

CARROLL GOLDEN AGE RETREAT

JOB DESCRIPTION RN/LPN

Position Summary:

The primary purpose of this position is to provide direct nursing care to the residents, and to supervise the day-to-day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be directed by the Superintendent, the Medical Director, and the Director of Nursing to ensure that the highest degree of quality of care is maintained at all times.

Qualifications:

- This position requires a current valid Licensed Nurse issued in the State of Ohio, and the candidate must be a graduate of an approved school of nursing.
- Must have thorough knowledge of nursing, techniques, and practices.
- Must have a thorough knowledge of the equipment used in the assigned unit.
- Must be able to demonstrate leadership and organizational skills, and provide positive attitude, direction, and discipline for the nursing staff.
- Up-to-date physical assessment skills and comprehensive knowledge of nursing principles are required.
- Must be CPR certified.
- Recent experience in geriatric nursing preferred.

Essential Functions:

- Direct the day-to-day functions of the nursing assistants in accordance with current regulations, rules and guidelines that govern the long-term care facility.
- Ensure that all nursing personnel assigned to you comply with the written policies and procedures established by this facility.
- Meet with your assigned nursing staff in planning the shifts' services, programs and activities.
- Cooperate with other resident services when coordinating nursing services to ensure that the resident's total regimen of care is maintained.
- Admit, transfer and discharge patients as required.
- Complete incident/accident reports as necessary.
- Perform administrative duties such as completing medical forms, reports, evaluations, studies, charting, etc. as necessary.
- Encourage attending physicians to review treatment plans, record and sign their orders in accordance with established policies.
- Receive telephone orders from physicians and record on the Physicians' order form.
- Transcribe physicians' orders to residents' charts, medication and treatment records.
- Chart nurses' notes in an informative and descriptive manner that reflects the care provided the residents, as well as the residents' response to the care.
- Perform routine charting duties as required and in accordance with established charting and documentation policies and procedures.
- Sign and date all entries made in the resident's medical record.
- Prepare and administer medications as ordered by the physician.
- Ensure that an adequate supply of stock medications, supplies and equipment is on hand to meet the nursing needs of the residents.
- Ensure that narcotic records are accurate for your shift.
- Dispose of drugs and narcotics as required.
- Provide leadership to nursing assistants assigned to your area.
- Make daily rounds of your area to ensure that nursing assistants are performing their work assignments.

- Meet with your nursing assistants assigned to your area on a regular basis to improve services and assist in correcting problems.
- Ensure that rooms are ready for new admissions.
- Notify residents attending physician and guardian when there is any change for the residents (incidents, medication orders, treatments, change in overall condition).
- Supervises and coordinates nursing assistants in providing nursing care in adherence to state, federal, and corporate guidelines.
- Administer professional services as required.
- Obtain urine, sputum, and other specimen for lab tests as ordered.
- Ensure that residents who are unable to call for help are checked frequently.
- Admit, transfer, and discharge residents as necessary.
- Participates in the training and supervision of nursing assistants as needed.
- Manages conflict through effective problem-solving and communication skills.
- Completes daily rounds on units to observe residents to determine if patient care needs are being met.
- Acts calmly and efficiently in handling emergency situations.
- Attends and participates productively in staff meetings and in-services.
- Takes an active role in teaching (formal or informal presentation) with residents, families, and staff.
- Ensures that residents and families receive the highest quality of service in a caring and compassionate atmosphere, which recognizes the needs and rights of each individual.
- Coordinates nursing services with all other services and departments, to ensure proper care of each resident.
- Supervises nursing assistants.
- Notify nursing assistants of any concerns found on their unit, and assure follow up is completed.
- Monitor and assure labs are addressed and notified to MD in a timely manner.
- Oversees the daily assignments at the beginning of each shift and makes changes as necessary.
- Accepts responsibility.
- Shows initiative and seeks to improve.
- Addresses resident and family concerns.

Responsible to: Director of Nursing/Superintendent

Acceptance of Responsibility

I, _____, have read this job description and fully understand the responsibilities involved in the position for which I am applying. If employed, I will perform the duties of my position to the best of my ability and knowledge. I will abide by the rules as set forth in the facility policy manual and all local, state and federal laws. I will perform other related duties as required and requested by my supervisor and/or Superintendent for the ultimate good of the residents we serve.

Date

Signature

My signature verifies that I have received a copy of this job description.

CARROLL COUNTY APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify the supervisor of the department at which you are applying. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

POSITION					
Position Applied For			Date of Application		
How did you hear about the position?			Date available for work		
What is your desired salary range or rate of pay?					
Type of employment desired	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>		
APPLICANT INFORMATION					
Last Name	First		M.I.		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone		E-mail			
Best time to contact you?					
Have you ever submitted an application to Carroll County?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Have you ever been employed by Carroll County?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	
Are you legally eligible for employment in the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are under 18, can you furnish a work permit?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	State/Number:	
Are you able to meet all of the attendance requirements of this position?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to work overtime if necessary?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you travel if the position requires it?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any friends or relatives currently employed by Carroll County?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?	
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. Include any relevant volunteer activities, but exclude any organizations that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Company		Phone	
Address		Supervisor	
Job Title	Ending Salary	\$	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Ending Salary	\$	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	

Company		Phone	
Address		Supervisor	
Job Title	Ending Salary	\$	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Responsibilities			
From	To	Reason for Leaving	

Please explain any gaps in employment

Have you ever been fired or asked to resign from a job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain on separate sheet
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PROFESSIONAL OR TRADE ORGANIZATIONS

Please list any relevant professional or trade organizations of which you are a member. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

Organization	Office(s) Held
Organization	Office(s) Held

REFERENCES

Name	Relationship
Phone	Email
Name	Relationship
Phone	Email
Name	Relationship
Phone	Email

DISCLAIMER AND SIGNATURE

I certify that all information I have provided in order to apply for and obtain employment with Carroll County is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with Carroll County and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from County service, whenever it is discovered. I give Carroll County the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting Carroll County in providing relevant, job-related information that will assist in this process. I expressly authorize, without reservation, Carroll County, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding Carroll County, its agents, members or representatives, for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information about me.

I understand that an offer of employment may be contingent upon the successful completion of a pre-employment background criminal investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that, unless otherwise defined by applicable law, any employment relationship with Carroll County is of an "at will" nature, which means that I am free to resign at any time and Carroll County reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by Carroll County at any time. I understand that no representative of Carroll County is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the appropriate Appointing Authority.

DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature

Date