Attachment E



## AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)

## Staffing Pattern

FACILITY NAME	
PROVIDER NUMBER	START DATE OF SURVEY

For use during Recertification Surveys of Nursing Homes

**Instructions:** List the number of RNs, LPNs and Nursing Assistants (Certified or Registered) on duty and assigned to nursing duties for the thirty days prior to the start of the survey. Start with the date the survey team entered the building (in the first grid) and work backwards from the survey date (in the subsequent grids). NA-Cs with a Medication Assistant endorsement may be included. Do not include restorative aides, bath aides or students. Only include supervisory or administrative nursing staff if they are directly supervising care (the individual responsible for providing oversight to staff is on the premises and quickly and easily available to provide necessary assessments and other direct care of residents).

FACILITY STAFFING PATTERN FOR FIRST DAY OF SURVEY												
		RN LPN										
DAY	SCHEDULE											
	ACTUAL											
EVENING	SCHEDULE											
	ACTUAL											
NIGHT	SCHEDULE											
	ACTUAL											

Schedule = Number of staff for that discipline scheduled that shift. Actual = Number of staff for that discipline who worked that shift.

Week leading up to survey, begin this grid with the day prior to entry of the survey team. Please use actual, not scheduled numbers.

DATE																					
SHIFT	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	PLN	NA
DAY																					
EVENING																					
NIGHT																					
Two-wee	eks hef				i a anial		ļ	<u> </u>				ļ				ļ					
		ore sur	vey. Б	egintn	is gria	with tr	ne eign	th day	prior to	o entry	of the	survey	team.								
DATE			vey. Б	egin tri	is gria	with tr	ne eign	th day	prior to	o entry	of the	survey	team.								
	RN	LPN	NA	RN	LPN	NA	RN			RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	PLN	NA
DATE					-			-	-		1			LPN	NA	RN	LPN	NA	RN	PLN	NA
DATE Shift					-			-	-		1			LPN	NA	RN	LPN	NA	RN	PLN	NA



## AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)

## Staffing Pattern

FACILI	TYNAME			
PROVII	DERNUMBER		START DATE C	DFSURVEY
e surv	vey team. Please us	e actua	al, not schedu	led numbers.

For use during Recertification Surveys of Nursing Homes

Three we	eeks be	efore s	urvey.	Begin	this gri	id with	the fift	eenth o	day prie	or to e	ntry of t	he sur	vey tea	m. Ple	ease us	æ actu	al, not s	schedu	led nu	mbers.	
DATE																					
SHIFT	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	PLN	NA
DAY																					
EVENING																					
NIGHT																					
Four we	eks be	fore su	ı rvey. I	l Begin tl	his gric	l d with t	he twe	nty-sec	l cond da	ay prio	r to ent	ry of th	ie surv	ey tean	n. Plea	ise use	actual	, not se	chedul	ed num	ibers.
DATE																					
SHIFT	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	PLN	NA
DAY																					
EVENING																					
NIGHT																					
Five wee	eks bef	ore sur	vey. E	Begin w	ith the	twenty	-ninth	l day pri	ior to e	ntry of	the sur	vey te	am.								<u> </u>
DATE																					
SHIFT	RN	LPN	NA	RN	LPN	NA	-														
DAY							1														
EVENING							1														
NIGHT							4		SIGNAT	URE OF	DIRECT	OROFN	IURSING				DA	TE			-