



## Job Description

# Resident Health Coordinator

**Supervisor:** Resident Health Coordinator

**Job Qualifications:** 6 months or more experience in the Health Care Field as a Certified Health Assistant or Resident Care Coordinator. **Certification in CBRF required DHS 83 trainings.**

**Responsibilities:** Responsible for the coordination of, along with the Regional Nursing Services Coordinator, the total health program which will assure that safe and competent service is provided to all residents.

**General duties include but are not limited to:**

**DHS 83.35 Assessment, individual service plan and evaluations.**

**(1) ASSESSMENT.**

- (a) *Scope.* The CBRF shall assess each resident's needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.
- (b) *Information gathering.* The CBRF shall base the assessment on the current diagnostic, medical and social history obtained from the person's health care providers, case manager and other service providers. Other service providers may include a psychiatrist, psychologist, licensed therapist, counselor, occupational therapist, physical therapist, pharmacist or registered nurse. The administrator or designee shall hold a face-to-face interview with the person and the person's legal representative, if any, and family members, as appropriate, to determine what the person views as his or her needs, abilities, interests, and expectations.
- (c) *Areas of assessment.* The assessment, at a minimum, shall include all of the following areas applicable to the resident:
1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care.
  2. Medications the resident takes and the resident's ability to control and self-administer medications.
  3. Presence and intensity of pain.
  4. Health procedures the resident needs and the number of hours per week of health care the resident needs.
  5. Mental and emotional health, including the resident's self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming.
  6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property.
  7. Risks, including, choking, falling, and elopement.
  8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training.
  9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known.
  10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.
- (d) *Assessment documentation.* The CBRF shall prepare a written report of the results of the assessment and shall retain the assessment in the resident's record.
- (2) TEMPORARY SERVICE PLAN.** Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented.
- (3) COMPREHENSIVE INDIVIDUAL SERVICE PLAN.**



- (a) *Scope.* Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following:
1. Identify the resident's needs and desired outcomes.
  2. Identify the program services, frequency and approaches under s. [DHS 83.38 \(1\)](#) the CBRF will provide.
  3. Establish measurable goals with specific time limits for attainment.
  4. Specify methods for delivering needed care and who is responsible for delivering the care.
- (b) *Development.* The CBRF shall involve the resident and the resident's legal representative, as appropriate, in developing the individual service plan and the resident or the resident's legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. [DHS 83.38 \(2\)](#) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. [DHS 83.38 \(2\) \(b\)](#). The resident's case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.
- (c) *Implementation.* The CBRF shall implement and follow the individual service plan as written.
- (d) *Individual service plan review.* Annually or when there is a change in a resident's needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident's legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.
- (e) *Documentation of review.* The CBRF shall document any changes made as a result of the comprehensive individual service plan review.
- (f) *Availability.* All employees who provide resident care and services shall have continual access to the resident's assessment and individual service plan.
- (4) **SATISFACTION EVALUATION.** At least annually, the CBRF shall provide the resident and the resident's legal representative the opportunity to complete an evaluation of the resident's level of satisfaction with the CBRF's services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department.
- Note:** The CBRF Resident Satisfaction Evaluation form, F62372, can be found at <http://dhs.wisconsin.gov/forms/DQAnum.asp> or by contacting the Division of Quality Assurance Regional Office listed in Appendix A.
- (5) **EVALUATION OF RESIDENT EVACUATION LIMITATIONS.**
- (a) *Initial evaluation.* The CBRF shall evaluate each resident within 3 days of the resident's admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident's evaluation shall be retained in the resident's record.
- Note:** The Resident Evacuation Assessment form, F62373, can be found at <http://dhs.wisconsin.gov/forms/DQAnum.asp> or by contacting the Division of Quality Assurance Regional Office listed in Appendix A.
- (b) *Evaluation update.* The CBRF shall evaluate each resident's mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident's mental or physical capability to respond to a fire alarm.
- (c) *Notice to employees.* The CBRF shall notify each employee who works on the premises of the CBRF of each resident who needs more than 2 minutes to evacuate the CBRF and the type of assistance the resident needs to be evacuated.
- Assisting in the supervisory functions, activities, and training of Resident Care Coordinators. This is accomplished through appropriate, training, in-servicing practices as well as development of policies and procedures.



- Maintain current work schedules, which reflect need determined by census and resident acuity.
- Ensures that the duties of health personnel are clearly defined and assigned to staff members; consistent with the level of education preparation, experience and licensing of each.
- Is on call at all times, unless there is another RN designated to be on call. The on call RN is responsible whenever there is a reported change in condition or incident involving a resident.
- Meets with all health (RCC) staff on a regular basis to advise, educate, and update.
- Monitors/coordinates with the supervisory functions of RCC3's
- Coordinates health service with other departments.
- Reviews the ISP (Individual Service Plan) requirements of each resident admitted to the facility and assists in planning care.
- Participates with professional staff members in developing and maintaining resident care policies and procedures, and establishing a system for their execution.
- Responsible for maintaining documentation, which reflects healthcare needs of each resident, care and treatment provided resident response to care and treatment, and resident disposition.
- Makes daily rounds to monitor and evaluate resident care, proper medication storage area, equipment, and etc.
- Attends administrative staff meetings, participates as required in committees.
- Answers inquiries by residents or families as required.
- Participates in planning and budgeting for health services.
- Develops and periodically updates objectives that define the type of health care the facility provides.
- Has thorough knowledge of, and enforces DHS 83 regulations and all other requirements. Participates in the survey process, responding to any inquiries by regulatory agencies and consulting agencies to provide information and help as required.
- Acts as representative of the facility in the community or at professional meetings.

**Physical Demands:** See attached job function profile.

**Tasks performed requiring Personal Protective Equipment:**

- Wound care.
- Care of residents in isolation.
- Administration of eye drops and other topical medications.
- Performing diagnostic tests such as accu checks or obtaining specimens for tests/cultures.

**Equipment commonly utilized:**

- Gait belts
- Mechanical lifts
- Oxygen tanks and concentrator



- Patient care equipment
- Blood pressure cuffs
- Stethoscopes
- Thermometers
- Pulse oximeter
- Computer
- Fax Machine

This job description is not intended to be all-inclusive. The employee will also perform other reasonable related duties as assigned by the supervisor or other management.

Management reserves the right to change job responsibilities, duties, and hours as needs prevail. This document is for management communication only and not intended to imply a written or implied contract of employment.

This offer is conditional upon the successful completion of criminal history record, evidence of eligibility to work in the United States, caregiver background checks, and meeting MCP's training program within 90 days of employment. If at any time there is a change in the employee's criminal history background information, notification must be given immediately to Administrator.

**DHS 83.19 Orientation.** Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following:

- (1) Job responsibilities.
- (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property.
- (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible.
- (4) Emergency and disaster plan and evacuation procedures under s. [DHS 83.47 \(2\)](#).
- (5) CBRF policies and procedures.
- (6) Recognizing and responding to resident changes of condition.

**History:** [CR 07-095](#): cr. [Register January 2009 No. 637](#), eff. 4-1-09.

**DHS 83.20 Department-approved training.**

- (1) APPROVED TRAINING.
  - (a) Training for standard precautions, fire safety, first aid and choking, and medication administration and management shall be approved by the department or designee and shall be provided by trainers approved by the department or designee. Approvals for training plans and trainers for standard precautions, fire safety, first aid and choking, and medication administration and management issued before April 1, 2009, shall expire April 1, 2010.
  - (b) The CBRF shall maintain documentation of the training in par. (a), including the trainer approval number, the name of the employee, training topic and the date training was completed.
- (2) APPROVED COURSES.
  - (a) *Standard precautions.* All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.
  - (b) *Fire safety.* Within 90 days after starting employment, all employees shall successfully complete training in fire safety.



- (c) *First aid and choking.* Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.
- (d) *Medication administration and management.* Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.

**History:** [CR 07-095](#): cr. [Register January 2009 No. 637](#), eff. 4-1-09.

**DHS 83.21 All employee training.** The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:

- (1) **RESIDENT RIGHTS.** Training shall include general rights of residents including rights as specified under s. [DHS 83.32 \(3\)](#). Training shall be provided as applicable under ss. [50.09](#) and [51.61](#) and chs. [54](#), [55](#), and [304](#), Stats., andch. [DHS 94](#), depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF's complaint and grievance procedures. Residents' rights training shall be completed within 90 days after starting employment.
- (2) **CLIENT GROUP.**
  - (a) Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment.
  - (b) In a CBRF serving more than one client group, employees shall receive training for each client group.
- (3) **RECOGNIZING, PREVENTING, MANAGING AND RESPONDING TO CHALLENGING BEHAVIORS.** Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.

**History:** [CR 07-095](#): cr. [Register January 2009 No. 637](#), eff. 4-1-09; correction in (1) made under s. [13.92 \(4\) \(b\) 7](#), Stats., [Register January 2009 No. 637](#).

**DHS 83.22 Task specific training.** The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following:

- (1) **ASSESSMENT OF RESIDENTS.** All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment.
- (2) **INDIVIDUAL SERVICE PLAN DEVELOPMENT.** All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident's needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress.
- (3) **PROVISION OF PERSONAL CARE.** All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring.
- (4) **DIETARY TRAINING.** All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.

**History:** [CR 07-095](#): cr. [Register January 2009 No. 637](#), eff. 4-1-09.

**DHS 83.23 Employee supervision.** Until an employee has completed all required training, the employee shall be directly supervised by the administrator or by qualified resident care staff.



Caring for residents with Dementia and Alzheimer’s can be an extremely challenging and stressful occupation that subjects employees to associated behaviors. By signing this document, you acknowledge your understanding of the industry pressures and inherent stress associated with this position.

\_\_\_\_\_ I have read and understand the essential job functions and physical requirements of the position. I hereby state I am able to complete the essential job functions outlined.

\_\_\_\_\_ I have read and understand the essential job duties and physical requirements of the position. If I believe I am not able to complete the essential functions I request this accommodation in order to accept the position (s). List accommodation below:

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Accommodations reviewed and employer acceptance/denial of request on \_\_\_\_\_.

Signed by Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



<b>STRENGTH</b>	<b>N</b>	<b>S</b>	<b>O</b>	<b>F</b>	<b>C</b>	<b>Physical Demands</b>
Push/pull light objects under 10 pounds				X		Frequency Code
Push/pull objects less than 20 pounds				X		
Push/pull more than 20 pounds				X		N = Never
Push/pull more than 50 pounds			X			S = Seldom/once or twice a week
Lift/carry light objects				X		O = Occasionally/at
Lift/carry objects less than 20 pounds				X		
Lift/carry objects more than 20 pounds				X		
Lift/carry objects more than 50 pounds			X			least once a day
Lift/carry objects more than 100 pounds	X					F = Frequently/several times a day
<b>MOBILITY</b>						
Walking				X		C = Constantly/ongoing throughout the day
Standing				X		
Squatting				X		Job Title:
Sit for prolonged periods			X			<b>Resident Health</b>
Stand for prolonged periods				X		<b>Coordinator</b>
Remain in uncomfortable position for long periods such as bending over tables or beds				X		
Climb stairs		X				
Reach above shoulders				X		
Bend				X		
Kneel				X		
Drive		X				
<b>ENVIRONMENTAL CONDITIONS</b>						
Exposure to blood, body tissue or fluids				X		
Exposure to hazardous waste materials other than blood, body tissues or fluids			X			
Exposure to excessively high temperatures	X					
Exposure to excessively low temperatures	X					
Exposure to sudden fluctuations in temperatures		X				
Exposure to seasonal conditions in outside weather			X			
Exposure to grease or oil	X					
Exposure to toxins, cytotoxins, or poisonous substances		X				
Exposure to dust				X		
Exposure to other hazardous materials such as chemicals			X			
Exposure to bodily injuries				X		
Exposure to loud or unpleasant noises				X		
Exposure to high humidity or wetness			X			
Exposure to electrical hazards	X					
Exposure to burns	X					
Exposure to electro-magnetic radiation	X					
Exposure to mechanical hazards			X			