

JOB DESCRIPTION

ASSISTANT ACTIVITY DIRECTOR

Department: _____ Supervisor: _____

JOB DESCRIPTION

The primary purpose of your position is to assist the Activity Director in planning, organizing and conducting activities and programs for the residents that will contribute to their fuller and richer quality of life and to help maintain or increase resident's ability to meet their living requirements in accordance with the facility mission philosophy and as directed by the Activity Director. As the Assistant Activity Director, you are delegated the administrative authority, responsibility, and accountability necessary to carry out your assigned duties.

Every effort has been made to identify the essential functions of this position. However, it in no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or is an essential function of the position.

MAJOR RESPONSIBILITIES

1. Assist in planning, developing, organizing, implementing and evaluating the activity programs of this facility.
2. Assist in developing and implementing guidelines for the identification of the medically related activity needs of the resident.
3. Participate in community planning interests that will enhance the mission of the facility and the services and needs of the resident and family.
4. Participate in discharge planning; development and implementation of activity care plans and resident assessments.
5. Perform administrative requirements, such as completing necessary forms and reports and submitting them to the Activity Director as required.
6. Provide consultation to members of the staff, community agencies and others in the process of solving the needs and problems of the resident through the development of activity programs.
7. Keeps abreast of economic conditions/situations and recommends to the Activity Director adjustments in the activity programs that assure the continued ability to provide daily activities.
8. Documents participation of individual residents in the daily activity programs to be utilized by Activity Director in Care Plans.
9. Performs other duties as assigned.

ASSISTANT ACTIVITY DIRECTOR (CONTINUED)

KNOWLEDGE, SKILLS AND ABILITIES

- ▶ Ability to read, write, speak, and understand the English language.
- ▶ Ability to make independent decisions when circumstances warrant such action.
- ▶ Ability to work harmoniously with other personnel.
- ▶ Ability to relate information concerning a resident's condition.
- ▶ Ability not to pose a direct threat to the health or safety of other individuals in the work place.
- ▶ Skill in the use of the sight/hearing senses or use prosthetics that will enable these senses to function adequately so that the requirements of this position can be fully met.
- ▶ Ability to meet the general health requirements set forth by the policies of this facility, which include a medical and physical examination.
- ▶ Ability to push, pull, move and/or lift a minimum of 25 pounds to a minimum height of three feet and be able to push, pull, move, and/or carry such weight a minimum distance of three feet.

EXPOSURE LEVEL

It is highly likely that while performing the essential functions of this position you will be exposed to blood or body fluids.

MINIMUM QUALIFICATIONS

High School diploma or GED equivalent.

ASSISTANT ACTIVITY DIRECTOR (CONTINUED)

ACKNOWLEDGEMENT

I have read this job description and fully understand the requirements set forth therein. I hereby accept the position of Assistant Activity Director and agree to perform the identified essential functions in a safe manner and in accordance with the facility's established procedures. I understand that as a result of my employment, I may be exposed to blood, body fluids, infectious diseases, air contaminants (including tobacco smoke), and hazardous chemicals and that the facility will provide to me instructions on how to prevent and control such exposures. I further understand that I may also be exposed to the Hepatitis B Virus and that the facility will make available to me, free of charge, the hepatitis B vaccination. I understand that my employment is at-will and thereby understand that my employment can be terminated at-will, either by the facility or myself and that such termination can be made with or without notice.

Signature: _____
Assistant Activity Director

Date: _____

