State of California
California Department of Veterans Affairs

DUTY STATEMENT

DATE APPOINTED	PROGRAM	UNIT	☒ CURRENT ☐ PROPOSED
DATE LAST REVIEWED: October 28, 2026	NURSING SERVICES	SNF-WARD 2D (607)	

CIVIL SERVICE CLASSIFICATION	WORKING TITLE	POSITION NUMBER (Agency – Unit – Class – Serial)
REGISTERED NURSE - SNF	REGISTERED NURSE	573-607-8165-003

WORK LOCATION	WORK SCHEDULE (Days & Hours)	TENURE	TIME BASE
VHC - YOUNTVILLE	ROTATING SCHEDULE-6:30 AM – 3:00 PM	PERMANENT	FULL-TIME

INCUMBENT (If Known)	COI (Yes or No)	WWG	CBID
	NO	2	R17

The Registered Nurse (RN) will meet the legal requirements to practice as a professional RN in California.

Under general supervision of the Supervising Registered Nurse (SRN), the RN will be responsible for resident care duties in the Skilled Nursing Facility (SNF) unit and may act as a lead in the absence of the shift lead. Duties include but are not limited to the following:

% of time performing duties	ESSENTIAL FUNCTIONS
40%	Make rounds and report any unusual resident conditions to physicians and the Supervising Registered Nurse without delay. Transcribe notes and physician's orders. Obtain medications from the Talyst Remote Dispensing Unit (RDU). Administer medications and treatments and update resident records. Assume responsibility for ensuring that consents, laboratory reports, and resident charts are completed. Complete incident reports as needed and submit them in a timely manner.
25%	Interview each resident upon admission and explain the role of the various staff members on the unit. Complete a nursing history and assessment; complete a physical assessment; document findings including skin assessment. Formulate a written plan of care for the resident identifying physical, emotional, and social needs. Orient new residents to the physical layout of the unit, specific unit routine, and the use of the call bell system. Assure that a physical inventory of the residents' belongings is completed and clothing and personal items are marked with the resident's name.
25%	Formulate a written nursing care plan for each resident in consultation with all unit nursing staff and the physician. Review plans weekly and as indicated by change in resident condition and complete weekly summaries as scheduled. Observe residents frequently; plan appropriate nursing care; and document pertinent information in nurses' notes. Identify rehabilitation potential of individual residents and plan care directed toward attaining optimum level of function as demonstrated by maintaining proper body positioning and body alignment of bedfast residents and maintaining adequate nutritional fluid intake.
5%	Assist in other units as need arises. **Working overtime is a requirement of this position.**

NON-ESSENTIAL FUNCTIONS	
5%	Participates in special projects as needed and performs other job-related duties within the scope of the classification.

OTHER

Regular and consistent attendance is critical to the successful performance of this position due to the heavy workload and time-sensitive nature of the work. Incumbent must be able to use good judgment in managing their time and workload (i.e., meeting multiple and sometimes conflicting deadlines). The incumbent must at all times demonstrate professional behavior when interacting with CalVet staff, administrators, presenters/trainers, community special interest groups, and members of the public. *Some travel may be required (i.e., travel to off-site conferences, meetings or training).*

PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: Read, write, observe residents' call lights.					X
HEARING: Phone, call lights, residents' conversation reports.					X
SPEAKING: Communicate with staff, residents and the public in person and via telephone; interact in meetings.					X
WALKING: Within the home to various units.					X
SITTING: Work station; meetings; training.			X		
STANDING: Wait for residents.				X	
BALANCING: Trays, carts, linens.				X	
CONCENTRATING: Document updates in resident records; verbal and written communication; observe residents.					X
COMPREHENSION: Understand resident needs; laws, rules, regulations, policies and procedures, content of meetings, training and work discussions.					X
WORKING INDEPENDENTLY: Must be able to apply laws, rules and processes with minimal guidance.					X
LIFTING UP TO 10 LBS:					X
LIFTING 10-25 LBS:			X		
LIFTING 25-50 LBS:		X			
FINGERING: Push telephone buttons, calculator keys, and computer keyboard.		X			
REACHING: In closets, food carts, linen carts.		X			
CARRYING: Linens, trays, charts.			X		
CLIMBING:		X			
BENDING AT WAIST: Bed making; empty linen hampers; empty carts.		X			
KNEELING: When during range of motion.		X			
PUSHING OR PULLING: Carts, machines, lifts, residents' wheelchairs.			X		
HANDLING: Paper, residents, machines, medical equipment.			X		

DRIVING: Special events.		X			
OPERATING EQUIPMENT: Lifts, carts, vital signs machine, showers, and tubs.				X	
WORKING INDOORS: Facility.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: Storage room, residents' closets, linen room, med room.		X			

CONFLICT OF INTEREST (if applicable):

☐ Conflict of Interest Filing (Form 700) required ☐ Not applicable

This position is designated under the Conflict of Interest Code. The position is responsible for making or participating in the making of governmental decisions that may potentially have a material effect on personal financial interests. The employee is required to complete Form 700 within 30 days of appointment and once per year.

Failure to comply with the Conflict of Interest Code requirements may void this appointment.

To be reviewed and signed by the supervisor and employee:

EMPLOYEE STATEMENT

- ***I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR***
- ***I HAVE RECEIVED A COPY OF THE DUTY STATEMENT***
- ***I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS LISTED WITH OR WITHOUT REASONABLE ACCOMMODATION***

EMPLOYEE NAME (Print)	**EMPLOYEE SIGNATURE**	**DATE**

SUPERVISOR STATEMENT: ***I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE***

SUPERVISOR NAME (Print)	**SUPERVISOR SIGNATURE**	**DATE**
HUMAN RESOURCES NAME (Print)	**HUMAN RESOURCES SIGNATURE**	**DATE**