



## JOB DESCRIPTION: ADMINISTRATIVE ASSISTANT

### Description:

Responsible for providing administrative support to the Agency in accordance with Agency policies & procedures and governmental regulations.

### Reporting Relationship

Reports to Manager/Administrator

### Responsibilities/Duties

- ◆ Works with the Agency Administrator to ensure compliance with relative federal, state & local regulations and Agency policies and procedures.
- ◆ Remain informed and educated about home care regulations and standards as well as management issues.
- ◆ Provide confidential administrative services.
- ◆ Provide and distributes charts, reports, and other documents;
- ◆ Organize and manages office and client records.
- ◆ Participate in planning, developing, and maintaining the operating budget.
- ◆ Participate in quality improvement programs; continuously evaluating and improving processes, systems, and work- flows.
- ◆ Evaluate systemic problems and develops action plans to address them.
- ◆ Address compliance issues, complaints and staff/patient grievances and reports them.
- ◆ Foster effective teamwork among the Agency's staff and community's management team to ensure high quality service and care.
- ◆ Consult with clinical managers and clients to provide appropriate staffing solutions.
- ◆ Track and document all client interactions, analyzes the associated data, and makes recommendations to management to improve the client experience.
- ◆ Provide office support to field clinical staff, providing them with all required supplies, forms, and clinical information in a timely manner.
- ◆ Help to identify and resolve client service issues.
- ◆ Perform other duties as assigned.

### Required Skills/Abilities

- ◆ Strong organization skills.
- ◆ Ability to multi-task.
- ◆ Ability to manage time efficiently.
- ◆ Excellent communication, customer service, and problem-solving skills.
- ◆ Ability to maintain composure under stress.
- ◆ Pleasant and highly professional during face-to-face, telephone and social media interactions.
- ◆ Dependable and punctual.
- ◆ Proficiency with computer and Internet.
- ◆ Familiar with medical billing programs and medical terminology.

### Training/Experience:

- ◆ Associate Degree from a medical administration program.

**Potters of Eden, LLC**



- ◆ Two (or more years' experience in office administration, preferably in Private Duty, Home Health, Healthcare or Senior Living.

**Please attach updated copy of your resume with references with this document signed.**

I have read and understand the job description and agree to fulfill the position's responsibilities.

\_\_\_\_\_  
Administrative Assistant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_, understand that as part of the employment process, Potters of Eden, LLC need to complete a background check on me regarding:

- 1. Criminal record;
- 2. Sex and Violent Offenders Record;
- 3. Employment Verification;
- 4. Education Verification;
- 5. License Verification;
- 6. Motor Vehicle Records;
- 7. Personal/Professional Reference Verification;
- 8. Medical Suitability
- 9. Drugs/Alcohol
- 10. Child Abuse Clearance (If indicated)

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Potters of Eden, LLC or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.

I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Potters of Eden, LLC is contingent upon successful completion of a background check.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Full Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Former Name(s) and Date(s) used: \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONFLICT of INTEREST STATEMENT**

It is the responsibility of each employee to recognize and avoid any situation involving a business conflict of interest. Employees are expected to promptly disclose any known relationships or activities that may result in real or apparent conflicts of interest. This information is disclosed to your Supervisor and/or the Agency Manager, thereby allowing issues to be worked before they develop into a problem. Through this action, an employee protects their own interests as well as those of the Agency.

All employees must complete this Conflict of Interest Statement upon hire and update the Statement annually or whenever the status changes.

Activities/situations that create a conflict of interest, or the appearance of one, must be declared on this Conflict of Interest Statement.

1. Do you have an outside job that may create a conflict of interest with your employment at this Agency?

Yes\_\_\_ No\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any other conflict of interest with your employment with this Agency? Yes\_\_\_ No\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that failure to observe and abide by these obligations may result in disciplinary action which may include dismissal and/or contract termination.

I also understand that in some cases, failure to observe and abide by these obligations may result in criminal or other legal actions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Position of Agency Representative

\_\_\_\_\_  
Date