

ROSEBUD HEALTH CARE CENTER  
POSITION DESCRIPTION/ANNUAL EVALUATION

Department Name/Number	Position Title	Reports To
Nursing Home 6400	<b>Registered Nurse</b>	Director of Nursing NH
<b>Effective Date:</b> 08/2016; 10/2017	<b>Supervisor Signature/Date:</b>	
Position Grade: 44B	Administration Signature/Date:	
Status: Non-Exempt	Human Resources Signature/Date:	

Employee Name:	
Hire Date:	Evaluation Due in Human Resources on:
Reason for Evaluation: 6 Month ___ 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:** (in 1 or 2 sentences, describe why the job exists)

In this position, the Registered Nurse will provide direct resident care by assessing, planning, implementing, evaluating and documenting individual resident needs, actions taken, and resident responses according to the plan of care.

Must possess the skills and abilities to engage in the nursing process including, but not limited to, nursing analysis, planning, nursing intervention and evaluation in the promotion and maintenance of the resident's health. Must work in a collaborative and cooperative relationship with other members of the health care team. Must have the skills/abilities to evaluate and ensure that the medical plan of care is carried out. Must have the skills needed to supervise and delegate appropriate functions to subordinate personnel. Must provide care in compliance with the Montana Nurse Practice Act.

**ESSENTIAL DUTIES & RESPONSIBILITIES:**

1. Gives/receives accurate, concise change of shift report.
2. Accurately prepares and administers all scheduled medications, tube feedings and treatments, as ordered. Administers PRN medications and treatments as necessary.
3. Counts and administers narcotics/controlled substances per facility policy.
4. Orders medications as necessary, according to facility policy. Receives medication delivery from pharmacy and checks all drugs received. Documents proof of medications received, according to facility policy.
5. Makes rounds; assesses unstable residents. Observes, evaluates, reports and documents all changes in residents' conditions every two hours, or as needed.
6. Notifies physicians (providers), when necessary, of changes in resident's condition, weight, medication errors, medication not available, abnormal laboratory/radiology results and any other unusual observations.

7. Reviews and revises resident care plan when documenting progress notes. Documents progress notes per facility policy. Documents daily notes as necessary. Includes but is not limited to Nurse's Notes, I&O, vital signs and weight book.
8. Recognizes signs and symptoms of abuse, is knowledgeable and understanding of policy and abuse reporting procedure, initiating investigation of possible abuse, skin tears and of unknown origin.
9. Implements appropriate action with staff, as necessary, to protect residents. This may include suspending the staff member until management concludes the investigation.
10. Independently intervenes in other situations that may affect resident safety, implements appropriate action with staff as necessary, as stated in abuse policy/protocol.
11. Aware of and compliant with Federal and State regulations.
12. Attempts to replace call-ins and reassigns remaining staff, based on resident needs.
13. Prepares nursing assistants' assignments and explains all pertinent resident care to nursing assistants. Delegates or assigns aspects of resident's care to healthcare team members, commensurate with validated competency to perform tasks assigned.
14. Orients and supervises new licensed staff, evaluates their performance, and reports any issues to Director of Nursing.
15. Supervises new unlicensed staff, evaluates their performance and reports any issues to Director of Nursing. Prepares, administers and signs disciplinary documentation.
16. Routinely promotes infection control practices.
17. Supervises all resident care and assists with direct resident care as necessary/needed. (This includes, but is not limited to, meal service, ensuring proper diet is served and residents are assisted as necessary; distribution of additional nourishment; prompt response to residents' call lights.)
18. Participates in resident care conferences. Supports and collaborates with the multidisciplinary team approach to residents' needs.
19. Completes assessments as assigned. Completes quality assessment and assurance duties as assigned.
20. Admits or assists with admission of new residents.

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. Graduate of an accredited School of Nursing
2. Current Montana Registered Nurse licensure
3. Certification in Basic Life Support
4. Ability to communicate effectively and diplomatically within a multi-functional team
5. Strong organizational skills and attention to detail
6. Ability to successfully function in a fast paced, service oriented environment
7. Experience in understanding and usage of computers and ability to learn new programs

**Reporting Relationship:** Director of Nursing

**Employees Supervised:** Unlicensed Nursing Home Personnel

**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

<b>Physical Factors</b>	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 checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing (wt 50+)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Environmental Factors**

Exposure to Weather	<input checked="" type="checkbox"/>	<input 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: RN

Department: LTC

Evaluated By: \_\_\_\_\_ Position: DON

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 |

<p>1. <b>Duty/Responsibility:</b> Accurately prepares and administers all scheduled medications, tube feedings and treatments, as ordered. Administers PRN medications and treatments as necessary.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>	
<p>2. <b>Duty/Responsibility:</b> Makes rounds; assesses unstable residents. Observes, evaluates, reports and documents all changes in residents' conditions every two hours, or as needed.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>	
<p>3. <b>Duty/Responsibility:</b> Notifies physicians (providers), when necessary, of changes in resident's condition, weight, medication errors, medication not available, abnormal laboratory/radiology results and any other unusual observations.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>	
<p>4. <b>Duty/Responsibility:</b> Reviews and revises resident care plan when documenting progress notes. Documents progress notes per facility policy. Documents daily notes as necessary. Includes but is not limited to Nurse's Notes, I&amp;O, vital signs and weight book.</p> <p><b>Performance:</b> _____</p> <p>_____</p> <p>_____</p>	

5. **Duty/Responsibility:** Prepares nursing assistants' assignments and explains all pertinent resident care to nursing assistants. Delegates or assigns aspects of resident's care to healthcare team members, commensurate with validated competency to perform tasks assigned. Orients and supervises new licensed staff, evaluates their performance, and reports any issues to Director of Nursing.

**Performance:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TOTAL SCORE:**

**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

1. **Job Knowledge and Skills:** Possesses required knowledge and skills in functional field.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
2. **Job Knowledge and Skills:** Follows established procedures performing job functions.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
3. **Job Productivity:** Completes position responsibilities following established guidelines within an appropriate time frame.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
4. **Work Ethic:** When assigned work is complete, seeks additional tasks to be done.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
5. **Quality of Work:** Ensures accuracy and completeness of work performed.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
6. **Initiative:** Ability to originate / develop / implement constructive ideas and solutions to problems.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
7. **Dependability:** To what extent can he/she be counted on to fulfill responsibilities?  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_
8. **Judgment/Decision-Making:** Ability to analyze situations and arrive at logical, practical decisions.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_



**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 (21) 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**