

RN Administrative House Supervisor (Night Shift)



POSITION SUMMARY

Responsible for the coordination of resident care and the operational services of the facility during the night shift when the Administrator, Director of Nursing, and Department Supervisors are not present. This individual reports directly to the Director of Nursing.

PERSONAL QUALIFICATIONS

- Current RN license in the state of Michigan
- The ability to think independently, and demonstrate good problem solving skills under pressure.
- Strong leadership, supervisory, organizational, and communication skills.
- Knowledge of state and federal regulations regarding long-term care and facility policies.

PRINCIPAL DUTIES AND RESPONSIBILITIES

- Supports and promotes practices consistent with the mission, philosophy, standards, policies and procedures of the facility.
- Serves as an administrative resource and leader for the facility during the night shift by supervising and coordinating facility operations.
- Assess staffing needs and allocates personnel accordingly. Replaces staff as needed.
- Assures staff compliance with facility policies and procedures.
- Enforce regulatory requirements throughout the facility.
- Identifies and communicates problems to the appropriate department head.
- Disciplines facility staff when needed and consults with the appropriate department heads regarding disciplinary actions.
- Assists with managing, documenting, and investigating incidents and accident for residents and employees. Provides follow-up as needed.
- Assures staff are implementing care plans, delivering care appropriately, and recognizing changes in residents' status. Assures that problems and changes in resident status are communicated to physicians.
- Makes frequent rounds on all units to assess performance and assure resident care needs are met.
- Assists in problem resolution among staff, residents, families, and visitors.

- Assures residents' rights are protected and that residents are free from abuse and neglect.
- Assists with clinical emergencies, including CPR and hospital transfers.
- Identifies educational needs of employees and makes recommendations to the Education Coordinator.
- Coach, educate, and promote professional growth with staff as necessary.
- Actively monitors staff during assigned shift to ensure efficient workplace productivity.
- Observes nursing care and visits residents to ensure that care is carried out as directed, and treatment administered appropriately.
- Performs other duties as assigned by the Administrator or Director of Nursing.

SUMMARY OF OCCUPATIONAL EXPOSURES

Blood borne Pathogens: Tasks that involve exposure to blood, body fluids or tissue.

All procedures or other job related tasks that involve an inherent potential for mucus membrane or skin contact with blood, body fluids or tissues, or a potential for spills, splashes of them.

POSITION AUTHORITY AND ACCOUNTABILITY

I report to the Director of Nursing

COGNITIVE AND SENSORY REQUIREMENTS

Talking: Necessary in carrying out duties and responsibilities; and communicating with staff, patients and families.

Hearing: Necessary in carrying out duties and responsibilities; and communicating with staff, patients and families.

Sight: Necessary for doing job correctly and effectively.

Tasting and Smelling: Smelling is required for accurate maintenance and detection of wounds, urinary tract problems, etc.

PRIMARY PHYSICAL REQUIREMENTS

Lift up to 10 lbs: Regularly required to lift medical charts, supplies, and residents' personal items, e.g., clothing, food items and food trays

Lift 11 to 25 lbs: Regularly required when lifting soiled bed linens/residents

Lift 26 to 50 lbs: Regularly required when transferring a non-ambulatory resident

Lift over 50 lbs: Occasionally required when transferring a non-ambulatory resident weighing between 100 and 160 pounds. Two aides are typically utilized when resident is unusually heavy or combative

Carry up to 10 lbs: Regularly required to lift medical charts, supplies, and resident's personal items, e.g., clothing, food items and food trays

Carry 11 to 25 lbs: Regularly may be required when lifting soiled bed linens and carrying to the utility area

Carry 26 to 50 lbs: Regularly to frequently required when lifting a resident

Carry over 50 lbs: Occasionally required when transferring a non-ambulatory resident weighing between 100 to 160 pounds. Two aides are typically utilized when resident is unusually heavy or combative. Maxi lift may be used as desired

Reach above shoulder height: Regularly occurs when reaching for medical records or supplies located on shelves

Reach at shoulder height: Frequently may occur when assisting residents in eating, when changing bed linens, and when taking vital signs

Reach below shoulder height: Regularly occurs while assisting residents with peri-care, bathing and dining

Push/Pull: Regularly required to push a cart which rolls easily across tile or carpeted floor

HAND MANIPULATION

Grasping: Frequently grasping during direct care activities

Handling: Constantly handling residents personal

I have read and understand the above job description.

Signature

Date

Name (Please Print)