

Comprehensive Home Care Resource Manual – 2.24

24 - Seven Home Care, Inc. Licensed Practical Nurse

POSITION TITLE: LPN
DEPARTMENT: Home Care
SUPERVISOR: RN Supervisor

JOB SUMMARY:

This position will ensure that the health and safety of all clients are met. The LPN will assist the RN with planning, coordinating, and managing the home care service and act within the Comprehensive Home Care regulations. The LPN is responsible for the overall direction, coordination, and monitoring of home care service delivery under the direction of the Director of Health Services.

QUALIFICATIONS:

- Must be licensed with the State of Minnesota as a LPN, and must maintain current and unencumbered licensure.
- Must have a valid drivers license, if driving is required.
- At least 3 years experience in related field.

OTHER SPECIALIZED KNOWLEDGE AND ABILITIES:

This position required the incumbent to have:

- Possess a sensitivity and aptitude for working with the elderly.
- Possess skills to communicate effectively with those you supervise, clients, family members and RN Supervisor.
- Possess leadership / supervisory skills.
- Must be able to prioritize and organize work effectively and efficiently.
- Able to work irregular hours, occasional weekends and evenings.

ESSENTIAL JOB FUNCTIONS AND TASKS:

Job Function: Work within Home Care program guidelines including completing essential paperwork and complying with state regulations.

Tasks:

- Works to assure facility is in compliance with federal state and local standards and regulations. Is available for license surveys.
- Maintains an up-to-date knowledge of current trends of Home Care.
- Works to maintain privacy and confidentiality of client, client's records and client living environments.
- Is willing to carry a cell phone and be available for staffing and notifications.
- Communicates and documents client data to staff as needed.

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- Assures clients maintain residency requirements, monitors and recommend alternative placement if necessary.
- Reviews client service agreements with RN, as needed.
- Monitors and maintains client charts and nursing notes.
- Communicates to physicians any changes in client's needs or conditions, as needed.
- Monitors and follows thru with ordering medications and all medication renewals as well as any necessary follow-up with physicians regarding medications.
- Fills weekly pillboxes for medication administration by unlicensed staff and checks new medications from the pharmacy.
- Communicates in staff communication book any information that staff needs to be aware of.
- Assists with compliance in meeting regulations and is available for state licensure surveys.

Job Function: Provide support and address needs for programs and services.

Tasks:

- Maintain client files and appropriate documents as required.
- Monitors clients on an ongoing basis to assure their needs can be met.
- Assures clients continue to live safely in their unit, monitors and recommends alternative care and services, if necessary.
- Inform personnel of changes in client's needs and conditions.
- Assists ULP in service delivery.
- Maintains communication with clients, families, and other staff.
- Responds to client concerns or complaints.

Job Function: Participate and function effectively as a team member.

Tasks:

- Develop and maintain a positive working relationship with staff of [Name of company], including providing backup to other staff as needed.
- Articulate information regarding clients to the team.
- Provide proactive, constructive participation in staff meetings, committees, etc.
- Assists other departments with special events and family functions.
- Be compassionate and work with tact and ethical awareness.
- Be flexible and adaptable to changing situations.
- Responds appropriately to safety hazards, fire drills and other emergency situations.
- Reports injuries for self, staff, clients or visitors immediately to RN Supervisor.
- Keeps RN Supervisor informed and involved and advised of needs and problems.

Job Function: Other duties as assigned.

- Support the mission and values of [Name of Company].

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Work Environment:

General Strength

Light Work

Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.

Use this scale to rate frequency of occurrence for each variable in tables below.	
N = Never	Not part of job requirements
S = Seldom	Not daily, but included 1-3 times per week
O = Occasional	Done intermittently throughout the day or week, but not more than 33% of the day or week.
F = Frequent	Done at longer intervals throughout the day or week, 34%-66 % of the day or week.
C = Continuous	Done without interruption throughout the day or week, 66%-100% of the day or week.

Physical Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. on uneven ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Pushing Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20 Distance:..
5. Pulling Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20 Distance:..
6. Lifting (heaviest weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.
a. from floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20
b. from table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20
c. overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20
7. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20 Distance:..
8. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. ladders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. scaffolds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. narrow surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. slippery surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. moving surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Stooping/bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Crouching/squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Twisting/turning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Restraining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. above shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. at shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Neck motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. static positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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18. Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hand-Arm Leg	<input type="checkbox"/> Foot- Leg
19. Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand Hands	<input checked="" type="checkbox"/> Two Hands
a. simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand Hands	<input checked="" type="checkbox"/> Two Hands
b. firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand Hands	<input checked="" type="checkbox"/> Two Hands
c. pushing and pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand Hands	<input checked="" type="checkbox"/> Two Hands
20. Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
a. fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. keying/typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
21. Driving a vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. Other physical demands (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Sensory Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Feeling/touching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
1. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Tasting/smelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. near vision (reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. near vision (20 inches or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. far vision (20 feet or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Conditions

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Extreme cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Extreme heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wet and/or humid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Exposure to blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Exposure to body fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposure to infectious disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loud noises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fumes/odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. poor ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. grease/oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Moving mechanical parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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12. Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Caustic chemicals (describe/list)						
a.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Latex products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wearing respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Exposure to poisonous plant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Exposure to insect/animal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Other (describe below)						
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mental Requirements

Do the essential job functions require the ability to do any of the following on a **regular** basis? Check the appropriate box for each item and describe as applicable.

	Yes	No	Comments (provide description)
1. Client/public contact-indicate percent of time of the work week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1. Reading-describe level (e.g., technical, grade level of materials used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Writing-written communications required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Simple arithmetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Mathematics-calculations requiring formulas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Weighing and/or measuring-precise and accurate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Attentiveness duration-maintaining constant alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Attentiveness intensity-concentration required for accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Short-term memory-recall 2-3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Long-term memory-recall from past education or event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Directing, controlling or planning activities of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Transferring knowledge to unique situations-complex problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Influencing people in their opinions, attitudes and judgments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Performing multiple tasks concurrently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Showing capacity for self-expression-feedback, teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Working alone or apart, in physical isolation, from others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Attaining precise set limits, tolerances and standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Working under unusual time constraints or set productivity standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Shift work-other than day hours or variable start times	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Ability to problem solve-simple data gathering, selecting from known options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

This Job Description is not an exhaustive list of all skills, responsibilities, or efforts associated with a job. They reflect principal job elements essential for performing the job and evaluating performance.

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This document does not create an employment contract, implied or otherwise, other than an “at will” relationship.

I _____ have read the LPN job description and fully understand the conditions set forth therein, and I will perform these duties to the best of my knowledge and ability.

Employee Signature

Date

RN Supervisor Signature

Date