

Cornerstone Residence
Housekeeping Position Description

Position: Housekeeper
Department: Maintenance
Supervisor: *Assisted Living Director*

JOB SUMMARY:

Perform custodial and housekeeping tasks at Cornerstone Residence. Maintain the facility in a clean, safe, and sanitary manner. Perform all tasks to assure that the facility reflects a high quality of care and appearance.

QUALIFICATIONS:

- High school diploma/GED or previous work experience
- Physical ability to perform manual work.
- One-year prior cleaning and custodial experience.
- Ability to meet the physical requirements of position.

SPECIALIZED KNOWLEDGE AND ABILITIES:

This position requires incumbent to have:

- Knowledge of safe cleaning chemicals that are non-allergenic.
- Ability to understand and relate well to senior adults.
- Must be flexible and able to work within a diverse team.

ESSENTIAL JOB FUNCTIONS AND TASKS:

Perform Housekeeping Tasks

- Clean all common areas and rooms by sweeping, vacuuming, mopping, scrubbing, waxing and polishing.
- Empty and sanitize trash containers in common use areas.
- Move, rearrange, and dust furniture and fixtures.
- Wipe and polish exterior apartment doors, polish brass doorknobs and other fixtures.
- Vacuum the dining room and wipe tables and chairs after use during daytime shift.
- Mix and blend cleaning solutions to proper concentrations for each task and assure that the lasting odor or solutions do not cause any irritable conditions to people or pets.
- Clean and polish all entryway and lobby glass, doors and furniture; vacuum and mop entryway floor as needed; dust drapes and mini-blinds as needed.
- Buff and polish highly visible and heavily used areas needing extra attention as needed.
- Perform miscellaneous light repairs, e.g., plunging toilets.

Perform Other Support Functions and Tasks

- Attend and participate in all staff meetings and keep information confidential as appropriate.

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- Maintain a team approach toward all staff and be a strong team member as part of the maintenance staff.
- Perform and assist in other assignments as needed and directed by Assisted Living Director.

Working Conditions:

- Exposure to chemicals and cleaning solvents.
- Work within multiple work environments and unsanitary conditions.
- Exposure to illnesses and frailties of residents.
- Subject to frequent interruptions and changes in priorities as urgent needs arise that require immediate attention.
- Works among residents, family members, visitors, and staff in a variety of situations.

Physical Requirements:

General Strength

Check one:

- Sedentary Lifting up to 10 lbs. occasionally and/or negligible amount frequently.
- Light Work Lifting 20 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 10 lbs.
- Medium Work Lifting 50 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 25 lbs.
- Heavy Work Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.
- Very Heavy Work Lifting 100 lbs. maximum with frequent lifting and/or carrying of objects weighing up to 50 lbs.

Use this scale to rate frequency of occurrence for each variable in tables below.

- N = Never** Not part of job requirements
- S = Seldom** Not daily, but included 1-3 times per week
- O = Occasional** Done intermittently throughout the day or week, but not more than 33% of the day or week.
- F = Frequent** Done at longer intervals throughout the day or week, 34%-66 % of the day or week.
- C = Continuous** Done without interruption throughout the day or week, 66%-100% of the day or week.

Physical Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. on uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Pushing Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. 500 Distance:.50
5. Pulling Force	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. 500 Distance:. 50
6. Lifting (heaviest weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs.
a. from floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. 75
b. from table	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. 75
c. overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lbs. 50

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7. Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lbs. 50 lbs Distance:. 600 feet
8. Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. scaffolds	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. narrow surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. slippery surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. moving surfaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Stooping/bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Crouching/squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Twisting/turning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Restraining	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. below shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. at shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Neck motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. static positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. flexion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d. rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
18. Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hand-Arm <input checked="" type="checkbox"/> Foot-Leg
19. Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
b. firm grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
c. pushing and pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> One Hand <input checked="" type="checkbox"/> Two Hands
20. Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fine manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. writing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. keying/typing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Driving a vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Other physical demands (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sensory Factors

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Feeling/touching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Tasting/smelling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. near vision (reading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. near vision (20 inches or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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c. far vision (20 feet or more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Environmental Conditions

	Frequency (check one)					Comments (reference essential function)
	N	S	O	F	C	
1. Work setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	varies, seasonal
a. inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. outside	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Extreme heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Wet and/or humid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Exposure to blood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Exposure to body fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Exposure to infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Loud noises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Vibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	tools
10. Atmospheric conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. fumes/odors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. poor ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. grease/oil	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. dust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. gases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Moving mechanical parts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Caustic chemicals (describe/list)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Boiler chemicals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Latex products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Wearing respirator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Exposure to poisonous plant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Exposure to insect/animal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Mental Requirements

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Do the essential job functions require the ability to do any of the following on a **regular** basis?
Check the appropriate box for each item and describe as applicable.

	Yes	No	Comments (provide description)
1. Resident/public contact indicate percent of time of the work week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100% staff, residents, vendors
2. Reading describe level (e.g., technical, grade level of materials used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	manuals, MSDS, work orders
3. Writing written communications required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Work order completion
4. Simple arithmetic problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Mathematics calculations requiring formulas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Weighing and/or measuring precise and accurate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7. Attentiveness duration maintaining constant alertness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. Attentiveness intensity concentration required for accuracy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Awareness of projects
9. Short-term memory recall 2-3 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Maintenance projects
10. Long-term memory recall from past education or event	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Directing, controlling or planning activities of others	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. Transferring knowledge to unique situations complex problem solving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Projects
13. Influencing people in their opinions, attitudes and judgments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. Performing multiple tasks concurrently	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Regularly
15. Showing capacity for self-expression feedback, teamwork	<input checked="" type="checkbox"/>	<input type="checkbox"/>	With supervisor and staff
16. Working alone or apart, in physical isolation, from others	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Attaining precise set limits, tolerances and standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policies and procedures
18. Working under unusual time constraints or set productivity standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergencies and repairs
19. Shift work-other than day hours or variable start times	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-call emergencies
20. Ability to problem solve simple data gathering, selecting from known options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Decisions regarding repairs

This job description is not an exhaustive list of all skills, responsibilities, or efforts associated with a job. They reflect principal job elements essential for performing the job and evaluating performance.

This document does not create an employment contract, implied or otherwise, other than an “at will” relationship.

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Housekeeper

I, _____, have read the above job description and fully understand the conditions set forth therein, and as a Housekeeper, I am able to perform job duties, with or without reasonable accommodation and perform these duties to the best of my ability. I also understand Cornerstone cannot guarantee my employment and that Cornerstone may change wages, benefits and/or conditions of employment at any time.

I also acknowledge that I have read and understand Cornerstone Residence’s Uniform Disclosure of Assisted Living Services and Amenities, as well as the organizational chart and roles of staff within the facility.

Employee Signature

Date

Supervisor Signature

Date