



**Ohio Attorney General's Office**  
**Bureau of Criminal Investigation**  
 Investigative Report



2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH 44130, Cuyahoga County

**Investigative Activity:** Receipt and Review of Records  
**Activity Date:** February 16, 2023  
**Activity Location:** BCI - Richfield  
**Authoring Agent:** SA Matthew Armstrong #146

**Narrative:**

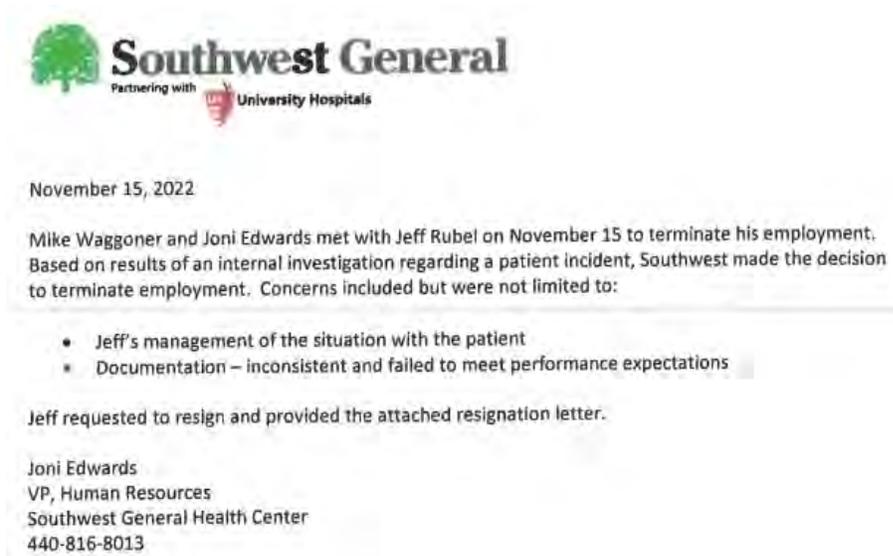
On February 16, 2023, Ohio Bureau of Criminal Investigation (BCI) Special Agent (SA) Matthew Armstrong (Armstrong) reviewed the personnel file of Southwest General Medical Center Registered Nurse (RN) Jeffrey Rubel (Rubel). The records were provided by Southwest General Police Department Chief Tristan Harker on February 14, 2023. The records have been attached to this report for further review.

Upon reviewing the records, SA Armstrong noted the following:

Personnel File

This file was comprised of 56 pages. It contained applicant and new hire paperwork. Rubel was hired June 13, 2022, as a full-time RN in the Emergency Department. There was no discipline in the file, however, the following information was identified as being relevant to this investigation:

- A memo dated November 15, 2022, documented a meeting with Rubel to terminate his employment.



*2023-02-14 Personnel File - Jeffrey Rubel - Page 1*

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**Ohio Attorney General's Office**  
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2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH 44130, Cuyahoga County

- A November 16, 2022, resignation email sent from jeffreyrubel@gmail.com.

**Edwards, Joni**

**From:** jeff rubel <jeffreyrubel@gmail.com>  
**Sent:** Wednesday, November 16, 2022 9:00 AM  
**To:** Edwards, Joni  
**Subject:** [EXTERNAL] Employment status.

\*\*\* This message has originated outside of the organization. Do not click on links or open attachments unless you recognize the sender and know it is safe. Suspicious emails should be reported for review, at suspiciousemails@swgeneral.com \*\*\*

Dear Ms. Edwards,  
 I am sending this email as my official resignation from Southwest General effective immediately. I offer my apologies as there have been some unforeseen challenges occur. Thank you for your understanding and the opportunity to work for your organization. If you could assist me with acquiring the record for my flu vaccine it would be most appreciated.  
 Regards,  
 Jeff Rubel

*2023-02-14 Personnel File - Jeffrey Rubel - Page 2*

- An October 19, 2022, email indicated Rubel would be paid for his time off pending the investigation.

**Noelker, Jessica**

**From:** Edwards, Joni  
**Sent:** Wednesday, October 19, 2022 3:46 PM  
**To:** Noelker, Jessica  
**Subject:** Re: Rubel

Could you pull his file for me?

Sent from my iPhone

On Oct 19, 2022, at 3:25 PM, Straubhaar, Nichole <NStraubhaar@swgeneral.com> wrote:

Hello,

Will we code Jeff's pay Jeff as MISC for his time off pending the investigation?

*Nichole Straubhaar BSN, RN*  
*Clinical Manager ED*  
 440 816-8893

*2023-02-14 Personnel File - Jeffrey Rubel - Page 5*

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**Ohio Attorney General's Office**  
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2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH 44130, Cuyahoga County

An Elyria Municipal Court Journal Entry dated May 22, 2014, indicated Rubel was convicted of assault.

**Elyria Municipal Court**  
 601 Broad Street, Elyria, OH 44035  
 Judge Lisa A Locke Graves  
 Eric J. Rothgery, Clerk

**FILED**

MAY 22 P 3 24

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**Journal Entry/Sentencing Order**

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05/22/2014 Case Number: 2014CRB00400 ELYRIA MUNICIPAL COURT

State of Ohio vs. JEFFREY R RUBEL

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This case came before the court on 05/22/2014. Defendant was present in court with counsel present and entered pleas to the charges listed below. Defendant was advised of the maximum penalties involved, right to counsel, right to have counsel appointed if indigent, right to trial by jury, right to confrontation and the right to compulsory process. Defendant knowingly waived these rights. Plea was accepted.

Violation	Description	Plea	Finding	Fine	Susp Fine	Susp Jail	Susp Jail	Fts
2903.13	ASSAULT	No Contest	Guilty (9)	\$500.00	\$250.00	90	90	0

Costs to be determined by clerks office  
 0 day(s) jail term at

Conditions of suspended sentence:  
 1. No further violations of this nature  
 2. Compliance with all CONDITIONS OF PROBATION included herein by reference.

UPON MOTION OF THE PROSECUTOR CHARGE AMENDED DUE TO WEIGHT OF EVIDENCE. \$250.00 FINES AND 90 DAY JAIL SENTENCE SUSPENDED CONDITION COMPLETION OF THE D.O.V.E. PROGRAM AS MONITORED THROUGH THE PROBATION DEPARTMENT AND NO FURTHER INCIDENTS OF THIS NATURE FOR 5 YEARS COMMENCING 5/22/2014.

X \_\_\_\_\_  
 Defendant Signature

\_\_\_\_\_ *Michelle Sedwick*  
 Prosecutor Signature

\_\_\_\_\_ *Lisa A Locke Graves*  
 Judge Lisa A Locke Graves

\_\_\_\_\_ *Mark J. Johnson*  
 Attorney Signature

2023-02-14 Personnel File - Jeffrey Rubel - Page 54

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**Ohio Attorney General's Office**  
**Bureau of Criminal Investigation**  
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2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH  
 44130, Cuyahoga County

An Elyria Municipal Court Journal Entry dated September 13, 2011, indicated Rubel was convicted of resisting arrest and persistent disorderly conduct, and the charge of obstructing official business was dismissed.

**Elyria Municipal Court**  
 601 Broad Street, Elyria, OH 44035  
 Judge Lisa A Locke Graves  
 Eric J. Rothgery, Clerk

**Journal Entry/Sentencing Order** 21 13 P 3:17

Case Number: 2011CRB02258  
 State of Ohio vs. JEFFREY R RUBEL

This case came before the court on 09/13/2011. Defendant was present in court with counsel present and entered pleas to the charges listed below. Defendant was advised of the maximum penalties involved, right to counsel, right to have counsel appointed if indigent, right to trial by jury, right to confrontation and the right to compulsory process. Defendant knowingly waived these rights. Plea was accepted.

Violation	Description	Plea	Finding	Fine	Susp Fine	Jail	Susp Jai	Pts
2901.33	RESISTING ARREST	No Contest	Guilty	\$250.00	\$0.00	87	87	0
2901.31	OBSTRUCT OFFICIAL BUSINESS	No Contest	Dismissed	\$0.00	\$0.00	0	0	0
2907.21A2	DISORDERLY CONDUCT-PERSISTING	No Contest	Guilty	\$150.00	\$0.00	0	0	0

Costs to be determined by clerks office  
 to days jail term at

Conditions of suspended sentence:

1. Good behavior for one year.
2. Must pay fines and costs in full on day of sentencing or be in complete compliance with the terms of any court approved installment plan.

60 DAY JAIL SENTENCE SUSPENDED CONDITION ALCOHOL EVALUATION AND FOLLOW ALL RECOMMENDATIONS AS MONITORED THROUGH THE PROBATION DEPARTMENT.

\_\_\_\_\_  
 Defendant Signature  
 \_\_\_\_\_  
 Attorney Signature

\_\_\_\_\_  
 Prosecutor Signature  
 \_\_\_\_\_  
 Judge Lisa A Locke Graves

2023-02-14 Personnel File - Jeffrey Rubel - Page 55

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2023-0228

Officer Involved Critical Incident - 18697 Bagley Rd., Cleveland, OH 44130, Cuyahoga County

An Elyria Municipal Court Journal Entry dated September 13, 2011, indicated Rubel was convicted of assault.

**Elyria Municipal Court**  
 601 Broad Street, Elyria, OH 44035  
 Judge Lisa A Locke Graves  
 Eric J. Rothgery, Clerk

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**Journal Entry/Sentencing Order** 2011 09 13 P 3:11

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09/13/2011 Case Number: 2011CRA02261

State of Ohio vs. **JEFFREY R RUBEL**

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This case came before the court on 09/13/2011. Defendant was present in court with counsel present and entered pleas to the charges listed below. Defendant was advised of the maximum penalties involved, right to counsel, right to have counsel appointed if indigent, right to trial by jury, right to confrontation and the right to compulsory process. Defendant knowingly waived these rights. Plea was accepted.

Violation	Description	Plea	Finding	Fine	Susp Fine	Susp Jail	Susp Jai	Pts
2903.13	ASSAULT	No Contest	Guilty (9)	1,000.00	\$750.00	90	87	0

Costs to be determined by clerks office  
 3 day(s) jail term at Lorain County Jail beginning 10/03/2011 at 09:00AM.

Conditions of suspended sentence:

1. Good behavior for one year.
2. Must pay fines and costs in full on day of sentencing or be in complete compliance with the terms of any court approved installment plan.

CHARGE AMENDED AT REQUEST OF THE PROSECUTOR DUE TO WEIGHT OF EVIDENCE.

X *Jeffrey Rubel* *[Signature]*  
 Defendant Signature Prosecutor Signature

*Michael J. Sullivan* *[Signature]*  
 Attorney Signature Judge Lisa A Locke Graves

2023-02-14 Personnel File - Jeffrey Rubel - Page 56

**Attachments:**

2023-02-14 Personnel File - Jeffrey Rubel

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# Southwest General

Partnering with



University Hospitals

November 15, 2022

Mike Waggoner and Joni Edwards met with Jeff Rubel on November 15 to terminate his employment. Based on results of an internal investigation regarding a patient incident, Southwest made the decision to terminate employment. Concerns included but were not limited to:

- Jeff's management of the situation with the patient
- Documentation – inconsistent and failed to meet performance expectations

Jeff requested to resign and provided the attached resignation letter.

Joni Edwards  
VP, Human Resources  
Southwest General Health Center  
440-816-8013

## Edwards, Joni

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**From:** jeff rubel <jeffreyrrubel@gmail.com>  
**Sent:** Wednesday, November 16, 2022 9:00 AM  
**To:** Edwards, Joni  
**Subject:** [EXTERNAL] Employment status,

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Dear Ms. Edwards,

I am sending this email as my official resignation from Southwest General effective immediately. I offer my apologies as there have been some unforeseen challenges occur. Thank you for your understanding and the opportunity to work for your organization. If you could assist me with acquiring the record for my flu vaccine it would be most appreciated.

Regards,  
Jeff Rubel

NEW HIRE INFORMATION SHEET

207399

RECRUITER: Tracy Coleman

Employee #:

PERSONAL INFORMATION

App. # 81283

DOB: 8-18-16

Legal Name: Jeffrey Rubel

SS#: [Redacted]

Phone Number: [Redacted]

County: Cuyahoga

Marital Status: D

Previous SWG Employee?: YES or NO

BACKGROUND CHECK

Employment Verification: The Work Number 5/18  
Background/Nicotine/Covid Vaccine Questions Verified: YES or NO 5/20  
Primary Source License Verified (Date/Initial) 5/18  
Corporate Compliance/HIPAA Check:  OIG  EPLS 5/18  
Application date: 4/25/2022

EMPLOYMENT OFFER

Contacted Date(s):

Accepted Date/Time: 5/20 @ 12:53p

Orientation Type: Nursing

Hire Date: 6/13 / 2022

Job Req #: 14603

Job Title/Code: CLINICAL NURSE/3650

Status/Schedule: FT (benefit eligible) / 7:00 p.m. - 7:00 a.m.

FTE/Bi-Weekly Hours: 72/9

Rate of Pay: \$39.05

Alternate Rate of Pay:

Dept #/Name: 6330 / Emergency Services

Manager: Nichole Straubhaar

Exempt or Non-Exempt: Non-Exempt

Kronos Profile/Payrule: Default/Nurse04

PRE-PLACEMENT PHYSICAL/UDS

CIRCLE ONE: MIDDLEBURG HEIGHTS PARMA FAIRVIEW PARK OTHER

72 hour reminder  Photo I.D.  Emailed Referral Form  Immunization Records  
 Contact EOHS for physical appointment within 48 hours

\* COVID ✓ O.K.

Sign-on bonus (\$6,000.00)  
90 days 2000 9/12/2022  
12 MOS 2000 6/13/2023  
18 MOS 2000 12/13/2023

**ONBOARDING APPOINTMENT**

**Information to collect and discuss at the time of HR appointment:**

Release Forms Signed       COVID19 EXEMPTION FORM

\* References (attached)

\*  Education Verified (make copy for file)       403(b) QDIA notice/Auto Enrollment Notice

5/18 Licensure Verified (make copy for file)      \*  Sign-On Bonus Agreement (attached)

\* CPR (AHA only)       Certification (make copy for file)       Minor Paperwork/Work Permit

Form I9 (2 forms of ID)       MVR Authorization Form Signed

Fingerprinting:  BCI       FBI       Five years proof of residency listed below if needed

**POST HR ONBOARDING APPOINTMENT:**

HR Finger Log

ESS/MSS Assignment Report

Lawson Certifications/Licensure PA22.1

LIC # \_\_\_\_\_ & CODE \_\_\_\_\_ OR: PCA (or STNA) YEARS OF EXPERIENCE (enter on pa22) \_\_\_\_\_

CPR: YES OR NO

BLS/ACLS: YES OR NO

**Comments/other reminders:**

**Noelker, Jessica**

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**From:** Edwards, Joni  
**Sent:** Wednesday, October 19, 2022 3:46 PM  
**To:** Noelker, Jessica  
**Subject:** Re: Rubel

Could you pull his file for me?

Sent from my iPhone

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On Oct 19, 2022, at 3:25 PM, Straubhaar, Nichole <NStraubhaar@swgeneral.com> wrote:

Hello,

Will we code Jeff's pay Jeff as MISC for his time off pending the investigation?

*Nichole Straubhaar BSN, RN*  
*Clinical Manager ED*  
440 816-8893

# Application for Employment



Position: **REGISTERED NURSE EMERGENCY DEPARTMENT**

Department: **Emergency Services**

Schedule: **HALF-TIME (benefit eligible)**

Requisition Number: **14571**

## Introduction

### Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, sexual orientation, marital status, or any other legally protected status.

### Instructions to Applicant

1. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Southwest General Health Center may use the information given in the application to investigate the applicant's previous employment and background.
2. You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. Southwest General Health Center may use the information given in the application to investigate the applicant's previous employment and background.
3. If you are hired, proof of citizenship or immigration status will be required to verify your lawful right to work in the United States.

### \*Required Information

## Personal Info

### Name

First Name: \*Jeffrey

MI:

Last Name: \*Rubel

### Address

Address: \*7504 Outlook Ave

City: \*Brooklyn

State: \*OH

Zip: \*44144

### Social Security Number

Social Security Number: \*\*\*\*\*\*

Confirm Social Security Number: \*\*\*\*\*\*

### Contact Information

Primary Phone: [REDACTED]

Phone Type \*Mobile

Preferred Contact Method? Email

Email Address: [REDACTED]

## Education

### Education History

What is your highest level of education? \*Master's Degree

### Education History Review

Please review your education history. Use the Add More Education button to add additional education history.

#### Education History Review 1

### School Information

Name of School: \*DeVry University

Street:

### Degree Information

Degree Type: \*Masters

Major: \*Business Administration

Province:  
Zip:  
Country: **USA**

#### Education History Review 2

##### School Information

Name of School: **\*Chamberlain College of Nursing**  
Street:  
City: **\*Chicago**  
State: **\*IL**  
Province:  
Zip:  
Country: **USA**

##### Degree Information

Degree Type: **\*Masters**  
Major: **\*Nursing**  
Did you graduate? **\*Yes**

#### Education History Review 3

##### School Information

Name of School: **\*Ohio University**  
Street:  
City: **\*Athens**  
State: **\*OH**  
Province:  
Zip:  
Country: **USA**

##### Degree Information

Degree Type: **\*Bachelors**  
Major: **\*Nursing**  
Did you graduate? **\*Yes**

#### Education History Review 4

##### School Information

Name of School: **\*Lorain Community College**  
Street:  
City: **\*Elyria**  
State: **\*OH**  
Province:  
Zip:  
Country: **USA**

##### Degree Information

Degree Type: **\*Associates**  
Major: **\*Nursing Licenses**  
Did you graduate? **\*Yes**

#### Licensure

**Professional Licensure/Certification/Registration**  
Do you have state licensure for this position? **\*Yes**

#### Professional Licensure/Certification/Registration 1

##### Professional Licensure/Certification/Registration Information

Type: **RN**  
State: **OH**

License Issued: **10/30/2021**  
Expiration Date: **10/30/2023**  
Status: **Permanent**

Professional Licensure/Certification/Registration 2

**Professional  
Licensure/Certification/Registration  
Information**

Type: **PALS**  
State:  
License #:  
Original Issue:  
License Issued:  
Expiration Date:  
Status:

Professional Licensure/Certification/Registration 3

**Professional  
Licensure/Certification/Registration  
Information**

Type: **CNML**  
State:  
License #:  
Original Issue:  
License Issued:  
Expiration Date:  
Status:

Professional Licensure/Certification/Registration 4

**Professional  
Licensure/Certification/Registration  
Information**

Type: **ACLS**  
State:  
License #:  
Original Issue:  
License Issued:  
Expiration Date:  
Status:

Professional Licensure/Certification/Registration 5

**Professional  
Licensure/Certification/Registration  
Information**

Type: **BLS**  
State:  
License #:

Status:

Professional Licensure/Certification/Registration 6

**Professional Licensure/Certification/Registration Information**

Type: **RN**

State:

License #:

Original Issue:

License Issued:

Expiration Date:

Status:

**Professional Licensure/Certification/Registration Question**

Have you ever had any action taken against your professional license? **No**

Work History

**Work History**

How many years of relevant experience do you have in this position? **\*10+ years**

Are you currently employed? **\*Yes**

**Work Experience**

**List ALL previous employment for the past 10 years, starting with your most recent/last position, including military experience & work background.** Resume is required to describe your duties and scope of responsibility in each job. Make sure you include volunteer work or other job related training which provides information on skills/abilities you have developed. Account for any time during this period that you were unemployed by stating the nature of your activities. Please indicate if you were employed under a different name.

Work Experience 1

**Company Information**

Name of Company: **\*VCP Staff**

Street:

City: **\*Lowell**

State: **\*MA**

Zip:

Employer's Phone:

**Position Information**

Other Name(s) Used:

Job Title: **\*Emergency Department RN**

Are you currently employed here? **\*Yes**

Date of Hire: **\*01/01/2022**

Starting Salary: **\*\$150/hr**

Ending Salary: **\*Same**

**Additional Details**

Supervisor's Name:

Employment Status:

Reason for Leaving: **\*Assignment ended**  
May we contact this employer for a reference? **\*Yes**

#### Work Experience 2

##### Company Information

Name of Company: **\*Saint Vincent Charity Hospital**  
Street:  
City: **\*Cleveland**  
State: **\*OH**  
Zip:  
Employer's Phone:

##### Position Information

Other Name(s) Used:  
Job Title: **\*Clinical Nurse**  
Are you currently employed here? **\*No**  
Date of Hire: **\*11/01/1999**  
Employed To: **\*01/01/2000**  
Starting Salary: **\*\$25/hr**  
Ending Salary: **\*Same**

##### Additional Details

Supervisor's Name:  
Employment Status:  
Job Duties and Responsibilities: **\*Post-operative care of cardiac surgery patients in critical care setting**  
Reason for Leaving: **\*Seeking position w more expansive skillset**  
May we contact this employer for a reference? **\*Yes**

#### Work Experience 3

##### Company Information

Name of Company: **\*Starmed Staffing Group**  
Street:  
City: **\*Independence**  
State: **\*OH**  
Zip:  
Employer's Phone:

##### Position Information

Other Name(s) Used:  
Job Title: **\*Staff nurse**  
Are you currently employed here? **\*No**  
Date of Hire: **\*01/01/2001**  
Employed To: **\*01/01/2002**  
Starting Salary: **\*\$45/h**  
Ending Salary: **\*Same**

##### Additional Details

Supervisor's Name:  
Employment Status:  
Job Duties and Responsibilities: **\*to 2000 emergency department, intensive care units, telemetry, and**

Work Experience 4

**Company Information**

Name of Company: \***Medical Staffing Network**

Street:

City: \***Independence**

State: \***OH**

Zip:

Employer's Phone:

**Position Information**

Other Name(s) Used:

Job Title: \***Staff nurse**

Are you currently employed here? \***Yes**

Date of Hire: \***02/01/2000**

Starting Salary: \***\$40/h**

Ending Salary: \***Same**

**Additional Details**

Supervisor's Name:

Employment Status:

Job Duties and Responsibilities: \***to 2000 emergency department, intensive care units, telemetry, and medical-surgical areas of multiple facilities**

Reason for Leaving: \*.

May we contact this employer for a reference? \***Yes**

Work Experience 5

**Company Information**

Name of Company: \***VCP Staff**

Street:

City: \***Buffalo**

State: \***NY**

Zip:

Employer's Phone:

**Position Information**

Other Name(s) Used:

Job Title: \***Clinical Nurse**

Are you currently employed here? \***No**

Date of Hire: \***04/01/2021**

Employed To: \***08/05/2022**

Starting Salary: \***\$105/h**

Ending Salary: \***Same**

**Additional Details**

Supervisor's Name:

Employment Status:

Job Duties and Responsibilities: \***Clinical nurse in metropolitan Level III trauma center for emergency department, ICU, COVID ICU, med- tele, med-surg, COVID floor**

Reason for Leaving: \***Assignment ended**

May we contact this employer for a reference? \***Yes**

Work Experience 6

**Company Information**

Name of Company: \*ProLink Staffing

Street:

City: \*Barstow

State: \*CA

Zip:

Employer's Phone:

**Position Information**

Other Name(s) Used:

Job Title: \*Emergency Department RN

Are you currently employed here? \*No

Date of Hire: \*01/29/2021

Employed To: \*03/27/2021

Starting Salary: \*\$120/h

Ending Salary: \*Same

**Additional Details**

Supervisor's Name:

Employment Status:

Job Duties and Responsibilities: \*Clinical nurse and triage in community-based Level III trauma center

Reason for Leaving: \*Assignment ended

May we contact this employer for a reference? \*Yes

Work Experience 7

**Company Information**

Name of Company: \*MetroHealth

Street:

City: \*Cleveland

State: \*OH

Zip:

Employer's Phone:

**Position Information**

Other Name(s) Used:

Job Title: \*Emergency Department RN

Are you currently employed here? \*No

Date of Hire: \*11/09/2009

Employed To: \*01/10/2021

Starting Salary: \*\$35/h

Ending Salary: \*Same

**Additional Details**

Supervisor's Name:

Employment Status:

Job Duties and Responsibilities: \*Clinical nurse, triage, preceptor, in Level 1 Trauma and comprehensive burn center

Reason for Leaving: \*Seeking opportunities in other settings

May we contact this employer for a reference? \*Yes

**Company Information**

Name of Company: \*MetroHealth  
Street:  
City: \*Cleveland  
State: \*OH  
Zip:  
Employer's Phone:

**Position Information**

Other Name(s) Used:  
Job Title: \*Nursing Supervisor  
Are you currently employed here? \*No  
Date of Hire: \*06/01/2013  
Employed To: \*01/10/2021  
Starting Salary: \*\$48/h  
Ending Salary: \*Same

**Additional Details**

Supervisor's Name:  
Employment Status:  
Job Duties and Responsibilities: \*• Inpatient placement including facilitating transfers from outlying facilities • Allocation of personnel to meet departmental and patient needs • Maintenance of administrative records- administrator on call, census, and demand matching reports • Communication with clinical staff, managers, and administrators regarding daily operations and problem-solving strategies  
Reason for Leaving: \*Seeking clinical position  
May we contact this employer for a reference? \*Yes

Work Experience 9

**Company Information**

Name of Company: \*University Hospitals Richmond Medical Center  
Street:  
City: \*Richmond Heights  
State: \*OH  
Zip:  
Employer's Phone:

**Position Information**

Other Name(s) Used:  
Job Title: \*Emergency Department RN  
Are you currently employed here? \*No  
Date of Hire: \*01/01/2007  
Employed To: \*12/31/2010  
Starting Salary: \*\$35/h  
Ending Salary: \*Same

**Additional Details**

Supervisor's Name:  
Employment Status:  
Job Duties and Responsibilities: \*Clinical nurse, triage, and charge in community-based Level III trauma center  
Reason for Leaving: \*Sought Level 1 Trauma experience  
May we contact this employer for a reference? \*Yes

**Company Information**

Name of Company: \*Community Health Partners  
Street:  
City: \*Lorain  
State: \*OH  
Zip:  
Employer's Phone:

**Position Information**

Other Name(s) Used:  
Job Title: \*Clinical Nurse  
Are you currently employed here? \*No  
Date of Hire: \*01/01/2004  
Employed To: \*01/01/2009  
Starting Salary: \*\$45/h  
Ending Salary: \*Same

**Additional Details**

Supervisor's Name:  
Employment Status:  
Job Duties and Responsibilities: \*Clinical nurse, triage, and charge nurse responsibilities in community-based Level III trauma center for emergency department, ICU, CCU, med-tele, med-surg  
Reason for Leaving: \*Sought staff position  
May we contact this employer for a reference? \*Yes

Work Experience 11

**Company Information**

Name of Company: \*Intelistaf Healthcare  
Street:  
City: \*Independence  
State: \*OH  
Zip:  
Employer's Phone:

**Position Information**

Other Name(s) Used:  
Job Title: \*Clinical Nurse  
Are you currently employed here? \*No  
Date of Hire: \*06/01/2001  
Employed To: \*01/01/2004  
Starting Salary: \*\$40/h  
Ending Salary: \*Same

**Additional Details**

Supervisor's Name:  
Employment Status:  
Job Duties and Responsibilities: \*Clinical nurse- emergency department, ICU, med-tele, and med-surg areas of multiple facilities  
Reason for Leaving: \*.  
May we contact this employer for a reference? \*Yes

**Company Information**Name of Company: **\*Kforce Professional Staffing**

Street:

City: **\*Independence**State: **\*OH**

Zip:

Employer's Phone:

**Position Information**

Other Name(s) Used:

Job Title: **\*Staff nurse**Are you currently employed here? **\*No**Date of Hire: **\*06/01/2000**Employed To: **\*06/01/2001**Starting Salary: **\*\$40/h**Ending Salary: **\*Same****Additional Details**

Supervisor's Name:

Employment Status:

Job Duties and Responsibilities: **\*emergency department, intensive care units, telemetry, and medical-surgical areas of multiple facilities**Reason for Leaving: **\***May we contact this employer for a reference? **\*Yes**

## Military Service

**Military Service**Were/Are you a member of the U.S. Armed Forces? **\*No**

## References

**Reference 1**

Please give three references (Do not list relatives)

Name:

Telephone Number:

Email Address:

Relationship:

**Reference 2**

Name:

Telephone Number:

Email Address:

Relationship:

**Reference 3**

Name:

Telephone Number:

Email Address:

Relationship:

## Additional Info

**Salary & Availability**Desired Salary: **Negotiable**Date Available to Start Work: **05/22/2022**

**Relatives Employed**

If you have any relatives currently employed by Southwest General Health Center list their

First Name:  
Last Name:  
Department:

**Job Status/Shift**

**What job status/shift would you accept? (Please check all that would apply.)**

Status **Full Time, Part Time**  
Shift **Nights, Weekends, Rotating**

**Additional Questions**

Please answer the following questions.

If you are under 18 years of age, can you provide required proof of your eligibility to work? **\*Yes**  
Are you legally eligible for employment in the United States? **\*Yes**  
Form 1-15:  
Form 1-94:  
Class:  
Have you ever been employed by Southwest General Health Center? **\*Yes**  
Hire Date: **\*01/01/1998**  
Department: **\*House orderly**

**Additional Questions continued**

Are you able to safely and substantially perform the essential job functions of the position with or without a reasonable accommodation? **\*Yes**  
Have you ever been convicted of a crime other than a minor traffic offense (including Military Service)? **\*Yes**  
If yes, please explain. **\*Documentation readily available** *2011 Drunk & disorderly conduct - N. Ridgerville*  
Are you willing to take a pre-employment physical? **\*Yes** *2014 Misdemeanor - Criminal Menacing court fine probation & time served Columbia Station*  
Southwest General Health Center is a tobacco-free campus and does not hire applicants that use any type of tobacco or nicotine product. Will you be able to comply with this policy? **\*Yes**  
Are you willing to take a drug and cotinine (metabolite of nicotine) screening test? **\*Yes**

Resume

**Cover Letter / Resume**

Please upload and attach the indicated documents

Cover Letter:  
Resume: **pdf.pdf**

Read and Sign

**Read and Sign**

**Read the following carefully before signing.**

I certify that the information set forth in this Application is true, correct and complete. I agree that false statements on this Application shall be considered sufficient grounds for immediate dismissal. **Prior to an offer of employment, I authorize all schools, credentialing agencies, former employers, references, including those I have listed as do not contact on the Application, and others who have information about me to provide such information and release all parties from all liability for any damage that may result from furnishing same to you.** I agree to allow a background check to be completed to certify my eligibility to participate in the Medicare/Medicaid programs if I am applying for a position with responsibilities that influence the submission of bills and claims. I agree to comply with all the rules and regulations of the facility and I further agree that my employment and compensation can be terminated, with or without notice and with or without cause at any time at the option of either the facility or myself. I agree that the facility can modify, change or rescind in whole or in part, at any time and without liability to anyone its policies and practices stated in any handbook, documents, memoranda or otherwise. I also agree and acknowledge that no representative of the facility other than the President or Executive Vice President

I understand that Southwest General is committed to maintaining a drug and tobacco-free workplace. After an offer of employment but prior to employment, I agree to submit to a routine medical examination and a drug and tobacco screen, conducted by medical professionals Southwest designates. Candidates for employment that are impacted by Southwest General's tobacco-free workplace policy will be offered smoking cessation assistance and may reapply after 90 days. I also agree that, if hired, I will comply with any program of drug testing, including periodic or random drug testing, that you may have in place. I agree during my employment and where permitted by applicable federal and/or state law, to submit to a medical examination to determine my abilities to perform the essential functions of the job. I authorize the examining physician to disclose to the facility or its representative the results of such examination.

"I agree that falsification of any such information provided orally or in writing during the course of a medical examination, whether a pre-employment examination or otherwise, is grounds for termination of employment."

**My typed name below shall have the same force and effect as my written signature.**

Applicant Signature: **\*Jeffrey R Rubel**

Date: **04/25/2022**

# Jeffrey Rubel RN MSN CNML

## **Emergency Department Nurse**

Brooklyn, OH 44144  
jeffreyrrubel@gmail.com  
+1 440 309 0162

Experienced in a variety of emergency department and community settings including Level I. Highly-skilled clinician proficient in direct care, triage, charge nurse, and preceptor. Valued team member and patient/family advocate.

---

Authorized to work in the US for any employer

## Work Experience

### **Emergency Department RN**

VCP Staff - Lowell, MA  
January 2022 to May 2022

Clinical nurse, triage, and rapid response in community-based Level III trauma center

### **Clinical Nurse**

VCP Staff - Buffalo, NY  
April 2021 to August 2021

Clinical nurse in metropolitan Level III trauma center for emergency department, ICU, COVID ICU, med-tele, med-surg, COVID floor

### **Emergency Department RN**

ProLink Staffing - Barstow, CA  
January 2021 to March 2021

Clinical nurse and triage in community-based Level III trauma center

### **Nursing Supervisor**

MetroHealth - Cleveland, OH  
2013 to January 2021

- Inpatient placement including facilitating transfers from outlying facilities
- Allocation of personnel to meet departmental and patient needs
- Maintenance of administrative records- administrator on call, census, and demand matching reports
- Communication with clinical staff, managers, and administrators regarding daily operations and problem-solving strategies

---

### **Emergency Department RN**

The MetroHealth System - Cleveland, OH  
2009 to January 2021

Clinical nurse, triage, preceptor, in Level 1 Trauma and comprehensive burn center

### **Emergency Department RN**

University Hospitals Richmond Medical Center - Richmond Heights, OH

2007 to 2009

Clinical nurse, triage, and charge in community-based Level III trauma center

**Clinical Nurse**

Community Health Partners - Lorain, OH

2003 to 2007

Clinical nurse, triage, and charge nurse responsibilities in community-based Level III trauma center for emergency department, ICU, CCU, med-tele, med-surg

**Clinical Nurse**

Intelistaf Healthcare - Independence, OH

2002 to 2003

Clinical nurse- emergency department, ICU, med-tele, and med-surg areas of multiple facilities

**Staff nurse**

Kforce Professional Staffing - Independence, OH

2000 to 2002

emergency department, intensive care units, telemetry, and medical-surgical areas of multiple facilities

**Staff nurse**

Starmed Staffing Group - Independence, OH

2000 to 2000

emergency department, intensive care units, telemetry, and medical-surgical areas of multiple facilities

**Staff nurse**

Medical Staffing Network - Independence, OH

2000 to 2000

emergency department, intensive care units, telemetry, and medical-surgical areas of multiple facilities

**Clinical Nurse**

Saint Vincent Charity Hospital - Cleveland, OH

1999 to 2000

Post-operative care of cardiac surgery patients in critical care setting

**Education**

**MBA**

DeVry University-Chicago

May 2018 to May 2022

**MSN**

Chamberlain College of Nursing

January 2015 to January 2018

**BSN**

Ohio University

2012 to December 2014

**ADN**

Lorain Community College  
1999

**Nursing Licenses****RN**

Expires: October 2023

State: OH

---

**Skills**

- RN
- BLS
- Emergency Department
- Management Experience
- Nursing Experience
- Triage
- ICU Experience
- Critical Care Experience
- EMR Systems
- Medication Administration
- Leadership
- Hospital Experience
- Epic
- Vital Signs
- Experience Administering Injections
- Supervising Experience

**Certifications and Licenses****ACLS/BLS****PALS****CNML**

July 2019 to July 2022

**TNCC**

November 2021 to November 2025

# Keller Graduate School of Management

*The President and Trustees, acting upon the recommendation  
of the Graduate School Faculty of*

**DeVry University**

*have conferred upon*

**Jeffrey R Rubel**

*the degree of*

**Master of Business Administration**

**With Distinction**  
*with all its rights, privileges and responsibilities,*

*Given under the seal of DeVry University in the State of Illinois on the  
23rd day of April in the year 2022.*

  
Thomas J. Monaghan III  
President and Chief Executive Officer



  
Shantanu Bose, Ph.D.  
Provost & Chief Academic Officer

**BASIC LIFE SUPPORT****BASIC LIFE SUPPORT****BLS  
Provider****Jeffrey Rubel**

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date	Renew By	eCard Code
10/19/2021	10/2023	215416678524



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

**Training Center Name** Bayside CPR & AED Training Center**Training Center ID** MD20981**TC City, State** Annapolis, MD**TC Phone** (443) 837-7891**Instructor Name** Patrick Fost**Instructor ID** 04210948109

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**Directions**

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves

**ADVANCED CARDIOVASCULAR LIFE SUPPORT****ADVANCED CARDIOVASCULAR LIFE SUPPORT****ACLS  
Provider****Jeffrey Rubel**

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date	Renew By	eCard Code
10/21/2021	10/2023	215406751243



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

**Training Center Name** Bayside CPR & AED Training Center

**Training Center ID** MD20981

**TC City, State** Annapolis, MD

**TC Phone** (443) 837-7891

**Instructor Name** Scott Christopher Matheson

**Instructor ID** 01210921743

© 2020 American Heart Association 20-3000 10/20

**Directions**

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves

# PEDIATRIC ADVANCED LIFE SUPPORT

**PALS  
Provider**



**American  
Heart  
Association.**

**American Academy  
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

**Jeff Rubel**

**has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Pediatric Advanced Life Support (PALS) Program.**

**Issue Date**

1/21/2021

**Training Center Name**

Tri-Hospital EMS

**Training Center ID**

MI05610

**Training Center City, State**

Port Huron, MI

**Training Center Phone  
Number**

(248) 996-7369

**Renew By**

01/2023

**Instructor Name**

Bryan Meeks

**Instructor ID**

01200843714

**eCard Code**

215428277291

**QR Code**



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

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This is a reprint, see card below.



This is your Provider Verification Card

**ENA**  
EMERGENCY NURSES  
ASSOCIATION

930 E Woodfield Rd  
Schaumburg, Illinois 60173

NAME Jeff Rubel

EXPIRATION DATE 11/30/2025

has successfully completed all Provider course requirements for the ENA  
Trauma Nursing Core Course (TNCC)

**TNCC**  
TRAUMA NURSING CORE COURSE  
An ENA Course

CUT ON DOTTED LINE

**Emergency Nurses Association**  
Provider Unit • 930 E Woodfield Rd • Schaumburg, Illinois 60173

**SIGN ON BONUS WORK AGREEMENT**

The Parties to this Agreement are Southwest General Health Center (the "Health Center") and JEFF RUMEL (the "Employee").  
*(print name here)*

WHEREAS, the Health Center desires the Employee to have a sign on bonus in return for accepting an offer of employment with the Health Center.

NOW, THEREFORE, the Parties agree as follows:

**I. Term.**

Employee agrees to work for the Health Center for one year past the last reimbursement installment of the sign on bonus.

**II. Sign on bonus.**

The Health Center agrees to pay the amount set forth below as a sign on bonus.

**III. Failure to Fulfill Agreement.**

If Employee does not complete one year of service with the Health Center after the completion of the reimbursement described herein, Employee agrees to immediately repay the total sign on bonus to the Health Center.

**Reimbursement Program:** Sign on bonus

**Amount:** \$6,000 less applicable taxes.

**Payment Schedule:** \$2,000 to be paid after 90 days; 12 months and 18 months. Please note that payment will be made within 30 days after successfully completion of the designated period(s) above.

I have read and agree to the previously stated conditions.

5/31/2022  
Date

[Signature]  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HR Designee



# Southwest General

Partnering with



University Hospitals

May 20, 2022

Jeffrey Rubel  
7504 Outlook Ave  
Brooklyn, OH, 44144

Dear Jeffrey:

Welcome to Southwest General Health Center! This letter is to confirm our offer of employment which is contingent on you successfully completing the pre-placement process. Please read the details of this letter carefully.

**Below is your specific offer of employment information:**

**Employee Number:** 207399

**Position Title:** CLINICAL NURSE EMERGENCY DEPARTMENT

**Department Name:** Emergency Services

**Status:** FULL-TIME, NON-EXEMPT (CLOCK IN/OUT)

**Standard Hours:** 72.000000

**Shift:** Nights

**Hours:** 7:00pm - 7:00am

**Rate of Pay:** \$39.00

**Hire Date:** June 13, 2022

**Supervisor Name and Contact Number:** Nichole Straubhaar 440-816-8893

You will be scheduled to attend the health center orientation program on June 13, 2022 at 8:00 a.m. You will be introduced to Southwest General Health Center's mission, values, policies and benefits. We are excited that you have chosen to join Southwest General and look forward to working with you. **If you have accepted an RN, PCA or Paramedic position, you will also be required to attend Clinical Orientation for 3 days (Tuesday, Wednesday, and Thursday) following General Orientation.** If you have any questions, please contact me at 440-816-8027.

**Please follow these next steps for a successful onboarding process:**

**Step 1: Drug Test**

Please go to the Quest Diagnostics facility you have selected for your urine drug screen **within 72 hours**. You will be receiving an email with a referral form to present at the facility for your UDS.

## Step 2: Schedule Physical

Contact the Employee Health Department within 24 hours of the offer to schedule your mini-physical. You can contact them at **440-816-8024** to schedule an appointment. Please bring any records regarding the following: vaccines, vaccine titers, Tb tests & N-95 fit testing with you to your physical. If you require glasses or contacts make sure you wear them as vision screening will be completed. **EOHS is at Building C of main campus and in Room 303.**

## Step 3: ReadySet Survey

Next, you will complete an online health survey. Employee Occupational Health Services is using a computer-based program called (*ReadySet*). Please follow the instructions below to complete your required online survey. **THIS SURVEY MUST BE COMPLETED PRIOR TO YOUR EOHS APPOINTMENT.**

- Go to <https://swgeneral.readysetsecure.com>
- Click "**New User? Click Here to Begin**"
- Access/Org Code: **1388**
- Program Type: **Modified Physical**
- Population Type: **Post Offer Candidate**
- Click here to review the Notice of Privacy Practices: <https://www.swgeneral.com/Patients-Visitors/Patient-Information/Privacy-Practices-Notice.aspx>

## Step 4: Schedule Onboarding Appointment

Call 440-816-8025 to let us know when your physical appointment is if they didn't transfer you afterwards - your HR onboarding appointment will be scheduled for immediately following your physical. ***This is an important step!*** HR will have your paperwork ready for you and you will be able to wrap up the onboarding process the same day as your physical. We will complete new hire documents, your fingerprinting, and you will receive your badge at this appointment.

## Step 5: Complete New Hire Documents

Lastly, please complete your new hire documents. We will have these printed out and ready for your signature at your onboarding appointment the day of your physical. Simply click on the link below, and don't forget to **bring the following to your scheduled onboarding appointment:**

- two forms of government issued i.d.'s to complete your Form I9 (i.e. Birth Certificate, Driver's License, Social Security Card, Passport, etc.)
- necessary supporting documentation to verify dependent eligibility for enrollment in benefits
- CPR and any certification
- highest level of education documentation
- five (5) years proof of Ohio residency

[CLICK HERE to access your onboarding documents](#)

The above link is valid for 14 days from the time it was received. If the link has expired, please contact us to request a new link.

If you are unable to click the link above, copy and paste the URL below into a browser.

<https://pm.healthcaresource.com/Onboarding/southwestgeneral/token/942232202c9a49cbac4f515afa8faac8>

Sincerely,

Tracy Coleman  
Talent Acquisition Specialist  
Human Resources  
Southwest General Health Center  
440-816-8025

## Coleman, Tracy

---

**From:** noreply-cloudnotification@infor.com  
**Sent:** Friday, May 20, 2022 1:10 PM  
**To:** Education Registration; Kerrick, Colene; Means, Nicole; Conrad, Tiffany; Castricone, Darrel; Dudziak, Rebecca; Armao, Mary; Rios, Nia; Coleman, Tracy  
**Subject:** Associate RUBEL, JEFFREY Hired

This message originated from outside your organization

The below information pertains to a newly hired employee.

Name: RUBEL, JEFFREY  
Associate Number: 207399  
Position: 633030503 - 6330-STAFF NURSE-3 Process Level: HC - SOUTHWEST GENERAL HEALTH CTR  
Dept: 6330 - EMERGENCY SERVICES  
Job: 3050 - STAFF NURSE  
Shift: 3  
Location: MIDDLEBURG  
Status: A2 - ACTIVE HALF TIME  
Exempt From Overtime: N  
Schedule: HOURLY  
Date Hired: 06/13/2022  
Date of Birth: 08/18/1976  
Standard Hours: 72  
Total FTE: 0.90  
Address: 7504 OUTLOOK AVENUE BROOKLYN, OH 44144 Home Phone: (216) 635-9561  
E-Mail: JEFFREYRRUBEL@GMAIL.COM  
Last 4 of SSN: [REDACTED]  
Manager: STRAUBHAAR, NICHOLE

Please do not reply to this email as the automated Email account is not monitored.

# License Look Up

5/18/2022 4:20 PM

## JEFFREY ROBERT RUBEL

Status	Active
Sub-Status	
Board	Nursing Board
License Type	Registered Nurse (RN)
Sub-Category	
License Number	RN.287411
License Issue Date	09/29/1999
License Expiration Date	10/31/2023
License Effective Date	07/08/2021
City	BROOKLYN
State	OH
Country	United States
Board Action	No

Current date & time: 5/18/2022 4:20 PM

**Disclaimer:** License lookups using eLicense Ohio reflect an accurate representation of information maintained by the Board. Information accessed through this website is provided as a public service. No user may claim detrimental reliance thereon. The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for licensure in compliance with their respective credentialing standards.

 An official website of the United States government. [Here's how you know >](#)

Visit our [tips page](#) to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at [webmaster@oig.hhs.gov](mailto:webmaster@oig.hhs.gov).

## Exclusions Search Results: Individuals

No Results were found for

**Rubel , Jeffrey**

**!! If no results are found, this individual or entity (if it is an entity search) is not currently excluded. Print this Web page for your documentation**

[Search Again](#)

---

Search conducted 5/18/2022 4:21:14 PM EST on OIG LEIE Exclusions database.  
Source data updated on 5/10/2022 8:00:00 AM EST

[Return to Search](#)

An official website of the United States government [Here's how you know](#)



Entity Validation Processing Delays [Show Details](#)  
May 19, 2022



[See All Alerts](#)

Planned Maintenance Schedule [Show Details](#)  
Apr 3, 2022



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**Search**

Select Domain +  
All Domains

Filter By -

**Keyword Search**

For more information on how to use our keyword search, visit our [help guide](#)

Any Words ⓘ

All Words ⓘ

Exact Phrase ⓘ

**Federal Organizations**

Status

Active

Inactive

[Reset](#)



## No matches found

Your search did not return any results.

To view Entity Registrations, you must sign in.

[Sign In](#)

Would you like to include inactive records in your search results?

[Yes](#)

[Go Back](#)





## CONFIDENTIALITY STATEMENT

As part of your responsibilities at Southwest General Health Center, you may have access to information regarding patients and business matters of the Health Center. All such information is considered confidential and you may not disclose such information to any person other than to other associates, volunteers or contractors of the Health Center who have a need to know such information in order to perform their jobs. (If your job duties include releasing confidential information, such as medical records, associates responding to subpoenas, or associates in billing disclosing patient information to third-party payers, you may do so in accordance with Health Center policies and procedures.)

At the end of your employment or other relationship with the Health Center, you shall return to the Health Center all confidential information in your possession.

Violation of this duty to maintain the confidentiality of patient and business information may be grounds for immediate termination of your employment, or other relationship with the Health Center.

**JEFFREY R RUBEL**

\_\_\_\_\_  
Signature



# Southwest General

Partnering with



University Hospitals

## Employee Handbook

The employee handbook has been prepared for the employees of Southwest Community Health System (“Southwest”). The information contained in it will be useful to you in your onboarding to Southwest. The handbook is available in two places. First, you can find it on the Southwest Intranet page under the **Employee** tab. Second, you can access the handbook through Employee Self-Service (ESS). During orientation, you learn how to access ESS. You may also contact Human Resources at any time to receive a copy.

Below, my signature acknowledges receipt of instructions of how to access the Southwest General Health Center Employee Handbook and that I understand that it is my responsibility to be aware of and comply with the policies and procedures contained within this handbook.

I understand that Southwest reserves the right to change, modify, or abolish any or all of the policies, benefits, rules, and regulations contained or described in this handbook as it deems appropriate at any time, with or without notice. I acknowledge that neither the handbook nor its contents are an express or implied contract regarding my employment.

I further understand that all employees of Southwest, regardless of their classification or position, are employed on an at-will basis, and my employment is terminable at the will of Southwest or myself at any time, with or without cause, and with or without notice.

JEFFREY R RUBEL

Employee's Signature

05/24/2022

Date



# Southwest General

Partnering with



University Hospitals

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## Agreement

As an employee of Southwest I may receive items for use during my employment which may include an identification badge, uniform(s), keys, etc. I agree to return any and all such items upon termination of my employment. Should I keep such items beyond my last day of employment, I understand and agree that Southwest may withhold any monies due me until I return all items or Southwest may deduct the cost of such items from any monies due to me.

JEFFREY R RUBEL

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (Please print)

05/24/2022

\_\_\_\_\_  
Date

<b>Requestor:</b>	Tracy Coleman
<b>Organization:</b>	SWGHC - Southwest General
<b>Email:</b>	tcoleman@swgeneral.com
<b>Address</b>	18697 Bagley Rd
<b>Cell Phone:</b>	
<b>Work Phone:</b>	4408168027
<b>Inquiry Date:</b>	5/18/22
<b>Inquiry SSN:</b>	XXX-XX-XXXX
<b>Inquiry Type:</b>	Talent Report Select All
<b>Permissible Purpose:</b>	Employment purposes
<b>Tracking Number:</b>	N/A
<b>NOTICE:</b> If a permissible purpose is stated above, it is applicable only to the portion of this output that includes The Work Number data and/or other consumer report data.	

JEFFREY RUBEL

XXX-XX-7316

RECORD 1 OF 5

EMPLOYER: PROLINK HEALTHCARE STAFFING(29425)

CURRENT AS OF 04/23/2021



Order Information

Verified On: 05/18/2022
Reference #: 986679590349

Employer

Employer: PROLINK HEALTHCARE STAFFING(29425)
Headquarters Address: 10700 MONTGOMERY RD STE 1 CINCINNATI OH 45242
Federal Employer Identification Number (FEIN): Data not provided



Employer Disclaimer: Please use Headquarters Address above for garnishment requests.

The Average Hours Per Pay Period reflects the actual hours paid for the most recent pay period.

Employment

Division: California\_R
Job Title: 46708 Barstow Community Hospital

Employment Status:

INACTIVE

Most Recent Start Date:

01/29/2021

Original Hire Date: 01/29/2021

Total Time With Employer: 0 Years, 3 Months

Termination Date: 04/18/2021

JEFFREY RUBEL

XXX-XX-7316

EMPLOYER: KRUCIAL STAFFING, LLC(155725)

CURRENT AS OF 01/22/2021



Order Information

Verified On: 05/18/2022  
Reference #: 986679590347

Employer

Employer: Krucial Staffing, LLC(155725)  
Headquarters Address: 7240 W 98th Terrace  
Overland Park KS 66212

Federal Employer Identification Number (FEIN): Data not provided

Employer Disclaimer: Please use Headquarters Address above for garnishment requests.

Employment

Division: 834373166

Job Title: Krucial Temp Staff

Employment Status:

INACTIVE

Most Recent Start Date:

01/09/2021

Original Hire Date: 01/09/2021

Total Time With Employer: 0 Years, 0 Months

Termination Date: 01/14/2021

JEFFREY RUBEL

XXX-XX-7316

EMPLOYER: SELECT MEDICAL CORPORATION(11815)

CURRENT AS OF 02/26/2016



Order Information

Verified On: 05/18/2022  
Reference #: 986679590345

Employer

Employer: Select Medical Corporation(11815)  
Headquarters Address: 4714 Gettysburg Road  
Mechanicsburg, PA 17055

Federal Employer Identification Number (FEIN): Data not provided

Employer Disclaimer: For employees that worked for Concentra prior to 1/1/2016, historical wages may be available under Employer Code 11576. Total Time with the employer is calculated from the original hire date.

Employment

Job Title: CHIEF NURSING OFFICE

Employment Status:

INACTIVE

Most Recent Start Date: 10/27/2015

Original Hire Date: 10/27/2015

Termination Date: 01/18/2016

JEFFREY RUBEL

XXX-XX-XXXX

EMPLOYER: UNIVERSITY HOSPITALS(13087)

CURRENT AS OF 10/24/2010



Order Information

Verified On: 05/18/2022  
Reference #: 986679590346

Employer

Employer: University Hospitals(13087)  
Headquarters Address: 3605 Warrensville Center Road  
Shaker Heights OH 44122



Federal Employer Identification Number (FEIN): Data not provided

Employer Disclaimer: Verifications for St. John's employees prior to 1/01/2017 can be found by using Employer Code 17052.

1. Employment at University Hospitals is on an at-will basis in accordance with the State of Ohio 2. Any temporary and/or PRN service has been excluded from the most recent start date

Employment

Division: 921  
Job Title: RN PRN.RHH Emergency Services Revenue-45000

Employment Status:

INACTIVE

Most Recent Start Date: 12/03/2007

Original Hire Date: 12/03/2007

Total Time With Employer: 2 Years, 11 Months

Termination Date: 10/24/2010

JEFFREY RUBEL

XXX-XX-XXXX

RECORD 5 OF 5

EMPLOYER: METROHEALTH SYSTEM(10474)

CURRENT AS OF 01/10/2021

**Order Information**

Verified On: 05/18/2022  
 Reference #: 986679590348

**Employer**

Employer: MetroHealth System(10474)  
 Headquarters Address: 2500 MetroHealth Drive  
 Cleveland OH 44109-1998

Federal Employer Identification Number (FEIN): Data not provided

**Employment**

Division: MHMC  
 Job Title: MGR ADMINISTRATIVE NURSING

**Employment Status:**

NO LONGER EMPLOYED

**Most Recent Start Date:**

11/16/2009

**Total Time With Employer:**

11 Years, 2 Months

**Termination Date:**

01/10/2021

NOTICE: INFORMATION CONTAINED IN THE WORK NUMBER VERIFICATIONS SECTION OF THIS REPORT IS CONSUMER REPORT INFORMATION OBTAINED FROM THE WORK NUMBER®. IT CAN BE USED FOR THE FCRA PERMISSIBLE PURPOSE FOR WHICH THIS CONSUMER REPORT WAS OBTAINED, AND THE USER MUST ADHERE TO FCRA REQUIREMENTS, INCLUDING BUT NOT LIMITED TO THE RELEVANT REQUIREMENTS CONTAINED IN THE CFPB'S NOTICE TO USERS OF CONSUMER REPORTS. The statement above is an official verification generated from The Work Number. Because this verification is system-generated with data that originated directly from the employer's payroll system, it represents a higher level of authenticity than employee-furnished copies of paystubs or W2s. If any information is missing, it is because the employer did not provide this information for inclusion in The Work Number verification. Information not provided by the employer is showing as "Data not provided". Questions? Call 1-800-996-7566 (Hearing impaired clients may call 1-800-424-0253/TTY).





# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**JEFFREY ROBERT RUBEL [NCSBN ID: 8380229]**

As of Monday October 24 2022 07:43:29 AM US Central Time

### Disclaimer of Representations and Warranties

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
RUBEL, JEFFREY ROBERT	RN	OHIO	287411	YES	UNENCUMBERED	09/29/1999	10/31/2023	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
RUBEL, JEFFREY ROBERT	RN	CALIFORNIA-RN	759248	NO	EXPIRED	09/03/2009	09/30/2011	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
RUBEL, JEFFREY ROBERT	RN	NEW YORK	826940	YES	UNENCUMBERED	09/15/2021	08/31/2024	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
RUBEL, JEFFREY R	RN	TEXAS	683625	NO	EXPIRED	01/22/2002	08/31/2002	NONE

### Where can the nurse practice as an RN and/or PN?

#### Authorized to Practice in

NEW YORK (RN)

OHIO (RN)

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details.

APRN authorization to practice details are not available.

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

#### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

#### License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

#### Nurse Licensure Compact (NLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



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## EQUAL EMPLOYMENT OPPORTUNITY RECORD

The Company is an equal employment opportunity employer. The Company is also subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Company invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provision of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific employee or individual.

### **GENDER:**

- Male  
 Female

### **RACE/ETHNICITY:**

#### **Please check if you are:**

- Hispanic or Latino (A person having origins in any of the Spanish cultures including Mexico, Puerto Rico, Cuba, Central America, South America, or any other Spanish culture or origin, regardless of race.)

#### **If you are NOT Hispanic or Latino, please check the appropriate box below:**

- American Indian or Alaska Native (A person having origins in any of the original peoples of North, Central, or South America and who maintain cultural identification through tribal affiliation or community attachment.)
- Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including for example Japan, Cambodia, China, India, Korea, Malaysia and the Philippine Islands.)
- Black or African American (A person having origins in any of the Black racial groups of Africa.)
- Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White (Any person with origins in any of the original peoples of Europe, the Middle East, or North Africa.)
- Two or More Races (all persons who identify with more than one of the above five races.)

Position: STAFF NURSE

***My typed name below shall have the same force and effect as my written signature.***

Signature: JEFFREY R RUBEL

Date: 05/24/2022

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

## References

Please give three references (Do not list relatives)

### Reference 1

Name: CHAR WARNER  
Telephone Number: 216-618-0058  
Email Address: emergencies24@gmail.com  
Relationship: FORMER SUPERVISOR

### Reference 2

Name: DAWN IANNICCA  
Telephone Number: 440-225-0454  
Email Address: blondy2818@aol.com  
Relationship: FORMER CO-WORKER



### Reference 3

Name: KATIE KAY  
Telephone Number: 440-497-8424  
Email Address: kKay@chamberlain.edu  
Relationship: FORMER SUPERVISOR











**Elyria Municipal Court**

601 Broad Street, Elyria, OH 44035

Judge Lisa A Locke Graves

**FILED**

Eric J. Rothgery, Clerk

2014 MAY 22 P 3 24

**Journal Entry/Sentencing Order**

05/22/2014

Case Number: 2014CR000400 ELYRIA MUNICIPAL COURT

State of Ohio

vs. JEFFREY R RUBEL

This case came before the court on 05/22/2014. Defendant was present in court with counsel present and entered pleas to the charges listed below. Defendant was advised of the maximum penalties involved, right to counsel, right to have counsel appointed if indigent, right to trial by jury, right to confrontation and the right to compulsory process. Defendant knowingly waived these rights. Plea was accepted.

Violation	Description	Plea	Finding	Fine	Susp Fine	Susp Jail	Susp Jail	Pts
2903.13	ASSAULT	No Contest	Guilty (9)	\$500.00	\$250.00	90	90	0

Costs to be determined by clerks office

0 day(s) jail term at

Conditions of suspended sentence:

1. No further violations of this nature
2. Compliance with all CONDITIONS OF PROBATION included herein by reference.

UPON MOTION OF THE PROSECUTOR CHARGE AMENDED DUE TO WEIGHT OF EVIDENCE. \$250.00 FINES AND 90 DAY JAIL SENTENCE SUSPENDED CONDITION COMPLETION OF THE D.O.V.E. PROGRAM AS MONITORED THROUGH THE PROBATION DEPARTMENT AND NO FURTHER INCIDENTS OF THIS NATURE FOR 5 YEARS COMMENCING 5/22/2014.

X

Defendant Signature

Attorney Signature

Prosecutor Signature

Judge Lisa A Locke Graves

THE STATE OF OHIO

County of Lorain

Eric J. Rothgery  
Clerk of Elyria Municipal Court

HEREBY CERTIFIES THAT THE ABOVE AND FOREGOING IS TRULY TAKEN FROM COMPUTERIZED RECORDS NOW ON FILE IN MY OFFICE.

WITNESS MY HAND AND SEAL OF SAID COURT

THIS 29th DAY OF JUNE, 2014

BY: [Signature] Deputy Clerk

Elyria Municipal Court

601 Broad Street, Elyria, OH 44035

Judge Lisa A Locke Graves

Eric J. Rothgery, Clerk

Journal Entry/Sentencing Order

20110621 P 3:17

Case Number: 2011CRB02258

State of Ohio

vs. JEFFREY R RUBEL

This case came before the court on 09/13/2011. Defendant was present in court with counsel present and entered pleas to the charges listed below. Defendant was advised of the maximum penalties involved, right to counsel, right to have counsel appointed if indigent, right to trial by jury, right to confrontation and the right to compulsory process. Defendant knowingly waived these rights. Plea was accepted.

Violation	Description	Plea	Finding	Fine	Susp Fine	Jail	Susp Jai	Pts
2901.53	RESISTING ARREST	No Contest	Guilty	\$250.00	\$0.00	87	87	0
2901.51	OBSTRUCT OFFICIAL BUSINESS	No Contest	Dismissed	\$0.00	\$0.00	0	0	0
2907.01A2	DISORDERLY CONDUCT-PERSISTING	No Contest	Guilty	\$150.00	\$0.00	0	0	0

Costs to be determined by clerks office

(# day(s) jail term at

Conditions of suspended sentence:

1. Good behavior for one year.
2. Must pay fines and costs in full on day of sentencing or be in complete compliance with the terms of any court approved installment plan.

87 DAY JAIL SENTENCE SUSPENDED CONDITION ALCOHOL EVALUATION AND FOLLOW ALL RECOMMENDATIONS AS MONITORED THROUGH THE PROBATION DEPARTMENT.

Defendant Signature

Attorney Signature

Prosecutor Signature

Judge Lisa A Locke Graves

THE STATE OF OHIO }  
 County of Lorain } § Eric J. Rothgery  
 Clerk of Elyria Municipal Court

HEREBY CERTIFIES THAT THE ABOVE AND FOREGOING IS TRULY TAKEN FROM COMPUTERIZED RECORDS NOW ON FILE IN MY OFFICE.

WITNESS MY HAND AND SEAL OF SAID COURT

THIS 29th DAY OF JUNE, 2011

BY: Asa... Deputy Clerk

# Elyria Municipal Court

601 Broad Street, Elyria, OH 44035

Judge Lisa A Locke Graves

Eric J. Rothgery, Clerk

## Journal Entry/Sentencing Order

2011 SEP 13 P 3:17

09/13/2011

Case Number: 2011CRA02261

State of Ohio

vs. JEFFREY R RUBEL

This case came before the court on 09/13/2011. Defendant was present in court with counsel present and entered pleas to the charges listed below. Defendant was advised of the maximum penalties involved, right to counsel, right to have counsel appointed if indigent, right to trial by jury, right to confrontation and the right to compulsory process. Defendant knowingly waived these rights. Plea was accepted.

Violation	Description	Plea	Finding	Fine	Susp Fine	Jail	Susp Jai	Pts
2903.13	ASSAULT	No Contest	Guilty (9)	1,000.00	\$750.00	90	87	0

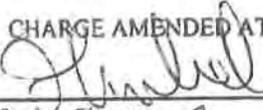
Costs to be determined by clerks office

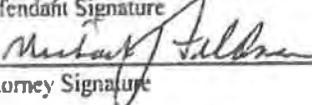
3 day(s) jail term at Lorain County Jail beginning 10/03/2011 at 09:00AM.

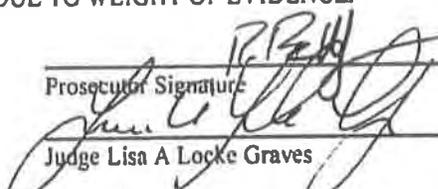
Conditions of suspended sentence:

1. Good behavior for one year.
2. Must pay fines and costs in full on day of sentencing or be in complete compliance with the terms of any court approved installment plan.

CHARGE AMENDED AT REQUEST OF THE PROSECUTOR DUE TO WEIGHT OF EVIDENCE.

X   
Defendant Signature

  
Attorney Signature

  
Prosecutor Signature

Judge Lisa A Locke Graves

THE STATE OF OHIO } Eric J. Rothgery  
County of Lorain } Clerk of Elyria Municipal Court

HEREBY CERTIFIES THAT THE ABOVE AND FOREGOING  
IS TRULY TAKEN FROM COMPUTERIZED RECORDS  
NOW ON FILE IN MY OFFICE.

WITNESS MY HAND AND SEAL OF SAID COURT

THIS 29th DAY OF June, 2011

BY:  Deputy Clerk