

**BAPTIST HEALTH NURSING AND REHABILITATION CENTER**

**DOCUMENTATION FOR AGENCY USE**

To be faxed to Baptist Health Nursing and Rehabilitation Center's Nursing Office with the CNA's Registry Verification form and RN and LPN license prior to working. BHNRC fax number is 370-0659.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

**CNA's**

\_\_\_\_\_ has successfully completed BHNRC's general  
Agency Employee's Name  
orientation packet. Any questions concerning this information or policy and procedure will be directed to  
the Nursing Supervisor who is working when the agency employee is on.

\_\_\_\_\_  
Agency Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Supervisor Signature

\_\_\_\_\_  
Date

**RN's and LPN's**

\_\_\_\_\_ has:  
Agency Employee's Name

1. Passed Baptist Health Nursing and Rehabilitation Center's or an approved agency's medication test with a score of \_\_\_\_\_.
2. Successfully completed BHNRC's General Orientation and Medication packets.
3. Completed an observed or mock medication pass using a Medication Observation Check List (either BHNRC's or an approved agency's) on \_\_\_\_\_ (date), observed by (sign) \_\_\_\_\_.

Any questions concerning this information or other BHNRC policy and procedures will be directed to the Nursing Supervisor who is working when the agency employee is on.

\_\_\_\_\_  
Agency Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Supervisor Signature

\_\_\_\_\_  
Date



AGENCY STAFF – READ AND SIGN ALL 3 AREAS

I certify that I have access to the Compliance Manual and that Facility's Compliance Program has been explained to me. I promise to comply with the terms of Facility's Compliance Program including, but not limited to, the Code of Conduct. I understand that violation of these terms may lead to disciplinary action, up to and including the termination of my employment or the termination or non-renewal of staff privileges.

Signature: X \_\_\_\_\_

Name: X \_\_\_\_\_  
(Print Name)

Date: X \_\_\_\_\_

I certify that I have received a copy of the Notice of Reporting Obligation under the Elder Justice Act. I agree to comply with the terms of the Elder Justice Act. I understand that violation of these terms may lead to disciplinary action, up to and including the termination of my employment or the termination or non-renewal of staff privileges.

Signature: X \_\_\_\_\_

Name: X \_\_\_\_\_  
(Print Name)

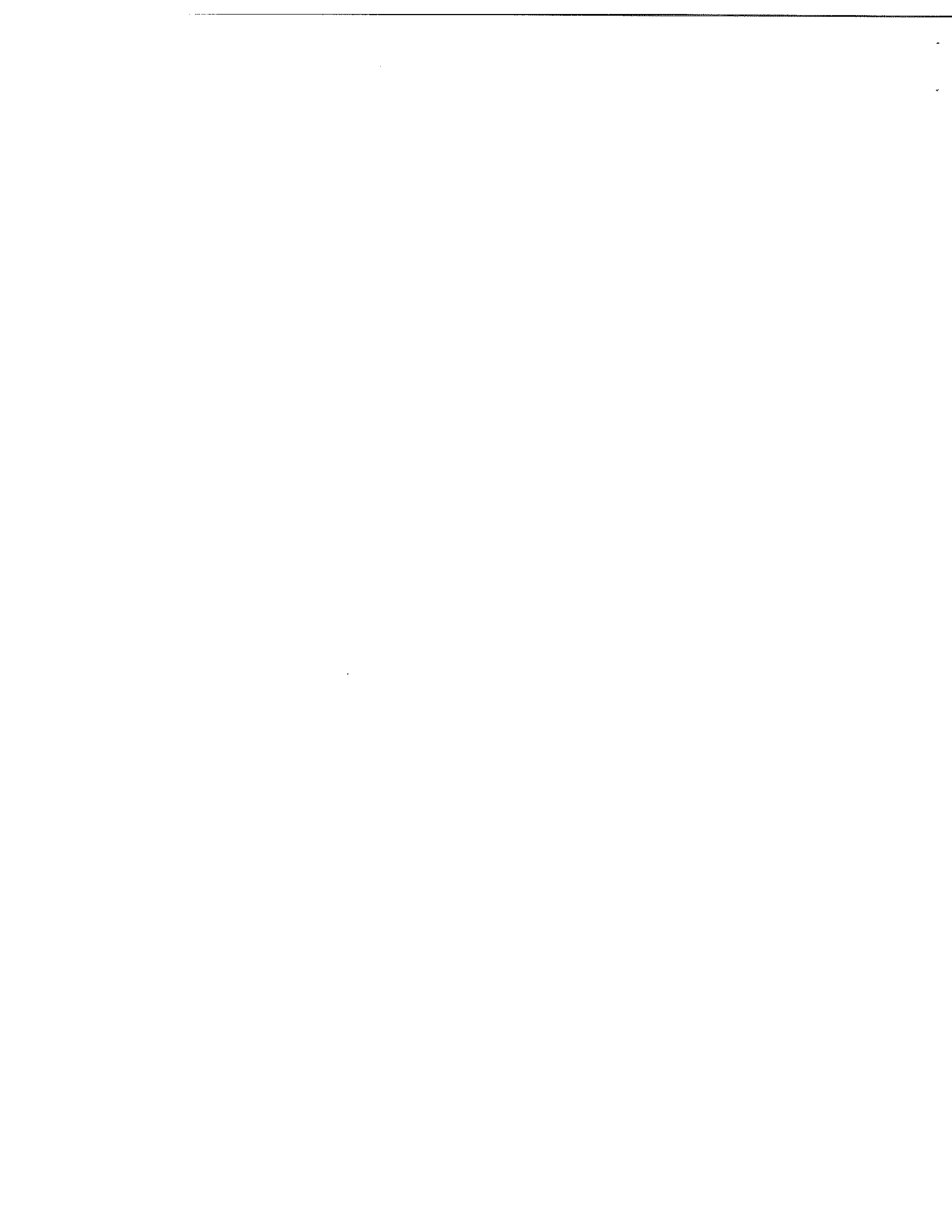
Date: X \_\_\_\_\_

I certify that I understand my role in HIPAA.

Signature: X \_\_\_\_\_

Name: X \_\_\_\_\_  
(Print Name)

Date: X \_\_\_\_\_



NAME: X

AGENCY: NURSE CONNECTION

**Baptist -> BHNRC ANSWER KEY**

**DIRECTIONS:** Put your answers from each post test on this form and return it to your agency supervisor or the Baptist supervisor on duty.

Mission and Customer Service  
T for True or F for False

1. \_\_\_\_\_
  2. \_\_\_\_\_
- (2 pts.)

Resident Rights and Abuse  
T for True or F for False

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
  9. \_\_\_\_\_
- (9 pts.)

Corporate Compliance

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- (5 pts.)

Safety, Hazard Communication and Fire/Disaster

- | True/False | Multiple Choice |
|------------|-----------------|
| 1. _____   | 1. _____        |
| 2. _____   | 2. _____        |
| 3. _____   | 3. _____        |
| 4. _____   | 4. _____        |
- (4 pts.)
5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
  9. \_\_\_\_\_
  10. \_\_\_\_\_
- (10 pts.)

Number in Proper Order:  
(All must be in correct order)

- \_\_\_\_\_ Pull the fire alarm
  - \_\_\_\_\_ Shout "Code Mr. Red"
  - \_\_\_\_\_ Close the door
  - \_\_\_\_\_ Call 911
  - \_\_\_\_\_ Page "Code Mr. Red"
  - \_\_\_\_\_ Get resident out of danger
  - \_\_\_\_\_ Page "Code Mr. Red" after alarm silenced
- (7 pts.)

Infection Control

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_
  7. \_\_\_\_\_
  8. \_\_\_\_\_
- (8 pts.)

Documentation

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- (5 pts.)

**NOTE:** Passing is 70% or better – must get 35 points to pass.

Rev. 7/12, 7/13, 10/13

**RETURN TO**  
**Nurse Connection**  
Sign Next Page



**MISSION STATEMENT AND CUSTOMER SATISFACTION**  
**SELF-STUDY POST TEST**

**TRUE OR FALSE – PLEASE USE THE ANSWER SHEET PROVIDED IN**  
**THE FRONT OF THIS PACKET**

1. You contribute to Baptist's mission by the work you do
  
2. Three expected behaviors when you are at BHNRC are:
  - Be an effective team member
  - Display a professional image
  - Have fun and energy





**RESIDENT RIGHTS, ABUSE, CORPORATE COMPLIANCE,**

**ELDER JUSTICE ACT, HIPAA**

**SELF-STUDY POST TEST**

**TRUE OR FALSE – PLEASE USE THE ANSWER SHEET PROVIDED IN  
THE FRONT OF THIS PACKET**

1. Knocking on a resident's door before entering is an example of resident rights
2. Telling a friend about a resident's condition is OK as long as it is outside of Baptist
3. Misappropriation of property is abuse only if you steal resident money
4. The New York State Hotline number and ombudsman number are posted in all bathrooms
5. Elder Justice Act was enacted to protect residents from crimes
6. A Corporate Compliance Program assures compliance with state and federal laws
7. Maintaining HIPAA rules protects resident medication information
8. Suspicions of abuse must be reported immediately to the Supervisor
9. The facility will not retaliate against anyone making a report of suspected abuse



**SAFETY, HAZARD COMMUNICATION AND FIRE/DISASTER**

**SELF-STUDY POST TEST**

**TRUE OR FALSE – PLEASE USE THE ANSWER SHEET PROVIDED IN  
THE FRONT OF THIS PACKET**

1. RT Stat is used as an alert for CPR
2. Anyone can page “Code Mr. Red”
3. A wanderer with a security bracelet on his back will not trigger the door alarm if he tries to get out
4. When you hear a fire alarm you clear halls, shut doors and stop working
5. Mobile panic buttons can be moved throughout the facility
6. If a door alarm is activated, you should ask for help from staff
7. “Code Orange” paged over the PA system means someone with weapons is in the building
8. Information re. duties during a disaster are in books on every unit
9. You find a resident on the floor – stay with them and call for help
10. Manuals containing chemical MSDS/SDS sheets are on nursing units

**Multiple Choice Questions:**

1. The Hazard Communication Standard gives you:
  - a. The right to know about hazardous chemicals in your work place
  - b. The fair market price of chemicals when purchasing them
  - c. The amount of the chemical to be used
2. If a resident is a non-DNR, in addition to information in their charts the listing of names is at the nurse station on what color paper?
  - a. green
  - b. yellow
  - c. orange
3. If a resident tries to remove a security bracelet, you should:
  - a. report it at end of shift
  - b. ignore it because it really wasn't removed
  - c. notify nurse/supervisor immediately
4. If a door alarm is triggered and you do not see a resident, you should:
  - a. turn off the alarm
  - b. let it ring – security will respond



5. Number the following in the proper order:

- Pull the fire alarm (if it hasn't been pulled already)
- Shout "Code Mr. Red" (anyone hearing shout can pull fire alarm)
- Close the door
- Call 911
- Page "Code Mr. Red"
- Get resident out of danger
- Page "Code Mr. Red" after alarm is silenced

Rev. 6/11, 6/12, 7/13, 10/13



**INFECTION CONTROL**  
**SELF-STUDY POST TEST**

**TRUE OR FALSE – PLEASE USE THE ANSWER SHEET PROVIDED IN**  
**THE FRONT OF THIS PACKET**

1. Standard Precautions is simply treating everyone as if infected and protecting ourselves in the same way with each
2. Standard Precautions refers only to blood
3. Waterless hand sanitizers have replaced hand washing with soap and water
4. Gloves are to be removed promptly after use before touching non-contaminated items
5. Dirty linen can be put on the floor because they are both dirty
6. If you accidentally come in contact with blood, you should immediately wash with soap and water and report to the Supervisor
7. It is OK to wear gloves in hallways when going from room to room
8. Hands should be washed for 10 seconds





**BAPTIST HEALTH NURSING AND REHABILITATION CENTER**

**DOCUMENTATION/TRANSFER INFORMATION**

**TRUE OR FALSE – PLEASE USE THE ANSWER SHEET PROVIDED IN  
THE FRONT OF THIS PACKET**

1. All CNAs must have a transfer/gait belt while working at BHNRC
  
2. A one man assist requires a transfer belt
  
3. All ROM will be done with three repetitions unless otherwise specified
  
4. The Point, Click, Care program indicates what duties are required per care plan
  
5. When recording ADL performance, if a resident is extensive assist with bed mobility, you would record #2



**CORPORATE COMPLIANCE SELF-STUDY POST TEST FOR AGENCY**

**TRUE OR FALSE – PLEASE USE THE ANSWER SHEET PROVIDED IN  
THE FRONT OF THIS PACKET**

1. A person cannot be retaliated against for reporting questionable Corporate Compliance violations
2. Concerns whether Corporate Compliance has been violated may be discussed with the supervisor, Peggy McNally, our Corporate Compliance officer
3. You overhear a caregiver saying that they are documenting in a chart services that have not been provided. Ultimately the facility will be reimbursed for these services. This should be reported to the Corporate Compliance Officer/Supervisor
4. It is everyone's responsibility to report concerns regarding noncompliance
5. Accepting \$2.00 from a resident's family is OK

