	0	0	0	■
Straight / Foley Cath - Female	■	0	0	0	0
Straight / Foley Cath - Male	■	0	0	0	0

Vascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Apply Antiembolism Stockings	0	0	0	0	■
Apply Noninvasive BP Monitor	0	0	0	0	■
Discontinue Peripheral IVs	0	0	0	0	■
Draw Blood for Lab Studies	■	0	0	0	0
Monitor Noninvasive BP Monitor	0	0	0	0	■
Monitoring Peripheral Pulses	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
DVT	■	0	0	0	0
Ultrasonic Doppler	■	0	0	0	0
Vascular Surgery	0	■	0	0	0

Respiratory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with Extubation	■	0	0	0	0

Respiratory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with Incentive Spirometry	■	0	0	0	0
Assist with Intubation (ETT)	■	0	0	0	0
Open / Monitor Airway	■	0	0	0	0
Perform O2 Saturation Spot Checks	0	0	■	0	0
Assist Care of Patient with	0	1	2	3	4
Asthma / COPD	0	0	0	0	■
Chest Tubes	0	0	0	0	■
Face Mask	0	0	0	0	■
Nasal Cannula	0	0	0	0	■
O2 Saturation Monitor	0	0	0	0	■
Tracheostomy	0	0	0	0	■

Neurology

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with conducting Glasgow Coma Scale	■	0	0	0	0
Assist with Lumbar Puncture	■	0	0	0	0
Neurological Evaluation	■	0	0	0	0
Seizure Precautions	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
Craniotomy	■	0	0	0	0
CVA	■	0	0	0	0
Drug Overdose / DTs	0	0	■	0	0
Open / Closed Head Injury	0	0	■	0	0
Spinal Cord Injury	0	0	0	0	■

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Procedures	0	1	2	3	4
Assist with Feedings	0	0	0	0	■
Assist with Nutritional Evaluation	0	0	■	0	0
Gastrostomy Tube Monitor / Feed	0	0	0	■	0
Monitor NG Tube	0	0	0	■	0
Ostomy Care	0	0	0	0	■
Assist Care of Patient with	0	1	2	3	4
Drains	0	0	0	0	■
GI Bleed	0	0	■	0	0

Specialty Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Areas	0	1	2	3	4
AIDS	0	0	0	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:40PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

CNA (Certified Nursing Assistant) Skills CheckList

Specialty Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Areas	0	1	2	3	4
Bone Marrow Transplant	■	0	0	0	0
Burns	0	0	■	0	0
Diabetes	0	0	0	0	■
Liver Transplant	0	■	0	0	0
Multiple Trauma	0	■	0	0	0
Oncology	0	0	■	0	0

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
1-Newborn/Neonate (birth - 30 days)	0	0	0	■	0
2-Infant (30 days - 1 year)	0	0	0	■	0
3-Toddler (1 - 3 years)	0	0	■	0	0
4-Preschooler (3 - 5 years)	0	0	■	0	0
5-School age children (5 - 12 years)	0	0	■	0	0
6-Adolescents (12 - 18 years)	0	0	■	0	0
7-Young adults (18 - 39 years)	0	0	0	0	■
8-Middle adults (39 - 64 years)	0	0	0	0	■
9-Older adults (64+)	0	0	0	0	■

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Current National Patient Safety Goals	0	■
Official "Do Not Use" List of Abbreviations	0	■
Universal Protocol for Preventing Errors	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:40PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Long-term Care Skills CheckList

Clinical Experience Summary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Clinical Area	0	1	2	3	4
Alzheimers Care	0	0	0	0	■
Chronic Illness Care	0	0	0	0	■
Gerontology	0	0	0	0	■
Home Health Care	0	0	0	0	■
Hospice	0	0	0	0	■
Medical-Surgical	0	0	0	0	■
Ostomy Care	0	0	0	0	■
Pain Management	0	0	0	0	■
Pediatric Rehab	■	0	0	0	0
Post-Acute Care	0	0	0	■	0
Psychiatric Care	0	0	0	■	0
Rehabilitation	0	0	0	0	■
Skilled Care	0	0	0	0	■
Other	0	1	2	3	4
Automated Medication Dispensing Systems (e.g. Pyxis, Omnicell)	0	■	0	0	0
Charge Role	■	0	0	0	0
Computerized Charting Systems	0	0	0	0	■

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0	1	2	3	4
Assessment of Peripheral Pulses	0	0	0	0	■
Basic & Life-Threatening Dysrhythmias	0	0	■	0	0
Cardiopulmonary Resuscitation (CPR)	0	0	0	0	■
Care of Resident with Internal Pacemaker	0	0	0	0	■
Heimlich Maneuver	0	0	0	0	■
Pacemaker Check: Telecommunication	0	■	0	0	0
Administration of Antiarrhythmics	0	1	2	3	4
Intramuscular	■	0	0	0	0
Intravenous	■	0	0	0	0
Oral	■	0	0	0	0
Administration of Antihypertensives	0	1	2	3	4
Intravenous	■	0	0	0	0
Oral	■	0	0	0	0
Administration of Nitrates	0	1	2	3	4
Oral	■	0	0	0	0
Topical	■	0	0	0	0
Cardiac Rehabilitation	0	1	2	3	4
Blood Pressure & Stress Management Counseling	■	0	0	0	0

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Cardiac Rehabilitation	0	1	2	3	4
Diabetes Counseling	■	0	0	0	0
Initial Patient Assessment – Medical History, EKG, etc.	■	0	0	0	0
Medication Counseling	■	0	0	0	0
Nutritional Counseling	■	0	0	0	0
Weight Management, Physical Activity Counseling	■	0	0	0	0

Dermatology

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Common Skin Problems in Elderly	0	0	0	0	■
Recognizing Skin Changes of Elderly	0	0	0	0	■
Prevention and Treatment of Dermal Ulcers	0	1	2	3	4
External Causes-Pressure, Friction	0	0	0	0	■
Internal Causes (i.e., Poor Nutrition)	0	0	0	0	■
Use of Special Pressure Relief Devices	0	1	2	3	4
Air Fluidized Bed	0	0	0	0	■
Low Airloss Beds	0	0	0	0	■
Pressure Relief Mattress/Cushion	0	0	0	0	■
Wound Care	0	1	2	3	4
Dressing Changes	0	■	0	0	0
Irrigations	0	■	0	0	0

Endocrine

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Blood Glucose Monitoring	0	1	2	3	4
Blood Glucose Meter Device	0	0	0	0	■
Performing Fingersticks	0	0	0	0	■
Use of Visual Blood Glucose Strips	0	0	0	0	■
Insulin Administration	0	1	2	3	4
Mixed Insulins	0	0	0	■	0
Single Type	0	0	0	■	0

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0	1	2	3	4
Collection of: Urine Specimens	0	0	0	0	■
Collection of: Vaginal Cultures	■	0	0	0	0
Removal of Pessary	■	0	0	0	0
Administration of Tube Feedings	0	1	2	3	4
Feeding Pump	0	0	0	■	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:45PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Long-term Care Skills CheckList

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Administration of Tube Feedings	0 1 2 3 4
Gravity Infusion	■ 0 0 0 0
Care of Resident with	0 1 2 3 4
A-V Shunt/Fistula Care	■ 0 0 0 0
Dialysis Treatments	■ 0 0 0 0
Nephrostomy Tube	■ 0 0 0 0
Urinary Diversion - Ileal Conduit	■ 0 0 0 0
Management of	0 1 2 3 4
Cecostomy Tubes	■ 0 0 0 0
Gastrostomy Tubes	■ 0 0 0 0
Jejunostomy Tubes	■ 0 0 0 0
Nasogastric Tube Insertion & Care	0 1 2 3 4
Dobhoff	■ 0 0 0 0
Levin	■ 0 0 0 0
Salem Sump	■ 0 0 0 0

Infection Control

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Aseptic Technique	0 0 0 ■ 0
Enteric Precautions	0 0 0 ■ 0
Genitourinary Precautions	0 0 0 ■ 0
Hazardous Waste/Sharps Disposal	0 0 0 0 ■
Respiratory Precautions	0 0 0 0 ■
Universal Precautions	0 0 0 0 ■

Medication Administration

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Controlled Substance Administration	■ 0 0 0 0
Controlled Substance Count & Security	■ 0 0 0 0
IV Additives	■ 0 0 0 0
IV Antibiotics	■ 0 0 0 0
Syringe Count	■ 0 0 0 0
Unit Dose	■ 0 0 0 0
Medications	0 1 2 3 4
Ophthalmic	■ 0 0 0 0
Optic	0 ■ 0 0 0
Rectal	■ 0 0 0 0
Topical	0 0 0 0 ■
Vaginal	0 0 0 0 ■

IV Therapy

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Discontinuing Peripheral IV's	0 0 0 0 ■
Inserting IV's	■ 0 0 0 0
Mixing IV's	■ 0 0 0 0
Regulating IV's	■ 0 0 0 0

Musculoskeletal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Application of Orthotic Devices	0 0 0 0 ■
Application of Prosthetic Devices	0 0 0 0 ■
Cast Care	0 0 0 0 ■
Circulation Checks	0 0 0 0 ■
Gait Retraining	0 0 ■ 0 0
Range of Motion Exercises	0 0 0 0 ■
Transfer Techniques	0 0 0 0 ■
Use of Assistive Devices -Walker,QuadCane	0 0 0 0 ■
Use of Hoyer Lift	0 0 0 0 ■

Care of Resident with

	0 1 2 3 4
Amputation	0 0 0 0 ■
Arthritic/Rheumatic Disease	0 0 0 0 ■
Neuromuscular Disease	0 ■ 0 0 0
Total Joint Replacement	0 0 0 0 ■

Neurological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Administration of: Anticonvulsants	■ 0 0 0 0
Assessing Levels of Consciousness	0 0 0 ■ 0
Care of Resident with a Stroke	0 0 0 0 ■
Reality Orientation	0 0 0 ■ 0
Seizure Precautions	0 0 0 ■ 0
Suicide Precautions	0 0 0 ■ 0
Use of Restraints	0 0 ■ 0 0
Care of Resident with Behaviors of	0 1 2 3 4
Agitation	0 0 0 0 ■
Anxiousness	0 0 0 0 ■
Combativeness	0 0 0 0 ■
Hallucinations-Auditory,Olfactory,Visual	0 0 0 0 ■
Suicidal Ideations	0 0 0 0 ■
Wandering	0 0 0 0 ■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:45PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L. Neneman

Aureus Medical

Long-term Care Skills CheckList

Ostomy Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Conduct patient assessments, make recommendations, care of:	0 1 2 3 4
Goals of rehabilitation (e.g., considering prognosis)	0 0 0 0 ■
Peristomal skin complications	0 0 0 0 ■
Pouching and/or containment strategies	■ 0 0 0 0
Stomal complications	■ 0 0 0 0
Urinary/fecal diversion postop complications	0 0 ■ 0 0

Customize teaching based on age, knowledge level, culture, etc.

Bowel dysfunction-e.g., diverticular disease, bowel disease, incontinence	0 0 0 0 ■
Gastrointestinal and genitourinary cancers	0 0 ■ 0 0
Genetic and congenital diseases-e.g., polyposis, imperforate anus, spina bifida	0 ■ 0 0 0
Necrotizing enterocolitis	■ 0 0 0 0
Strategies to minimize odor	0 0 0 0 ■
Urinary dysfunction -e.g., cystitis, incontinence, neurogenic bladder	0 0 0 0 ■

Colostomy

Identify appropriate candidates for irrigation	0 1 2 3 4
Identify plan of care based on type of colostomy	■ 0 0 0 0
Instruct patient in dietary modifications to prevent constipation / reduce gas	0 0 0 ■ 0
Prepare patient for reanastomosis and takedown	■ 0 0 0 0
Teach irrigation techniques	■ 0 0 0 0
Teach management of retained distal segment of bowel	■ 0 0 0 0

Ileostomy

Patient teaching to prevent blockage, correction of fluid/electrolyte imbalances	0 1 2 3 4
Prepare patient for reanastomosis and takedown	■ 0 0 0 0
Recommend and/or perform ileostomy lavage	■ 0 0 0 0
Teach management of retained distal segment of bowel	■ 0 0 0 0

Urostomy

Instruct patients in mucus & fluid management, nighttime control	0 1 2 3 4
Manage stents	0 0 ■ 0 0
Obtain urine specimens	■ 0 0 0 0
	0 0 0 0 ■

Ostomy Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Urostomy

Teach patients signs and symptoms of urinary tract infections	0 1 2 3 4
	0 0 0 0 ■

Patient Teaching for:

Abcess	0 1 2 3 4
Continent Cutaneous Fecal Diversions	0 0 0 0 ■
Continent Urinary Diversions	■ 0 0 0 0
Fistulas	■ 0 0 0 0
Ileal Pouch Anal Anastomosis (IPAA)	■ 0 0 0 0
Orthotopic Neobladder	■ 0 0 0 0
Percutaneous Tubes and Drains	0 0 ■ 0 0

Percutaneous Tubes and Drains

Assess and manage patency and placement	0 1 2 3 4
Initiate measures to prevent tube migration	■ 0 0 0 0
Manage dislodgment	■ 0 0 0 0
Perform chemical cauterization	■ 0 0 0 0
Prevention & management of peritubular skin breakdown	■ 0 0 0 0
Recommend stabilization method	■ 0 0 0 0
Replace a gastrostomy tube in an established tract	■ 0 0 0 0

Continance Care

Assess normal micturition and defecation and age-related changes	0 1 2 3 4
Assess sexual/reproductive function-e.g., obstetric, menopause, sexual habits	0 0 0 0 ■
Identify type of bowel dysfunction-e.g., infection, rectocele, obstruction	■ 0 0 0 0
Identify urinary dysfunction-e.g., infection, prolapse, prostate, fistula	■ 0 0 0 0
Perform Physical Examinations including urogenital, pelvic, rectal exams)	■ 0 0 0 0
Review & interpret patient bladder/bowel diaries	■ 0 0 0 0

Diagnostic Testing: Prep & Teaching:

EMG studies	0 1 2 3 4
Endoscopic procedures (including cystoscopy)	■ 0 0 0 0
Pad testing	■ 0 0 0 0
Post-void residual urine measurement (by catheter or bladder scan)	■ 0 0 0 0
Provoked stress maneuver (cough test)	■ 0 0 0 0
Q-tip test	■ 0 0 0 0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:45PM Printed by: Richard A Kousgaard, Account Manager
 Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Long-term Care Skills CheckList

Ostomy Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Diagnostic Testing: Prep & Teaching: 0 1 2 3 4

- Radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound) ■ 0 0 0 0
- Urine studies ■ 0 0 0 0
- Urodynamics (e.g. cystometrogram, uroflowmetry) ■ 0 0 0 0

Urinary Incontinence- Patient Teaching 0 1 2 3 4

- Bladder and bowel training program 0 0 0 0 ■
- Dietary and fluid management (including bladder irritants) 0 0 0 0 ■
- Emptying maneuvers 0 0 0 0 ■
- Skin care - topical treatment for prevention 0 0 0 0 ■

Teach and/or perform the following management techniques: 0 1 2 3 4

- Biofeedback ■ 0 0 0 0
- Catheterization-e.g., clean intermittent, indwelling ■ 0 0 0 0
- Electrical stimulation ■ 0 0 0 0
- Environmental modifications (e.g., bedside commode, urinal, clothing) ■ 0 0 0 0
- Pelvic muscle exercises ■ 0 0 0 0
- Pessaries ■ 0 0 0 0
- The "knack" contraction method ■ 0 0 0 0
- Toileting programs (e.g., scheduled toileting, prompted voiding) 0 0 0 0 ■
- Urge suppression techniques (e.g., quick flicks) ■ 0 0 0 0
- Vaginal weights ■ 0 0 0 0

Bowel Dysfunctions – Patient Teaching 0 1 2 3 4

- Bowel cleansing ■ 0 0 0 0
- Containment devices/pouches ■ 0 0 0 0
- Lifestyle modifications (e.g., diet, fluids, exercise) ■ 0 0 0 0
- Pelvic muscle exercises ■ 0 0 0 0
- Pharmacologic management of bowel dysfunction ■ 0 0 0 0
- Prevention strategies to maintain optimal bowel function ■ 0 0 0 0
- Sensory motor re-education (including biofeedback) ■ 0 0 0 0
- Skin protection 0 0 0 0 ■

Pain Management

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures 0 1 2 3 4

- Assess physical/psychological strengths/weaknesses of the patient/resident 0 0 0 0 ■
- Care of patient/resident w/Opioid withdrawal ■ 0 0 0 0
- Conduct pain assessments ■ 0 0 0 0
- Identify & document Pain Management interventions & results ■ 0 0 0 0
- Implement non-invasive Pain Management interventions 0 0 ■ 0 0
- Patient & Family counseling ■ 0 0 0 0
- Patient referrals to Pain Management program as needed ■ 0 0 0 0

Monitor care, side effects & tolerance 0 1 2 3 4

- Adjuvant side effects(CNS effects, renal, liver) ■ 0 0 0 0
- Non-Opioid side effects (GI upset or bleed, renal, liver, delerium) ■ 0 0 0 0
- Opioid side effects-pruritis, dermatitis, constipation, respiratory depression ■ 0 0 0 0

Psychological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures 0 1 2 3 4

- Behavior Therapy-e.g., self-awareness, modification, delusion mgmt 0 0 0 ■ 0
- Communication Enhancement (relationship-building, socialization) 0 0 0 ■ 0
- Coping Assistance-e.g., body image, fear, anxiety, grief, self-esteem 0 0 0 ■ 0
- Family Counseling 0 0 ■ 0 0

Respiratory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures 0 1 2 3 4

- Care of the Resident w/ Tracheostomy 0 0 0 0 ■
- Chest Physiotherapy 0 ■ 0 0 0
- Collection of Sputum Specimens 0 0 0 0 ■
- Incentive Spirometry ■ 0 0 0 0
- Inserting an Oral Airway ■ 0 0 0 0
- Intermittent Positive Pressure Breathing Treatment ■ 0 0 0 0
- Oxygen Delivery Devices 0 0 0 0 ■

Suctioning 0 1 2 3 4

- Nasotracheal ■ 0 0 0 0
- Oropharyngeal ■ 0 0 0 0
- Tracheal 0 0 0 0 ■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:45PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Long-term Care Skills Checklist

Sensory

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

General Procedures	0 1 2 3 4
Application of Hearing Aid Devices	0 0 0 0 ■
Care of	0 1 2 3 4
Contact Lens	0 0 0 0 ■
Dentures	0 0 0 0 ■
Prosthetic Eyes	0 0 ■ 0 0
Care of Resident with	0 1 2 3 4
Blindness	0 0 0 0 ■
Cataracts	0 0 0 0 ■
Hearing Loss	0 0 0 0 ■
Macular Degeneration	0 0 0 0 ■

Wound Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0 1 2 3 4
Differential Assessment for etiologic factors	■ 0 0 0 0
Initial - diversity, age, medications	0 0 0 ■ 0
Nutrition	0 0 0 ■ 0
Pain	0 0 0 ■ 0
Patient goals & factors affecting care	■ 0 0 0 0
Phase of wound healing	0 ■ 0 0 0
Wound characteristics	0 ■ 0 0 0
Patient / Caregiver Teaching	0 1 2 3 4
Care and prevention strategies (e.g., trauma, foot care)	0 0 ■ 0 0
Control of risk factors	0 0 ■ 0 0
Lifestyle changes to maximize perfusion	0 0 ■ 0 0
Patient referral for orthotics and shoes	0 0 ■ 0 0
Pharmacologic measures to maximize perfusion	0 0 ■ 0 0
Dressing Selection & Dressing Changes	0 1 2 3 4
Bacteria	0 ■ 0 0 0
Containment	0 ■ 0 0 0
Moisture	0 ■ 0 0 0
Odor Control	0 ■ 0 0 0
Wound Debridement Experience	0 1 2 3 4
Autolytic	■ 0 0 0 0
Chemical cauterization	■ 0 0 0 0
Enzymatic (i.e., chemical)	■ 0 0 0 0
Mechanical	■ 0 0 0 0
Sharp instrument	■ 0 0 0 0

Wound Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Wound Management	0 1 2 3 4
Application of Topical Agents for periwound skin protection	0 0 0 0 ■
Cleaning with prescribed solutions	0 0 0 0 ■
Growth Factor treatment	0 ■ 0 0 0
Hydrotherapy, Pulsed Lavage	■ 0 0 0 0
Hyperbaric oxygenation administration	■ 0 0 0 0
Identify indications for wound culture	■ 0 0 0 0
Initiate pain control measures	■ 0 0 0 0
Negative Pressure therapy	■ 0 0 0 0
Precautions to minimize risk of infection	■ 0 0 0 0
Techniques to control edema	■ 0 0 0 0
Use of bioengineered tissue products	■ 0 0 0 0
Wound culture via non-invasive techniques (e.g., swab, aspirate)	■ 0 0 0 0
Make recommendations for Topical Therapy	0 1 2 3 4
Atypical wounds	■ 0 0 0 0
Autoimmune wounds	■ 0 0 0 0
Neoplastic wounds	■ 0 0 0 0
Surgical wounds	■ 0 0 0 0
Traumatic wounds	■ 0 0 0 0
Make recommendations for treatment of skin damage in:	0 1 2 3 4
Allergic reactions	■ 0 0 0 0
Bacterial and Fungal Skin Infections	■ 0 0 0 0
Chemical trauma	■ 0 0 0 0
Mechanical trauma	■ 0 0 0 0
Thermal injury (E.G., Radiation)	■ 0 0 0 0
Make recommendations to manage systemic factors:	0 1 2 3 4
Glucose control	0 ■ 0 0 0
Immunosuppression	■ 0 0 0 0
Nutrition	0 ■ 0 0 0
Perfusion	■ 0 0 0 0
Pressure Ulcers	0 1 2 3 4
Initiate measures for control of shear and friction	0 0 0 0 ■
Initiate plan for control of incontinence	0 0 0 0 ■
Recommend measures to promote mobility	0 0 0 0 ■
Risk assessment	0 0 0 0 ■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:45PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Long-term Care Skills CheckList

Wound Care

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Pressure Ulcers	0	1	2	3	4
Stage pressure ulcers	0	■	0	0	0
Turning and repositioning	0	0	0	0	■
Use of support surfaces (e.g., mattresses, overlays, seating devices)	■	0	0	0	0
Lower Extremity Ulcers	0	1	2	3	4
Ankle-brachial index (ABI)	■	0	0	0	0
Arterial insufficiency	■	0	0	0	0
Assess and differentiate types	■	0	0	0	0
Bandages (wraps)	0	0	■	0	0
Capillary refill	■	0	0	0	0
Dermatitis	0	0	■	0	0
Dynamic compression therapy (e.g., pumps)	■	0	0	0	0
Edema	0	0	■	0	0
Foot Deformity (e.g., Charcot changes, hammer toes)	0	0	■	0	0
Monitor for infection	0	0	0	■	0
Pulses	0	0	0	■	0
Risk assessment	0	0	0	■	0
Sensorimotor status - monofilament, range of motion	■	0	0	0	0
Skin & Toes assessment	0	0	0	■	0
Static compression therapy	■	0	0	0	0
Therapeutic support stockings	0	0	0	■	0
Toe pressure	■	0	0	0	0
Transcutaneous oxygen pressure (TcPO2)	■	0	0	0	0
Venous insufficiency	■	0	0	0	0

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
1-Adolescents (12 - 18 years)	0	0	■	0	0
2-Young adults (18 - 39 years)	0	0	0	■	0
3-Middle adults (39 - 64 years)	0	0	0	0	■
4-Older adults (64+)	0	0	0	0	■

Medical Software Systems

0-No Experience 1-Limited 2-Intermediate 3-Proficient

Medical Software Systems	0	1	2	3
AllScripts	■	0	0	0
Baxter-SureMed	■	0	0	0
CarePoint - Guardian Rx	■	0	0	0
Cerner	■	0	0	0
CHCS	■	0	0	0

Medical Software Systems

0-No Experience 1-Limited 2-Intermediate 3-Proficient

Medical Software Systems	0	1	2	3
CPSI	■	0	0	0
Eclipsys	■	0	0	0
EPIC	■	0	0	0
GE-Centricity	■	0	0	0
Healthland	■	0	0	0
HMS	0	0	■	0
Keane	■	0	0	0
McKesson	0	0	■	0
MedAssets	0	0	■	0
Meditech	0	0	■	0
Mediware-Worx	■	0	0	0
Misys	■	0	0	0
NurseVue Sensor Monitoring System	■	0	0	0
OmniCell	■	0	0	0
OPUS	■	0	0	0
Other Computerized System(s) not Listed Here	■	0	0	0
PDX	■	0	0	0
Pyxis	0	0	■	0
QuadraMed	■	0	0	0
Siemens-Novius	■	0	0	0

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Current National Patient Safety Goals	0	■
Official "Do Not Use" List of Abbreviations	0	■
Universal Protocol for Preventing Errors	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:45PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L. Neneman

Aureus Medical

Medical-Surgical Skills CheckList

Clinical Experience Summary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Clinical Area	0	1	2	3	4
Cardiac	0	0	0	■	0
Neurology	0	0	■	0	0
OB/GYN	0	■	0	0	0
Oncology	0	■	0	0	0
Orthopedics	0	0	0	■	0
Pediatrics	0	0	0	■	0
Psychiatry	0	0	0	■	0
Rehabilitation	0	0	0	0	■
Surgical	0	0	0	■	0
Telemetry	0	0	0	■	0
Other	0	1	2	3	4
Automated Medication Dispensing Systems (e.g. Pyxis, Omnicell)	■	0	0	0	0
Charge Role	■	0	0	0	0
Computerized Charting Systems	0	0	0	0	■

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Auscultation (Rate, Rhythm)	■	0	0	0	0
Blood Pressure/Non-Invasive	0	0	0	■	0
Doppler	■	0	0	0	0
Heart Sounds/Murmurs	■	0	0	0	0
Pulses/Circulation Checks	0	0	0	■	0
Care of the Patient with	0	1	2	3	4
Angina	■	0	0	0	0
Cardiac Arrest	0	0	■	0	0
Cardiomyopathy	■	0	0	0	0
Carotid Endarterectomy	■	0	0	0	0
Congestive Heart Failure (CHF)	0	0	0	0	■
Femoral-Popliteal Bypass	■	0	0	0	0
Myocarditis	0	0	■	0	0
Post Acute MI (24-48 Hours)	0	■	0	0	0
Post Angioplasty	■	0	0	0	0
Post Cardiac Cath	0	■	0	0	0
Post Cardiac Surgery	0	0	■	0	0
Thrombophlebitis	■	0	0	0	0
Equipment & Procedures	0	1	2	3	4
Pacemaker: Permanent	0	■	0	0	0
Pacemaker: Temporary	■	0	0	0	0
Telemetry: Basic 12 Lead Interpretation	■	0	0	0	0

Cardiovascular

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Equipment & Procedures	0	1	2	3	4
Telemetry: Basic Arrhythmia Interpretation	■	0	0	0	0
Telemetry: Lead Placement	0	■	0	0	0
Medications	0	1	2	3	4
Heparin Drip	■	0	0	0	0
Oral & IVP Antihypertensives	■	0	0	0	0
Oral & Topical Nitrates	0	■	0	0	0
Oral Anticoagulants	■	0	0	0	0

Endocrine/Metabolic

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
S/S Diabetic Coma	■	0	0	0	0
S/S Insulin Reaction	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Diabetes Mellitus	0	0	0	■	0
Disorders of Adrenals-Addison's Disease	■	0	0	0	0
Disorders of Pituitary -Diabetes Insipidus	■	0	0	0	0
Hyperthyroidism -Grave's Disease	■	0	0	0	0
Hypothyroidism	0	0	■	0	0
Thyroidectomy	■	0	0	0	0
Equipment & Procedures	0	1	2	3	4
Blood Glucose Monitoring: Electronic Measuring Device	0	0	0	0	■
Blood Glucose Monitoring: Performing Finger Stick	0	0	0	0	■
Blood Glucose Monitoring: Visual Blood Glucose Strips	0	0	0	0	■
Indwelling Insulin Pump	■	0	0	0	0
Medications	0	1	2	3	4
Insulin	0	0	0	0	■
Oral Hypoglycemics	0	■	0	0	0
Steroids	0	■	0	0	0
Thyroid	0	0	0	■	0

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Abdominal/Bowel Sounds	0	■	0	0	0
Fluid Balance	■	0	0	0	0
Nutritional Status	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Bowel Obstruction	0	■	0	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:47PM

Printed by: Richard A Kousgaard, Account Manager
 Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L. Neneman

Aureus Medical

Medical-Surgical Skills CheckList

Gastrointestinal

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Care of the Patient with	0	1	2	3	4
Colostomy/Ileostomy	0	0	0	■	0
Corpak and Dobhoff Feeding Tubes	0	0	0	■	0
Feeding Pump	0	0	0	■	0
Gastrostomy Tube	■	0	0	0	0
GI Bleeding	0	■	0	0	0
GI Surgery	0	■	0	0	0
Gravity Tube Feeding	■	0	0	0	0
Hepatitis	0	■	0	0	0
Inflammatory Bowel Disease	■	0	0	0	0
Invasive Diagnostic Testing	■	0	0	0	0
Jejunostomy Tube	■	0	0	0	0
Liver Failure	0	■	0	0	0
Nasogastric Tube	■	0	0	0	0
Paralytic Ileus	■	0	0	0	0
Salem Sump to Suction	■	0	0	0	0
Saline Lavage	■	0	0	0	0
T-Tube	■	0	0	0	0

Interpretation of Lab Results

Blood Chemistry	■	0	0	0	0
Blood Count	■	0	0	0	0

Infectious Diseases

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Care of the Patient with	0	1	2	3	4
AIDS	0	0	0	0	■
Hepatitis	0	0	■	0	0
Lyme Disease	■	0	0	0	0

Equipment & Procedures

Fever Management	0	0	■	0	0
Isolation	0	0	0	0	■

Interpretation of Lab Results

Blood Count	■	0	0	0	0
-------------	---	---	---	---	---

Neurological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Glasgow Coma Scale	■	0	0	0	0
Level of Consciousness	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Aneurysm Precautions	■	0	0	0	0
Basal Skull Fracture	■	0	0	0	0

Neurological

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Care of the Patient with	0	1	2	3	4
Closed Head Injury	■	0	0	0	0
Coma	0	0	0	■	0
Delirium Tremens / DTs	■	0	0	0	0
Encephalitis	■	0	0	0	0
Externalized Ventriculoperitoneal Shunts	■	0	0	0	0
Meningitis	■	0	0	0	0
Neuromuscular Disease	■	0	0	0	0
Post Craniotomy	■	0	0	0	0
Seizures	0	0	■	0	0
Spinal Cord Injury	0	0	0	■	0
Stroke / CVA	0	0	0	■	0

Equipment & Procedures

Assist with Lumbar Puncture	■	0	0	0	0
Use of Hyper/Hypothermia Blanket	■	0	0	0	0

Medications

Anticonvulsants	■	0	0	0	0
-----------------	---	---	---	---	---

Oncology

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Nutritional Status	■	0	0	0	0
Pain Control	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Bone Marrow Transplant	■	0	0	0	0
Fresh Oncologic Surgery	■	0	0	0	0
Inpatient Chemotherapy	0	■	0	0	0
Inpatient Hospice	0	0	0	0	■
Leukemia	■	0	0	0	0
Radiation Implant	■	0	0	0	0

Equipment & Procedures

Reverse Isolation	0	0	0	0	■
-------------------	---	---	---	---	---

Medications

Chemotherapy	0	0	■	0	0
--------------	---	---	---	---	---

Interpretation of Lab Results

Blood Chemistry	■	0	0	0	0
Blood Counts	■	0	0	0	0

Orthopedics

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Circulation Checks	0	■	0	0	0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:47PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Medical-Surgical Skills Checklist

Orthopedics

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0 1 2 3 4
Gait	0 ■ 0 0 0
Range of Motion	0 0 0 0 ■
Skin	0 0 0 0 ■
Care of the Patient with	0 1 2 3 4
Amputation	0 0 0 0 ■
Arthroscopic Surgery	■ 0 0 0 0
Cast	0 0 0 0 ■
Osteoporosis	0 0 0 0 ■
Pinned Fractures	0 0 0 0 ■
Rheumatic/Arthritic Disease	■ 0 0 0 0
Total Hip Replacement	0 0 0 0 ■
Total Knee Replacement	0 0 0 0 ■
Equipment & Procedures	0 1 2 3 4
Continuous Passive Motion Devices	0 0 0 0 ■
Support Devices: Cane	0 0 0 0 ■
Support Devices: Cervical Collar	0 0 0 0 ■
Support Devices: Gait Belt	0 0 0 0 ■
Support Devices: Prosthetic	0 0 0 0 ■
Support Devices: Sling	0 0 0 0 ■
Support Devices: Transfer Boards	0 0 0 0 ■
Support Devices: Walker	0 0 0 0 ■
Support Devices: Wheelchair	0 0 0 0 ■
Traction	0 0 0 0 ■

Pain Management

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0 1 2 3 4
Pain Level/Tolerance	0 0 ■ 0 0
Care of the Patient with	0 1 2 3 4
Epidural Anesthesia/Analgesia	■ 0 0 0 0
IV Conscious Sedation	■ 0 0 0 0
Narcotic Analgesia	■ 0 0 0 0
Patient Controlled Analgesia: PCA Pump	■ 0 0 0 0

Phlebotomy & IV Therapy

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Central Line / Catheter / Dressing	0 1 2 3 4
Broviac	■ 0 0 0 0
Groshong	■ 0 0 0 0
Hickman	■ 0 0 0 0
Peripheral Line/Dressing	■ 0 0 0 0

Phlebotomy & IV Therapy

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Central Line / Catheter / Dressing	0 1 2 3 4
PICC Line	■ 0 0 0 0
Portacath	■ 0 0 0 0
Quinton	■ 0 0 0 0
IV Administration & Management	0 1 2 3 4
Albumin	■ 0 0 0 0
Cryoprecipitate	■ 0 0 0 0
Drawing Blood from Central Line / PICC Line	■ 0 0 0 0
Drawing Venous Blood	■ 0 0 0 0
Nutritional Therapy (e.g., TPN, lipids)	■ 0 0 0 0
Packed Red Blood Cells	■ 0 0 0 0
Plasma	■ 0 0 0 0
Starting IV's with: Angiocath	■ 0 0 0 0
Starting IV's with: Butterfly	■ 0 0 0 0
Starting IV's with: Heparin Lock	■ 0 0 0 0
Whole Blood	■ 0 0 0 0

Pulmonary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0 1 2 3 4
Breath Sounds	■ 0 0 0 0
Rate and Work of Breathing	■ 0 0 0 0
Care of the Patient with	0 1 2 3 4
Bronchoscopy	■ 0 0 0 0
COPD	■ 0 0 0 0
Fresh Tracheostomy	■ 0 0 0 0
Lobectomy	■ 0 0 0 0
Pneumonectomy	■ 0 0 0 0
Pneumonia	0 0 0 ■ 0
Pulmonary Embolism	0 ■ 0 0 0
Thoracotomy	■ 0 0 0 0
Tuberculosis	0 0 ■ 0 0
Equipment & Procedures	0 1 2 3 4
Airway Devices/Suctioning: Endotracheal Tube/Suctioning	0 0 0 ■ 0
Airway Devices/Suctioning: Nasal Airway/Suctioning	0 0 0 ■ 0
Airway Devices/Suctioning: Oropharyngeal/Suctioning	■ 0 0 0 0
Airway Devices/Suctioning: Sputum Specimen Collection	0 0 0 ■ 0
Airway Devices/Suctioning: Tracheostomy/Suctioning	0 0 0 ■ 0

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:47PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller

Recruiter: Staci L. Neneman

Aureus Medical

Medical-Surgical Skills Checklist

Pulmonary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Equipment & Procedures	0	1	2	3	4
Assist with Intubation	■	0	0	0	0
Assist with Thoracentesis	■	0	0	0	0
Care of Patient with a Chest Tube: Assist with Set-Up & Insertion	■	0	0	0	0
Care of Patient with a Chest Tube: Measuring and Emptying	■	0	0	0	0
Care of Patient with a Chest Tube: Removal	■	0	0	0	0
Care of the Patient on a Ventilator	■	0	0	0	0
Chest Physiotherapy	■	0	0	0	0
Incentive Spirometry	■	0	0	0	0
O2 Therapy & Medication Delivery: Bag and Mask	■	0	0	0	0
O2 Therapy & Medication Delivery: External CPAP	■	0	0	0	0
O2 Therapy & Medication Delivery: Face Masks	0	0	0	0	■
O2 Therapy & Medication Delivery: Inhalers	0	0	0	0	■
O2 Therapy & Medication Delivery: Nasal Cannula	0	0	0	0	■
O2 Therapy & Medication Delivery: Portable O2 Tank	0	0	0	0	■
O2 Therapy & Medication Delivery: Tracheostomy Collar	■	0	0	0	0
Oximetry	0	0	0	■	0
Interpretation of Lab Results	0	1	2	3	4
Arterial Blood Gas (ABG)	■	0	0	0	0
Blood Chemistry	■	0	0	0	0
Blood Count	■	0	0	0	0

Renal/Genitourinary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Arterio Venous Fistula/Shunt	■	0	0	0	0
Fluid Balance	■	0	0	0	0
Care of the Patient with	0	1	2	3	4
Diversion/Ileal Conduit Nephrostomy	■	0	0	0	0
Hemodialysis	■	0	0	0	0
Nephrectomy	■	0	0	0	0
Peritoneal Dialysis	■	0	0	0	0
Renal Failure	0	0	0	■	0
Renal Transplant	■	0	0	0	0
TURP	0	0	0	0	■
Urinary Tract Infection	0	0	0	■	0

Renal/Genitourinary

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Equipment & Procedures	0	1	2	3	4
Bladder Irrigations: Continuous	■	0	0	0	0
Bladder Irrigations: Intermittent	■	0	0	0	0
Catheter Care: 3-Way Foley	0	0	0	0	■
Catheter Care: Supra-Pubic	0	■	0	0	0
Insertion/Care of Straight / Foley Catheter: Male	■	0	0	0	0
Insertion/Care of Straight/Foley Catheter: Female	■	0	0	0	0
Specimen Collection: 24 Hour	0	0	■	0	0
Specimen Collection: Routine	0	0	0	0	■
Interpretation of Lab Results	0	1	2	3	4
BUN	■	0	0	0	0
Creatinine	■	0	0	0	0
Electrolytes	■	0	0	0	0

Wound Management

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Assessment	0	1	2	3	4
Skin for Impending Breakdown	0	0	0	0	■
Stasis Ulcers	0	0	■	0	0
Surgical Wound Healing	0	0	0	■	0
Care of the Patient with	0	1	2	3	4
Burns	0	■	0	0	0
Pressure Sores	0	0	0	0	■
Staged Decubitus Ulcers	0	0	■	0	0
Surgical Wounds with Drain(s)	0	0	0	0	■
Traumatic Wounds	■	0	0	0	0
Equipment & Procedures	0	1	2	3	4
Air Fluidized, Low Airloss Beds	0	0	0	0	■
Sterile Dressing Changes	0	■	0	0	0
Wound Care/Irrigations	0	■	0	0	0

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
1-Newborn/Neonate (birth - 30 days)	0	0	0	■	0
2-Infant (30 days - 1 year)	0	0	■	0	0
3-Toddler (1 - 3 years)	0	0	■	0	0
4-Preschooler (3 - 5 years)	0	0	■	0	0
5-School age children (5 - 12 years)	0	0	■	0	0
6-Adolescents (12 - 18 years)	0	0	0	0	■
7-Young adults (18 - 39 years)	0	0	0	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:47PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013

Name: Tina Miller
 Recruiter: Staci L Neneman

Aureus Medical

Medical-Surgical Skills CheckList

Age Specific Care Criteria

0-No Clinical Experience 1-Observed & Assisted 2-Limited Experience 3-Competent 4-Proficient

Age Groups	0	1	2	3	4
8-Middle adults (39 - 64 years)	0	0	0	0	■
9-Older adults (64+)	0	0	0	0	■

Medical Software Systems

0-No Experience 1-Limited 2-Intermediate 3-Proficient

Medical Software Systems	0	1	2	3
AllScripts	■	0	0	0
Baxter-SureMed	■	0	0	0
CarePoint - Guardian Rx	■	0	0	0
Cerner	■	0	0	0
CHCS	■	0	0	0
CPSI	■	0	0	0
Eclipsys	■	0	0	0
EPIC	■	0	0	0
GE-Centricity	■	0	0	0
Healthland	■	0	0	0
HMS	0	0	■	0
Keane	■	0	0	0
McKesson	0	0	■	0
MedAssets	0	0	■	0
Meditech	0	0	■	0
Mediware-Worx	■	0	0	0
Misys	■	0	0	0
NurseVue Sensor Monitoring System	■	0	0	0
OmniCell	■	0	0	0
OPUS	■	0	0	0
Other Computerized System(s) not Listed Here	■	0	0	0
PDX	■	0	0	0
Pyxis	0	0	■	0
QuadraMed	■	0	0	0
Siemens-Novius	■	0	0	0

Joint Commission

1-No 2-Yes

Joint Commission (JC)	1	2
Current National Patient Safety Goals	0	■
Official "Do Not Use" List of Abbreviations	0	■
Universal Protocol for Preventing Errors	0	■

I hereby verify that the representation of my skills and associated proficiency levels in this document is true and accurate to the best of my knowledge. I hereby authorize Aureus Medical to present this Skills Checklist to Client facilities for the purpose of considering me for employment.

Printed Name: Tina Miller

Digital Signature: Sep 6 2012 5:47PM Printed by: Richard A Kousgaard, Account Manager Print Date: 4/23/2013



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Professional Reference

For: tina m. miller (11-949385)

Taken by: Andrea K Eisenhart Date: 12/28/2011 2:14:27 PM
 Reference Provided By:
 Name:
 Title: RN Supervisor
 Reference Known: From: 2011 To: 2011 Work Phone:
 Company/Facility: Marietta Specialty Care Cell Phone:
 Overall Rating: 4 Home Phone:
 Form Status: Complete Average Rating: 4.75

1. What was your relationship with the Candidate? Supervisor Peer Subordinate HR Other

Comment:
 I am a RN Supervisor.
2. Will you please provide the following information?

Job Title: CNA- Long term care/rehab

Dates of Employment: 1/2011 From To: current mm/yyyy mm/yyyy

Comment:
 I have worked with her from 1/2011-current (as of 12/28/2011)

Attendance: Acceptable Unacceptable

Would you rehire? Yes No Not able or willing to answer

If not, why?

Salary/Rate of Pay
3. Describe his/her job duties/responsibilities

Tina is responsible for normal CNA duties for LTC and rehab patients. Her charting is done by hand.

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Work Performance (Quality and quantity of work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments She is a good worker.						
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments						
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments						
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments She is very professional.						
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments						

Ability to identify/solve problems

Comments

Ability to multi-task/meet deadlines

Comments

Ability to get along with others

Comments

She is very friendly.

Attitude (Towards work and others)

Comments

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Care Skills

Comments

She is very good with the patients.

Technical/Clinical/Assessment Skills

Comments

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Employee Rating

Comments

I would give Tina 4.5. I would work with her again any day.

Is there anything else you'd like to tell me that might help in forming an accurate appraisal of this candidate?

Comments

Reason for leaving?

Comments

She wants more hours.

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Professional Reference

For: tina m. miller (1 1-949385)

Taken by: Andrea K Eisenhart Date: 1/5/2012 4:30:19 PM
 Reference Provided By: _____
 Name: _____
 Title: CNA
 Reference Known: From: 2011 To: 2011 Work Phone: _____
 Company/Facility: Marietta Specialty Care Cell Phone: _____
 Overall Rating: 4 Home Phone: _____
 Form Status: Complete Average Rating: 4.5

- What was your relationship with the Candidate? Supervisor Peer Subordinate HR Other
 Comment: _____
 I was a CNA and we were co-workers
- Will you please provide the following information?
 Job Title _____ RN- Long-term Care/Rehab
 Dates of Employment From _____ 1/2011 mn/yyyy To _____ 12/2011 mn/yyyy
 Comment: _____
 I worked with her from 1/2011-12/2011.
 Attendance Acceptable Unacceptable
 Comment: _____
 Would you rehire? Yes No Not able or willing to answer
 If not, why? _____
 Salary/Rate of Pay _____
- Describe his/her job duties/responsibilities
 Tina was responsible for normal CNA duties for LTC and rehab patients.

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Work Performance (Quality and quantity of work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	She was a good worker.					
Initiative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	_____					
Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	She was very dependable.					
Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	_____					
Communication Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	_____					

Ability to identify/solve problems

Comments

Ability to multi-task/meet deadlines

Comments

Ability to get along with others

Comments

Attitude (Towards work and others)

Comments

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Patient Care Skills

Comments

She was always very kind to the patients.

Technical/Clinical/Assessment Skills

Comments

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Overall Employee Rating

Comments

Tina was a good CNA and I enjoyed working with her.

Is there anything else you'd like to tell me that might help in forming an accurate appraisal of this candidate?

Comments

Reason for leaving?

Comments

I do not know.

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.

Ability to identify/solve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to multi-task/meet deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Ability to get along with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Attitude (Towards work and others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	She was very nice to work with.					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Patient Care Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					
Technical/Clinical/Assessment Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Comments	<hr/>					

Please rate each of the following categories on the 1-5 scale below.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
----------------------------------------------------------------------	-----------------------	------------------------	------------------------	------------------------	-----------------	-----------

Overall Employee Rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments	<hr/>					
	Tina is a very good CNA and she did a good job for us.					

Is there anything else you'd like to tell me that might help in forming an accurate appraisal of this candidate?

Comments

Reason for leaving?

Comments

She was ready for a new adventure.

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.



C&A Plaza, 13609 California Street, Suite 200
 Omaha, NE 68154-5260
 Phone: (402) 938-2051 / (800) 856-5457
 Fax: (402) 895-7812

Assignment Performance Evaluation - Version 2

For: Tina M. Miller (11-949385)

Appraisal Provided By
 Evaluator:
 Title:
 Evaluator Company:
 Phone:

Assignment
 Job Order:
 Assignment Discipline:
 Assignment Position:
 Assignment Specialty:

Assignment Period (mm/dd/yyyy): to

Please rate the Aureus Medical employee using the scale provided.	Needs Improvement (1)	Below Expectations (2)	Meets Expectations (3)	Above Expectations (4)	Outstanding (5)	N/A (N/A)
Dependability <i>(Attendance and punctuality in accordance with expectations; follows directions and departmental procedures)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility <i>(Willingness to adapt to changes in workload, procedures, and schedule)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficiency <i>(Organized; prioritizes workload appropriately; performs quantity of work in accordance with expectations)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Initiative <i>(Takes action to meet the needs of patients and the department. Ability to work competently with limited supervision)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication <i>(Establishes effective rapport with patients, family, co-workers and other departments to share information and foster a healing, caring environment)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Appearance <i>(Presents oneself in a professional manner in the areas of appearance, attire, grooming, and personal hygiene)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient Care <i>(Delivers quality patient care with respect for patient rights, dignity and age specific needs; evaluates patient response and/or progress toward attainment of outcomes)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional Ethics <i>(Conducts themselves with honesty, integrity, dignity and respect when dealing with patients and coworkers)</i> Comments: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical and Technical Skills <i>(Demonstrates technical and clinical competence appropriate to credentials and level of experience; adheres to standards of care and facility policies and procedures relative to safety, emergency preparedness, and infection control policies)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

Assessment & Analysis

(Collects pertinent data about the patient procedure, equipment, and work environment; analyzes information collected to adapt procedure to the patient as appropriate; consults other medical personnel as appropriate)

☐ ☐ ☐ ● ☐ ☐

Comments

Problem-Solving Skills

(Uses sound, professional judgment in dealing with unexpected outcomes and resolving conflicts; consults available resources as appropriate)

☐ ☐ ● ☐ ☐ ☐

Comments

Documentation

(Complete, accurate, timely, and in accordance with departmental policies and procedures)

☐ ☐ ● ☐ ☐ ☐

Comments

Overall Employee Rating

☐ ☐ ● ☐ ☐ ☐

Comments

CONFIDENTIAL: This information is strictly confidential and complies with the Privacy Act of 1974 and Fair Credit Reporting Act notices and requirements. It is for employment related purposes and must not be released to a third party without the express written consent from the candidate/employee.

State of Hawaii

Last Name	First Name	Middle Int'l	State Approved Fac Trng	State Approved Non-Fac Trng	Cert Expiration	Cert #
Mendoza Jr.	Fidel	U	YES		4/14/2014	HI020411841
Mendoza-Ramirez	Maria del Pilar			YES	11/14/2013	HI111119325
Menino	Liza	J	YES		5/24/2014	HI020900616
Menor	Merlita	M	YES		12/3/2013	HI020412060
Menor	Michelle	A		YES	2/9/2014	HI110318236
Merano	Marlo	V			10/30/2012	HI020417643
Mercado	Glenda	B		YES	10/7/2012	HI100817219
Mercado	Candelaria	T		YES	11/11/2012	HI101017566
Mercado	Kim	T		YES	11/11/2012	HI101017567
Mercado	Jesusa	C	YES		12/28/2012	HI041206922
Mercado	Heldi	V	YES		4/6/2013	HI090314324
Mercado	Ashley		YES		5/10/2014	HI020404036
Mercer	Lauren	E		YES	6/2/2013	HI110518508
Mericle	Ricky	L		YES	4/23/2013	HI110418374
Merrian	Beverly	J		YES	8/15/2013	HI090214097
Mersberg	Maria	L	YES		9/22/2012	HI020901235
Mersberg	Sandy			YES	12/18/2012	HI101217854
Mescan	Asia	J		YES	11/3/2012	HI101017537
Metz	Nadia	E		YES	11/29/2013	HI111119337
Mevis	Ann	E		YES	12/11/2012	HI101117612
Meyer	Nichole	D		YES	12/5/2013	HI111219372
Meyer	Carmen	V	YES		9/8/2014	HI020900845
Meyerink	Alicia	L		YES	12/18/2013	HI111119327
Michael	Cynthia	C	YES		10/22/2012	HI080913434
Michael	Tiny	C		YES	6/6/2014	HI120620108
Micua	Charlie	B		YES	1/3/2013	HI021102030
Middalia	Gwendolyn	L		YES	1/3/2013	HI101217928
Middleton	Angela	M		YES	7/5/2013	HI070711557
Miguel	Gerlie	C	YES		9/17/2012	HI040906291
Miguel	Antonio	A		YES	9/21/2012	HI100516540
Miguel	Maria Elena	G	YES		10/23/2012	HI020421571
Miguel	Mary Ann	S		YES	11/18/2012	HI020405110
Miguel	Pauline	M		YES	3/4/2013	HI110318185
Miguel	Jesusa Corazon	V		YES	3/12/2013	HI110218109
Miguel	Marilyn	T		YES	4/19/2013	HI020407043
Miguel	Marta	L	YES		11/27/2013	HI050908448
Miguel	Mary Jane	S	YES		1/8/2014	HI020410252
Miguel	George	M		YES	5/25/2014	HI080112287
Miguel	Daisy Edna	R	YES		10/20/2014	HI041006509
Mihara	Rannette	L		YES	7/7/2014	HI120419902
Mijares	Emma	T		YES	6/5/2013	HI110518534
Mijo	Nicole	M		YES	4/7/2014	HI120319777
Miles	Cherrie	J		YES	11/5/2013	HI020409331
Miller	Lise	A		YES	9/12/2012	HI100817148
Miller	Zenaida	F		YES	9/27/2012	HI020901074
Miller	Nina	F		YES	12/20/2012	HI061210537
Miller	Heldi	L		YES	1/17/2013	HI090113931
Miller	Tina	M		YES	3/1/2014	HI120319650
Miller	Grace	Z		YES	4/1/2014	HI100316299
Miller	Tamara	L		YES	4/29/2014	HI120419889
Miller	Shara	D		YES	6/11/2014	HI120620114
Millon	Jocelyn	A		YES	9/19/2012	HI060910049
Millon	Leonardo	P	YES		10/7/2013	HI020411398
Miner-Ho	Latia	A	YES		4/7/2013	HI090314329
Minga	Gundelina	L		YES	9/16/2014	HI020421415
Minia	Asuncion	M	YES		5/18/2013	HI020409118
Minnick	Crystal	A		YES	10/7/2012	HI101017440
Mirafuentes	Corey	N		YES	6/14/2014	HI120620086
Miranda	Buffy	A		YES	1/28/2013	HI101117749
Miranda	Tereza	A		YES	6/5/2013	HI070711605
Mirasol	Florabel	J	YES		10/13/2012	HI021001575
Mirasol	Lorylin	J	YES		10/24/2012	HI020408927
Mirasol	Erlinda	J		YES	4/8/2014	HI020408334
Misech	Marala		YES		2/20/2014	HI040105044
MIURA	HOPE	H	YES		1/29/2013	HI020421814
Miura	Janeen	F.		YES	3/1/2013	HI090214141
Miura	Kristin	K		YES	11/23/2013	HI111019187
Miyahara	Carlina	E	YES		6/19/2014	HI040605849
Miyashiro	Bruce	B		YES	11/7/2013	HI091015520
Miyat	Alyssa Joy	M			1/8/2013	HI090113929
Miyat	Florimar Jay	M		YES	3/26/2013	HI090113928
Miyat	Natyli	M			8/4/2014	HI040806056
Miyazaki	Ronald	T		YES	7/24/2013	HI030703929
Miyazaki	Esmeralda	A			2/19/2014	HI020412325
Miyazono	Okhee		YES		3/2/2013	HI050207214
Mizuno	Joje May		YES		2/21/2014	HI040205220
Mizushima	Evangelina	G		YES	9/21/2012	HI100817150
Mlaudzi	Fidelia	A		YES	12/29/2013	HI110818911
Moala	Asena		YES		1/18/2013	HI020415728
Mock Chew	Julieann	L		YES	1/13/2014	HI070110628
Modjeska	Paula	J		YES	11/29/2012	HI081113639
Modumo	Nancy	C			3/17/2014	HI020412221
Modzelewski	Jeanette			YES	7/30/2012	HI090114058
Moeller	Laurie	A		YES	7/22/2014	HI020900950
Mojares	Lorna	M		YES	4/28/2013	HI100716844



Health Resources Section
600 East Boulevard Avenue, Dept. 301
Bismarck, ND 58505-0200
Fax: 701.328.1890
www.ndhealth.gov



Nurse Aide Registry

Registry Type: CNA
Name: TINA M MILLER
Registrant ID: 40422
Status: Active
Initial Date: 04/07/2010
Expiration Date: 02/01/2014
Obtained by: Endorsed from GA
Certification Action: NONE

Search Date: 10/8/2012 10:55:11 AM

GEORGIA NURSE AIDE REGISTRY

Name :	MILLER, TINA M
Certification Number :	[REDACTED]
Original Certification Date :	09/25/2002
Expiration Date :	12/15/2013
Status :	Active
Adverse Findings :	No

Close Window



Healthcare
Provider



Tina Michelle Miller

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.

5/2012
Issue Date

52014
Recommended Renewal C

CPR Certification

AMERICAN HEART ASSOCIATION

Training Center Name: BLUEFIELD REG MED CTR 15554

TC Info: 500 CHERRY ST., BLFD., WV 304-327

Course Location: BLUEFIELD REGIONAL MED. CTR

Instructor Name: Katy Nolley [REDACTED]

Holder's Signature: *Jimmie M. [REDACTED]*

© 2011 American Heart Association. Reprinting with this card will alter its appearance.