

Gracefully Chosen Foundation Inc. Mcdonough, Ga

Telephone: (404) 514-7981

Email: info@gracefullychosen.net

ADMINISTRATOR

Job Description

The administrator shall have full authority and responsibility for the operation of the private home care provider and all of its programs and services. The administrator is in charge of the agency and oversees the administrative and operational components.

The administrator performs work of moderate difficulty in program planning and development and requires knowledge of DCH/HFRD policies and procedures, DBHDD guidelines, CCSP policies and procedures, and the Medicaid services system. The administrator shall have theory and practice of recording, classifying, examining, and analyzing client data as well as agency financial transactions. While this work involves a highly detailed mass of data, preoccupation with detail is detrimental to the professional ability to derive meaning from the data and to foster effective management utilization of the private home care agency.

Duties

The administrator responsibilities include, but are not limited to the following:

- Handle care and custody of all agency records
- Supervise release of information, and determines what information can or cannot be released
- Supervise staff interviews, prospective employees, hires staff
- Review all potential job applicants' credentials for accuracy
- Contract with potential vendors
- Review all financial transactions
- Analyze the program and prepares the annual report.
- Write and enforces agency policies and procedures
- Keep lines of communication open between the executive board and the services provided by the organization.
- Resolve employee disputes
- Plan board and staff meetings
- Implement staff development
- Fill in for absent staff (if qualified by training and experience)
- Represent the agency in all media related activities
- Meet with DCH/HFRD, CCSP, DBHDD, and other agencies/organizations that provide support to the clients

Necessary Knowledge, Skill and Abilities

At least three years of experience working in a managerial or supervisory position. Good knowledge of the various medical techniques and intervention strategies effective in rehabilitation. Knowledge of geriatrics and elderly care preferred but not mandatory.

This position requires the ability to communicate effectively with professional medical, psychological, and sociological consultants, facility administrative and supervisory staff, and community representatives and service providers; in writing evaluative, statistical and narrative reports.

Minimum Qualifications

Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application; Participate in the orientation and training required by these rules; Not have made any material false statements concerning qualifications requirements either to the department or the provider.

Must have completed training in First Aid, CPR, emergency care, familiar with standard evacuation and emergency plans and not be suffering from any physical handicap or mental health disorder and have experience in client care.

Signature:			
Date:			

ADMINISTRATOR

Credible Evidence of Abuse Statement

I,accept the position and	d have the proper training and					
experience. I also have never have been shown by credible	e evidence (e. g. a court or jury,					
a department investigation, or other reliable evidence) to have abused, neglected,					
sexually exploited, or deprived a child or adult or to have subjected any person to serious						
injury as a result of intentional or grossly negligent misconduct as evidenced by an oral						
or written statement to this effect obtained at the time of application and participate						
in the orientation and training as required by DCH/HFRD.						
Employee Name (print)	Social Security Number					
Employee Signature	Date					