Attachment A

Genesis Integrity Certification/Training Acknowledgment

☐ I have received in-service training on the Genesis Integrity Program and on how I should handle any questions related to compliance with the Program, or report any compliance issues. I understand my role and responsibilities under the Integrity Program.

☐ I agree to disclose promptly to either my supervisor, the Compliance Liaison, or the Compliance Officer any conduct that is known or reasonably suspected by me to be unlawful or contrary to the Company's Standard of Conduct. I acknowledge that my duty to make such prompt disclosure is a vital part of my responsibilities as a Genesis employee, and that my failure to report known or reasonably suspected unlawful or improper conduct, as required above, may be grounds for discipline by Genesis.

REQUIRED INFORMATION:

_____

Employee's ID#

_____

Employee's Name (Please Print)

_____

Employee's Signature

_____

Date

Attachment B

Genesis HealthCare℠

I (Print Name)_____ have:

- Received, read, and understand the enclosed pages titled: "*Integrity Program Behavioral Standards*", "*Resident Bill of Rights*, " "*HIPAA*", and "*Abuse Prohibition*".

I understand that if I have questions regarding this material now, or at any time in the future, I may receive clarification by asking a representative of CareerStaff Unlimited or Genesis Healthcare who will either answer my questions or refer me to the correct educational resource.

_____ _____

Employee Signature (please make your name legible) Date

**Each signed Acknowledgment must be retained in the employee's personnel file.*

Attachment C

Genesis Integrity Program
Certification Form

CareerStaff Divison and Office Location Name:_____

□ I am a New Employee □ I am Current Employee completing my Annual Certification

□ I understand that it is my goal to provide the finest quality of care and treatment to our residents, in compliance with all applicable laws and regulations, and in accordance with our *Standard of Conduct* and specific Legal, Behavioral and HIPAA Standards.

□ In Order to maintain the desired level of care and treatment, I understand that it is important for Genesis to review information from employees about the quality of care and treatment, and also about any conduct that is known or reasonably suspected to be unlawful or improper under the Genesis *Standard of Conduct* and specific legal, Behavioral and HIPAA Standards.

□ I have read the company's *Standard of Conduct* and specific Legal, Behavioral and HIPAA Standards, and I acknowledge that it is my duty to make prompt disclosure of any conduct contrary to the finest care and treatment of our residents, or which is unlawful or improper under these standards.

□ I have received and read the enclosed information about the "Elder Justice Act" and the Section 504 Compliance Materials, and I acknowledge that it is my duty to timely report any reasonable suspicion of a crime committed against a resident of a long-term care facility.

Are you aware of any unreported conduct, or have you been asked to engage in any conduct, which can be described as:

1. **Something that would constitute a violoation of any resident's rights or similar laws, rules or regulations?**
   □ **Yes,** I am aware of such activity.*
   □ No, I do not know of any activity.

2. **Any situation you believe to be false or fraudulent documentation or care, treatment or services to any resident?**
   □ **Yes,** I am aware of such activity.*
   □ No, I do not know of any activity.

3. **Any action that resulted in abuse, neglect or mistreatment of any resident or misappropriation of funds?**
   □ **Yes,** I am aware of such activity.*
   □ No, I do not know of any activity.

4. **Any incident you know of (or reasonably subject) as unlawful or improper under the Genesis *Standard of Conduct?***
   □ **Yes,** I am aware of such activity.*
   □ No, I do not know of any activity.

5. **I am an hourly/non-exempt employee. I understand that Genesis intends to pay me for all hours worked, and I believe that I have not been properly paid. (Check "Yes" only if you are hourly/non-exempt and you believe you have not been properly paid.)**
   □ Yes, I am aware of such activity.*
   □ No, I do not know of any activity.

Please ensure that one box for each of the four questions above is checked before signing.
*If you have checked "Yes" to any of the above questions, it is your obligation to provide details below". (*Use back if space is needed.)*

_____

_____

Employee Signature:_____ **Date:**_____

Print Name:_____ **Phone #:**_____

Each signed CERTIFICATION FORM must be returned to your local CareerStaff office in hard copy via fax or email.
*When allegations are reported, a copy of this CERTICATION FORM must also be mailed immediately to the Compliance Officer for review and follow-up: 101 Sun Avenue NE, Albuquerque, NM 87109, emailed to Janine.Valdez@genesishcc.com, or sent via fax to 505.468.8384.

Genesis Integrity Hotline Telephone Number: 1-800-893-2094