EMPLOYEE UNDERSTANDING*

As an employee of [FACILITY NAME], I understand that I have an obligation to assist this facility in providing the finest quality of care and treatment to its residents and patients. By signing this document, I promise to take the following actions in order to assist in providing high quality of care and treatment to our residents and patients:

_____ 1. I will not engage in any conduct that is a violation of the rights of any resident or patient.

_____ 2. I will not ask another to engage in any conduct that is a violation of the rights of any resident or patient.

_____ 3. I will immediately tell my supervisor, in writing, if I witness another engage in any conduct that is a violation of the rights of any resident or patient.

_____ 4. I will not make any entry in a chart that does not reflect the actual care or treatment that was provided to the resident or patient.

_____ 5. I will immediately tell my supervisor, in writing, if anyone asks me to make an entry in a chart that does not reflect the actual care or treatment that was provided to the resident or patient.

_____ 6. If my supervisor should ask me to make an entry in a chart that does not reflect the actual care of treatment that was provided to the resident or patient, I will immediately tell, in writing, the Administrator or Medical Director.

_____ 7. I will immediately tell my supervisor, in writing, if I witness another person at this facility alter any entry in a chart.

_____ 8. I will immediately tell my supervisor, in writing, of any abuse, neglect or mistreatment of any resident or patient.

_____ 9. I will immediately tell my supervisor, in writing, of any problems with staffing that may cause poor care or treatment of the residents or patients of this facility.

_______________________________  __________________________
Signature of Employee           Date

"Employee Understanding"
* This sample form from The Pines Of Davidson is used with permission.