



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   |    |     |    |    |     |    |    |     |    |    |     |    |    |     |    |    |     |    |    |     |    |  |



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 |

**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 | LPN | 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 | LPN | 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