



**LKLP**  
Community  
Action

398 Roy Campbell Drive | Hazard, KY 41701  
606.436.8853 Office  
606.487.1872 Fax  
LKLP.org

## **Job Announcement**

### **LPN – Compassionate Hearts Adult Day Health Center**

LPN's, are you looking for an opportunity to work in an environment where you can truly make a difference in people's lives every day? Compassionate Hearts Adult Day Healthcare Center located in Hazard, KY is looking for someone to join our team as we move into a new facility. LKLP employs a caring and compassionate staff, dedicated to a mission of improving quality of life. The open position is Monday – Friday, 7am – 3:30pm, with weekends and holidays off. LKLP offers an excellent benefit package. If working long hours, nights and/or weekends does not suit your current situation, please apply to join our team.

This position is full time with a starting pay rate of \$16.03/hr. Pay may increase based on education and/or experience. Responsible for providing prescribed medical treatment and personal care services to ill, injured, convalescent, and disabled persons in adult day care setting within the scope of practice of Licensed Practical Nursing. Qualifications, education, and experience requirements are listed on the attached job description. If interested, send a letter of intent, completed application, and an updated resumé to Attention: Cindy Gross, LKLP Community Action Council, Inc., 398 Roy Campbell Drive, Hazard, KY 41701, or by fax to 606-439-0853 or email to [applications@lklp.net](mailto:applications@lklp.net). Letter of intent, application and resumé (with references) must be submitted no later than close of business on Wednesday, February 24, 2021.

*LKLP Community Action Council, Inc., is an Equal Opportunity Employer and Service Provider.*



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

**Job Title:** Licensed Practical Nurse  
**Department:** Adult Day Health Care  
**Reports To:** Nurse Administrator  
**FLSA Status:** Nonexempt  
**Prepared By:** Lori Tolliver  
**Prepared Date:** May 2019  
**Approved By:** Chief Operating Officer

### **SUMMARY**

Provides prescribed medical treatment and personal care services to ill, injured, convalescent, and disabled persons in adult day care setting, within the scope of practice of Licensed Practical Nursing.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

Responsible for supervision of ancillary staff and clients within the facility while on duty.

Provides direct care and supervision of clients in accordance with prescribed physicians orders and plan of care, designating duties/responsibilities to qualified staff when appropriate.

Insure client confidentiality.

Assist and maintain appropriate billing information to be coordinated with central office.

Observes patients and reports adverse reactions to medication or treatment to client's medical provider.

Coordinate and facilitate communication with other health care providers to insure continuity of care.

Ensure meals are served in adherence with clients prescribed diet.

Maintain appropriate client documentation.

Inventories and requisitions supplies.

Recognize chain of command and responsibilities within this chain. The LPN shall report to the Nurse Administrator.

Ability to maintain poise and self-control in crisis situations.

Ability to communicate with and be sensitive to the needs of people of various backgrounds.

Exhibits excellent interpersonal and leadership skills.

Ability to focus and prioritize multiple projects simultaneously and meet deadlines.

Ability to develop and maintain effective working relationships with other agencies and to be cooperative in managing referrals.

Makes good use of time and acts professionally and responsibly in all work areas.

Capable of being able to maintain a professional relationship with all entities of people (staff, Board Members, officials, and the general public).

Performs all other duties as assigned by the Nurse Administrator and/or the Executive Director.

### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Other qualifications required include the ability to interact well with others, work in a high stress environment, work in a fast-pace environment, have the ability to prioritize and multi-task, be able to resolve interpersonal conflicts and have the ability to work with difficult clients.

### **EDUCATION and/or EXPERIENCE**

Graduate of an accredited nursing program with a current license with the Kentucky Board of Nursing as a (LPN) Licensed Practical Nurse.

### **LANGUAGE SKILLS**

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and Procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

### **MATHEMATICAL SKILLS**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio and percent and to draw and interpret bar graphs.

### **REASONING ABILITY**

Ability to apply principles of logical or scientific thinking to a wide range of intellectual and practical problems. Ability to deal with a variety of abstract and concrete variables.

### **CERTIFICATES, LICENSES, REGISTRATIONS**

Valid Kentucky Driver's License / LPN license

### **PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to reach with hands and arms and talk or hear. The employee is frequently required to walk, stand and use hands to finger, handle, or feel. The employee is occasionally required to sit; climb or balance; and stoop, kneel, crouch or crawl. The employee must frequently lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job.

**Step:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*



# APPLICATION FOR EMPLOYMENT

## L.K.L.P. Community Action Council, Inc.

*An Equal Opportunity Employer*

Phone (606) 436-8853  
 FAX (606) 487-1872  
<http://www.lklp.org>

**POSITION APPLIED FOR:** You must fill out all sections of this application completely and honestly. This information will be used to determine your eligibility for this position. All application materials become the property of LKLP CAC, Inc., and will not be returned. (NOTE: A separate application must be completed for each position for which you are applying.)

|              |                   |                  |                  |
|--------------|-------------------|------------------|------------------|
| <b>Title</b> | <b>Department</b> | <b>Vacancy #</b> | <b>Recruiter</b> |
|--------------|-------------------|------------------|------------------|

### PERSONAL INFORMATION

|  |                              |  |  |
|--|------------------------------|--|--|
| Name (Last, First, Middle Initial)   |                              | Social Security Number   |  |
| Address (Street, City, State, Zip Code)  |                              |  |  |
| Home Phone Number<br>( ) ( )   | Work Phone Number<br>( ) ( ) | May we contact you at work?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            | Are you a LKLP employee in layoff status<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Age<br><input type="checkbox"/> Less than 14 <input type="checkbox"/> 14 - 17 <input type="checkbox"/> 18 or over  |                              | Have you been employed under other names? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| List Name(s):  |                              |  |  |
| Are you now or have you been employed by LKLP Community Action Council <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |  |  |
| List dates, locations, and department(s):  |                              |  |  |
| Are you related to anyone currently employed by LKLP Community Action Council <b>OR</b> now serving on the Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> NO  |                              |  |  |
| List Name and relationship:  |                              |  |  |
| How did you find out about this job opening?<br><input type="checkbox"/> Web Site <input type="checkbox"/> Human Resource Office <input type="checkbox"/> LKLP Employee<br><input type="checkbox"/> Newspaper (Identify) _____ <input type="checkbox"/> Other (Please Explain) _____   |                              |  |  |
| Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |  |  |
| <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>   |                              |  |  |
| Have you ever pled guilty, or no contest to, or been convicted of any misdemeanor or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |  |  |
| Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |  |  |
| <small>NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests and convictions which have been sealed or expunged in answering this question).</small> |                              |  |  |

### EDUCATION & SKILLS

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED it obtained.

| Name & Location of School | # of yrs. Complete | Graduated   | Degree & Major |
|---------------------------|--------------------|---|----------------|
| College                   |                    | <input type="checkbox"/> Yes<br>If no, approx. number of credit hours completed |                |
| Other                     |                    | <input type="checkbox"/> Yes<br>If no, approx. number of credit hours completed |                |
| Other                     |                    | <input type="checkbox"/> Yes<br>If no, approx. number of credit hours completed |                |
| High School/GED           |                    | <input type="checkbox"/> Yes<br>If no, approx. number of credit hours completed |                |

### OFFICE/COMPUTER SKILLS

|  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Presentation Software | <input type="checkbox"/> Transcription       | <input type="checkbox"/> Apple/Mac        |
| <input type="checkbox"/> Database        | <input type="checkbox"/> Desktop Publishing    | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Ten key by touch |
| <input type="checkbox"/> Spreadsheet     | <input type="checkbox"/> Typing _____ wpm      | <input type="checkbox"/> PC/IBM              | <input type="checkbox"/> Switchboard      |

**SKILLS/CERTIFICATIONS/PROGRAMMING LANGUAGES:** List technical or specialized skills/credentials relevant to this job, including driver's license (list type of license and name of state where issued), certifications, professional license, registrations held (include certification/registration number and expiration date) and knowledge of any computer programming languages or software.

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**EMPLOYMENT HISTORY:** List all employment including military and volunteer service *starting with the most current position held*. Show employment history for at least **10 years** or from the time you left school (supplemental sheets available). Explain gaps in employment history. You may attach a resume, *but you must complete the employment section*. This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

|   |  |                                |                     |
|---|--|--------------------------------|---------------------|
| Dates Employed (month/year)<br>From: _____ To: _____                                      |  | Position Title                 |                     |
| Salary<br>Start: \$ _____ Final: \$ _____   |  | Organization Name/Address      |                     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____       |  |                                |                     |
| May we contact for references<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties:   |  |                                |                     |
| Dates Employed (month/year)<br>From: _____ To: _____                                      |  | Position Title                 |                     |
| Salary<br>Start: \$ _____ Final: \$ _____   |  | Organization Name/Address      |                     |
| <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk _____       |  |                                |                     |
| May we contact for references<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Supervisor's Name/Title/Phone: | Reason For Leaving: |
| Duties:   |  |                                |                     |

**REFERENCES:** Please list 3 references that may be contacted that can provide information based on your personal character. Please do not list an references included in the Employment History section above.

| NAME | ADDRESS | TELEPHONE NUMBER |
|------|---------|------------------|
|      |         |                  |
|      |         |                  |
|      |         |                  |

**PLEASE READ CAREFULLY AND SIGN** - I certify that the above statements are correct. I understand that any false information (or omissions) in this application, or its supporting documents, will be sufficient grounds for refusal to hire me or termination without notice. I agree that all rules, orders, and regulations of the Board of Directors affecting my employment shall constitute a part of my appointment or employment. I further understand that LKLP Community Action Council has the right to review my education, previous employment, driving, and criminal records and other background data.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTICE OF NONDISCRIMINATION** - Per Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973, LKLP does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, disability, or status as disabled veteran or veteran of the Vietnam Era. Any person having inquiries concerning LKLP Community Action Council's compliance with these regulations is directed to contact the LKLP Affirmative Action representative or the LKLP Executive Director. Inquiries should be directed to LKLP Community Action Council, Affirmative Action Office, 398 Roy Campbell Drive, Hazard KY 41701, 606-436-8853.