The Legacy Assisted Living
Job Description

Job Title: Caregiver

Reports to: Resident Care Coordinator / Administrator

Overall Responsibilities

Responsible for the hands on delivery of care and assistance with activities of daily living for all residents. Provides care in a manner that meets or exceeds expectations.

Job Responsibilities

1. Provide assistance to residents with activities of daily living, including-bathing, dressing, cooking, incontinence, cleaning, medication administration, laundry, oral care.
2. Maintain the dignity and privacy of all residents. Protect all resident rights.
3. Assist residents with personal needs as requested, while helping to maintain the resident’s independence and well-being.
4. Document appropriately services delivered to residents and any significant changes in condition.
5. Report any concerns with the health and well-being to the Resident Care Coordinator, Administrator Nurse
6. Maintain and protect the confidentiality of resident information at all times.
7. Meet or exceed, the standards of appearance; comply with the sanitation rules, hygiene and health standards of community personnel
8. Serve meals in a fine and gracious manner, ensuring the dignity and nutritional needs of the residents
9. Responsible for administration of resident medications according to the nurse practice act.
10. At times responsible for cooking, cleaning, and serving meals.
11. Willingness to work with the elderly
12. Perform other reasonable tasks as assigned by supervisor

The Legacy 2019
**Universal Precautions:**
Exposure to blood/bodily fluids is likely.

**Physical Requirements:**
Has ability to do occasional heavy lifting of residents (up to 40 lbs.).

I, ____________________________ have read the Caregiver job description. I understand that I am expected to perform these duties outlined in this job description. I am able to perform the physical requirements of the job with or without reasonable accommodations as defined by the American’s with Disabilities Act (ADA).

_________________________________________  ______________________
Associate’s Signature                        Date

_________________________________________  ______________________
Associate’s Printed Name                      Date

_________________________________________  ______________________
Supervisor’s Signature                        Date