

### ESF Staff Schedule Worksheet: 8-hour Shifts

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION 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
Day			
Evening			
Night			
On-Call			

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.

**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	
Day																						
Evening																						
Night																						
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	
Day																						
Evening																						
Night																						
On-Call																						