

ROSEBUD HEALTH CARE CENTER
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
PALS	Personal Care Assistant	PALS Manager
Written or Revised: 05/2017	Supervisor Signature/Date:	
Position Grade: 10	Administration Signature/Date:	
Status: Non-Exempt	Human Resources Signature/Date:	
Employee Name:		
Hire Date:	Evaluation Due in Human Resources on:	
Reason for Evaluation: Annual _____ Special _____		

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

POSITION SUMMARY STATEMENT: The **Personal Care Assistant** is responsible for the personal care assistance and light housekeeping of the clients in the PALS program, as delegated by the PALS Manager.

ESSENTIAL DUTIES & RESPONSIBILITIES:

1. Responsible for assistance of the client in relation to their personal hygiene, such as bathing, showering, oral hygiene, etc.
2. Assist client with dressing and handling of clothing and other personal items: dentures, hearing aids, glasses, and prosthetics.
3. Assist client with meals, including meal preparation, if necessary, menu planning, grocery shopping, and assistance with feeding.
4. Assist client with medication by giving reminders to take medications, as prescribed.
5. Responsible for safety of client while providing assistance and observation of possible risks in client environment.
 - Know client's fall risk status and assist in implementing fall risk interventions.
 - Responsible for the safe transfer of clients. Must be able to assist with transferring client in and out of wheelchairs, beds, cars, etc.
 - Assist client with positioning, transferring, lifting and turning.
 - Assist client with ambulation. Must be able to assist with walking.
 - Reports unsafe conditions to PALS Manager.
6. Responsible for various household tasks as assigned, including changing bed linens, washing dishes, light housekeeping, etc.
7. Responsible for medical escort services, if assigned by PALS Manager. This service is reserved only for those clients who are pre-approved for medical escort.
8. Communication
 - Reports change in client condition or behavior, client concerns, and safety concerns to PALS Manager.
 - Exhibits respectful, willing, and cooperative behavior toward clients, family members, visitors, and other employees.
 - Maintains confidentiality of all information regarding clients.
 - Knows and follows chain of command.
 - Responsible for attending all mandatory in-services, staff meetings, and keeping current on education hours, as applicable. Completes required Silverchair education modules in a timely manner.
 - Responsible for knowing infection control and safety policies and procedures.

- Understands the importance of being a part of the team and displays this understanding through every day interactions.
9. Documentation
- Responsible for proper completion and understanding of the importance of required documentation.
 - Follows plan of care and reports any changes or discrepancies to PALS manager.
5. Responsibility
- Will arrive at work as scheduled.
 - Must be flexible with availability of scheduled work hours.
 - Will keep absences to a minimum. Responsible for requesting needed days off prior to the posting of schedule.
 - Adheres to the Policies and Procedures of the facility and the PALS program.
 - Any other duties as assigned by PALS Manager.

The employee will demonstrate the ability to: manage time, maintain a safe and clean environment, practice confidentiality, treat all persons with respect and professional courtesy, accept change, support the mission and vision of Rosebud Health Care Center (RHCC), accept and provide constructive feedback, be a team player, and adhere to the infection control, fire and safety, disaster and hazardous waste policies. The employee must also demonstrate the competencies for the position and adhere to policies and procedures for their department.

A review of this description has excluded the marginal functions of the position that are incidental to the performance of fundamental job duties. This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform other job-related duties requested by their supervisor in accordance with regulatory, legal, and organizational policies and procedures.

Education, Experience and Licensure/Certification Requirements: Requirements are representative of the minimum level of knowledge, skills and/or abilities necessary to perform the essential functions of the position.

1. High School Graduate or equivalent
2. Certified Nursing Assistant Certificate, preferred

Reporting Relationship: Reports to PALS Manager

Employees Supervised: N/A

Physical Demands

Checked are the physical requirements that apply to this position

- Sedentary-Primarily sitting/lifting 10 lbs maximum
- Light-Lifting 20 lbs maximum with frequent lifting/carrying up to 10 lbs
- Medium-Lifting 50 lbs maximum with frequent lifting/carrying up to 20 lbs
- Heavy-Lifting 100 lbs maximum with frequent lifting/carrying up to 50 lbs
- Very Heavy-Lifting objects over 100 lbs with frequent lifting/carrying up to 50 lbs

Checked are the appropriate factors for this position

- Occasionally 0-33% of the work shift
- Frequently 34-66% of the work shift
- Constantly 67-100% of the work shift
- N/A Not Applicable for this position

Physical Factors	N/A	Occasionally	Frequently	Constantly
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pulling (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typing (Computer)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Environmental Factors

Exposure to Weather	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust, Vapors, Fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bloodborne Pathogens Checked is the appropriate category for position

- Category I - Job classification in which tasks involve exposure to blood, body fluids or tissue
- Category II - Job classification in which tasks involve no exposure to blood, body fluids or tissue but employment may require performing unplanned Category I tasks
- Category III - Job classification in which tasks involve no exposure to blood, body fluids or tissues and Category tasks are not a condition of employment

Protective Equipment Checked is the equipment that may be required to be worn in this position

- Not Applicable
- Hearing Protection Gloves Goggles Safety Glasses Face Shields
- Face Masks-Surgical, N95, Respirator Moisture Resistant-Gown/Lab Coat

I have read and understand the above job description. I hereby certify that I am qualified and able to perform all the above functions, duties and physical demands. I will perform this job to the best of my ability.

Name _____

Date _____

PERFORMANCE EVALUATION

Employee Name: _____ Position: Personal Care Assistant

Department: PALS

Evaluated By: _____ Position: Pals Manager

Period of Review: _____ to: _____

PART ONE: ESSENTIAL JOB FUNCTIONS

These are five Essential Functions/Duties/Responsibilities on which the employee is to be evaluated for the job description assigned. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

PERFORMANCE LEVELS

- | | | |
|---|-----------------------------|------------------------------|
| 5 Exceeds all requirements | 4 Exceeds many requirements | 3 Meets normal requirements |
| 2 Improvement is needed to meet normal requirements | | 1 Fails to meet requirements |

1. **Duty/Responsibility:** Responsible for the care of the clients in relation to their personal hygiene, ambulation assistance, meal preparation, and household duty assistance. Makes client safety and comfort a priority.

Performance: _____

2. **Duty/Responsibility:** Follows plan of care and reports any changes or discrepancies to the PALS Manager.

Performance: _____

3. **Duty/Responsibility:** Responsible for the proper completion and understanding of the importance of all required documentation.

Performance: _____

<p>4. Duty/Responsibility: Understands the importance of being a part of a team and behaves in a manner exhibiting that understanding.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>5. Duty/Responsibility: Adheres to all Policies and Procedures established by the facility and PALS department.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>6. Duty/Responsibility: Responsible for medical escort services, if assigned by PALS Manager. This service is reserved only for those clients who are pre-approved for medical escort.</p> <p>Performance: _____</p> <p>_____</p> <p>_____</p>	
<p>TOTAL SCORE:</p>	

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PART TWO - GENERAL PERFORMANCE FACTORS

The following performance factors tend to reinforce the performance level identified in Part One. Provide a written description of the performance demonstrated and write the performance level achieved by the employee, based on the scale described below, in the final column.

PERFORMANCE LEVELS

- 5 Exceeds all requirements 4 Exceeds many requirements 3 Meets normal requirements
 2 Improvement is needed to meet normal requirements 1 Fails to meet requirements

- | | |
|--|--|
| <p>1. Quality of Work: Ensures accuracy and completeness of work performed. Work Ethic: When assigned work is complete, seeks additional tasks to be done.
 Remarks: _____
 _____</p> | |
| <p>2. Initiative: Ability to originate / develop / implement constructive ideas and solutions to problems. Judgment/Decision-Making: Ability to analyze situations and arrive at logical, practical decisions.
 Remarks: _____
 _____</p> | |
| <p>3. Dependability: To what extent can he/she be counted on to fulfill responsibilities?
 Remarks: _____
 _____</p> | |
| <p>4. Communication Skills: Provides oral or written information in a clear, concise manner.
 Remarks: _____
 _____</p> | |
| <p>5. Teamwork: Exercises tact, courtesy, and flexibility in relationships with others and enhances task accomplishment through positive supporting cooperation. Channels concerns appropriately, deals with conflict appropriately and privately.
 Remarks: _____
 _____</p> | |
| <p>6. Ethics and Integrity: Complies with policies, regulations and codes of conduct governing all aspects of job responsibilities. Maintains confidentiality of patient and employee information in verbal, written and electronic information.
 Remarks: _____
 _____</p> | |
| <p>7. Attitude: Consistently displays behavior that enhances the image of the organization.
 Remarks: _____
 _____</p> | |
| <p>8. Education/Development: Attends department staff meetings, in-service programs, and completes Silver Chair Learning assignments on a regular basis.
 95-100% = 5 85-95% = 4 80-85% = 3 70-80% = 2 Below 70% = 1
 Remarks: _____
 _____</p> | |
| <p>9. Attendance/Reliability: Absence/Tardy occurrences are within policy guidelines:
 90 day: Perfect Attendance = 5 Annual: Perfect Attendance = 5
 1 or less day = 3 2 or less days = 3
 2 days = 1 3 - 5 days = 2
 3 days = possible termination 6 or more days = possible termination
 Remarks: _____
 _____</p> | |

TOTAL SCORE:

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PART THREE - DETERMINING THE OVERALL EVALUATION

Add the Total Scores of the performance level for each criteria in Parts One and Two.
Divide the Total Scores from Parts One and Two by the total number of criteria (15) to determine the average or Overall Evaluation Score.
Indicate the Overall Evaluation Score here: _____

Strengths/Accomplishments: List areas of job performed well during the past year

Goals for coming year:

Skills Improvement/Performance Improvement Plan

List areas for improvement and identify resources available or needed to attain improvement

Manager/Supervisor Comments

Manager/Supervisor Signature: _____ **Date:** _____

Please sign on the line below to indicate that you have had an opportunity to review and discuss your performance evaluation with your supervisor. Your signature will also indicate that you are aware of and have discussed the Performance Improvement Plan which has been established and will be reviewed in your next performance evaluation.

Employee's Comments:

Employee's Signature: _____ Date: _____

Your signature does not indicate that you agree with the performance evaluation.

**SUPERVISOR: PLEASE RETAIN A COPY OF THIS APPRAISAL
FOR YOUR RECORDS**