



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTA)
ENHANCED SERVICES FACILITY (ESF)
ESF Staff Schedule Worksheet: 12-hour Shifts

Attachment O³

ENHANCED SERVICES FACILITY NAME												LICENSE NUMBER				ENTRANCE DATE							
LICENSOR'S NAME						Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Complaint:																	
Instructions: List the number of Licensed Nurses (LN), Mental Health Professionals (MHP), and Other Staff (OS) on duty and on call for the two weeks prior to the start of the inspection.																							
	LN			MHP			OS			Scheduled: Number of staff for that discipline scheduled that shift. Actual: Number of staff for that discipline who worked or were on call for that shift.													
Shift 1																							
Shift 2																							
On-Call																							
Week leading up to inspection, beginning with the day prior to the inspection of the survey team. Please use actual numbers, not scheduled numbers.																							
Date																							
Shift	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS		
Shift 1																							
Shift 2																							
On-Call																							
Two weeks leading up to inspection. Begin this grid with the eighth day prior to the entry of the inspection team.																							
Date																							
Shift	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS	LN	MHP	OS		
Shift 1																							
Shift 2																							
On-Call																							