



494 Broad Street • Suite 302 • Newark, NJ 07102  
Tel 866-629-2242 • Fax 866-629-2242 • [www.aahcs.org](http://www.aahcs.org)

June 18th, 2021

We thank you for extending us the opportunity to submit a bid for **Certified Nursing Assistance for the Division of Developmental Disabilities Services**. We are proud to be the nation's leading healthcare staffing agency for nursing homes, schools, hospitals, clinics and other facilities. We have been successfully providing nursing services for over 18 years. We are happy to meet your needs for all nursing staff.

We always strive to provide knowledgeable, experienced, clinically proficient and dedicated health care professionals. We assure you of excellent services and look forward to continuing our professional relationship by meeting your growing healthcare challenges.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Ruderman".

Paul Ruderman  
CEO



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### **Quality Assurance Program (QAP)**

This strategy devised to ensure quality assurance will be put into effect under this contract. Our strategy has been tailored to meet the needs of the procurement set forth. The intended use of this results driven strategy is to achieve a continued quality service, meeting the demanding needs of supplemental medical staff.

The following will serve as a layout for the communication structure, coordination, and agreement amongst all members involved in providing the services in question.

### **Employee Hiring and Placement**

Applicants are subject to a rigorous screening process to ensure competence and professionalism. In order to qualify for employment at AAHCS, each candidate's experience, skills, references, licensure, and current health certification are reviewed and verified. All candidates must be interviewed by a member of management and complete the following paperwork and tasks before being offered a position with AAHCS:

- General application
- 2 reference checks
- License Verification
- HIPAA Test
- Blood Borne Pathogen Test (OSHA)
- Any mandatory tests specific to the facility
- Self-Skills Checklist
- Employee Agreement
- Confidentiality Agreement
- Time Sheets Policy
- Call Out Policy
- Substance Abuse Policy
- Elderly abuse policy
- Acknowledgement of health insurance policy
- Acknowledgement of Employee Hand Book



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- Orientation
- In-Service Attendance
- Competency Evaluation
- Professional Liability/Malpractice Insurance
- Copy of Healthcare License
- Copy of CPR Card (LPN/RN)
- PPD-TB Screening (Within one year)
- Physical (Within the last 6 months)
- I-9
- Government issued Photo ID
- Copy of Social Security card
- W-4
- Criminal Background Check
- Pre-Employment Drug Test

Each potential hire must also undergo a Competency Evaluation administered by our clinical supervisor. The Competency Evaluation covers topics including but not limited to:

- Admission and discharge of residents
- Head-to-toe assessment including each body part
- Initial shower and skin assessments
- CPR/AED
- IV Certified/IV Therapy Administration
- Pulse Oximetry
- Tracheostomy Care
- Neuro Check
- Administering oxygen
- Medication Administering/Documenting
- Narcotic Counting
- MAR & TAR signatures
- Psychotropic Charting
- Medicare Charting
- Re-ordering Narcotics



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- Backup meds used and faxed
- Ordering lab medication
- Clinical pain management
- Catheter and Foley care
- Gastronomy tube

Beyond the general process, AAHCS screens applicants on a client by client basis. We evaluate each healthcare professional's individual skills set and previous experience to determine whether he or she is the best possible match for a given client and or setting. In addition, supervisors and other healthcare professionals are required to attend a structured initial orientation at the home to which they will be assigned, ensuring that they will be more comfortable with the environment before beginning tenure there.

### **Evaluation**

In efforts to create a staff that is of high quality and highly competent, our personnel are constantly evaluated during their duration of employment. We perform monthly audits on our employees' files, to ensure that all medical records and licenses are up to date. In addition, we take great care to document any additional educational programs that an employee has completed, which creates a more refined and accurate record of each person's skill set and competence level.

All of our staff is formally evaluated by our Clinical Supervisor on a quarterly basis to ensure that each still meets the standards set by AAHCS.

Employees are also subject to periodic supervisor evaluations, as detailed in the Performance Management portion of our Quality Assurance manual.

### **Training**

AAHCS holds numerous training programs during the year in order to keep our employees up to date on relevant new medical developments as well as to further refine their skills. Programs planned for the year cover a variety of topics, ranging from administrative skills such as Documentation and GT Protocol, to practical skills such as



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Medication Administration and Wound Care. Overall, our intention is to equip our employees with both nursing/caretaking skills as well as general administrative skills.

Training programs planned for the year include:

- Abuse/Neglect
- Infection Control/Blood Borne Pathogens
- Wound Care
- Admission Assessments
- Incontinence Training
- Fall Prevention/Documentation
- Responding to Emergencies
- Pain Management
- Sensitivity Training
- CPR Certification
- IV Certification
- State Survey Preparation Training
- Review Facility Fire Safety Procedures

Completion of such training sessions is noted in each employee's record and is taken into account when evaluating their suitability for a particular facility or position. In addition, we encourage our employees to further their own education by subsidizing job-related college courses. We also highly encourage attendance to selected conferences and seminars that will further professional development.

### **Discipline**

Reports of poor performance become part of an employee's permanent record. Significant poor performance, or an accumulation of incidents of such, warrants disciplinary measures. However, some leeway is allowed for employees to learn from their mistakes.

AAHCS utilizes a "three-strike" system for the personnel on our staff in order to deter poor performance. "Strikes" are received for a variety of disciplinary infractions including: negative feedback, last-minute callouts, excessive rudeness, etc. After three "strikes", AAHCS no longer employs the employee in question. This system serves not



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only to deter poor performances and remove truly problematic offenders, but also allows some leeway for individuals, allowing the opportunity for them to recognize and correct their mistakes.

### **Recruitment and Retention**

The process of recruiting experienced and qualified healthcare professionals begins through referral network systems developed over the course of the years that we have been in business. Often, the best leads to reliable, potential employees come from existing employees who refer a friend or co-worker.

In addition to word-of-mouth, AAHCS recruits via newspaper ads, resume database searches, internet job posting, and our company website. The use of the internet allows us to streamline our hiring procedures and to process applications on a more efficient basis.

AAHCS finds that its growth corresponds directly with the quantity and quality of the medical personnel joining the cause. AAHCS invests a significant amount of effort in continuing to grow its pool of medical staff.

Employee retention is just as important as employee growth. AAHCS focuses on retaining its employees by creating a warm and friendly environment throughout the office, as well as in communication with our external staff. We are able to provide a personable relationship with both internal and external staff.


AAHCS offers a variety of awards and small incentives for all employees to help motivate them to strive for excellence, while providing a means to reward employees for exceptional performance. After evaluating feedback collected from facility administrators, supervisory personnel, and other employees in our agency, exemplary employees may receive the Employee of the Month or the Employee of the Year awards. Excellent employees are also awarded gift cards and various other bonuses.



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**Company Organization**

Name	Position at AAHCS
Paul Ruderman	CEO (Chief Executive Officer)
Ron Bhavnani	COO (Chief Operating Officer)
Stephanie Suessegger	Director, Account Management Email : <a href="mailto:stephanie@aaahcs.org">stephanie@aaahcs.org</a> Phone : (609) 752-3425 xt. 300
Stephen Greenberg	Contract Administrator Email : <a href="mailto:stephen@aaahcs.com">stephen@aaahcs.com</a> Phone : (862) 955-2937 xt. 2937
Isabel Doran	Government Contract Specialist Email : <a href="mailto:isabel@aaahcs.org">isabel@aaahcs.org</a> Phone : (732) - 737 - 8281 xt. 8281
Nicole Ventura	Government Contract Intern, POC Email: <a href="mailto:nicole@aaahcs.org">nicole@aaahcs.org</a> Phone: 866-629-2242

Signature:   
 Paul Ruderman, CEO  
 All American Healthcare Services, Inc.





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### **Background and Experience**

All American Healthcare Services is an on-demand healthcare staffing agency, staffing both Per Diem and permanent positions. All American has been in business for the past 18 years, being established in 2003. We staff nursing personnel, therapists, admissions, all sorts of Healthcare personnel at nursing homes, schools, hospitals, and jails. We pride ourselves on paying our nursing personnel the highest rates in the industry, and, most importantly, we pay our nursing personnel weekly. \*As for working with Educational and Government clients, we have been in business with these industries for the past eight (8) years.

After we establish our client relationship, we are then able to broadcast all available shift listings for said client. With the use of our AllShifts App, and other internal processes, we are able to connect to numerous available healthcare specialists and fill those open positions. Once we have received a Staffing Request from a client facility, it is then logged into our system. Based on the request's specifications/qualifications, the 30-40 nurses who are most likely and qualified to pick up the shift, will be-notified within minutes of the request being logged into our system. This efficiency is ideal for All American's clients, as they may find themselves in a pinch and need a quick solution.

The following includes the projects All American Healthcare Services has contracted with over the past three (3) years. All of the projects have been maintained up to the contract agreements, or have successfully completed the contract agreements.

#### **New Jersey Convention and Exposition Center, Edison, NJ**

POC: Rajesh Saini, Administration

rajesh@tscti.com

Nature of Service: Provided temporary staffing services for Physicians (MD), Registered Nurses (RN) and Licensed Practical Nurses (LPN).

#### **Atlantic City Convention Center, Atlantic City, NJ**

POC: Rajesh Saini, Administration

rajesh@tscti.com



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Nature of Service: Provided temporary staffing service for Physicians (MD), Respiratory Therapists (RT), Licensed Practical Nurses (LPN), Registered Nurses (RN), Certified Registered Nurses Anesthetists (CRNA), Nurse Practitioners (NR), and Physical Therapists (PT).

**East Orange General Hospital, East Orange, NJ**

POC: Rajesh Saini, Administration  
rajesh@tscti.com

Nature of Service: Provided temporary staffing services for Physicians (MD), Registered Nurses (RN), Licensed Practical Nurses (LPN), Respiratory Therapists (RT), Physical Therapists (PT), and Physicians Assistants (PA).

**New Jersey Department of Health**


POC: Rajesh Saini, Accounting  
rajesh@tscti.com

Nature of Service: Provided temporary staffing services for Registered Nurses (RN).

**Raritan Valley Community College, Branchburg, NJ**

POC : Rajesh Saini, Accounting  
rajesh@tscti.com

Nature of Service : Providing temporary staffing services for Registered Nurses (RN).

Signature:   
Paul Ruderman, CEO  
All American Healthcare Services, Inc.

## Letters of Recommendation

Jan. 23. 2018 9:22AM

No. 3420 P. 2



To Whom It May Concern,

I have been working with All American Agency for the last 5 years; however they have been with our company for 10 years. My experience with them has been an awesome one, all most every single time I need help with RN's, LPN's, or CNA's, they help me fill my open spots. The staff they send our trained and professional in every way. The girls in the office are easy to deal with and always willing to help, I would highly recommend them if you're looking for staffing needs.

I am the staffing coordinator at a 186 bed facility and always can use an extra set of hands that's why I depend on All American so I know my residents will get the care they are accustomed too.

YOURS TRULY,

Debra Casey 1/22/2018



3/16/18

To whom it may concern,

I have the pleasure of working with All American Agency for close to a year now in two of my facilities.

They provide well trained, education and caring staff to my facility.

The office staff really assists when we are in a crunch, holiday, and weekends or anytime we need an extra hand.

In my opinion I would refer them to other groups,

**Ahron Lieberman, LNHA, CDP**

Vice President of Purchasing and Human Resources

Allaire Healthcare Group

115 DUTCH LANE RD. FREEHOLD, NJ 07728 P: 732.431.7420 F: 732.303.7642 [WWW.ALLAIREHC.COM](http://WWW.ALLAIREHC.COM)



December 19, 2018

Dear All American Healthcare Service, INC.

On behalf of our company I sincerely thank you for your loyalty and dedication to our facility. We truly appreciate your services for all that you have been doing.

Since obtaining a relationship with All American you dedicated staffing coordinator has endlessly filled all our shifts beyond expectations. Your team has been motivated and geared to helping our facility carry out its mission.

The staff that you have provided to our facility has always been professional, eager, and ready to work.

Again, we thank you from our residents to our administration and we look forward to continuing our relationship for much more time to come.

Thanks again, and best regards,

A handwritten signature in cursive script that reads "Helen Williams".

Helen Williams

2181 Ambleside Drive • Cleveland, Ohio 44106 • (216) 721-1234  
judsonsmartliving.org

A not-for-profit, interdenominational organization since 1906





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**New Jersey Business Registration Certificate**

A handwritten signature in black ink that reads "James J. Fruscione".

James J. Fruscione  
Director  
New Jersey Division of Revenue

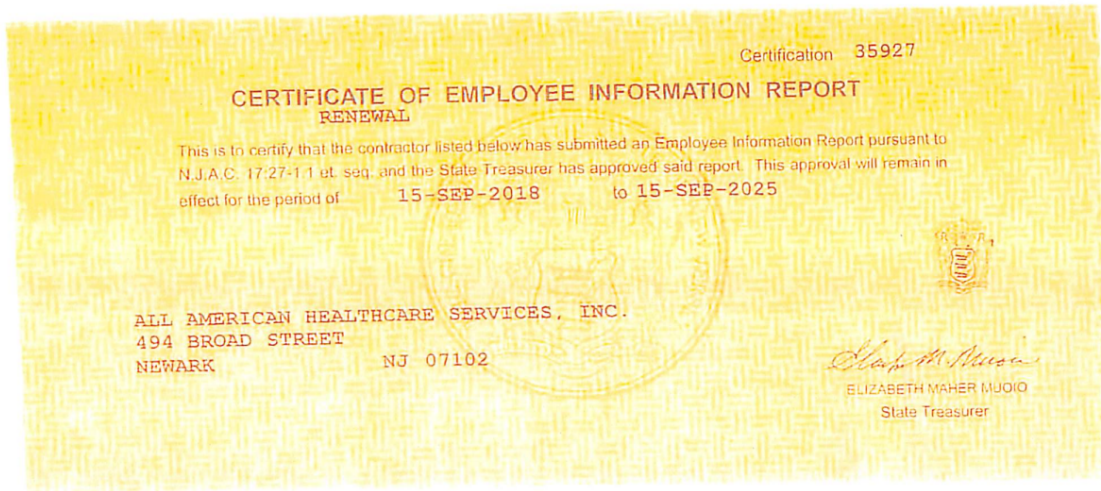
<b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>		<small>DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252</small>
<b>TAXPAYER NAME:</b> ALL AMERICAN HEALTHCARE SERVICES, INC.	<b>TRADE NAME:</b>	
<b>ADDRESS:</b> 100 LAKE VIEW AVE STE 1A JAMESBURG NJ 08831	<b>SEQUENCE NUMBER:</b> 1009364	
<b>EFFECTIVE DATE:</b> 08/12/03	<b>ISSUANCE DATE:</b> 11/17/14	
<b>FORM-BRC</b> <small>(04-08) D200040V</small>	 Director New Jersey Division of Revenue	

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.



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**Employee Information Report Certificate**





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**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
 4/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BROWN & BROWN OF PENNSYLVANIA, LP 125 E ELM STREET, SUITE 210 CONSHOHOCKEN, PA 19428	CONTACT NAME: LINDSAY FORGASH
	PHONE (A/C, NO, EXT): (215) 866-0073 FAX (A/C, NO): (215) 561-0855 E-MAIL ADDRESS: LFORGASH@BBOFPA.COM

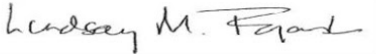
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
ALL AMERICAN HEALTHCARE SERVICES, INC. 494 BROAD STREET, SUITE 302 NEWARK, NJ 07102	INSURER A: UNDERWRITERS AT LLOYD'S	15642
	INSURER B: SENTRY CASUALTY COMPANY	28460
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG	<input type="checkbox"/>	<input type="checkbox"/>	MSI0319437462	06/30/2020	06/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>	MSI0319437462	06/30/2020	06/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>	MSI0319439481	06/30/2021	06/30/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A	<input type="checkbox"/>	90-21572-01 90-21572-02 (WI)	03/01/2021	03/01/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<b>Professional Liability</b>	<input type="checkbox"/>	<input type="checkbox"/>	MSI0319437462	06/30/2020	06/30/2021	<b>\$1,000,000 Limit of Liability</b> <b>\$3,000,000 Aggregate</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 





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**Form W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the requester. Do not send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**All American Healthcare Services, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_  
**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Apply to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**494 Broad Street, Suite 302**

6 City, state, and ZIP code  
**Newark, NJ 07102**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  
 [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

or  
 Employer identification number  
 3 7 - 1 4 6 4 5 3 2

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here** Signature of U.S. person ▶ *Rahul Bhavsani* Date ▶ 4/30/2020

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



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**Response to Scope of Service**

All American Healthcare Services, Inc. does not take any exceptions to the **Scope of Service** set forth in the solicitation documents for **RFP # 710-21-0031: Certified Nursing Assistance for the Division of Developmental Disabilities Services.**



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Equal Opportunity Policy	28
Potential Vendor Roster	30

## BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:	All American Healthcare Services, Inc.				
Address:	494 Broad Street, Suite 302				
City:	Newark	State:	NJ	Zip Code:	07102
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Public Service Corp		
	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit		
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Service Disabled Veteran	
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Women-Owned	
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>		

PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for bid solicitation related matters.			
Contact Person:	Nicole Ventura	Title:	Government Contract Intern
Phone:	07102	Alternate Phone:	866-629-2242
Email:	nicole@aahcs.org		

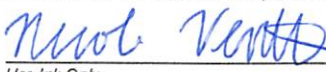
CONFIRMATION OF REDACTED COPY
<input checked="" type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.  <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>

ILLEGAL IMMIGRANT CONFIRMATION
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.

ISRAEL BOYCOTT RESTRICTION CONFIRMATION
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.

**An official authorized to bind the Prospective Contractor to a resultant contract must sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's bid to be disqualified:

Authorized Signature:  Title: Government Contract Intern  
Use Ink Only.

Printed/Typed Name: Nicole Ventura Date: 6/2/2021

## **SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

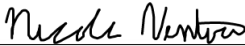
By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	All American Healthcare Services Inc.	Date:	6/2/21
Signature:	<i>Nicole Ventura</i>	Title:	Government Contract Intern
Printed Name:	Nicole Ventura		

## **SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE**

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor must clearly explain the requested exception and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	All American Healthcare Services Inc.	<b>Date:</b>	6/2/21
<b>Signature:</b>		<b>Title:</b>	Government Contract Intern
<b>Printed Name:</b>	Nicole Ventura		

### **SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE**

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	All American Healthcare Services Inc.	<b>Date:</b>	6/2/21
<b>Signature:</b>	<i>Nicole Ventura</i>	<b>Title:</b>	Government Contract Intern
<b>Printed Name:</b>	Nicole Ventura		

## **SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE**

- *Exceptions to Requirements shall cause the vendor's proposal to be disqualified.*

By signature below, vendor agrees to and shall fully comply with all Requirements as shown in this section of the bid solicitation.

<b>Vendor Name:</b>	All American Healthcare Services Inc.	<b>Date:</b>	6/2/21
<b>Signature:</b>	<i>Nicole Ventura</i>	<b>Title:</b>	Government Contract Intern
<b>Printed Name:</b>	Nicole Ventura		



## PROPOSED SUBCONTRACTORS FORM

- Do not include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

By signature below, vendor agrees to and shall fully comply with all Requirements related to subcontractors as shown in the bid solicitation.

Vendor Name:	All American Healthcare Services Inc.	Date:	6/2/21
Signature:	<i>Nicole Ventura</i>	Title:	Government Contract Intern
Printed Name:	Nicole Ventura		

Contract Number \_\_\_\_\_  
 Attachment Number \_\_\_\_\_  
 Action Number \_\_\_\_\_

**CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR: \_\_\_\_\_  
 SUBCONTRACTOR NAME: \_\_\_\_\_  
 Yes  No

TAXPAYER ID NAME: All American Healthcare Services Inc. IS THIS FOR: Goods?  Services?  Both?   
 YOUR LAST NAME: Ventura FIRST NAME: Nicole M.I.: C.

ADDRESS: 494 Broad Street #302  
 Newark NJ 07102  
 CITY: Newark STATE: NJ ZIP CODE: 07102 COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

**FOR INDIVIDUALS \***

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

**FOR AN ENTITY (BUSINESS) \***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held <small>[senator, representative, name of board/commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

Contract Number \_\_\_\_\_  
Attachment Number \_\_\_\_\_  
Action Number \_\_\_\_\_

**Contract and Grant Disclosure and Certification Form**

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature Nicole Ventura Title Government Contract Date 6/2/21  
Vendor Contact Person Nicole Ventura Title Intern Phone No. 347-0756-4497  
xt 4497

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
(*N.J.S.A. 10:5-31 et seq. / N.J.A.C. 17:27*)

**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the public agency compliance officer setting for the provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable Authority employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable Authority employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or

sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval  
Certificate of Employee Information Report  
Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Contract Compliance and EEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**<http://www.state.nj.us/treasury/purchase/forms/inf016.pdf>**



494 Broad Street • Suite 302 • Newark, NJ 07102  
Tel 866-629-2242 • Fax 866-629-2242 • www.aahcs.org

**Potential Vendor Roster**

1. Acuff, Mary (CNA), Rogers, Arkansas  
contact: [maryacuff7\\_7br@indeedemail.com](mailto:maryacuff7_7br@indeedemail.com)
2. Baker, Arlonda (CNA), Mabelvale, Arkansas  
contact: [arlondabaker2\\_jpd@indeedemail.com](mailto:arlondabaker2_jpd@indeedemail.com)
3. Batts, Corey (CNA), Benton, Arkansas  
contact: [batts.corey@gmail.com](mailto:batts.corey@gmail.com)
4. Cox, Mariah (CNA), Cave Springs, Arkansas  
contact: [mariahrebekahcox9\\_t7k@indeedemail.com](mailto:mariahrebekahcox9_t7k@indeedemail.com)
5. Flowers, Dornisha (CNA), Lewisville, Arkansas  
contact: [dornishaf6\\_hqf@indeedemail.com](mailto:dornishaf6_hqf@indeedemail.com)
6. Griffin, Tedra (CNA), Little Rock, Arkansas  
contact: [tedragriffin@gmail.com](mailto:tedragriffin@gmail.com)
7. Lindsey, Ashley (CNA), Texarkana, Arkansas  
contact: [ashleyjai08@gmail.com](mailto:ashleyjai08@gmail.com)
8. Powell, Zaniah (CNA), Little Rock, Arkansas  
contact: [zaniahpowell@gmail.com](mailto:zaniahpowell@gmail.com)
9. Sanford, Denise (CNA), Hot Springs National Park, Arkansas  
contact: [sanfordsd1999@yahoo.com](mailto:sanfordsd1999@yahoo.com)
10. Thomas, Haylie (CNA), Springdale, Arkansas  
contact: [hayliethomas4\\_bin@indeedemail.com](mailto:hayliethomas4_bin@indeedemail.com)

\* The proposed registrants must be sourced through All American Healthcare Services, Inc. and may not be privately contacted or contracted.

**OFFICIAL BID PRICE SHEET**

Vendors are to check the box beside the Human Development Center (HDC) which they are bidding. Vendors are allowed to bid on more than one HDC however they must have the minimal number of staff to meet the needs of each HDC for which they are bidding.

✓ Arkadelphia ✓ Booneville ✓ Conway ✓ Jonesboro ✓ Southeast

Respondent proposes to do the work described in the "Scope of Work" of this IFB at the following proposed rate during the anticipated contract period: Bid rate are to be all inclusive there shall be no separate pay for travel or mileage.

DESCRIPTION	RATE TYPE	BID RATE PER HOUR
Certified Nursing Assistant	Weekday 6:00am-6:00pm	\$ 26
	Weekday 6:00pm-6:00am	\$ 26
	Weekend (6:00pm Friday thru 6:00am Monday)	\$ 28
	Holiday*	\$ 39

\* On all federal holidays employees are paid time and a half.

*\* Holidays are as defined in Section 1.30 "State Holidays" of the IFB document.*

**AUTHORIZATION SIGNATURE**

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name: All American Healthcare Services Inc.	Date: 6/3/21
Signature: <i>Nicole Ventura</i>	Title: Government Contract Intern
Printed Name: Nicole Ventura	