

24 – Seven Home Care Inc.
Comprehensive Home Care Resource Manual – 2.28

JOB DESCRIPTION

POSITION TITLE: Unlicensed Personnel
DEPARTMENT: Home Care
SUPERVISOR: RN Supervisor

JOB SUMMARY:

This position is responsible for providing personal care and designated health-related services designed to maintain the client’s physical and emotional well-being for those clients living at [Name of Company]. This position assists clients with tasks of daily living as indicated on the Service Agreement, the Medication Administration Record (MAR), and other services as delegated by the RN.

QUALIFICATIONS:

- High School education and CNA/ NAR or HHA Certificate preferred.
- Experience in working with older adults.

SPECIALIZED KNOWLEDGE AND ABILITIES:

This position requires the incumbent to:

- Possess a sensitivity and aptitude for working with the elderly.
- Prioritize and organize work effectively and efficiently.
- Possess skills to communicate effectively with clients, families, staff and other customers.
- Possess the ability to read, write and comprehend simple instructions, correspondence and documentation, including medical terminology, in English.
- Be punctual with a good attendance record.
- Must demonstrate good interpersonal skills.
- Understand how to use, carry and be responsible for the cell phone while on duty.

ESSENTIAL JOB FUNCTIONS AND TASKS:

Job Function: Medication Administration

Tasks:

- Administer medications and give reminders to clients as required according to the Medication Administration Record (MAR) and as delegated by the RN Supervisor.
- Follow policy for administering medications PRN standing orders.
- Follow policy and procedure for narcotic administration and documentation.
- Follow policy and procedure for medication administration when a client is leaving the building.
- Follows policy and procedures when receiving new or changed medication orders.
- Reorder medications and supplies weekly, or as needed.

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- Understand standard precautions used for infection control and adhere to them.
- Other medication administration duties as assigned by RN Supervisor.

Job Function: Provide personal and direct care to clients

Tasks:

- Assist clients with activities of daily living as indicated on their individual service agreement (including, but not limited to dressing, showering, grooming, toilet assistance and escorting).
- Assist clients with daily room order and light housekeeping.
- Assist clients with personal laundry duties, which may include ironing.
- Maintain a clean and healthy environment.
- Promote independence, not dependence, with clients offering choices and fostering self-help skills.
- Perform routine procedures as delegated by the RN Supervisor.

Job Function: Documenting and reporting

Tasks:

- Document any changes in clients' condition in the client chart and communication log. Report these changes to the RN Supervisor.
- Completes incident reports according to policy.
- Reports to RN Supervisor any medication changes or any PRN medications that have been administered to a client.
- Understands procedures regarding home care tasks and charting procedures when performing these tasks.
- Recognizing abnormal signs and symptoms, or changes in clients' condition.
- Documenting duties completed with clients on the service delivery record during each shift.

Job Function: Complete essential paperwork

Tasks:

- Filing papers in clients' charts as needed.
- Signing Medication Administration Records (MAR's) monthly.
- Reviewing and signing all new clients plan of care/ weekly service record and changes in current clients' plan of care.
- Reading the communication book and checking employee mailbox before the start of each shift.
- Checking outgoing US mailbox, collecting US mail delivered and distributing US mail and in-house mail to the clients.
- Other documentation as assigned and/ or needed.

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Job Function: Knowledge and compliance with state regulations

Tasks:

- Understand and adhere to the Vulnerable Adult and abuse policy, Bill of Rights and HIPPA.
- Works to assure facility is in compliance with federal, state and local standards and regulations.
- Complete a minimum of eight (8) hours of documented training.
- Be up to date with completing mantoux tests or chest x-rays.

Job Function: Activity Programming

Tasks:

- Encourage, gather and/ or escort clients to participate in scheduled activity programs.
- Lead activity programs as assigned.
- Socialize with clients and incorporate new ideas and client suggestions into programming.

Job Function: Participate and function effectively as a team member

Tasks:

- Develop and maintain a positive working relationship with other Unlicensed Personnel's, housekeeper, Nursing staff, kitchen staff and other [Name of company] staff.
- Provide back up to other staff as needed to ensure 24 hours staffing.
- Communicate information regarding clients care needs and changes to the team and families.
- Provide proactive and constructive participation in staff meetings.
- Be compassionate and work with tact and ethical awareness.
- Be flexible and adaptable to changing situations.
- Responds appropriately to safety hazards, fire, weather or emergency situations.
- Follow through promptly on requested duties.
- Assisted kitchen staff at meal times with set up, serving and clean up.
- Provide on-the-job training for new associates.
- Must be mature and emotionally stable using a calm and kind tone of voice.
- The ability to remain calm in difficult or unusual circumstances.

Job Function: Other duties as assigned

Tasks:

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

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Work Environment:

General Strength

Moderate Work *Lifting 50 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pushing Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pulling Force	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. from table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" 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"/>	

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	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
d. rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hand-Arm <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 <input checked="" type="checkbox"/> <input 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 <input checked="" type="checkbox"/> Two Hands
b. firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
c. pushing and pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Driving a vehicle	<input checked="" 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)					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"/>	
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Tasting/smelling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. 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"/>	

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 type="checkbox"/>	<input checked="" 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"/>	

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	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
8. Loud noises	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>	
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 checked="" type="checkbox"/>	<input 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"/>	
2. Reading-describe level (e.g., technical, grade level of materials used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Writing-written communications required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Simple arithmetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Mathematics-calculations requiring formulas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Weighing and/or measuring-precise and accurate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Attentiveness duration-maintaining constant alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. 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"/>	

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	Yes	No	Comments (provide description)
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 mean to be all-inclusive. The employee will also perform other reasonable related duties as assigned by the RN Supervisor and/ or Assisted Living Manager.

Management reserves the right to change job responsibilities, duties, and hours as needs prevail. This document is for management communication only and is not intended to imply a written or implied contract of employment.

I _____, have read the Unlicensed Personnel 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

Supervisor Signature

Date