Assistant Administrator Follow-up Training



□ 30 DAY	□ 60 D AY	□ 90 DAY
L JU DAI		

RATING SCALE:

- 3 = CONSISTENTLY DEMONSTRATES A STRONG LEVEL OF COMPETENCY
- 2 = SOMEWHAT DEMONSTRATES COMPETENCY
- 1 = Does not demonstrate competency

Main Areas of Responsibility: (Rate all that apply)

A rating will be assessed to each applicable line item to determine if more training is needed. Any area rated as a 1 or 2 may indicate more training is necessary.

]	Represent The Cottages to the public at large in a positive and professional manner		
D	Ensure that all homes of The Cottages are properly maintained, clean, and free of debris and clutter		
	Assist with medications for residents requiring prescription and non-prescription medications		
D	Required to be on call during evenings and weekends for emergencies		
	Give an effective tour		
	Ability to do med cart and med order audits. To be done with every monthly medication fill cycle		
	Ability to schedule staff with no overtime and stay within budget with the use of Time Force		
]	Print off & file nursing assessments in the respective resident book monthly		
]	Responsible for resident book audits (see separate training doc)		
]	Responsible for filing medication orders, staff and resident items on a daily basis		
l	Follow-up on service plans to ensure that they are all received, signed, and up-to-date		
]	Responsible to check for new, incoming faxes for med orders every two hours		
D	Prepare items for nurse: bubble pack; quarterlies, nurse log		
D	Print 31 day MAR every Friday		
	Check, date, and initial fire extinguishers monthly		
	Count in monthly meds on the day that the pharmacy delivers		
]	Required to know the entire process of a new admission		
]	Required to know the entire process of a new-hire		
]	Be able to review inventory and place supply and food orders (authorized by administrator)		
	Capable to do staff verbal warning, write-up, delegate duties, etc. (authorized by administrator)		
	Work floor as scheduled		
]	Responsible for entering maintenance items on Blue Step		
Ι	understand and agree to the above assessment.		
Employee	Signature: Date:		
Administra	ator Signature: Date:		

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