

### Sufficient Nursing Staff Review

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*This review is completed to determine whether the facility has sufficient nursing staff available to meet the residents' needs and has licensed registered nurses and licensed nursing staff available to provide and monitor the delivery of resident care. This review is only required if it is triggered from Stage 1 family or resident interview. The review may be used if offsite information warrants investigation (e.g. complaints). Additionally, if the team identifies quality of care concerns during any part of the survey, or from facility-provided staffing information, the team coordinator initiates this protocol for completion at the facility level. Additionally, the protocol is required to be completed during an extended survey, if not already done.*

Interview/Review	Notes
<b>Licensed Nursing Staff Schedule Review</b>	
<p><input type="checkbox"/> Compare the licensed and registered nursing staff observed onsite to the staffing schedule the facility provided immediately following the Entrance Conference. If there are discrepancies between the duty roster and the staff observed onsite, ask the person in charge to explain the discrepancies.</p> <p><input type="checkbox"/> Determine whether the schedule reflects the following required coverage:</p> <ul style="list-style-type: none"> <li>• 24-hour licensed nurse,</li> <li>• 8-hour registered nurse, 7 days a week, and</li> <li>• Full-time director of nursing.</li> </ul>	

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Interview/Review	Notes
<b>Registered/Licensed Nursing Staff Interview</b>	
<p>Determine whether registered/licensed nursing staff are available to:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Supervise and monitor the delivery of care by nursing assistants according to residents' care plans;</li> <li><input type="checkbox"/> Assess resident condition changes;</li> <li><input type="checkbox"/> Monitor dining activities to identify concerns or changes in residents' needs;</li> <li><input type="checkbox"/> Respond to nursing assistants' requests for assistance;</li> <li><input type="checkbox"/> Correct inappropriate or unsafe nursing assistants' techniques; and</li> <li><input type="checkbox"/> Identify training needs for the nursing assistants.</li> </ul>	
<b>Supervisory Staff Interview for Care Plan/Services Concerns</b>	
<p>If care plans/services were not provided for residents as needed, determine whether the facility:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assures that there are adequate staff to meet the needs of the residents;</li> <li><input type="checkbox"/> Assures that staff are knowledgeable about the needs of the residents and are capable of delivering the care as planned;</li> <li><input type="checkbox"/> Assures that staff are appropriately deployed to meet the needs of the residents;</li> <li><input type="checkbox"/> Provides orientation for new or temporary staff regarding the resident needs and the interventions to meet those needs; and</li> <li><input type="checkbox"/> Assures that staff is advised of changes in the care plan.</li> </ul>	

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Interview/Review	Notes
<b>Nursing Assistant and Other Nursing Staff Interviews</b>	
<p>Determine whether staff are knowledgeable about residents' care needs. Examples of care needs about which staff should be knowledgeable:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Provision of fluids and foods for residents who are unable to provide these services for themselves;</li> <li><input type="checkbox"/> Provision of turning, positioning, and skin care for those residents identified to be at risk for pressure ulcers; and</li> <li><input type="checkbox"/> Provision of incontinence care as needed.</li> </ul>	
<b>Nursing Assistant Assignment Review</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> If necessary, review nursing assistant assignments in relation to the care and/or services the resident requires to meet his/her needs.</li> </ul> <p><i>Note: Meeting the state-mandated staffing ratio, if any, does not preclude a deficiency of insufficient staff if the facility is not providing needed care and services to residents.</i></p>	
<b>Resident, Family, and/or Other Resident Representative Interview</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Inquire about staff response to requests for assistance, and</li> <li><input type="checkbox"/> Inquire about the timeliness of staff when answering call lights.</li> <li><input type="checkbox"/> Determine whether problems are facility wide, cover all shifts, or are limited to certain units or shifts, or days of the week.</li> </ul> <p><i>Note: This information may have already been gathered by the team. Conduct additional interviews of residents, families, and staff, as necessary.</i></p>	

**Sufficient Nursing Staff Review**

Interview/Review	Notes
<b>Determination of Compliance</b>	
<p><b>1. Does the facility have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident as determined by resident assessments and individual plans of care?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> F353</p>	
<p><b>2. Does the facility provide services by sufficient numbers of licensed nurses except when waived in accordance with F355, and other nursing personnel, on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> F353</p>	
<p><b>3. Did the facility designate a licensed nurse to serve as a charge nurse on each tour of duty except when waived in accordance with F355?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> F353</p>	
<p><b>4. Does the facility use a registered nurse for at least 8 consecutive hours a day, 7 days a week, except when waived in accordance with F355?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> F354</p>	
<p><b>5. Did the facility designate a registered nurse to serve as the director of nursing on a full time basis, except when waived in accordance with F355?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> F354</p>	
<p><b>6. Did the facility ensure that the director of nursing served as a charge nurse only when the facility had an average daily occupancy of 60 or fewer residents?</b>  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> F354</p>	