

## KENTUCKY PERSONNEL CABINET POSITION DESCRIPTION (PD)

Cabinet	Department	Division	Branch	Section	Unit	Employee
31	074	02	06	03	00	

1. Nature of the request:  Establishment  Reclassification  Reallocation  Other \_\_\_\_\_

2.  Full-time  Part-time  Interim

3. Current Title Code and Title 4310 Nurse Aide--State Registered

4. Proposed Title Code and Title \_\_\_\_\_

5. If filled, name of incumbent \_\_\_\_\_

6. Statement of Duties: Briefly state the main function of the job. Do not write more than two statements.

Performs subprofessional and non-technical tasks in the personal care of residents within state long-term care facilities. Performs additional tasks as assigned.

7. List up to seven (7) primary tasks and duties performed by the position. Begin with the **most important** duty. Be specific as to the duties and responsibilities of the position.

	Average % of Time
a. <u>Assists residents with personal hygiene such as bathing, dental/oral care, hair/nail care, and dressing.</u>	<u>25.</u> %
b. <u>Assists residents with bowel and bladder functions by escorting to bathroom, providing bedpan or portable commodes. Checks and records intake and output flow charts.</u>	<u>20.</u> %
c. <u>Assists with meals and nourishments for residents requiring assistive appliances and restorative dining. Escorts residents to dining area.</u>	<u>25.</u> %
d. <u>Measures and records temperature, blood pressure, pulse and respirations, height, as instructed.</u>	<u>5.</u> %
e. <u>Collects, labels and records urine, stool and sputum specimens for laboratory analysis.</u>	<u>5.</u> %
f. <u>Makes routine rounds to assure personal care needs are met. Assists with lifting, turning, and repositioning of residents with use of assistive equipment.</u>	<u>10.</u> %
g. <u>Maintains a safe, clean, and sanitary work environment. Observes infection control guidelines as indicated by appropriate handling, transporting and disposal of soiled linen, supplies, &amp; equipment.</u>	<u>10.</u> %
<b>TOTAL</b>	<b><u>100.</u> %</b>



8. Does the incumbent of this position conduct performance appraisals on subordinate employees?  Yes  No

If yes, please list the class title(s) and number of positions in each class, or title and number of contractual employee(s):

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9. Are there any essential functions of this position that require an incumbent to:  
*This indicates the essential functions of an incumbent for Americans with Disabilities Act (ADA) to ensure communication accessibility for individuals with visual and speech impairments. NOTE: IF THIS JOB DOES NOT REQUIRE THE ESSENTIAL ELEMENTS LISTED BELOW, DO NOT CHECK.*

- (A) Drive a licensed vehicle?  
 (B) Use a firearm?  
 (C) Lift heavy objects or work in uncomfortable positions for extended periods of time?  
 (D) Be exposed to hazardous working conditions?  
 (E) Frequently communicate in person or by telephone?  
 (F) Spend a major portion of time using a keyboard?  
 (G) Be exposed to any hazards such as traffic or persons with contagious diseases?  
 (H) Visually inspect documents and/or activities and make decisions from those inspections?  
 (I) Other -- please describe Typically, work involves considerable walking, stretching, stooping, bending,  
and lifting. Much mobility is required to monitor resident care. Must be able to physically lift  
up to 50 pounds. The flexibility to work overtime is an essential function of this position.

I acknowledge that I understand the above duties are what is expected of me while working at Thomson-Hood Veterans.

\_\_\_\_\_  
Agency staff signature

\_\_\_\_\_  
Date

## LICENSURE HISTORY, SELF-ATTESTATION

I hereby authorize the *Thomson-Hood Veterans Center, 100 Veterans Drive, Wilmore, Kentucky 40390*, to make inquiries and consult with all persons, places of employment, education, malpractice carriers, State licensing boards, or other similar government and non-governmental entities who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the scope of practice/privileges I have requested. I authorize release of such information and copies of related records and/or documents to these officials.

I authorize the *Thomson-Hood Veterans Center*, to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable them to make such inquiries.

I release from liability all those who provide information to the *Thomson-Hood Veterans Center*, in good faith and without malice in response to such inquiries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Have any of the following ever been, or are they in the process of being; on a voluntary or involuntary basis-denied, revoked, suspended, reduced, limited, placed on probation, not renewed, withdrawn, or relinquished while under investigation or for disciplinary reasons? **Each "yes" response requires a complete explanation.** *If additional space required for answer, attach separate sheet.*

1. Professional Registration/License in any State?  
Explanation: Yes  No
2. Have you ever been convicted of a felony?  
Explanation: Yes  No

3. Have you ever been involved in administration, or judicial proceedings in which professional malpractice on your part has been alleged?  
Explanation: Yes  No

4. Have you ever had any problems with your health Status, that might interfere with your ability to perform the procedures and essential function of the position for which you have applied, with or without reasonable accommodation, according to accepted standards of professional performance and without posing a direct threat to other staff and patients?  
Explanation: Yes  No

5. Within the last 5 years have you been discharged from any position for any reason?  
Explanation: Yes  No

6. Within the last 5 years have your resigned or retired from a position after being notified you would be disciplined or discharged, or after question about your clinical competence was raised?  
Explanation: Yes  No

**All information and documentation submitted by me in this questionnaire is accurate, complete, and made in good faith, to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name