

Sufficient and Competent Nurse Staffing Review

Evaluate *whether* the facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and 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. States who have mandatory nurse-to-resident ratios are not exempt from this regulation.

Coordination:

- ☐ *Mandatory Submission of Staffing Information (Only completed by Team Coordinator [TC])*
- ☐ Part I is completed by all surveyors. Each surveyor is responsible for assessing the facility for compliance with the requirements for sufficient and competent nurse staffing throughout the survey and is to answer CEs of concern. The survey team should determine whether concerns with staffing can be linked to resident or resident representative complaints or any other regulatory requirements, such as but not limited to quality of life and care concerns.
- ☐ Part II is completed by the Team Coordinator or surveyor assigned primary responsibility of the task who is responsible for assessing the following areas: off-hour surveys, staffing waivers, nurse aide training/competency evaluation program.

MANDATORY SUBMISSION OF STAFFING INFORMATION *(Only completed by TC):*

- ☐ *During offsite preparation, the TC reviews the information in the CASPER Payroll-Based Journal (PBJ) Staffing Data Report to determine if the facility submitted the required staffing information.*
1. Did the facility submit the required staffing information based on payroll data? ☐ Yes ☐ No F851 *(CE1) Cite at Severity/Scope of F if No. If considering not citing F851, email NHStaffing@cms.hhs.gov*

PART I – COMPLETED BY ALL TEAM MEMBERS

General Concepts When Considering Compliance:

- Quality of life and care concerns, Payroll-Based Journal (PBJ) Staffing Data Report, census, resident/representative complaints, and/or staff's ability to complete assignments are used to assess if the facility has sufficient staff to meet the residents' needs.
- Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident's needs.
- Turnover and QAA are used to assess if the facility is operating an effective QAA process.

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OBSERVATIONS (During Initial Pool Process and/or Investigations): Make observations throughout the survey of staff over different shifts and units to determine their availability to meet the needs of residents. During team meetings, discuss whether any concerns (e.g., refer to the list below for examples) should alert the team of potential concerns with sufficient or competent staff. Note: The team meeting screen displays initial pool concerns (day 1) and investigation concerns (day 2) as a reminder for the team to discuss potential staffing concerns.

- ☐ Are there offensive odors? If so, what is the source?
- ☐ If mid-morning (e.g., 9-11 a.m.) or later, are residents still in bed and not dressed?
- ☐ Are residents care activities consistent with the time of day/night and their individual personal preferences?
- ☐ Are residents sitting around the nurse's station, in the hallways, or in front of the television without any interaction from staff?
- ☐ Are call devices and alarms responded to timely?
- ☐ Are residents displaying behavioral or pain concerns such as being combative, yelling, or crying out without staff intervention?
- ☐ Are residents who wander unsupervised and susceptible to, or creating, issues?
- ☐ Do staff rush when providing resident care?
- ☐ Do staff explain to residents what they are doing when assisting or providing services to the resident?
- ☐ Are residents provided timely assistance with eating during meals and are nursing staff monitoring the dining area during meals?
- ☐ Potential use of restraints:
 - Are residents subdued or sedated, indicating the potential use of chemical restraints?
 - Are there devices or practices in use that restrict residents' freedom of movement indicating the potential use of physical restraints?
 - Is there a high incidence of position-change alarm use?
- ☐ Are residents' choices honored and their dignity maintained? For example:
 - Do residents remain unkempt or unclean for extended periods of time (e.g., after sleeping or eating); or
 - Are residents woken up and assisted with activities, such as eating, bathing, or dressing at times that is convenient for staff (e.g., during shift change), rather than at the residents' preference?
- ☐ Do residents receive timely assistance with toileting to prevent avoidable incontinence (including physical and psychosocial complications)
 - Preventing skin irritations and/or skin breakdown, and
 - Preventing negative psychosocial consequences (embarrassment).
- ☐ Is there a delay in residents receiving their medications timely?
- ☐ Are residents repositioned or turned timely in accordance with their plan of care?
- ☐ Are residents experiencing avoidable accidents (e.g., falls), elopements, or incidences of resident-to-resident altercations or abuse?

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- ☐ If concerns about staff responsiveness exist, the surveyor should monitor when the resident's call device is activated and record the response time of the staff.
- ☐ When observing care or services provided to residents by nursing staff, determine if they demonstrate competency. Such as, their abilities to provide care according to professional standards in the following areas: Refer to other regulations and IGs as appropriate.
 - Inability for staff to identify any obvious signs of residents' change in condition;
 - Transfers and positioning (e.g., use of mechanical lifts, bed to chair);
 - Infection control techniques, including wound care and residents on isolation precautions;
 - Tracheostomy, ventilator care, or tube feeding; and
 - Incontinence, including catheter care.
- ☐ If the PBJ Staffing Data Report reveals no RN hours (4 or more days) is triggered: is an RN on duty as required throughout the survey?
- ☐ If the PBJ Staffing Data Report reveals a high number of days without licensed nursing staff (4 or more days) is triggered: is a licensed nurse on duty as required throughout the survey?
- ☐ If an off-hour survey is conducted because of the PBJ Staffing Data Report (Excessively Low Weekend Staffing), observe staffing coverage and determine whether there are resident/family concerns with staffing, and/or resident quality of life or care concerns?

Note: The rule of 4 or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of one day is identified to not meet the nurse staffing requirement for both a Registered Nurse and Licensed nursing staff.

INTERVIEWS:

Residents/Resident Representatives or Family Members:

Staff Sufficiency (list of probes addressed during the initial pool process and/or Investigations): During team meetings, discuss whether any concerns (e.g., refer to the list below for examples) should alert the team of potential concerns with sufficient or competent staff. Note: The team meeting screen displays initial pool concerns (day 1) and investigation concerns (day 2) as a reminder for the team to discuss potential staffing concerns.

- ☐ Do you feel that there is enough staff to meet your needs and concerns without having to wait a long time? If so, is there a specific time of day or weekends that are more problematic? Examples include:
 - answering your call device timely or responding quickly to your alarm if you have one?
 - receiving or refilling a cup of water?
 - toileting, dressing, eating, going to activities?

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- ☐ Has anything occurred because you had to wait for staff to respond and assist you, such as being incontinent, missing a shower, or falling? How often does this occur?
- ☐ Do you routinely eat in your room? If so, is this your choice? If it is not your choice, why are you routinely eating in your room? If needed, is assistance provided to help you eat and get to and from the dining room? Are room trays delivered timely? Are there enough staff to ensure hot foods are hot and cold foods are cold?
- ☐ Are you able to wake, dress, eat, or engage in other activities at times that are preferable to you? If not, do you think it is due to staffing concerns?
- ☐ Does staff interact with you and explain to you what care or services they are providing and why? Does staff rush you when they provide care?
- ☐ Do you get your medications on time?
- ☐ Have you needed a nurse (e.g., to be assessed) but a nurse wasn't in the facility?
- ☐ Are you aware if there is a nurse on duty during the day and night? (If the PBJ Staffing Data Report reveals RN or Licensed Nursing Coverage is triggered)

Staff Competency (surveyors should ask residents about staff competency throughout the survey):

- ☐ Do you feel safe and comfortable when staff assist you?
- ☐ Do you think the nursing staff are experienced and knowledgeable when providing your care? If not, what concerns have you experienced?
- ☐ Do you recall a time when you didn't feel well?
 - Did you tell a staff member?
 - Did you receive the assistance you needed?
 - Did you require hospitalization?

Nursing Aide and Licensed Nurse Interview: If concerns are identified with sufficient or competent staff, complete the following interviews.

Staff Sufficiency:

- ☐ How many residents are you responsible for on a regular basis during your shift?
- ☐ Do you have enough time to complete your required assignments each day?
 - How about on the weekend?
 - If not, why not, and what assignments are you not able to complete?
 - How often does this occur?
- ☐ How often are you asked to stay late, come in early, or work overtime?

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- ☐ Do you use position-change alarms? If yes, Why?
- ☐ Are there any devices used to help keep residents from falling, moving in certain ways, or wandering into certain areas? If so, why? Which residents?
- ☐ Are you able to complete rehabilitation services as ordered for the residents (e.g., range of motion –ROM)?
- ☐ How are current staffing needs determined? Has the facility management asked you about staffing levels required to take care of current resident needs? If so, can you share some examples of what you provided and if you know whether or not these were considered?

Staff Competency:

- ☐ How are you made aware of the care and services residents require and what their individual choices are?
- ☐ For Licensed Nurses: How do you communicate changes in residents' care to the Nurse Aides?
- ☐ For Nurse Aides: How are changes in a residents' care communicated to you? How do you communicate a resident's change in condition or concerns to other staff?
- ☐ Have you been trained to provide care (e.g., infection control techniques) and use of resident care equipment?
- ☐ Do you receive periodic evaluations on your skills, knowledge, and abilities?
- ☐ Do you have regular in-services regarding the following areas:
 - Abuse/neglect/exploitation,
 - Resident rights,
 - Dementia care,
 - Infection control,
 - Communication,
 - Behavioral health, and
 - Specific resident needs (e.g., ventilators, dialysis, hospice, medication side effects, pain, or changes in condition)?
- ☐ Does your facility use agency staff? If so, how does that impact your daily activities? Do you have any concerns about resident care when agency staff are used?

DON and Staff Development Coordinator Interviews: If concerns are identified with sufficient or competent staff, coordinate the completion of the following interviews. Note: Surveyors may find it more efficient to ask similar questions during investigations into other more specific Quality of Life/Quality of Care concerns.

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Staff Sufficiency:

- ☐ How do you determine the staffing levels needed to meet each resident's needs each day and during emergencies? How often is this reassessed?
- ☐ How are the residents' acuity, needs, and diagnoses considered when determining staffing requirements and assignments?
- ☐ How does the facility's census impact staffing levels? How do you accommodate for the changes and for weekend staffing adjustments?
- ☐ How do you handle call-ins or unanticipated staffing shortages?
- ☐ Do staff, residents, or families bring workload concerns to you? What is the system to address these concerns?
- ☐ Do you conduct exit interviews with staff that resign? Do you report interview findings to your QA&A meeting?

Staff Competency:

- ☐ How do you determine the competency needed to meet each resident's needs each day and during emergencies? How often is this reassessed?
- ☐ How do staff communicate changes in resident condition?
- ☐ What are the most common reasons why residents are transferred to the hospital?
- ☐ How do you assure that staff are appropriately assigned to meet the needs of residents and are implementing care-planned approaches for each resident on each shift and unit?
- ☐ Do you use temporary/contract staff? If so, how often and why?
 - How do you ensure these staff are competent and have the knowledge and skills to care for residents?
 - What is covered in your agreement with the staffing agency regarding the skill set of contract staff?
 - How do you ensure the work assigned to contract staff is within their skill set?
- ☐ Is ongoing training provided for all staff, (permanent, temporary/contracted, etc.)? If not, why not? If yes, how often is this conducted and what areas are covered?
- ☐ Who is responsible for competency oversight?
 - How often is staff evaluated to assess their competencies, skills, and knowledge?
 - What type of education or training has been provided based on the outcomes of these reviews?

2. Does the facility have sufficient nursing staff on a 24-hour basis to care for residents' needs, as identified through resident assessments and the plan of care? Unless waived, does the facility designate a licensed nurse to serve as a charge nurse on each tour of duty?

☐ Yes ☐ No F725

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3. Does the facility's nursing staff have the competencies required to care for residents' needs, as identified through resident assessments and the plan of care? Have nurse aides demonstrated competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in their care plans? ☐ Yes ☐ No F726

PART II - THE BELOW SECTION IS TO BE COMPLETED BY THE TEAM COORDINATOR OR ASSIGNED SURVEYOR:

Facility Documents/Records

- ☐ Review the staffing schedule, including call-ins and staff postings for the past month and/or for the specific timeframes of concern based on the information contained on the PBJ Staffing Data Report (triggered low weekend staffing, RN and/or LPN coverage). Depending on identified concerns, it may be necessary to expand your review.
- ☐ If the PBJ Staffing Data Report reveals no RN hours (4 or more days) is triggered, determine whether there are continued days without an RN on duty at least 8 hours/day? Request confirmation from the facility.
- ☐ If the PBJ Staffing Data Report shows a high number of days (4 or more days) with less than 24 hours of licensed nursing is triggered, determine whether there are continued days without 24 hour licensed coverage? Request confirmation from the facility.
- ☐ Review specific policies as needed (e.g., staff response to call device, resident rights, change of condition, position-change alarms, pressure ulcers, incontinence care, and ADLs).
- ☐ Does the facility have a waiver to provide licensed nurses on a 24 hour basis or a registered nurse for more than 40 hours a week (for SNFs)?
 - Is there evidence that it is approved and reviewed by the state annually?
 - Has the facility notified the residents or representatives of the waiver?

Note: The rule of 4 or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of one day is identified to not meet the nurse staffing requirement for both a Registered Nurse and Licensed nursing staff.

Front Line Staff (e.g., nurse aides, LPN/LVN) Interviews:

- ☐ If the surveyor is made aware of the absences of a Registered Nurse for at least 8 consecutive hours a day:
 - Is there an RN in the building at least 8 consecutive hours in the day?
 - Are you ever made aware there is no RN in the building?
 - Are you ever aware of a resident who needed care or services only performed by an RN (i.e., intravenous medications, assessment) and did not receive it?

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- ☐ If the surveyor is made aware of the absences of licensed nursing staff in a 24 hour period:
- Are you ever made aware of the absence of licensed nursing staff during your shift?
 - How often does this occur?
 - How does this impact residents in the facility?
 - Are you aware of any residents that missed medications or treatments due to no available licensed nurse?
 - Who do you notify in the event of an emergency and there is no licensed nurse available?

Director of Nursing or Administrator Interviews:

- ☐ What does the facility do when there is not a licensed nurse available in a 24 hour period?
- How does the facility provide care to residents that require a licensed nurse if one is not available to work?
 - How does this impact residents in the facility?
- ☐ Does the facility have an RN to serve as the DON on a full time basis?
- ☐ Does the facility ensure that the DON services as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents?
- ☐ What does the facility do when there is not an RN available to work the required 8 consecutive hours a day?
- How does the facility provide care to residents that require an RN if one is not available to work?
- ☐ If the surveyor is made aware of low weekend staffing:
- How do you determine staffing for the weekends?
 - What actions has the facility taken to address the low weekend staffing?
 - Have you had weekends with low staffing? If so, why?
- ☐ If the PBJ Staffing Data Report reveals a high number of days (4 or more days) without an RN, why wasn't an RN on duty [identify specific days from PBJ Staffing Data Report]? What is the facility doing to address a lack of RN coverage? Have you had any additional days without an RN on duty at least 8 hours/day? If so, why?
- ☐ If the PBJ Staffing Data Report shows a high number of days (4 or more days) with less than 24 hours of a licensed nurse, why was there inadequate licensed nursing coverage? What is the facility doing to address a lack of 24 hour licensed coverage? Have you had any additional days without 24 hour licensed coverage? If so, why?

4. Does the facility have sufficient nursing staff on a 24-hour basis to care for residents' needs, based on the staffing schedule, staff posting, and PBJ Staffing Data Report? Unless waived, does the facility designate a licensed nurse to serve as a charge nurse on each tour of duty? ☐ Yes ☐ No F725

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5. Except when waived: Does the facility

- have an RN at least 8 consecutive hours a day for 7 days a week,
- have an RN to serve as the DON on a full time basis, and
- ensure the DON serves as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents?

☐ Yes ☐ No F727

6. Has the facility been granted a waiver to provide 24 hour licensed nursing staff coverage or have RN coverage for more than 40 hours a week? ☐ Yes ☐ No F731 ☐ NA, the facility does not have any waivers.

NURSE AND NURSE AIDE TRAINING/COMPETENCY EVALUATION PROGRAM (Only evaluate when staffing concerns are identified)

☐ Review a minimum of five personnel files including any specific staff members with whom concerns were identified.

- Review the nurse aide personnel folder to determine if the facility received registry verification that the individual has met competency evaluation requirements before the employee start date. Exceptions are noted in 483.35(d)(i)(ii).
- Review the nurse aide personnel folder to determine if the facility verified information from every State registry that the facility believes will include information of that individual before the employees start date.
- Review the nurse aide personnel folder to determine if the facility verified the most recent completion of a training and competency evaluation program to determine if there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation.
- Review staff evaluations and/or training records, including in-services that may demonstrate an assessment of nurse staffing competencies, skills, and knowledge.

7. Does the facility ensure full-time nurse aides have become certified within 4 months of nurse aide training? ☐ Yes ☐ No F728

☐ NA, no concerns were identified with staffing.

8. Are nurse aides re-trained either by completing (1) a new training and competency evaluation program or (2) a new competency evaluation program, if there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation? ☐ Yes ☐ No F729 ☐ NA, no concerns were identified with staffing.

☐ If concerns are identified with the care provided by a particular nurse aide, review his/her in-service record to determine whether a performance review was completed annually.

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☐ Based on the results of the performance review, did the facility provide regular in-service education?

9. Does the facility complete a performance review of nurse aides at least once every 12 months, and provide regular in-service education based on the outcome of the review? ☐ Yes ☐ No **F730** ☐ NA, no concerns were identified with staffing.

☐ If concerns are identified with the care provided by a particular nurse aide, review his/her in-service record to determine:

- In-service training provided for any areas of weakness,
- At least 12 hours of in-service provided annually, and
- Training that addresses the special needs of the resident population residents as determined by the facility assessment.

10. Does the facility provide nurse aide in-services, at least 12 hours in a year, including dementia training, abuse prevention training, areas of weakness as determined in the nursing aides' performance reviews, facility assessment, special needs of residents determined by facility staff, and care of the cognitively impaired resident for those nursing aides providing cares for individuals with cognitive impairments? ☐ Yes ☐ No **F947** ☐ NA, no concerns were identified with staffing.

Posting:

☐ Is nursing staffing posted daily at the beginning of the shift and includes facility name, date, census, and the total number and actual hours worked per shift for RNs, LPN, CNAs who are responsible for resident care?

☐ Is nursing staffing posted in a clear and readable format? Is the posting in a prominent place readily accessible to residents and visitors?

11. Is nurse staffing posted daily and includes facility name, date, census, and the total number and actual hours worked per shift for licensed and unlicensed staff responsible for resident care? ☐ Yes ☐ No **F732**

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Pressure Ulcer (CA), Bladder and Bowel (CA), Dental (CA), Positioning/Mobility/ROM (CA), Accidents (CA), Nutrition (CA), Catheter/UTI (CA), Tube Feeding (CA), Respiratory (CA), ADLs (CA), Environment (Task), Abuse (CA), Neglect (CA), Physical Restraints (CA), Chemical Restraints F605, Behavioral-Emotional Status (CA), Infection Control (Task), Facility Assessment F838, QAPI/QAA (Task).