The Pines of Davidson*
Employee Annual Review/Exit Interview

It is our goal to provide the finest quality of care and treatment to the residents of this facility. In order to maintain the desired level of care and treatment, it is necessary to review information provided by employees at least annually and when ending employment with [FACILITY NAME]. We therefore request that you answer the following questions in order to assist the facility in assuring that high quality of care and treatment continue to be provided to our residents.

1. While you were employed at this facility, during the last three years, have you (a) engaged in any conduct, (b) been asked to engage in any conduct, or (c) witnessed any other employee engage in any conduct, that would constitute a violation of any resident’s rights as set out in the attached list of resident’s rights?
   
   YES _____ NO _____

2. While you were employed at this facility, during the last three years, have you (a) made, (b) been asked to make, or (c) witnessed any other employee make entries in the chart of any resident that did not reflect the actual care or treatment that was provided to such resident?

   YES _____ NO _____

3. While you were employed at this facility, during the last three years, have you (a) made, (b) witnessed another employee make, or (c) been asked to make what you considered to be a false or fraudulent entry in the chart of any resident?

   YES _____ NO _____

4. While you were employed at this facility, during the last three years, have you (a) altered, (b) been asked to alter, or (c) witnessed another employee alter any entries previously made in the chart of any resident?

   YES _____ NO _____

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This sample form from The Pines of Davidson is used with permission.
5. While you were employed at this facility, during the last three years, were you aware of any acts of omissions that occurred that resulted in the abuse, neglect or mistreatment of any resident?

YES _____ NO _____

While this form is typically completed annually, [FACILITY NAME] requires and encourages employees to make full and timely reporting of any suspected incidents with respect to these areas.

__________________________ __________________________
Signature of Employee Date

A confidential investigation will take place concerning any positive response to the questions above.