

# **Comprehensive Home Care**

## **JOB DESCRIPTION**

**POSITION TITLE:** RN Supervisor

**DEPARTMENT:** Home Care

**SUPERVISOR:** *(fill in title of person)*

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### **JOB SUMMARY:**

This position will ensure that the health care needs of all clients are met. The RN will ensure that staff is trained in-home care procedures and policies which are current and up to date. The RN will also ensure that home care complies with current Comprehensive Home Care regulations. Working cooperatively with the *(fill in title of person)*, supervise the delivery of services provided to the clients and supervises staff.

### **QUALIFICATIONS:**

- Must be registered and licensed with the State of Minnesota as an RN, and must maintain current and unrestricted licensure.
- Must have a valid driver's license, if needed to drive.
- At least 3 years of experience in a 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 *(fill in title of person)*.
- 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: Manage the Home Care program including completing essential paperwork and complying with state regulations.**

#### **Tasks:**

- Works to assure the facility complies with federal state and local standards and regulations and is available for license surveys.
- Works with Executive Director to keep forms updated including policies, procedures, Bill of Rights, and related home care forms and manuals
- Meets with Case Workers regularly, as needed.
- Maintains up-to-date knowledge of current trends of Home Care.

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- Is responsible for investigating and reporting incidents of suspected client neglect and/or abuse and reporting these findings to *(fill in title of person)* and/or appropriate county officials.
- Works to maintain the privacy and confidentiality of the client, the client's records and the client's living environment.
- Is willing to carry a cell phone and be 'on-call' for emergencies, client change of condition, and when ULP perform delegated nursing tasks.
- Prepare, record, submit and maintain accurate and timely correspondence and paperwork regarding client data and billing information with Office Coordinator as needed.
- Communicates and documents client data to staff as needed.
- Completes an initial assessment of potential clients to assure that their needs will be met.
- Follows the Comprehensive Home Care regulations for providing timely and thorough nursing assessments for all clients.
- Assures clients maintain residency requirements, reassess and recommend alternative placement if necessary.
- Implements service agreements with all new clients. Reviews and revises the service plans as needed.
- Assures clients have up to date care plans. Reviews and revises care plans as needed.
- Monitors and maintains client charts and nursing notes.
- Communicates to physicians and other personnel (county caseworkers) any changes in the client's needs or conditions.
- Monitors and follows thru with ordering medications and all medication renewals as well as any necessary follow-up with physicians regarding medications and/or medical conditions.
- Assures all physician's orders are signed and implemented within 24 hours.
- Fills weekly pillboxes for medication administration by unlicensed staff and checks new medications from the pharmacy.
- Assures new medication sheets are in place by the first of each month.
- Reviews each client's medication sheet at least monthly and assures accuracy and appropriate signatures.
- Communicates in the staff communication book any information that staff needs to be aware of.
- Documents disposal of medication per procedure.
- Assures compliance with regulations and is available for federal and state licensure surveys.
- Assists in the development of policies and procedures and implementation of them.
- Responsible for the management of the Tuberculosis / Infection Control Program.

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### **Job Function: Supervision of other nursing and Unlicensed Personnel.**

#### **Tasks:**

1. Supervises, orientates and competency tests unlicensed staff to home care and each client's individual needs.
2. Gives input and/or helps perform annual evaluations for nursing and unlicensed personnel staff.
3. Supervises, disciplines, and terminates unlicensed personnel.
4. Coordinates staff education to include at least 8 hours of in-services per year.
  - Meets with staff as needed.
  - Provides health and medication training to all new employees as well as continued education for all staff and documents such training to assure compliance with state, federal and local regulations.
  - Assures that staff clearly understands and follows all Home Care procedures.
  - Monitors staff for compliance with monthly client treatments as scheduled.
  - Supervises medication practices and medical equipment being used by home care clients.
  - Assures that medication administration procedures are followed properly and discusses any needed corrections, errors, etc., with staff.

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

#### **Tasks:**

- Maintain client files and appropriate documents as required.
- Assess clients on an ongoing basis to assure their needs can be met.
- Assures clients continue to live safely in their unit, reassess and recommend alternative placement if necessary.
- Communicates the services to be provided for each client to staff responsible for delivering the services and assures follow through.
- Inform personnel of changes in the client's needs and conditions.
- Maintains communication with clients, their families, and staff.
- Facilitates coordination of client services with other service providers as needed.
- Is available for on-call medical questions and/or emergencies via phone.

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

#### **Tasks:**

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- Develop and maintain a positive working relationship with staff, and other [Name of company] staff 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 emergencies.
- Reports injuries for self, staff, clients or visitors immediately to *(fill in title of person)*.
- Keep *(fill in title of person)* informed and involved and advised of needs and problems.

**Job Function: Other duties as assigned.**

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

**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)    |                          |                          |                          |                          |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                              | N                        | S                        | O                        | F                        | C                        |
| 1. Standing                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Walking                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. on uneven ground          | <input 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 type="checkbox"/> |
| 4. Pushing Force             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Pulling Force             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lifting (heaviest weight) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. from floor                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. from table                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. overhead                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Carrying                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|                                       | Frequency (check one)    |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                       | N                        | S                        | O                        | F                        | C                        |
| b. ladders                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. scaffolds                          | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. slippery surfaces                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. moving surfaces                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Stooping/bending                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Kneeling                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Crouching/squatting               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Twisting/turning                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Crawling                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Restraining                       | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. below shoulder                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. at shoulder                        | <input type="checkbox"/> | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |
| b. flexion                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. extension                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. rotation                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Controls                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Handling                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. simple grasping                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. firm grasping                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. pushing and pulling                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. writing                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. keying/typing                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Driving a vehicle                 | <input type="checkbox"/> | <input 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)    |                          |                          |                          |                          |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                    | N                        | S                        | O                        | F                        | C                        |
| 1. Feeling/touching                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Talking                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hearing                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Tasting/smelling                | <input 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 type="checkbox"/> |
| b. near vision (20 inches or less) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. far vision (20 feet or more)    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input 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)    |                          |                          |                          |                          |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                 | 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 type="checkbox"/> |
| b. outside      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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|                                       | Frequency (check one)    |                          |                          |                          |                          |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                       | N                        | S                        | O                        | F                        | C                        |
| 2. Extreme cold                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Extreme heat                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Wet and/or humid                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Exposure to blood                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Exposure to body fluids            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Exposure to infectious disease     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Loud noises                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Vibrations                         | <input 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 type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. poor ventilation                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. grease/oil                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. dust                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. gases                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. other                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Moving mechanical parts           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Radiation                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Caustic chemicals (describe/list) |                          |                          |                          |                          |                          |
| 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"/> |
| 14. Latex products                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Wearing respirator                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Exposure to poisonous plant       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Exposure to insect/animal         | <input 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.

|  | Ye<br>s                  | No                       | Comments<br>(provide<br>description) |
|--|--------------------------|--------------------------|--------------------------------------|
| 1. Client/public contact indicate percent of time of the work week               | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 1. Reading describe level (e.g., technical, grade level of materials used, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 2. Writing written communications required                                       | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 3. Simple arithmetic problems  | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 4. Mathematics calculations requiring formulas                                   | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 5. Weighing and/or measuring precise and accurate                                | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 6. Attentiveness duration maintaining constant alertness                         | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 7. Attentiveness intensity concentration required for accuracy                   | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 9. Short-term memory recall 2-3 days   | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 10. Long-term memory recall from past education or                               | <input type="checkbox"/> | <input type="checkbox"/> |                                      |

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|   | Ye<br>s                  | No                       | Comments<br>(provide<br>description) |
|---|--------------------------|--------------------------|--------------------------------------|
| event   |                          |                          |                                      |
| 11. Directing, controlling or planning activities of others                     | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 12. Transferring knowledge to unique situationscomplex problem solving          | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 13. Influencing people in their opinions, attitudes and judgments               | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 14. Performing multiple tasks concurrently                                      | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 15. Showing capacity for self-expressionfeedback, teamwork                      | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 16. Working alone or apart, in physical isolation, from others                  | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 17. Attaining precise set limits, tolerances and standards                      | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 18. Working under unusual time constraints or set productivity standards        | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 19. Shift workother than day hours or variable start times                      | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| 20. Ability to problem solvesimple data gathering, selecting from known options | <input 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.

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

I \_\_\_\_\_ have read the RN Supervisor 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

\_\_\_\_\_  
(fill in title of person) Signature

\_\_\_\_\_  
Date