

# Assisted Living, Retirement & Nursing Home Supplemental

Employer: \_\_\_\_\_ Website: \_\_\_\_\_

## General Information

1) Description of operations:

2) In operation since (year): \_\_\_\_\_

3) Employee breakdown:

	FT	PT		FT	PT
8810	_____	_____	8829	_____	_____
8824	_____	_____	8848	_____	_____
8825	_____	_____	8849	_____	_____
8826	_____	_____	7380	_____	_____

4) How many volunteers are used per year? \_\_\_\_\_

a) What are their duties?

 b) Are volunteers compensated or reimbursed for expenses? Yes No

c) How many hours did volunteers work last year? \_\_\_\_\_

d) Describe the screening processes that volunteers must complete:

 e) Are volunteers required to sign any waiver of liability in favor of the organization? Yes No

 f) Is there expectation of workers' compensation coverage for volunteers? Yes No

 If not, is there coverage available elsewhere (i.e., GL policy or accident policy)? Yes No

5) Breakdown of beds:

	Licensed	Occupied
Skilled Nursing:	_____	_____
Assisted Living:	_____	_____
Independent Living:	_____	_____

 6) Are staffing companies used to fill temporary needs? Yes No

## Employees

- |   |     |    |
|---|-----|----|
| 1) Are pre-employment/post-offer physicals required?  | Yes | No |
| 2) Are criminal background checks required?   | Yes | No |
| 3) Are post-offer medical questionnaires used?  | Yes | No |
| 4) Is COVID-19 vaccination mandated (or will it be mandated) by the employer for employees? | Yes | No |
| 5) How many employees have received the COVID-19 vaccine as of today? _____                 |     |    |

## Safety Program

- |  |     |    |
|--|-----|----|
| 1) Which of the following safety programs are in place?<br>Bloodborne pathogen<br>Fall protection<br>Hazardous materials communication |     |    |
| 2) Is a formalized Post Accident Drug Testing program in place?  | Yes | No |
| 3) Is a formalized Early Return to Work program in place?  | Yes | No |
| 4) Has a specific medical provider been identified for initial medical care?<br>a) If yes, designated provider info: _____             | Yes | No |

## Patient Handling Exposures

- |  |     |    |
|--|-----|----|
| 1) Is this a "no-lift" campus?<br>a) Is there a progressive discipline program for violators?  | Yes | No |
| 2) Are "smart beds" available that automatically turn patients?  | Yes | No |
| 3) Are use of mechanical lifts required?   | Yes | No |
| 4) Are use of Gait belts required?   | Yes | No |
| 5) Are lifting requirements posted for each resident?  | Yes | No |
| 6) What additional training is provided to address this exposure?<br><div style="border: 1px solid black; height: 50px; width: 100%;"></div>   |     |    |
| 7) Are employees trained to handle combative patients ( <i>i.e.</i> , De-escalation training)?<br>If yes, how?<br><div style="border: 1px solid black; height: 50px; width: 100%;"></div>                  | Yes | No |
| 8) Are spills required to be immediately cleaned up?   | Yes | No |
| 9) Are any services subcontracted ( <i>i.e.</i> , housekeeping, food services, physicians, etc.)?<br>a) If yes, what services? _____<br>b) If yes, are COI's confirmed for workers' compensation coverage? | Yes | No |

**Driving Exposures**

1) Number of employees in any one vehicle at any one time, including consumers if they are considered employees: \_\_\_\_\_

2) Number of vehicles: \_\_\_\_\_

Description of vehicle(s):

3) Radius of driving: \_\_\_\_\_

4) Is defensive driving training required for drivers? Yes      No

5) Are vehicles serviced by an outside garage? Yes      No

6) How often are MVRs reviewed? \_\_\_\_\_

7) Does the organization have established criteria for acceptable vs. unacceptable MVRs? Yes      No

8) Additional comments:

Employer Signature: \_\_\_\_\_

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