

To view which facility is on each pin, just click this [LINK](#)



CLUSTER 0



CLUSTER 2



CLUSTER 1



CLUSTER 3

Signature: _____

Date: _____



Facility	Cluster ID
Linda Manor Assisted Living	0
East Longmeadow Memory Care Assisted Living	0
East Longmeadow Skilled Nursing Center	0
Mt. Greylock Extended Care	0
Hillcrest Commons Nursing & Rehabilitation Center	0
Kimball Farms Nursing Care Center	0
Kimball Farms Life Care Community	0
Linda Manor Extended Care Facility	0
Daybrook Village Nursing Care	0
Fairview Commons Nursing & Rehabilitation Center	0
Day Brook Village Senior Living	0
Hathaway Manor Extended Care Facility	1
Windsor Skilled Nursing and Rehabilitation Center	1
Bourne Manor Extended Care Facility	1

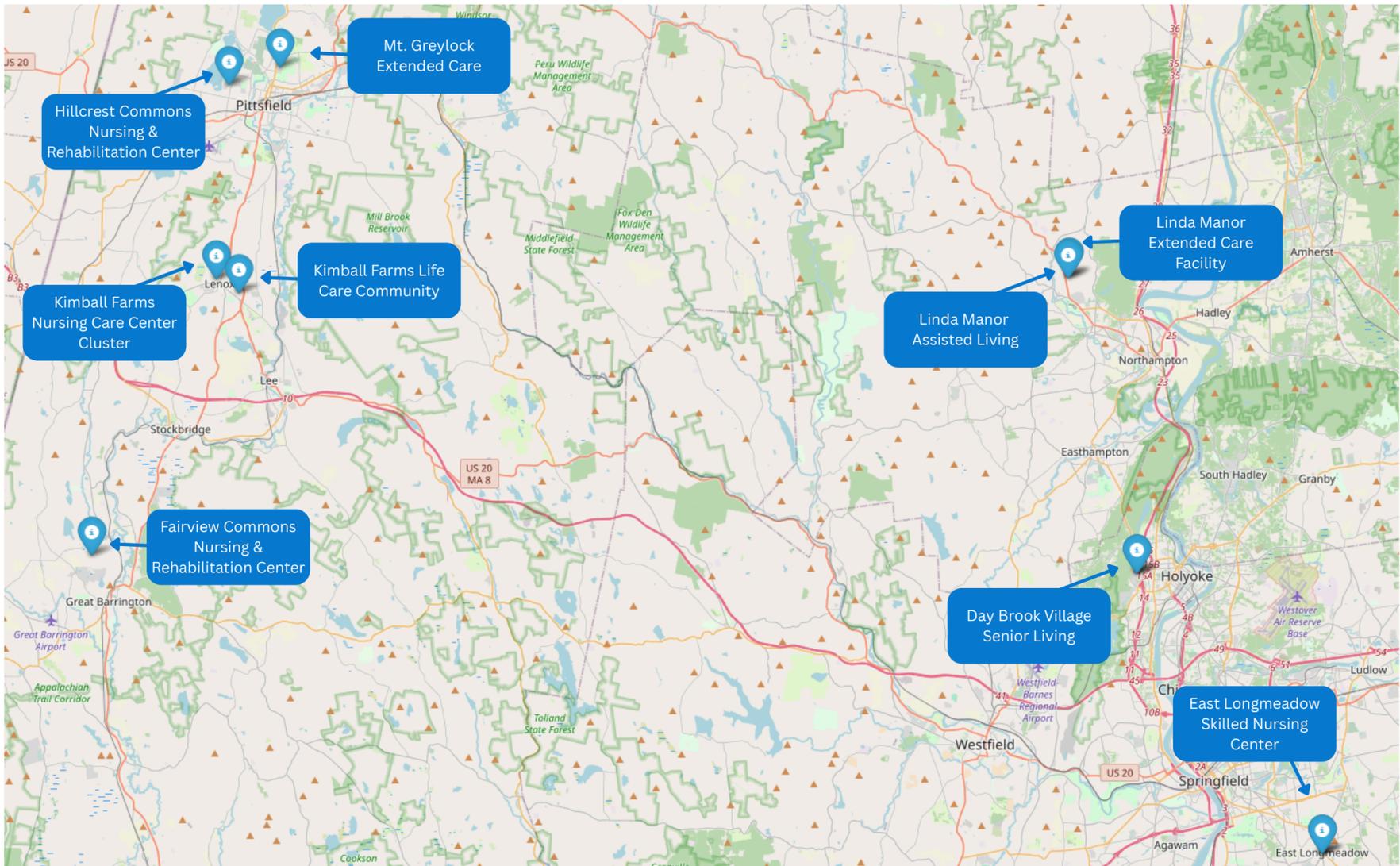
Facility	Cluster ID
Hunt Nursing and Rehabilitation Center	2
Pilgrim Rehabilitation and Skilled Nursing Center	2
Charlene Manor Extended Care Facility	3
Pioneer Valley Hospice & Palliative Care	3
Williamstown Commons Nursing & Rehabilitation Center	3
North Adams Commons Nursing & Rehabilitation Center	3

Signature: _____

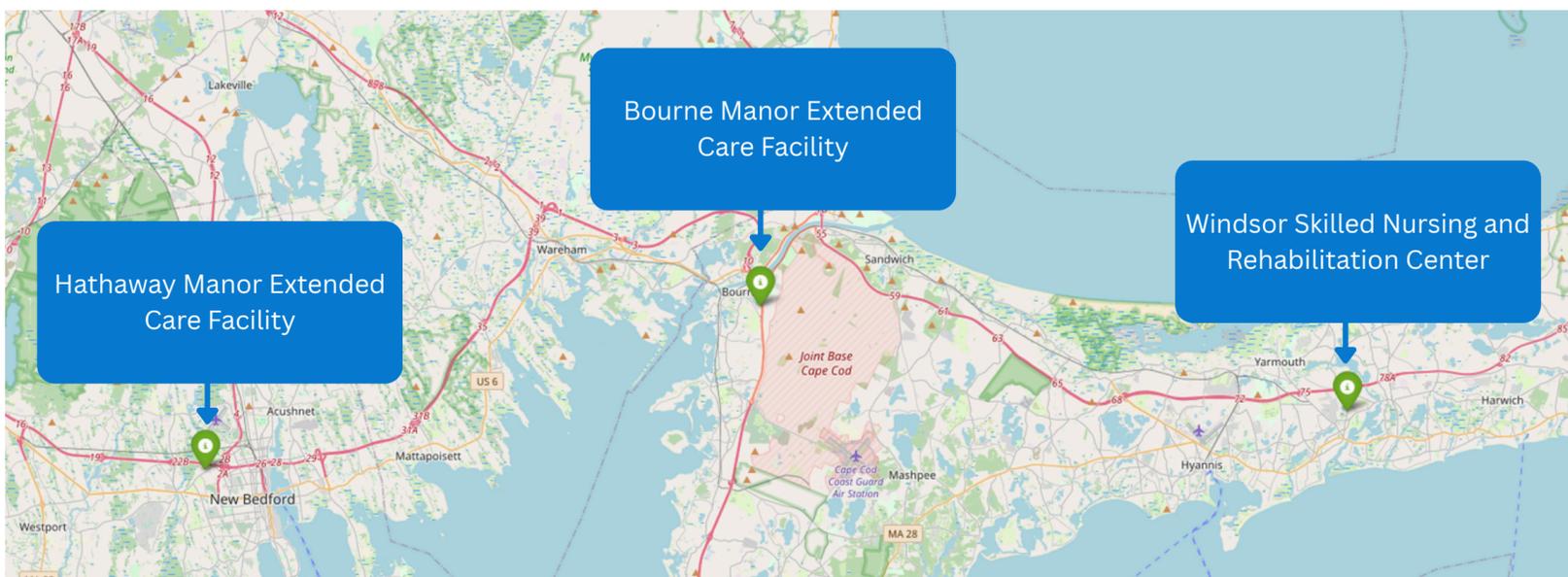
Date: _____



CLUSTER 0

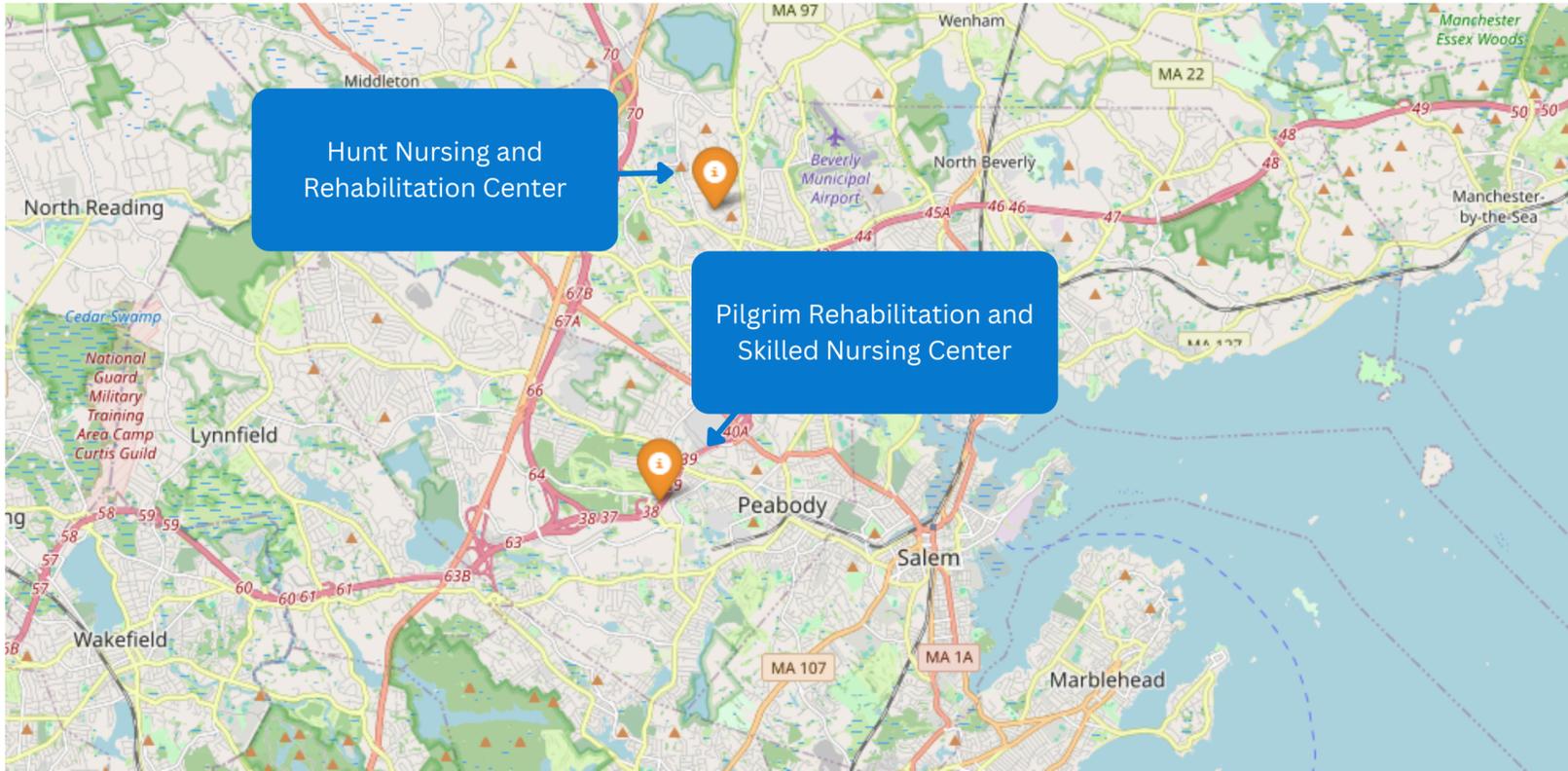


CLUSTER 1

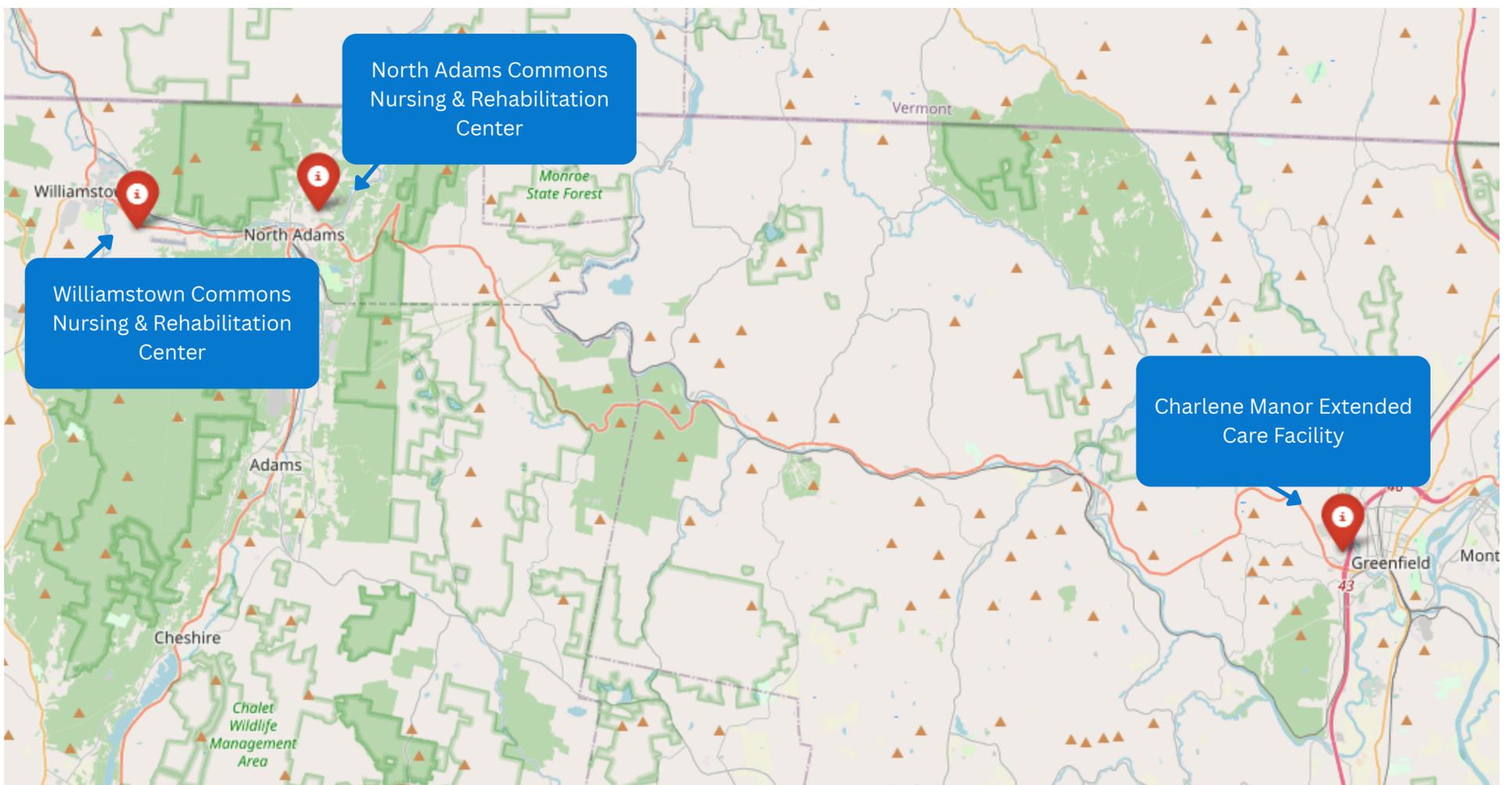




CLUSTER 2



CLUSTER 3





Massachusetts Staffing Pool Territories

I _____ understand, acknowledge and accept the following requirements of this contract.

____ Have secured housing within 72 hours of receiving the offer of the FLEX contract, and if I do not have housing secured, the offer will no longer be valid.

____ Report to all deployed and scheduled shifts within my assigned cluster (within 100 miles).

____ Report to all deployed scheduled shifts within my schedule availability Day and/or Evening OR Evening and/or Overnight as indicated in my contract.

____ I understand I will be required to report to a different facility as deployments come within my assigned cluster.

____ Maintain my own personal or rental vehicle to travel to and from work - public transportation, ride share, Uber, Lyft, taxi, or other methods are not available or acceptable for this contract. The vehicle must be able to function in the Massachusetts road conditions.

____ I am required to acquire and maintain my housing.

____ Maintain updated and accurate compliance throughout the contract as the compliance requirements change from facility to facility. Compliance requirements include, but are not limited to Relias/HSH Training.

____ I will contact the facility I am assigned to and TLC Nursing (802-404-0123) prior to any absences, tardiness, or early departure.

____ Maintain accurate weekly timekeeping and report time using the iTraveler via the TLC app. Timesheets and hours are required to be uploaded no later than 9 am each Sunday.

____ Work with all the residents and staff, including COVID-positive residents if applicable. Work with patients with dementia or Alzheimer's who may become verbally or physically abusive.

____ I will accept and work all shifts deployed and assigned to me within my assigned cluster and shift, and will be expected to work every weekend.

____ I may be asked to work shifts outside of my contracted availability or outside of my contracted cluster. These deployments will not be mandatory.

____ Shifts will be deployed as soon as they are received from facilities. If I am sent a deployment for the same day, I am authorized to decline that shift. I must respond to the deployment coordinator for this reason. I must work all shifts deployed for the next day and the future.

____ I agree to be available to receive texts, emails, and phone calls throughout my assignment. If I find I don't have service, I will notify my recruiter and have a plan in place.

Signature: _____ Date: _____