Stephanie Piraino **RN**

**754 Harbor Street**

**San Jacinto, CA 92583**

**951 350-0562 home VM capabilities**

**951 223-0241 text or email capable**

**DOB 06/29/1954**

**CPR BLS expires 2023**

**RN License 416381 expires 7-2023**

* **Speak Spanish**
* **[pirainostephanie077@gmail.com](mailto:pirainostephanie077@gmail.com)**
* **[shihtzulover20212021@outlook.com](mailto:shihtzulover20212021@outlook.com)**
* **[slpnurse1954@gmail.com](mailto:slpnurse1954@gmail.com)**

Work Experience

**RN for GI MD specialists at GI Excellence Hemet Endoscopy center with Gastroenterologists. February 2022 till present. 951 652-2252.**

**RN duties require patient assessments, pre and post procedure monitoring, reconciliation of medications, and as RN starting all IV’s prior to going into procedure rooms where receives 1:1 monitoring from nurse accredited with providing anesthesia. RN role includes recovering each patient, providing written and verbal discharge instructions after Colonoscopy and Endoscopy procedures.**

**RN Adult Day Health Care**

**Sunny Adult Day Health Care (Temp Remote due to COVID)**

**September 2021 – January 2022 Program Director Socorro Carrillo @ 1 562- 787-0516 /**

**Helen Murga RN 951 970-5524**

**Telehealth monitoring for a day care center with state contract required to be closed due to COVID and remote telehealth nursing monitoring, Spanish speaking nurse and contact included health conditions, supportive assistance for actions to take, and**

**Page 2 continued Stephanie Piraino RN**

**monitoring for Covid screening calls providing detailed instructions specifically providing symptoms reportable, and ask if any falls, injuries, illness, bee not ER/UC or hospital, if has had any exposures to others who have traveled outside state or country.**

**RN CASE MANAGER BRIDGE HOME HEALTH (June 2016 till present) Irma C. RN supervisor.**

**Home Health Visits in field. Role included Admitting or SOC first visits, Recertification, Resumption of Care, and Discharges. RN role to obtain orders after reporting tot MD and directing care for team disciplines FU nursing care orders are required and establishing problem lists, care plans. Required RN role initial visit is OASIS correctly collected, only by finding witnessing and not by asking questions nurse must assess correctly, report findings to MD following categories: physical, functional, and cognitive. RN required to witness observations, and requires skilled interventions, not custodial care needs. Teaching pts dx. processes, their roles actions & to manage their own health.**

## RN Ambulatory Care Manager Epic Mgt Redlands, CA

**January 2015 to November 2017 (Nita Long RN 887-1771**

**As RN Care Mgr. role included contacting a varied group of Spanish / English speaking patients, with multiple co-morbidities, referred to provide case management to person seen at risk and those who have history of not managing conditions, those who are high utilizers of costly medical care, insurance plans decide how and who meets their criteria for continued case management. RN assesses each individual or patient-centered care planning. Needs verbalized when employing Motivational Interviewing, and pts. elicit actual issues, often communicating with nurse and not to their MD’s. Nurse/patient bond established. Other scenarios involve not getting referrals or directions from MD, did not classes in community, medications labels without any specific directions. Quality Compliance Coordinator for branch and scheduling chart audits for educational needs, focusing on the importance with working with health plans, which have already categorized their own patient determining that those high utilizer or seeking medical care often, which triggers determination, calling , “special needs patients, or “SNP’s “. RN develops strategies, interventions specifically including outcomes, goals meeting the needs so independence in managing health conditions. RN feedback given to MD’s, identifying problems, if no specific parameters, directions need for clarity, example would be monitoring vitals, BS readings, medications, purposes and reportable SE, adverse findings related to disease processes, often medication labels are unclear, pain management, score of pain on 1-10/10 level, strategies for logging before/after medication scoring as noted, effectiveness achieved. Patient actions to take. Notify PCP MD, developing nursing strategies, nurse often provides instructions, best if clear and written for resourcing written handouts most beneficial, diagnosis, diets, medication purposes/**

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**reportable SE, adverse health conditions multiple manifestations of co-morbidities, educating benefits of keeping logs, sharing with PCP MD consulting MDs communicate clearly with MD’s.**

**“SNP’s or “special needs patients” are those who are needy, non-compliant, found with accessing medical records, finding no mention of failure to provide referrals, classes scheduling, outcomes mostly related to no knowledge of their health illnesses. SNP management issues are with access to their EMR systems. Patient health plans contracted with company, providing telehealth monitoring, needed home visits, since criteria to prevent hospitalization. Since no education or community outpatient teaching programs often medical provider groups fail to loop patient into other open to public classes. RN had access to electronic medical records, ability to researching needs, risks, and offer needed teachings, written actions to take, ascertaining action plans for managing health conditions.**

## RN Case Manager

**Redlands Community Hospital Home Health - Redlands, CA**

**2008 to 2015**

**RN Case Manager home arena performing Oasis for all SOC, Re-cert, Resumes, Discharges. Transitional Care. Experience with high tech IV therapy and wound care, Stellar Clinical Procedural Skillset, Acute Observational Assessment capabilities, Critical Thinking, Problem Solving, Instruction on disease processes so managing own illnesses and education role / responsibilities’ education for patients. Care coordinator for patient load of 25-40 PTS. RN develops strategies, interventions specifically including**

**feedback given to MD’s, identifying problems, directions not specific or parameters, directions need to be clarified, an example would be monitoring vitals, BS readings, and medication labels, scoring pain on 1-10/10 basis, effectiveness pain control, when to call and report finding to PCP MD, nursing interventions/ actions patient to take, nurse often provides instructions, written handouts on dx. Diets, and medication purposes and reportable SE, adverse health conditions present and educated on keeping logs and bring to md appts. Lacking knowledge of their disease processes, causative exacerbations from lack of education, non-adherence, refusal to make lifestyle changes, without acceptance of their roles and responsibilities, nurse develops link between /patient and pcg’s.**

**VNAIC Murrieta/Banning, CA RN Clinical Educator 2001 to 2008**

**Field RN promoted to Clinical Educator for seven branch home health agencies. Responsible for orientation of all staff, supervising licensed clinicians and was Educator for CPR renewal, and IV therapy orientation. QI Committee member and wound manager for branch education, in-services, reviewing documentation and chart audits, keeper of all sign -in sheets and scheduling make up in-services, disciplines inclusive for PT/OR/ MSW/PTA/ OTA and CHHA’s. All staff orientation, RN/ LVN required to demonstrate skills according to agency policies/ skills checklist and agency required instructions, keeping organized for surveyors. Branch education calendar, month by month, specific to each staff member who are not adherent to being in meetings, etc. if not attending mandatory in-services to make up. OASIS documentation /**

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**joint visit with licensed staff as directed by branch manager, submitted timely. Documentation reviewed for all new employees. Orienting all new staff regarding policies/ procedure visits mandated and per regulations for state and federal guidelines. Educational programs/ supervisory joint visits for CHHA. RN as assigned to**

## RN Team Manager Ramona Visiting Nurses

**Hemet, CA**

**1997 to 2001**

**My role included supervising 6 RN’s / 3 LVN’s and CHHA #. Assignment variations as needed, joint visits with staff supervising, as assigned after admission nurses did initial visits. Team varied from 150-200 pts. Team conferences leader and managing my team meetings for quality improvements. QA/QI/ OASIS team committee member, Chart audits. Direct supervisory of licensed staff members. Review charts, meetings, and education according to changes in regulations. Documentation audits.**

## RN Case Manager Life Care Solutions

**Nations Health Care IV/HHA Temecula - Temecula, CA 1994 to 1997**

**RN provides instructions when patients lack knowledge of their disease processes, causative exacerbations from lack of education, non-adherence, refusal to make lifestyle changes, without acceptance of their roles and responsibilities, nurse develops link between /patient and pcg’s, educational and community resources provided. RN teaching administration of IV medications and wound care, all nursing process modalities.**

## Modern Home Care IV Home Health San Bernadino, CA 1994 to 1996

**Home RN Case manager with roles to provide nursing care including home infusion therapies for high-risk HIV patients and wound care, required labs drawn from VAD’s using sterile technique, maintenance for Porto Cath implanted devices, if unutilized require monthly flushes and site care, wound care dressing changes, teaching pts. to administer their own infusions of multiple solution types. IV therapy of antibiotics, hydration, TPN, antivirals, site care maintenance. Often case is pts. deny have issues, lacking in motivation, or unaccepting limits, financial hardships, community resources, neglect or abuse, issues with inability to make prudent decisions, transportation, inability to leave home unassisted, DME in home, reporting findings, obtain MD orders, document submitted timely**

## RN HHA Case Manager Select Managed Care

**Riverside, CA 1994 to 1996 Home health agency RN providing care to HMO’s contracting with health plans including IV therapy and home health wound care, 485 MD orders, send to MD for signature. RN nursing position included orders for labs to be drawn from VAD’s, wound vacuum negative pressure devices/changes, teaching family portions of care for wounds, IV therapy administration. Then once independent RN visits decreased. to administer their own infusions of multiple solution types. IV therapy of antibiotics, hydration, TPN, antivirals, site care maintenance. Often case is pts.**

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**deny have issues, lacking in motivation, or unaccepting limits, financial hardships, community resources, neglect or abuse, issues with inability to make prudent decisions**

**OPTION Care, - Hemet, CA 1990 to 1996**

## Director of Nurses

**Home Infusion franchise independently owned**

**PICC Line Preceptor for high tech intravenous home infusion company. PICC line insertions at SNF and for home patients. RN trainer for SNF LVN/ RN in facilities having contracts so staff competency operating pumps independently, inserted PICC lines in SNF’s, taught types of sterile dressing changes, Huber needle insertions and removals, sterile IV dressing changes. Developed policies for JACHO accreditation result achieved at 98% with accommodation. RN Staff training, supervisory joint visits. Required IV training for all types of access and types of therapies, assessment of needs. Responsibilities for discharge letters sent to each MD, supplied orders, and packaged for deliveries by courier coordinated with medications.**

## RN Staff Developer Hemet SNF/Orient Coordinator

**Nurses Infusion OPTION Care, PICC Line preceptor - Hemet, CA**

**1990 to 1992**

**Riverside Community Hospital Riverside, Ca 1988 till 1901 fulltime 7pm -7am shift**

**High Risk OB recovering C-Section patients. Labor delivery suites, RN monitoring suites RN provides 1:2 care of laboring mothers, included vaginal checks and dilatation of cervix, Pitocin, Magnesium infusions, RN advanced fetal monitoring and responsible for setting up for delivery in suite, advanced fetal monitoring, MD notified when prn needs, epidurals, medication administered, MD when delivery or complications present. Vitamin K, eye care and foot printing, placing at breast and rooming in unless issues of stability of newborn, then to newborn nursery.**

**Parkview Hospital Riverside, Ca 1988 to 1990**

**L&D, fetal monitoring, assessment of laboring females providing care during and after deliveries, Apgar scoring, care required upon newborn, vitamin K, eye care and footprints, monitoring care for mothers after NSVD and C-section deliveries, monitoring Pitocin/Magnesium Sulfate infusions, checking fundus, bleeding post NSVD and C-Sections, responsible for circulating in deliveries for C-Sections and when stable transferring to newborn nursery.**

**RN provided 1:2 care of laboring mothers, included vaginal checks and dilatation of cervix, Pitocin, Magnesium infusions, RN advanced fetal monitoring and responsible for**

**Page 6 continued Stephanie Piraino RN**

**setting up for delivery in suite, advanced fetal monitoring, MD notified when prn needs, epidurals, medication administered, MD in attendance delivery not always making so RN delivers newborn scoring Apgar, Vitamin K, eye care, foot printing, placing at breast if stable if issues to newborn nursery.**

**❖ RN White Memorial Hospital East Los Angeles, Calif. 1985 to 1989**

## RN OB/GYN mother/ baby couplet care, role as the lactation nurse assist mothers with breast feeding, newborn discharge care instructions, assessing head to toe for mom /infants. Labor and Delivery elevated risk pregnancies 550 per month, Antepartum testing IUPC fetal monitoring/circulation RN during C-Section/ Tubal Ligations/ recovering in same unit post op, transferring out to couplet care, ascertain need to call NICU MD/ RN in delivery

**Glendale Memorial Hospital Glendale Ca. 1975 to 1990**

**Hospital offered a position upon graduation from LVN program. During employ earned RN degree. Employer cross trained all nurses. Units Team Leader in Orthopedics Leader, Urology, Med/Surg, Newborn Nursery, OB/ GYN, Traumatic Brain Injury-CVA-Pulmonary Rehab, ETOH/ Drug unit, Weight loss unit, Tobacco Cessation, Labor and Delivery.**

**Santa Marta Hospital East Los Angeles, Ca 1991-1993**

**RN in Newborn Nursery, OB/GYN unit, and Labor and Delivery assessments and teaching care of newborn and post op education for surgical female organs and varied disease processes, and post C-sections, discharge instructions for newborn/ lactation needs.**

**Salt-shaker Coffee shop Glendale, CA 1974 to 1976 Coffee Shop/Dinner House Waitress/Cocktails server**

## Bob’s Big Boy Restaurant Waitress

**Glendale, CA 1968 to 1974**

## Clara Baldwin Stocker Home

**West Covina, CA 1968 to 1972**

**C-SECTIONS AND TUBAL LIGATIONS. FETAL MONITORING AND ADVANCED FETAL MONITORING, IUPC INSERTION, INTERNAL ELECTRODE APPLICATION, NEWBORN CARE, INTENSIVE NEWBORN CARE, OXYGEN THERAPY, INFECTION CONTROL, STERILE TECHNIQUE.**

**Page 7 continued Stephanie Piraino RN**

**OASIS TRAINING. IOPC TRAINING. CASE MANAGEMENT.**

**BILINGUAL Spanish**

**Skills**

**Seeking Collaborative Team Philosophy.**

**Initiative-taking Self Starter**

**Work independently**

**Complete assignments as directed**

**Strong work ethics, integrity, fair, kind, trustworthy, demonstrate empathy and compassion, unbiased and non-judgmental.**

**Page 6 continued Stephanie Piraino RN**

**Openly communicate, active listening, value input of others, adherent to code of ethics, participate in team approaches making unit cohesive.**

**RN assigned case research EMR, identifying medical history, orders from hospitalist, prepare for visit, ascertains compliance issues, failure to attend classes, educational teaching failed or denied, possible never addressed, if noted.**

**Thorough evaluation skills**

**Medication administration proficient in administering injections SQ/IM for children and adults, administering immunizations, vaccines, antibiotics, antihistamines, steroids, pain medications, for all aged demographic populations.**

**Supervisor roles in acute hospitals, clinics, home health agencies, MD office staff, including in-services and training provided for an all-aged demographic population group.**

**Career working in multiple varied settings, acute hospital, clinics, wound and IV centers as well as home health agencies seeing patients in assisted living, board and care facilities all contracted with HMO health plans, and state funded home shift care, RN performing supervisory visits for LVNs, assessing and supervising visits, establish and develop plans of care and timely submitting documentation as required.**

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**Extensive Acute Observational Assessment experience, adherent to policies and regulated mandates • Outcome driven nursing care progression**

**OASIS tool, answers require RN to inform patient of guidelines so each component of functional, cognitive, and physical, status at time of initial visit is unique to patient complexities, status of function in their own homes**

**Home Health agencies reimbursed for OASIS answers collected by nurse at onset admission visit, not asking but observing, witnessing, tasks in the OASIS tool, demonstrated by patient, in RN presence. RN role collecting tool, accuracy witnessing patient perform tasks, accuracy of RN documentation directs team orders and should be 100% accuracy.**

**RN assessment answers require thorough assessment via visualization, witnessing and patient demonstration at admission**

**RN responsibilities inclusivity prioritizing complexities of home health components of interior/exterior environment in good repair, safe, risks, falls, working appliances and utilities, entails nurse observing patient perform tasks in assessment tool such as self-care requirements, mobility, fall risks, home medications present, support systems set up, education needed for health conditions, ADLs, assess functional status, compliance, denial or unaccepting limits, financial hardships, community resources, neglect or abuse, issues with inability to make prudent decisions, transportation, inability to leave home unassisted, DME in home, reporting findings, obtain MD orders, document submitted timely**

**RN directing care, OASIS tool collected correctly by witnessing patient perform tasks, accuracy of inquiry questions explained to patients, nurse responsibilities are important.**

**Experienced providing educational teachings for disease processes.**

**RN teaching/instructions utilizing nursing process**

**Interventions reviewed for needs in changing strategies, verbal direction nurse assigns homework actions in accordance with disease process review, provide step by step written instructions leaving in home for patient referencing.**

**RN makes importance of independence managing their own roles, so patient provided nursing support and care planning as appropriate**

**Page 9 continued Stephanie Piraino RN**

**RN using technique of demonstration of tasks, verbally teaching steps, aseptic /infection control measures, repeating concepts to pcg coaches’ involvement ease/ ideally pcg. Encouraged only performing as nurse witnesses /return demonstration of tasks.**

**RN review with pcg. /Patient if unable to provide self-care, during visit pre-filling for IVs, prepping during visits, occasionally TC providing support on phone, talking to pcg. during providing care.**

**Clinical Educator Developed Competency programs for licensed staff. • Stellar Clinical Procedural Skillset**

**Works Independently • Completes Assignments as Directed**

**No Supervision Needed • Professional Nurse Role Model**

**Nursing care within scope of practice**

**Quality Best Practice Nursing Care**

**Prevention of Re-hospitalizations • Resource Nurse-Discharge Planning- Arrange all Disease Appropriate**

**Astute Problem-Solving Capabilities**

**Willingness to Be Initiative-taking with Team Needs**

**Volunteering to Assist as Needed • Advocacy Priority Including Community Resource providers, linkage bond Nurses/ Patient/ Family/ Administrators.**

**RN Facilitating Active Listening Support • Acknowledge Patients Self Care Deficits (10+ years) • Collaborates and Values Team Input (10+ years)**

**Strong Work Ethics (10+ years) • Respectful, Empathetic, Compassionate (10+ years) • Neutrality, Unbiased, Non-Judgmental (10+ years)**

**Critical Thinking Capabilities Proven (10+ years)**

**Excel at Prioritizing Problem lists (10+ years)**

**Excellence with Problem Solving Tasks**

**Decision Making Strategies to afford solving problems updating care plans according to regulatory bodies.**

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**Communicates Openly, Control Reactions**

**Acceptance of Other Preferences**

**Cohesiveness Within Team Unit of Great Importance**

**Team Members Updated Timely**

**EMR Documentation Accurate Submitted Timely**

**Acute Observational Assessment Skills**

**RN/LVN Offices: certifications for PICC line certifications.**

**2000 to 2022**

**SNF's DOCUMENTATION POLICIES HHA SNF SKILLS LABS**

**WITH PROCEDURE DEMONSTRATIONS TESTING AND COMPETENCY SIGN-OFFS, INSERVICES, CHART AUDITS, SKILLS LABS AND SKILLS LABS EDUCATION/ CHECK OFF COMPETENCIES. CPR INSTRUCTOR FOR AGENCY STAFF.**

**2000 COMPREHENSIVE CHEMOTHERAPY COURSE COMPLETED**

**WOUND CARE**

**1999 to 2022**

**RESPIRATORY ASSESSMENT UPDATES.**

**1998 HOSPICE UPDATE COURSE**

**1996,1994,1992,1990,1987,1992 PICC LINE INSERTION AND RECERTIFICATION**

**1994 AIDS/HIV UPDATE**

**1994 CHEMOTHERAPY UPDATE**

**1993 INSERTION LANDMARK MIDLINE IV CATHETERS/ PICC LINE 1984-2000, 1984 AND 1982.**

**TEAM MANAGER/ SUPERVISORY COURSE TRAINING**

# **Education**

## BSN in nursing

**University of Phoenix 2005**

## ADN in RN program

**Rio Hondo College**

**1984 to 1985**

## AA in LVN Program graduate

**Glendale Community College**

**1974 to 1976**

## AA degree

**Mt. San Antonio College**

**1972 to 1974**

**St. Lucy's Priory High School**

**1972**

# **Skills**

**Seeking Collaborative Team Philosophy.**

**Proactive Self Starter**

**Work independently**

**Complete assignments as directed**

**Strong work ethics, integrity, fair, kind, trustworthy, demonstrate empathy and compassion, unbiased and non-judgmental.**

**Openly communicate, active listening, value input of others, adherent to code of ethics, participate in team approaches making unit cohesive.**

**Thorough evaluation skills**

**RN proficient in administering injections SQ/IM for children and adults, administering immunizations, vaccines, antibiotics, antihistamines, steroids, pain medications, for all aged demographic populations etc.**

**Supervisor roles in acute hospitals, clinics, home health agencies, MD office staff, including in-services and training provided for an all-aged demographic population group.**

**Career working in multiple varied settings, acute hospital, clinics, wound and IV centers as well as home health agencies seeing patients in assisted living, board and care facilities all contracted with HMO health plans, and state funded home shift care, RN performing supervisory visits for LVNs, assessing and supervising visit, establish and develop plans of care and timely submitting documentation as required.**

**Extensive Acute Observational Assessment experience, adherent to policies and regulated mandates**

**Outcome driven nursing care progression**

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**Stephanie Piraino RN**

**OASIS tool, answers require RN to inform patient of guidelines so each component of functional, cognitive, and physical, status at time of initial visit is unique to patient complexity**

**Home Health agencies are reimbursed for care, dependent upon accuracy, of RN documentation of OASIS tool answers**

**RN assessment answers require thorough assessment via visualization, witnessing and patient demonstration at admission**

**RN responsibilities inclusivity prioritizing complexities of home health components of interior/exterior environment in good repair, safe, risks, falls, working appliances and utilities, entails nurse observing patient perform tasks in assessment tool.**

**OASIS determines agency monies paid to agency.**

**Considerations: self-care abilities /deficits, home environment suitable for remaining in home setting, safety issues, support system set up/ denial, hardships for home maintenance, food shopping meal prep and ADL’s, Medications purposes known, taking as directed, transportation for PCP MD FU.**

**Disease process manifestations, keeps PCP MD appts., complications related to chronic illnesses and or exacerbations, knowledge of actions to take.**

**Acute new onset health conditions, visual/cognitive/ loss hearing/ sensory deficits/pain managed, vitals monitored, pain scale level understanding/ using scale 1-10/10.**

**Keeping logs and aware of needs and calls for MD directions.**

**Lacks knowledge of one or all disease processes.**

**DME’ needs, failure to prioritize needs, awareness of individual role in their care**

**Refusal, lacks knowledge, risks acknowledge or denied, able to shop prepare and eat meals, take medications on own, ability to enter/ exit home, uses assistive devices correctly**

**Frequently goes to ER, hospitalized and or urgent care often.**

**Medical provider group connected with outpatient education classes, in multiple languages, and often has no education program within their network, failure to accommodating those belonging to medical provider groups. Absent is the needed community classes or referral never provided to patient and therefore high utilizers**

**Of medical care, no disease process understanding so unmanaged or failed educational attempts, questioning of importance or if non-adherent, history teaching given and refusal to make changes, or compliance issues, mentation deficits. Home safety, education needed, skill needs for licensed staff members, not custodial care requirements, lacking support systems, set-up referrals for pts. Contact MD offices for any changes in conditions.**

**RN directing care after reporting findings to MD/ obtains orders for team**

**OASIS tool, RN arranges, explains, home health intermittent, has expectations patient participate in role and responsibilities to advocate for themselves.**

**RN opens episode, RN witnessing patient demonstration of functional, physical, and cognitive status deficits /strengths, nurse must accurately via observation and witnessing so answers appropriately.**

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**Focus of initial assessment submitted timely, concise, accurate, directing care, importance is agency reimbursement, inclusive of all disc*iplines for entire episode.***

**Experienced providing educational teachings for disease processes.**

**RN teaching/instructions utilizing nursing process**

**Interventions reviewed for needs in changing strategies, verbal direction nurse assigns or suggested assignments completed, effort is continuing.**

**Nurse/ patient action plans discussed each visit**

**Nurse reassesses needs and changes plan of care prn**

**Nurses teaching implementation geared towards individual intellect /goals and outcomes reviewed, if needed provide step by step written instructions leaving in home for patient referencing.**

**RN makes it known how important patient independently assuming their role managing their own health**

**RN using demonstration of tasks, verbally teach steps, aseptic /infection control measures, repeating concepts to pcg. coaching motivating involvement ease/ ideally pcg. encouraged and performs return demonstration of tasks.**

**RN review with pcg/patient if unable to provide self-care, during visit pre-filling for IVs, prepping during visits, occasionally TC providing support on phone, talking to pcg during providing care.**

**Clinical Educator Developed Competency programs for licensed staff.**

**Stellar Clinical Procedural Skillset**

**Works Independently**

**Completes Assignments as Directed**

**No Supervision --Needed**

**Professional Nurse Role Model**

**Nursing care within scope of practice**

**Quality Best Practice Nursing Care**

**Prevention of Re-hospitalizations**

**Resource Nurse-Discharge Planning- Arrange all Disease Appropriate**

**Astute Problem-Solving Capabilities**

**Willingness to Be-- Proactive with Team Needs**

**Volunteering to Assist as Needed**

**Advocacy Priority Including Community Resource providers, linkage bond Nurses/ Patient/ Family/ Administrators.**

**RN Facilitating Active Listening Support**

**Acknowledge Patients Self Care Deficits (10+ years)**

**Collaborates and Values Team Input (10+ years)**

**Strong Work Ethics (10+ years)**

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**Respectful, Empathetic, Compassionate (10+ years)**

**Neutrality, Unbiased, Non- Judgmental (10+ years)**

**Critical Thinking Capabilities Proven (10+ years)**

**Excel at Prioritizing Problem lists (10+ years)**

**Excellence with Problem Solving Tasks**

**Decision Making Strategies to afford solving problems updating care plans according to regulatory bodies.**

**Communicates Openly, Control Reactions**

**Acceptance of Other Preferences**

**Cohesiveness Within Team Unit of Great Importance**

**Team Members Updated Timely**

**EMR Documentation Accurate Submitted Timely**

**Acute Observational Assessment Skills**

**Experiences Benefit Interventional Strategies (10+ years)**

**Team Members Contacted Proactively (10+ years)**

**RN Role Discovery of Pertinent Historical Medical Patient Background (10+ years)**

**Record Review Prepare for Home Visit (10+ years)**

**Nurse Explains Home Care vs Custodial needs (10+ years)**

**OASIS collection for Home Health Patients, RN accuracy, tasks patient performs as RN witnessing situational circumstances (10+ years)**

**Regulated HHA Criteria Known (10+ years)**

**Ascertains the Procedures- Requirements (10+ years)**

**Initiates RN/Patient/PCG Support Trusting Bond (10+ years)**

**Case Management (10+ years)**

**Nurse Management**

**Medication Administration**

**Hospice Care**

**Laboratory Experience**

**Managed Care**

**Spanish Speaking**

**Page 14 Stephanie Piraino RN**

**RN License 416381 expires 7-31-2023**

**BLS CPR expires 2023**

# **Assessments**

## Protecting patient privacy — Proficient

**October 2021**

**Understanding privacy rules and regulations associated with patient records**

**Full results: [Proficient](https://share.indeedassessments.com/attempts/ba091599abc1372baed284e6a58d894beed53dc074545cb7)**

## Medical terminology — Proficient October 2021

**Understanding and using medical terminology Full results: [Proficient](https://share.indeedassessments.com/attempts/b68e909d2d0008d9f88f3045255fc9b4eed53dc074545cb7)**

## Case management & social work — Proficient

**June 2021**

**Determining client needs, providing support resources, and collaborating with clients and multidisciplinary teams Full results: [Proficient](https://share.indeedassessments.com/attempts/e7f88c031a004828990de8d99d829bb5eed53dc074545cb7)**

## Work style: Reliability — Proficient

**July 2021**

**Tendency to be dependable, dependable, and act with integrity at work**

**Full results: [Proficient](https://share.indeedassessments.com/attempts/15a05ae2ab57762154c1b837ada663c2eed53dc074545cb7)**

## Clinical judgment — Completed

**May 2021**

**Assessing a patient's condition and implementing the appropriate medical intervention Full results: [Completed](https://share.indeedassessments.com/attempts/5658f393186f4c5c3708360894d9bcd6eed53dc074545cb7)**

## Electronic health records: best practices — Highly Proficient

**April 2021**

**Knowledge of EHR data, associated privacy regulations, and best practices for EHR use Full results: [Highly Proficient](https://share.indeedassessments.com/attempts/7f077177ac183f64d7716e536e40e73eeed53dc074545cb7)**

## Electronic health records: best practices — Highly Proficient

**April 2021**

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**Knowledge of EHR data, associated privacy regulations, and best practices for EHR use Full results: [Highly Proficient](https://share.indeedassessments.com/attempts/7f077177ac183f64d7716e536e40e73eeed53dc074545cb7)**

## Customer focus & orientation — Familiar November 2021

**Responding to customer situations with sensitivity Full results: [Familiar](https://share.indeedassessments.com/attempts/cf3a449d6bd87990e2df4f25108cbaa4eed53dc074545cb7)**

## Patient-focused care — Highly Proficient

**April 2021**

**Addressing concerns and using sensitivity when responding to needs and feelings of patients Full results: [Highly Proficient](https://share.indeedassessments.com/attempts/3ad0bd492b6d4df98c7317b21ea77da0)**

## Medical billing — Proficient

**June 2021**

**Understanding the procedures and forms used for medical billing**

**Full results: [Proficient](https://share.indeedassessments.com/attempts/658dc1aa8892426be072233b2929bc19eed53dc074545cb7)**

## Basic computer skills — Completed

**November 2021**

**Performing basic computer operations and troubleshooting common problems**

**Full results: [Completed](https://share.indeedassessments.com/attempts/f11ba8e9c8a3a86a268d7eb5d671258aeed53dc074545cb7)**

## Nursing assistant skills — Proficient

**November 2021**

**Providing nursing aid to patients using knowledge of relevant equipment and procedures Full results: [Proficient](https://share.indeedassessments.com/attempts/74194226a54bc62c728663e703fcdad0eed53dc074545cb7)**

## Analyzing data — Completed

**November 2021**

**Interpreting and producing graphs, identifying trends, and drawing justifiable conclusions from data Full results: [Completed](https://share.indeedassessments.com/attempts/cc277b7616d5c5f610a5e32039c9f8e4eed53dc074545cb7)**

## Home health aide skills — Proficient January 2022

**Providing care to patients in a home setting**

**Full results: [Proficient](https://share.indeedassessments.com/attempts/21f013fe5a7d926bcadde717e57ccc1aeed53dc074545cb7)**

**Indeed, Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.**

**References:**

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