

**Able Home Health Care, LLC.**  
**Personal Care Aide Job Description**

- Requirements:** Must be 18 years of age
- Have High School Diploma/GED
- Prefer 6 months experience in Home Care
- Clean Health Care Registry verification
- No pending Criminal charges

**Description:** Personal Care Aides work directly under the supervision of an RN or other qualified individual appointed by the Clinical Director. A PCA is responsible for direct patient care and patients' personal needs. Be able to read and follow Plan of Care, and document properly the tasks that are required for each individual patient. Keep all walk ways, entrances, exits' free of clutter and clear. Ensure needs are met for the wellbeing and safety of the patient. Observe and report symptoms of illness, skin break down, signs of any abuse, neglect, or exploitation of a patient to Agency staff. Effectively communicate with patient.

**Keys Tasks & Responsibilities:** Report to work as scheduled, complete all required documentation, and maintain all patient information confidentially

- |                         |                           |                                |                                |
|-------------------------|---------------------------|--------------------------------|--------------------------------|
| Bathing needs           | Dressing/Undressing needs | Toileting/Incontinence needs   | Repositioning of patient       |
| Prepare meals           | Mobility needs            | Transferring needs             | Eating/ Feeding needs          |
| Use assistive equipment | Medication reminders      | Encourage patient in self-help | Supervise/assist/perform ADL's |
| Oral & Nail care        | Basic personal hygiene    | Proper documentation           |                                |

**Home Management Tasks:**

Light housekeeping tasks for patients living area, kitchen, bathroom, bedroom, dusting, sweeping, mopping, vacuuming, laundry (patient laundry only), and sanitizing bathroom after patient care is complete, changing linens for patient.

Other duties and responsibilities may be required as given by the Agency Administration staff.

By signing below I am acknowledging that I have read and fully understand my responsibilities and job duties of a Personal Care Aide.

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

Agency Rep. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Able Home Health Care, LLC.  
Personal Care Aide Skills Check**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please check your level of experience on the following skills listed below:

0=no experience    1=limited    2=confident    3=very confident

<b>Personal Care Aide Tasks</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Bathing patient: tub, shower, bed, sponge (assist/give)				
Hair care: shampoo, brush comb				
Shaving male patient				
Oral care/ Denture care				
Skin care/ Nail care (do not cut)				
Toileting/Incontinence care (diaper, BSC, bed pan, urinal)				
Dressing/undressing patient				
Mobility needs				
Transferring needs of patient				
Medication monitoring & reminders				
Assisting patient with eating/feeding needs				
Prepare patient meals/snacks				
Use of special equipment				
Basic housekeeping tasks (mopping, sweeping, dusting, disinfect bathroom, etc.)				
Making bed (unoccupied/occupied)				
Use of correct hand washing techniques and Universal precautions				
Recognizing emergency situations and calling 911				
Encourage patient in self help				
Proper documentation				

I have observed the above individual demonstrate the proper techniques for the above listed skills, as well as answered and demonstrated how to perform any tasks the individual did not understand or know.

RN Signature & Date \_\_\_\_\_