

**The Terrace**  
Homer Senior Citizens, Inc.  
Position Description

Position Title: Clinical Nurse Supervisor (RN)

Department: Nursing

Supervisor: *Executive Director*

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**JOB SUMMARY:**

This position will ensure that the health care needs of all residents are met. The Clinical Nurse Supervisor, RN will ensure that staff is trained in assisted living procedures and policies which are current and up to date. The Clinical Nurse Supervisor, RN will also ensure that “The Terrace” is in compliance with current Assisted Living License regulations. Working cooperatively with the Executive Director, supervise the delivery of services provided to the residents and supervises staff.

**QUALIFICATIONS:**

- Must be registered and licensed with the State of Alaska as a RN and must maintain a current and unrestricted licensure.
- Must have a valid driver’s license.
- At least 4 year’s experience in related field.

**OTHER SPECIALIZED KNOWLEDGE AND ABILITIES:**

This position required the incumbent to have:

- Possess a sensitivity and aptitude for working with the assisted living population.
- Possess skills to communicate effectively with those you supervise, residents, family members and *LPN’s, CNA’s, and RA’s..*
- Possess leadership / supervisory skills.
- Must be able to prioritize and organize work effectively and efficiently.
- Able to work irregular hours, occasional weekends, and evenings.

**ESSENTIAL JOB FUNCTIONS AND TASKS:**

**Manage the Assisted Living services that are provided including completing essential paperwork and complying with state regulations.**

- Works to assure community is in compliance with federal state and local standards and regulations. Is available for license surveys.
- Works with Assisted Living Director to keep forms updated including policies, procedures, Bill of Rights, and related assisted living forms and manuals
- Meets with Case Workers regularly, as needed.
- Maintains an up-to-date knowledge of current trends regarding Assisted Living facilities
- Is responsible for investigating and reporting incidents of suspected resident neglect and/or abuse and reporting these findings to (*fill in title of person*) and/or appropriate county officials.
- Works to maintain privacy and confidentiality of resident, resident’s records and resident’ living environment.

- Is willing to carry a cell phone and be 'on call' for emergencies, resident change of condition, and when staff perform delegated nursing tasks.
- Prepare, record, submit and maintain accurate and timely correspondence and paperwork regarding resident data and billing information with Office Coordinator as needed.
- Communicates and documents resident data to staff as needed.
- Completes initial assessment of potential residents to assure that their needs will be met.
- Follows the Assisted Living License regulations for providing timely and thorough nursing assessments for all residents.
- Assures residents maintain residency requirements, reassess, and recommend alternative placement if necessary.
- Implements service agreements with all new residents. Reviews and revises service/care plans as needed.
- Assures residents have up to date care plans. Reviews and revises care plans as needed.
- Monitors and maintains resident records and nursing notes.
- Communicates to physicians and other personnel (county caseworkers) any changes in resident's needs or conditions.
- Monitors and follows through with ordering medications and all medication renewals as well as any necessary follow-up with physicians regarding medications and/or medical conditions.
- Assures all physicians orders are signed and implemented within 24 hours.
- Fills weekly pillboxes for medication administration by direct care staff and checks new medications from the pharmacy.
- Assures new medication sheets are in place by the first of each month.
- Reviews each resident's medication sheet at least monthly and assures accuracy and appropriate signatures.
- Communicates in staff communication book any information that staff needs to be aware of.
- Documents disposal of medication per procedure.
- Assures compliance with regulations and is available for federal and state licensure surveys.
- Assists in the development of policies and procedures and implementation of them.
- Responsible for management of Tuberculosis / Infection Control Program.

#### **Supervision of Other Nursing and Direct Care Staff**

- Supervises, orients and competency tests direct care staff to assisted living and to each resident's individual needs.
- Gives input and/or helps perform annual evaluations for nursing and direct care staff.
- Supervises, disciplines, and terminates direct care staff.
- Coordinates staff education to include at least 8 hours of in-services per year.
- Meets with staff as needed.
- Provides health and medication training to all new employees as well as continued education for all staff and documents such training to assure compliance with state, federal and local regulations.
- Assures that staff clearly understands and follow all assisted living procedures.
- Monitors staff for compliance of monthly resident treatments as scheduled.

- Supervises medication practices and medical equipment being used by assisted living residents.
- Assures that medication administration procedures are followed properly and discusses any needed corrections, errors, etc., with staff.

**Provide support and address needs for programs and services.**

- Maintain resident records and appropriate documents as required.
- Assess residents on an ongoing basis to ensure their needs can be met.
- Assures residents continue to live safely in their unit, reassess and recommend alternative placement if necessary.
- Communicates the services to be provided for each resident to staff responsible for delivering the services and assures follow through.
- Inform personnel of changes in residents' needs and conditions.
- Maintains communication with residents, their families and staff.
- Facilitates coordination of resident services with other service providers as needed.
- Is available for on-call medical questions and/or emergencies via phone.

**Participate and function effectively as a team member.**

- Develop and maintain a positive working relationship with staff, and other [Name of AL] staff including providing backup to other staff as needed.
- Articulate information regarding residents to the team.
- Provide proactive, constructive participation in staff meetings, committees, etc.
- Assists other departments with special events and family functions.
- Be compassionate and work with tact and ethical awareness.
- Be flexible and adaptable to changing situations.
- Responds appropriately to safety hazards, fire drills and other emergency situations.
- Reports injuries for self, staff, residents or visitors immediately to *(fill in title of person)*.
- Keep *(fill in title of person)* informed and involved and advised of needs and problems.

**Other duties as assigned.**

- Support the mission and values of [Name of AL].

**Work Environment:**

*General Strength*

**Light Work**      ***Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.***

Use this scale to rate frequency of occurrence for each variable in tables below.

**N = Never**      Not part of job requirements

**S = Seldom**      Not daily, but included 1-3 times per week

**O = Occasional** Done intermittently throughout the day or week, but not more than 33% of the day or week.

**F = Frequent**      Done at longer intervals throughout the day or week, 34%-66 % of the day or week.

**C = Continuous** Done without interruption throughout the day or week, 66%-100% of the day or week.

**Physical Factors**

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. on uneven ground	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Pushing Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20 Distance:.
5. Pulling Force	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20 Distance:.
6. Lifting (heaviest weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.
a. from floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20
b. from table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20
c. overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20
7. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.20 Distance:.
8. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. ladders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. scaffolds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. narrow surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. slippery surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. moving surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Stooping/bending	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Crouching/squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Twisting/turning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Restraining	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. above shoulder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. at shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Neck motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. static positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hand-Arm <input type="checkbox"/> Foot-Leg
19. Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
b. firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
c. pushing and pulling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
						<input type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
20. Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. keying/typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
21. Driving a vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Other physical demands (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Sensory Factors**

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Feeling/touching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Tasting/smelling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. near vision (reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. near vision (20 inches or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. far vision (20 feet or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Environmental Conditions**

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Extreme cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Extreme heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Wet and/or humid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Exposure to blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Exposure to body fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposure to infectious disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loud noises	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fumes/odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. poor ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. grease/oil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
d. dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. gases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Moving mechanical parts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Caustic chemicals (describe/list)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Latex products	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wearing respirator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Exposure to poisonous plant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Exposure to insect/animal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Mental Requirements

Do the essential job functions require the ability to do any of the following on a **regular** basis?  
Check the appropriate box for each item and describe as applicable.

	Ye s	No	Comments (provide description)
1. Resident/public contact-indicate percent of time of the work week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Reading-describe level (e.g., technical, grade level of materials used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Writing-written communications required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Simple arithmetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Mathematics-calculations requiring formulas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Weighing and/or measuring-precise and accurate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Attentiveness duration-maintaining constant alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Attentiveness intensity-concentration required for accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Short-term memory-recall 2-3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Long-term memory-recall from past education or event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Directing, controlling or planning activities of others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Transferring knowledge to unique situations-complex problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	Ye s	No	Comments (provide description)
13. Influencing people in their opinions, attitudes and judgments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Performing multiple tasks concurrently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15. Showing capacity for self-expression-feedback, teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Working alone or apart, in physical isolation, from others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Attaining precise set limits, tolerances and standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Working under unusual time constraints or set productivity standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
19. Shift work-other than day hours or variable start times	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Ability to problem solve-simple data gathering, selecting from known options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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This Job Description is not an exhaustive list of all skills, responsibilities, or efforts associated with a job. They reflect principal job elements essential for performing the job and evaluating performance.

This document does not create an employment contract, implied or otherwise, other than an “at will” relationship.

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### **Clinical Nurse Supervisor (RN)**

To apply for this position, please submit the following documents:

1. **Cover Letter**
2. **Resume**
3. **Three (3) Professional References**

Send all application materials via email to:

**Sarah Weideman**

Executive Director

Email: sarah@homerseniors.com

Please ensure that your application materials are complete and clearly labeled with your name. Open until filled.

Thank you for your interest!