



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

### Staffing Pattern

For use during Recertification Surveys of Nursing Homes

FACILITY NAME	
PROVIDER NUMBER	START DATE OF SURVEY

**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	NA-C/NA-R
<b>DAY</b>	SCHEDULE			
	ACTUAL			
<b>EVENING</b>	SCHEDULE			
	ACTUAL			
<b>NIGHT</b>	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	LPN	NA	
DAY																						
EVENING																						
NIGHT																						

**Two-weeks before survey. Begin this grid with the eighth day prior to entry of the survey team.**

DATE																						
SHIFT	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	
DAY																						
EVENING																						
NIGHT																						



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FACILITY NAME	
PROVIDER NUMBER	START DATE OF SURVEY

**Three weeks before survey. Begin this grid with the fifteenth 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																					

**Four weeks before survey. Begin this grid with the twenty-second 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																					

**Five weeks before survey. Begin with the twenty-ninth day prior to entry of the survey team.**

DATE						
SHIFT	RN	LPN	NA	RN	LPN	NA
DAY						
EVENING						
NIGHT						

SIGNATURE OF DIRECTOR OF NURSING \_\_\_\_\_ DATE \_\_\_\_\_