

**The Lexington Assisted Living**  
**COVID-19 Vaccine Policy**  
**Effective: 10/18/2021**

**Policy**

The Lexington Assisted Living Center is committed to protecting the health and well-being of our employees, residents and their families against the coronavirus (COVID-19). This policy is based on guidance and recommendations issued by the federal Centers for Disease Control and Prevention (CDC) and other public health authorities.

The Lexington requires all employees to obtain and maintain up-to-date COVID-19 vaccinations.

1. Employees must provide written proof to the Resident Services Director that they have been fully vaccinated against COVID-19 upon becoming eligible for COVID-19 vaccination.
2. New hires must provide proof COVID-19 vaccination if vaccines are available and the employee is eligible at the time of hire.
3. Employees who do not receive the vaccine, provide documentation of the vaccination and do not obtain an exemption will be considered to have refused to comply with this policy and to voluntarily resign their employment.

This policy is mandatory except for employees with reasonable accommodation that has been approved by The Lexington.

1. Employees must provide proof of a documented medical and/or religious reason for not receiving the COVID-19 vaccine. Such requests must be directed to the Resident Services Director. The Lexington will determine if an exemption as a reasonable accommodation is appropriate.
2. An exemption as a reasonable accommodation may be provided so long as it does not cause undue hardship for The Lexington or pose a direct threat to others' health and safety.
3. Employees who obtain approval for a valid exemption will be required to wear Personal Protective Equipment (PPE) as a source control measure when at The Lexington as defined by the federal, state, and local health authorities.
4. Employees and job applicants may request an exception as a reasonable accommodation without fear of retaliation.

Employees will be paid their hourly rate for the time spent waiting and getting the COVID-19 vaccination, as well as the waiting time after receiving the vaccine to monitor for an adverse reaction to the vaccine. Employees will also be compensated for the time traveling to and from the vaccination site within the Lincoln city limits.

Print Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RSD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# THE LEXINGTON ASSISTED LIVING CENTER

## Application for Employment – MA’s and RA’s

Notice to Applicants

This facility does not discriminate on the basis of age, gender, race, religion, national origin, or disability other than those related to the ability to perform the job for which the applicant is being considered. Nebraska law requires the facility to perform a criminal background check and registry checks on all staff. It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect, or misuse of other’s property. State law also requires every staff person to complete a health history screen. This facility may require a physical examination by a health care professional based on the results of the screen at the facility’s expense. Dishonesty in completing this from is reason for immediate dismissal.

### Demographics

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_  
Home Cell Email

Position Applied For: Medication Aide \_\_\_\_\_ RA/CNA \_\_\_\_\_

### Availability

### Shift Hours

	Days	Evenings	Night
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**MA’s & RA’s.....Days:** 6:30 a.m. - 3:00 p.m.  
**MA’s.....Evenings:** 2:30 p.m. – 10:45 p.m.  
**RA’s.....Evenings:** 3:00 p.m. – 8:00 p.m.  
**Night Shift.....:** 10:30 p.m. – 6:30 a.m.

### Employment History

Have you previously worked for this facility? Yes  No  Date: \_\_\_\_\_

Are you over 18 years of age? Yes  No  Are you over 16 years of age? Yes  No   
 Employment may be subject to child labor laws.

Are you a U.S. citizen? Yes  No

If not, are you able to legally work in the U.S.? Yes  No  Alien Registration No. \_\_\_\_\_

Have you ever been convicted of **any** crime? Yes  No  (This does not include minor traffic violations.)

If yes, list **ALL** convictions and dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employers**

May we contact your current employer? Yes  No

<b>Dates</b>	<b>Name/Address</b>	<b>Contact/Phone</b>	<b>Job Duties</b>	<b>Reason for Leaving</b>

**Education**

Highest grade completed: \_\_\_\_\_ Degree/Diploma: \_\_\_\_\_

Other training: \_\_\_\_\_

Licenses/certification held: \_\_\_\_\_

Honors/extracurricular activities during school: \_\_\_\_\_

Other professional organizations, honors, and community involvement you feel contributes to your job qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Relationship</b>

How did you hear about this position? \_\_\_\_\_

**THE LEXINGTON ASSISTED LIVING CENTER**

**Authorization to Release Information**

Applicant: \_\_\_\_\_  
(PLEASE PRINT)

Return to: The Lexington  
5550 Pioneers Blvd.  
Lincoln, NE 68506  
Phone: 402-486-4400  
Fax: 402-486-4441

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Employment Agreement**

I give this facility permission to contact previous employers and personal references and release from all liability for any damage whatsoever incurred in providing such information. A copy of this authorization bearing my signature has the same force and effect as the original. I understand my employment and/or continued employment may be dependent upon the results of background checks and a physical examination. I understand my employment may be terminated for any dishonesty in completing this application.

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

Please rate the employee on the following:

	Excellent	Good	Fair	Poor
Attendance	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Performance	_____	_____	_____	_____
Team Player	_____	_____	_____	_____
Job Knowledge/Skill	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____
Verbal	_____	_____	_____	_____
Written	_____	_____	_____	_____

Employment Dates: Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Eligibility for Rehire: Yes  No  If not explain:

We appreciate your assistance in providing the above information. This information will be held strictly confidential.

Information verified by: Name: \_\_\_\_\_ Title: \_\_\_\_\_

The  
**LEXINGTON**  
Assisted Living Center

Notice to Applicants:

Nebraska law requires the facility to perform a criminal background check, sex offender check and registry checks on all direct care staff.

It is the policy of this facility to not hire direct care staff with criminal histories involving violence, abuse, neglect or misuse of other's property. Information will be requested from the Nebraska Adult and Child Abuse and Neglect Registry.

You will be hired upon the contingency that all records are clear at the time of employment. If records are returned with any information to the contrary, you will be immediately discharged from employment.

I have read the above statement and agree to these terms upon employment.

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

The  
**LEXINGTON**  
Assisted Living Center

**CRIMINAL BACKGROUND INVESTIGATION REPORT**

*I understand that as a condition of my employment a criminal background investigation shall be completed. My name will be checked against law enforcement or related entity registries. A check of these registries is necessary to ensure that I meet provider standards.*

*To the best of my knowledge I do not have any misdemeanor or felony convictions, or any prior criminal history; nor have I been convicted of a crime involving moral turpitude.*

*I hereby state the information contained below is accurate. Additionally, I authorize The Lexington Assisted Living Center to obtain a criminal background history as well as authorize any and all law enforcement or related agencies to release such information to:*

The Lexington Assisted Living Center  
5550 Pioneers Boulevard  
Lincoln, NE 68506  
Phone: 402-486-4400  
Fax: 402-486-4383

Full Name of Applicant/Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date Signed

Request authorized by: \_\_\_\_\_  
Name Title

PLEASE RETURN RESPONSE VIA FAX TO (402) 486-4383

Rev. 02-02-2020 kfa

**THE LEXINGTON ASSISTED LIVING CENTER**

**Pre-Employment Medication Aide Quiz**

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

**YOU MUST SCORE 85% TO PASS MEDS IN THIS FACILITY**

1. Name the 5 rights of medication administration.

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

2. Define the following abbreviations.

- |           |           |
|-----------|-----------|
| PRN _____ | NPO _____ |
| gtt _____ | OD _____  |
| ml _____  | TPR _____ |
| mg _____  | OU _____  |
| OS _____  | qid _____ |

3. Matching:

- |           |           |                     |                      |
|-----------|-----------|---------------------|----------------------|
| QD _____  | BID _____ | A. before meals     | B. every day         |
| Q4H _____ | HS _____  | C. four times daily | D. after meals       |
| AC _____  | TID _____ | E. twice daily      | F. every 4 hours     |
| PC _____  | QID _____ | G. before bedtime   | H. three times daily |

4. For what medication should you check a pulse prior to administration?

- A. Lasix
- B. Lanoxin
- C. Coumadin
- D. Levaquin

5. How often should narcotics be counted?

- A. Twice daily
- B. Only after a dose is given
- C. Before every shift change
- D. Once weekly

6. Where should narcotics be stored?

- A. In resident's apartment
- B. In the locked medication cart with the residents other medications
- C. In a separate locked medication box
- D. In the drawer of the medication cart

7. If a resident stated they are no longer taking a particular medication, or that their physician has discontinued a medication, you should?
- A. Take all medications back and confirm medication orders or that specific medications have been discontinued.
  - B. Correct medication if needed and reassure the resident these are the correct medications.
  - C. Permit the resident to review physician order and/or MAR.
  - D. All of the above.
8. TRUE or FALSE      You find that you are running behind schedule for your med pass, it is acceptable to ask another med aide to set up your medication for you to save time.
9. TRUE or FALSE      You're preparing a residents medications when by accident you drop a pill on the floor. After picking it up, you notice there is no dirt visible on the medication, would it be acceptable to administer this medication?
10. TRUE or FALSE      Expired medication should not be given to residents.
11. TRUE or FALSE      Discontinued medications should be thrown away.
12. TRUE or FALSE      If a controlled drug is given to a resident, it must be signed for on either the MAR/or drug inventory sheet.
13. TRUE or FALSE      PRN medications must have a diagnosis included on physicians order form.
14. TRUE or FALSE      If a mistake is made on the MAR, it is ok to use whiteout and then make the correction.
15. TRUE or FALSE      Medications may be administered either 1 hour before or 1 hour after scheduled time.
16. TRUE or FALSE      It is acceptable to administer eye drops to a resident when they are in the dining room?
17. TRUE or FALSE      Narcotic box only needs to be locked during daytime hours.
18. TRUE or FALSE      You're administering medications to a resident who is in the bathroom at the time you bring their meds. They tell you to leave the med cup on the counter and they will take them as soon as they can. It is ok to leave medications as the resident requests.
19. TRUE or FALSE      Med carts are to be cleaned weekly for liquid med drawers and the countertop daily.
20. TRUE or FALSE      In-service education is a mandatory requirement for direct care givers.