## MAINE STATE LEGISLATURE

The following document is provided by the

LAW AND LEGISLATIVE DIGITAL LIBRARY

at the Maine State Law and Legislative Reference Library

http://legislature.maine.gov/lawlib



Reproduced from scanned originals with text recognition applied (searchable text may contain some errors and/or omissions)



# STATE OF MAINE DEPARTMENT OF HUMAN SERVICES BUREAU OF MEDICAL SERVICES

ANGUS S. KING, JR.

KEVIN W. CONCANNON

COMMISSIONER

March 2, 1998

TO:

Senator Judy Paradis

Representative Elizabeth Mitchell

Co-Chairs

Joint Standing Committee on Health and Human Services

115 State House Station Augusta, Maine 04333

TO:

Kevin W. Concannon

Commissioner

Department of Human Services

11 State House Station Augusta, Maine 04333

Dear Senator Paradis, Representative Mitchell and Commissioner Concannon:

Enclosed is an addition to the report provided on August 19, 1997, regarding Chapter 34 Resolves (H.P. 828 - LD 1133 Resolve, to Ensure Quality Care to Residents of Nursing Facilities Through the Establishment of a Task Force on Minimum Staffing).

If you have any questions, please contact me at 624-5443. Thank you.

Sincerely,

Louis T. Dorogi

Director

Division of Licensing & Certification and Chair, Minimum Staffing Task Force

LTD:el Enclosure



Subject: ADDITIONS TO THE REPORT OF THE TASK
FORCE ON MINIMUM STAFFING

#### BACKGROUND

During the 118th Legislative Session, a Minimum Staffing Task Force was established under Chapter 34 Resolves (H.P. 828 - LD 1133 Resolve, to Ensure Quality Care to Residents of Nursing Facilities Through the Establishment of a Task Force on Minimum Staffing). [See Tab A]

The Resolve required that the Task Force shall:

- Review the departmental rules concerning the current minimum staffing levels required of nursing facilities;
- Consider the appropriateness of increasing the minimum staffing level at nursing facilities;
- Identify and discuss other issues that are relevant to the study;
   and
- Make recommendations to change departmental rules concerning minimum staffing levels of nursing facilities, based on the findings of the Task Force.

Task Force representation included staff from the Department of Human Services, Long Term Care Ombudsman Program, Alzheimer's Association, family members, Certified Nursing Assistants, licensed nurses and nursing facility providers. The Task Force was to submit a report of their findings and recommendations to the Commissioner, Department of Human Services, and the Joint Standing Committee on Health and Human Services within 90 days of the effective date of the Resolve.

On August 19, 1997, the Minimum Staffing Task Force submitted its report, findings and recommendations. [See Tab B] Given the allotted time, the Task Force listed a number of findings and recommendations, among which were the following:

Additions to the Report of the Task Force on Minimum Staffing Page 2 of 5

- No recommended changes at this time to the minimum staffing requirements in the current regulations.
- Initiation of a Demonstration Project to ascertain whether a minimum staffing methodology could be determined using the Case Mix Acuity Index and find efficiencies within the current system to ensure cost neutrality in the nursing home budget. The Demonstration Project was to consist of reviews of 12-15 statewide nursing facilities and was to examine staffing patterns, Case Mix data, resident needs, reimbursement and conduct an evaluation of existing staffing methodology. The Task Force would review and adopt a definition of "direct care" that correlates with the *Principles of Reimbursement*. Additionally, The Task Force was to examine and analyze data from the Multi State Nursing Home Case Mix and Quality Demonstration to assist in creating recommendations for a minimum staffing criteria.

#### **TASK FORCE ACTIVITIES**

The Minimum Staffing Task Force did not ask for an extension to the 90 days allotted by the Chapter 34 Resolve, but continued its work unofficially to implement its recommendations, with most of its original membership intact. The Task Force developed a Demonstration Project and representatives of the Minimum Staffing Task Force performed on site visits to 11 nursing facilities. The purpose of the on-site visits was to examine staffing patterns, case mix data and resident needs and to determine nursing facilities staffing methodologies. Task Force representatives developed and followed a "Protocol for On Site Visits". [See Tab C] During the on-site visits, the Administrator, Director of Nursing, direct care staff and residents and family members were interviewed with specific questions developed by the Task Force. [See Tab D] All Task Force representatives performing on site visits signed a "Confidentiality Statement for the Minimum Staffing Task Force". [See Tab E] After the on-site visits were completed, the data from the visits was analyzed by the Task Force to assist the Committee in establishing recommended minimum staffing in nursing facilities. [See Tab F]

Additions to the Report of the Task Force on Minimum Staffing Page 3 of 5

#### **Key Findings**

- One out of eleven nursing facilities uses the Case Mix Index information to determine the staffing needs of the facility.
- Ten of the eleven nursing facilities do not use the Case Mix Index information to determine staffing needs. In these facilities, the Case Mix Index information is viewed as a reimbursement issue.
- Administrators and Directors of Nursing have differing views on how the nursing facility census impacts staffing needs.
   Directors of Nursing focus more on the acuity level of residents.
- Maintaining optimum nursing staff to meet resident needs is difficult. CNA shortages are a statewide issue, although the most northern nursing facilities are maintaining needed staffing levels. Recruiting and maintaining CNA staff is difficult due to the low unemployment rate and the increasing care needs of residents.
- Regulatory requirements place paperwork demands on nurse managers and nurse supervisors, which take time away from providing direct care to residents.
- Staffing in nursing homes must remain consistent, even with fluctuating resident acuity levels, in order to retain staff.
- Residents, families and CNAs recommend lower nurse-toresident ratios to assure quality of care.

The Task Force reviewed the direct care givers (RN, LPN, LVN or CNA) to residents staffing recommendations by the National Citizens Coalition for Nursing Home Reform. [See Tab G] Data was collected and presented by a Task Force member from the Bureau of Medical Services, Reimbursement and

Additions to the Report of the Task Force on Minimum Staffing Page 4 of 5

Financial Services, to analyze the fiscal impact of lowering the minimum staffing ratios. [See Tab H] The fiscal impact of nursing ratios of 1:5 on the day shift, 1:10 on the evening shift and 1:15 on the night shift is an annual increase of \$868,096.94 (\$299,840.68 = State share). The annual cost for a minimum staff ratio of 1:6 on the day shift, 1:10 on the evening shift and 1:15 on the night shift is \$103,372 (\$35,705 = State share).

#### **CONCLUSIONS**

The Task Force reached the following conclusions:

- Minimum staffing is not the same as "best practice". Minimum staffing reflects a minimum safety threshold, not a prescription for daily staffing.
- It was not within its mandate to realign, for the purpose of reimbursement, the definition of direct care services as defined in the licensing regulations with those in the *Principles of Reimbursement*. The Task Force believes that this task should be given to the Commission to Examine Rate Setting and Financing of Long Term Care Facilities.
- That staffing ratios are only one factor in achieving best practice.
   Other factors include staff retention, recruitment, staff training and facility leadership. Reimbursement needs to match staffing levels.
   Those day-to-day levels are best set by the nursing facilities, based on meeting the needs of the residents.
- That assigning any set of ratios as a minimum staffing requirement is an inexact process and merely a temporary solution to the challenge of achieving quality of care throughout the Long Term Care system.

Additions to the Report of the Task Force on Minimum Staffing Page 5 of 5

#### **RECOMMENDATIONS**

The Task Force recommends:

- That the following changes to the current minimum staffing requirements be implemented:
  - 1:6 Day Shift
  - 1:10 Evening Shift
  - 1:15 Night Shift

A copy of the proposed changes to the Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities is enclosed. [See Tab I]

- That the Legislature examine the issue of CNA availability in many parts of the state.
- That the issue of CNA reimbursement be reviewed by the Commission to Examine Rate Setting and Financing of Long Term Care Facilities, with a focus on reimbursement for direct care and indirect care vs. routine services. The Commission should also examine these issues with the understanding that quality health care requires more than just direct care givers.

## **Attachments**

- B Minimum Staffing Task Force Report
   C Protocol for On Site Visits
   D Interview Questions for On Site Visits
   E Confidentiality Statement for Minimum Staffing Task Force
   F Minutes of Minimum Staffing Task Force
  - G National Citizens Coalition for Nursing Home Reform
  - **H** Financial Services: Fiscal Impact

H.P. 828 - LD 1133

Tab A

I Proposed changes to the Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities

APPROVED.	CHAPTER
MAY 22'97	3 4
BY GOVERNOR	RESOLVES

#### STATE OF MAINE

# IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND NINETY-SEVEN

H.P. 828 - L.D. 1133

Resolve, to Ensure Quality Care to Residents of Nursing Facilities through the Establishment of a Task Force on Minimum Staffing

Emergency preamble. Whereas, Acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, nursing facility residents, family members, consumer advocates and nursing facility employees believe that many nursing facilities are currently understaffed and do not meet the needs of residents; and

Whereas, nursing facilities are serving a frailer population than in previous years and are receiving a higher level of reimbursement for the care provided under Medicaid; and

Whereas, state regulations governing minimum staffing in nursing facilities have not changed in response to the higher levels of care needed by residents; and

Whereas, current minimum staffing levels may create a danger to the health and safety of residents; and

Whereas, minimum staffing levels should be considered, based on information received from residents, family members, consumer advocates and nursing facility employees; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

- Sec. 1. Task force. Resolved: That the Department of Human Services, referred to in this resolve as the "department," shall convene a task force to study the current departmental rules concerning minimum staffing levels required of nursing facilities with the purpose of recommending to the department how those rules might be amended to better meet the needs of residents of nursing facilities; and be it further
- Sec. 2. Membership. Resolved: That the Commissioner of Human Services shall name the following members to the task force:
- l. The Director of the Division of Licensing and Certification within the Department of Human Services;
- 2. One case-mix review nurse from the Department of Human Services, Division of Quality Assurance;
- 3. Two residents of nursing facilities or family members of residents:
- 4. Two certified nurse assistants with experience in a nursing facility;
  - 5. One director of nursing from a nursing facility;
- 6. One representative from the long-term care ombudsman program;
- 7. One representative from the Alzheimer's Association Maine Chapter;
- 8. One representative from the Maine Health Care Association; and
- 9. Such other persons as the commissioner determines to be appropriate; and be it further
- Sec. 3. Meetings; chair. Resolved: That the task force shall meet within 60 days following the effective date of this resolve. The task force shall select a chair from among its members; and be it further

#### Sec. 4. Duties. Resolved: That the task force shall:

- 1. Review the departmental rules concerning the current minimum staffing levels required of nursing facilities;
- 2. Consider the appropriateness of increasing the minimum staffing level at nursing facilities;

- 3. Consider the levels at which nursing facilities should be staffed;
- 4. Identify and discuss other issues that are relevant to the study; and
- 5. Make recommendations to change departmental rules concerning minimum staffing levels of nursing facilities, based on the findings of the task force; and be it further
- Sec. 5. Staffing. Resolved: That the department shall provide staffing assistance to the task force; and be it further
- Sec. 6. Compensation. Resolved: That the members of the task force serve without compensation or reimbursement of any type; and be it further
- Sec. 7. Report. Resolved: That the task force shall submit a report concerning the findings and recommendations to the Commissioner of Human Services and to the Joint Standing Committee on Health and Human Services within 90 days after the effective date of this resolve; and be it further
- Sec. 8. Departmental rules. Resolved: That the department shall review the proposed rules concerning staffing levels at nursing facilities and shall adopt staffing rules. The rules adopted pursuant to this section are routine technical rules as defined in the Maine Revised Statutes, Title 5, chapter 375, subchapter II-A.

Emergency clause. In view of the emergency cited in the preamble, this resolve takes effect when approved.



# STATE OF MAINE DEPARTMENT OF HUMAN SERVICES BUREAU OF MEDICAL SERVICES

ANGUS S. KING, JR.

KEVIN W. CONCANNON

COMMISSIONER

August 19, 1997

TO:

Senator Judy Paradis

Representative Elizabeth Mitchell

Co-Chairs

Joint Standing Committee on Health and Human Services

115 State House Station Augusta, Maine 04333

TO:

Kevin W. Concannon

Commissioner

Department of Human Services

11 State House Station Augusta, Maine 04333

Dear Senator Paradis, Representative Mitchell and Commissioner Concannon:

In accordance with Chapter 34 Resolves (H.P. 828 - LD 1133 Resolve, to Ensure Quality Care to Residents of Nursing Facilities through the Establishment of a Task Force on Minimum Staffing), enclosed is a report concerning the findings and recommendations of the Task Force on Minimum Staffing.

If you have any questions, please contact me at 624-5443. Thank you.

Sincerely

Louis T. Dorogi

Director

Division of Licensing & Certification and Chair, Minimum Staffing Task Force

LTD:el Enclosure



SUBJECT: REPORT OF THE TASK FORCE ON MINIMUM STAFFING

#### **INTRODUCTION:**

In September, 1996, the Commissioner, Department of Human Services, selected members of his licensing staff and the Ombudsman met in Brunswick, Maine with a delegation of Certified Nursing Assistants (CNAs) to discuss their concerns on minimum staffing in nursing facilities. The CNAs reported staffing patterns which they felt were inadequate to meet the needs of residents. Subsequently, the Director, Division of Licensing and Certification, established a working group of Bureau of Medical Services staff, advocates, providers and CNAs to review and study current minimum staffing in nursing facilities. This group began meeting in December, 1996. A participant list is included in this report (Tab A).

During the 118th Legislative Session, Representative David Etnier sponsored a bill establishing a Minimum Staffing Task Force (Chapter 34 Resolve). The resolve (see Tab B) required that the Task Force shall:

- Review the departmental rules concerning the current minimum staffing levels required of nursing facilities;
- Consider the appropriateness of increasing the minimum staffing level at nursing facilities;
- Identify and discuss other issues that are relevant to the study; and
- Make recommendations to change departmental rules concerning minimum staffing levels of nursing facilities, based on the findings of the task force.

The Task Force was to include representatives from the Department of Human Services, Long Term Care Ombudsman Program, the Alzheimer's Association, family members, CNAs, licensed nurses and nursing facility providers.

The Task Force was to submit a report concerning the findings and recommendations to the Commissioner of Human Services and to the Joint Standing Committee on Health and Human Services within 90 days after the effective date of the resolve.

#### **BACKGROUND:**

Maine's minimum staffing requirements were established in 1974. These ratios have remained constant since that time. These ratios are considered to be contingency level minimums and <u>not</u> a prescription for daily operational staffing levels. Yet, there appears to be a lingering belief among the public, including some long term care providers, that minimum staffing serves as a yardstick for routine nursing home operation. Chapter 9 of the nursing home licensing regulations states that facilities are required to staff according to the needs of residents. Federal regulations also require that nursing facilities provide the necessary care for residents to attain or maintain the highest practicable level of physical, mental and psychosocial well-being of each resident.

The existing nursing home licensing regulations (Tab C) specify in Chapter 9 that the minimum staffing ratios consist of a combination of licensed (Registered Nurses or Licensed Practical Nurses) and Certified Nursing Assistant staff for each shift at nursing homes. Chapter 9.A.4. states:

"The nursing staff-to-resident ratio is the number of nursing staff to the number of occupied beds. Nursing assistants in training shall not be counted in the ratios.

The minimum nursing staff-to-resident ratio shall be:

- a. One-to-eight on the day shift;
- b. One-to-twelve on the evening shift; and
- c. One-to-twenty on the night shift."

Effective October 1, 1993, the Department of Human Services implemented its nursing facility Case Mix Payment System on a facility fiscal year basis. The framework for this began in 1992, with changes to the *Principles of Reimbursement* (Tab D) for nursing homes. Reimbursement for direct care patient costs (including wages and benefits for RNs, LPNs, CNAs, ward clerks and patient activities staff) of each facility's rate were to be adjusted on a quarterly basis to reflect changes in the facility's case mix. Nursing facilities were now to be reimbursed on the basis of patient care acuity. Prior to the Case Mix Payment System, nursing facility staffing was set and approved by the

# Minimum Staffing Task Force Page 3 of 8

Division of Licensing and Certification Long Term Care staff on a case-by-case basis. Now the facilities are to staff in accordance with the needs of its residents, as determined by patient acuity and reimbursed by the Case Mix Payment System. The Principles of Reimbursement allow facilities to keep 25% of savings in the category of direct patient care costs. Representatives of the Division of Reimbursement and Financial Services reported that in 1996, 30% of nursing facilities had, in fact, experienced savings in their direct care costs. Some Task Force members felt that this presented a financial incentive to facilities for staff at levels which do not meet residents' needs.

With the advent of LD 418, beginning in January 1994, the Medicaid medical admission criteria for nursing home care changed. This change was in response to legislation which sought to "reallocate scarce long term care resources" while ensuring "appropriate and cost effective services". The legislation targeted nursing facility use to persons who could not be served in less restrictive settings. It also extended opportunities for home and community based care to those who otherwise might become nursing home residents. New pre-admission criteria required a higher level of functional impairment and nursing care needs. All nursing facilities were now required to participate in Medicare and establish a minimum number of Skilled Nursing Facility beds to maximize opportunities for Medicare reimbursement. Simply put, the legislative changes increased the acuity of nursing home residents and widened the gap between existing minimum staffing requirements and the needs of nursing home residents.

#### Task Force Deliberations

As noted in the Introduction, an ad hoc working group had been operational since December, 1996. Its membership and work was incorporated into the deliberations of the legislatively mandated Minimum Staffing Task Force. Its minutes and supporting documentation are enclosed at Tab E.

Appointments to the current Task Force membership are enclosed at Tab F. The original work group participants were expanded to include additional CNA, family and consumer representation. The Department of Human Services provided staff support and meeting sites for the Task Force. Minutes of the Task Force meetings are enclosed at Tab G.

The overall work of both groups combined, addressed the following:

- Institute of Medicine's <u>Nursing Staff in Hospitals and Nursing Homes</u> (1995)
  - The Ombudsman reported on this study.
- Current Licensing Requirements for Staffing in Nursing Facilities
  - Division of Licensing and Certification staff reviewed the Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities, as well as the lack of a minimum Federal staffing criteria. Additionally, Division staff reviewed and discussed State and Federal nursing home inspection procedures and requirements.
- Multi-State Nursing Home Case Mix and Quality Demonstration Project
  - The Project Director reviewed time studies used to determine reimbursement for staffing, case mix data, case mix national and state goals, salary data and the rate of inflation. The Director also assisted the Task Force in a staffing exercise to understand development of staffing for a nursing facility.
- North Country Associates participants (who operate nursing facilities in the state) reviewed their use of staffing decisions based on resident needs vs. case mix reimbursement.
- The Administrator and Director of Nursing from Marshwood Nursing Care Center (located in Lewiston) presented a discussion on how staffing is established in their facility.
- The Service Center, Division of Audit and Reimbursement and Financial Services reviewed direct and indirect costs, cost reports and cost analysis of transfer of specific direct care costs to indirect care.

- <u>A Registered Nurse from First Atlantic Corporation</u> (which operates nursing facilities in the state) reviewed a computer program showing staff needs based on the nursing facilities' case mix acuity levels.
- A representative from Howard Technical System presented "Staffing Standards from the MDS" (Tab H).
- Bureau of Medical Services, Reimbursement and Financial Services staff
  reviewed staffing shifts from the direct care component to the indirect care
  components for reimbursement and also reviewed actual nursing staff per
  facility by bed size, which varies significantly from nursing facility to nursing
  facility.
- <u>Bureau of Medical Services, Reimbursement and Financial Services staff</u> presented data showing disparities in staffing patterns.
- Bureau of Medical Services representatives reviewed the use of nursing facility licensed staff not utilized for direct care functions, such as for marketing functions and administrative functions.
- The Director of the Multi-State Nursing Home Case Mix and Quality Demonstration Project and an R.N. from North Country Associates reviewed actual staffing levels for a selected nursing facility and compared them to the staffing levels based on case mix. Some facilities staff higher than case mix allowances because of resident (acuity) needs. Initial indications show that the case mix acuity index could be considered as criteria for minimum staffing.
- <u>Family members</u> reviewed the difficulties faced by residents when a facility does not staff according to resident needs.
- <u>The Maine Health Care Association</u> and provider representatives reviewed the difficulties of staff retention currently experienced in many areas of Maine, due to the economic upturn.
- <u>CNAs</u> reviewed the increased work demands based on increased resident acuity levels and paperwork demands of licensed nurses.

Additionally, data (Tab I) was obtained from multiple sources to provide information on a variety of related areas:

- Data from the Muskie Institute was received on <u>Nursing Facility ADL</u> <u>Comparison for 1993-1996</u> showing changes and an increase in aggregate ADL scores from 10.570 in 1993 to 12.827 in 1996.
- <u>Staffing Models for Long Term Care</u>, National Association of Directors of Nursing Administration/Long Term Care (1997)
- Combined Federal and State Nursing Services Staffing Standards for U.S. Medicare and Medicaid Certified Nursing Homes (1993)
- <u>Nursing Facilities</u>, <u>Staffing</u>, <u>Residents and Facility Deficiencies</u>, <u>1991</u> <u>through 1995</u>, by Charlene Harrington, Ph.D., University of California, January 1997
- Consumers' Minimum Standards for Nurse Staffing in Nursing Homes,
   National Citizens Coalition for Nursing Home Reform, 1995

#### **FINDINGS**:

Some major findings emerged from the deliberations of the Task Force. These findings precluded any consensus being reached by the Task Force for a simplistic numerical ratio increase in minimum staffing. They were as follows:

- The definition of direct care within the *Principles of Reimbursement* does not take into account that not all facility licensed nurses routinely provide hands-on direct care to residents. Staff defined as "direct care" under the *Principles of Reimbursement* are being utilized to fulfill non-direct care functions.
- Since Maine is one of the Case Mix Reimbursement System
   Demonstration states, the available Case Mix Assessment Data
   should be utilized to provide a more empirical staffing criteria based on
   fluctuating resident acuity.

- Increased patient acuity based on redefinition of nursing home admission criteria indicates a need for acuity-based staffing.
- Industry representatives pointed out that, given the existing reimbursement system, an increase in the number of CNA staff could result in less licensed nursing staff being available for direct care.
- Many Task Force members questioned the purpose of facilities keeping direct care costs low in order to maximize the financial incentive offered under the *Principles of Reimbursement*. Facilities are allowed to keep 25% of savings.
- The allotted 90 days to complete its deliberations was considered to be inadequate by all Task Force members, given the complexity of the issue.

#### **RECOMMENDATIONS:**

The Task Force will not, at this time, recommend a change of the minimum staff requirement in the regulations. The Task Force agrees with the October 1995 report by the Consumers' Minimum Standard for Nurse Staffing in Nursing Homes, National Citizens Coalition for Nursing Home Reform, which states:

"...nursing home residents have sensory and functional disability, chronic illness and changes in health status and need nursing personnel to be available at all hours to observe and respond to their care needs, give timely, kind and competent assistance and notify both family and physician when there are significant changes."

#### The Task Force recommends:

1. That, in order to ensure that the needs of residents residing in nursing facilities are met, a Demonstration Project be initiated to determine a minimum staffing methodology using the Case Mix Acuity Index and to find efficiencies in the current system to ensure cost neutrality in the nursing home budget. The Demonstration Project would consist of representatives of the Minimum Staffing Task Force performing on-site

reviews of 12-15 statewide nursing facilities and examine staffing patterns, Case Mix data, resident needs, reimbursement and evaluation of existing staffing methodology.

- 2. That the following issues be addressed in the Demonstration Project:
  - Direct Care That the Department of Human Services adopt a definition of direct care which specifies the functions of direct care staff for clarity and which would be the same for the licensing regulations and the *Principles of Reimbursement*.
  - Examine and analyze data from Maine's participation in the Multi-State Nursing Home Case Mix and Quality Demonstration. Due to the extent of current data available, it is expected that the data will assist the committee in creating recommendations for a minimum staffing criteria.
- 3. That the Task Force analyze the results of the Demonstration Project and provide those results to the Joint Standing Committee on Health and Human Services by March 1, 1998.

## **INDEX TO ENCLOSURES**

- Tab A Listing of Working Group Members
  - **B** L.D. 1133
  - C Nursing Home Licensing Regulations
  - Principles of Reimbursement for Nursing Facilities
  - E Minutes of the Working Group and Supporting Documentation
  - F Task Force Membership
  - **G** Minutes of the Task Force Meetings
  - H Staffing Standards from the MDS
  - I Miscellaneous Documents used by the Task Force

### **PROTOCOL FOR ON - SITE VISITS**

## Reports to be Reviewed by Team Prior to Onsite Visit

- ♦ Type of Report
  - ♦ (2) OSCAR 3 and 4 Survey Data (provided by Licensing and Certification)
  - ◆ (3) Admission/Discharge by Payor (most current month) (Alison Moore)

## Reports to be Provided by the Facility During Onsite Visit

- ♦ Floor Plans
- ♦ Payroll for prior 2 weeks
- ♦ Staffing schedule to coincide with payroll
- ◆ Question on staff turnover rate: if applicable Does the NF use case mix, standard formula, etc.
- ◆ Case Mix acuity report to coincide with most recent payroll ending date
- Reimbursement rates: Medicare only (Debbie Couture will provide Medicaid and Private Pay)

### <u>Team Composition</u>

- ♦ Maximum of four (4) participants for each visit
- ♦ Visits will be for no longer than one(1) day
- ♦ Visits will be scheduled seven (7) days in advance
- ◆ Representatives from Case Mix, Providers, Advocates and/or consumers, Licensing
   & Certification and Financial Services

## **Observation and Interviews During Visit**

♦ See Questions, objectives 1,2,3,4 and 5

### **Objectives**

- Review distribution of staff in nursing facilities
- Review utilization of staff in nursing facilities
- ◆ Review staffing model(s) used in nursing facilities
- ♦ Identify, from nursing facility, factors that influence staffing decisions
- ♦ Gather and collect resident, family and staff perspectives of adequate staffing

Name of Facility:	
Name of Facility:	-
Name of Interviewer:	_
Objective #1	
Questions for the Administrator	
1. How is the current minimum staffing pattern reflected in how you staff yo	ur facility?
2. What is the nursing department's organizational structure in your facility?	
a sall of the first of the sales of the sale	we able to staff to your
3. What is your current facility staffing pattern? What percent of time are you staffing pattern?	d able to stall to your

.

· ·

Na	ame of Facility:
Na	ame of Interviewer:
	Objective #2 Questions for the Administrator
1.	How has computer technology changed the way nursing staff works? Can you think of improvements you would like to make changing work flow or task performance?
2.	How do you staff with regard to the MDS+ and care planning? Is one nurse assigned to do all the MDS's and care plans or does each unit manager handle her own? Who does the data entry? Where in the building do the assignees work to accomplish these tasks?
3.	Who decides how you staff your facility?
4.	What are the various nursing positions that you use in your facility? Please, describe their roles. What percent of the time is spent in direct care?
5	How often do CNAs change assignments?

## (OBJECTIVE #2, QUESTIONS FOR THE ADMINISTRATOR CONTINUED)

6.	What happens in your facility when a CNA calls out and are you unable to replace them?
7.	How many residents are the CNAs assigned by shift?
8.	Do you use agency staff or other outside resources to meet your staffing needs?
9.	How are CNA assignments made?
10.	. Do you staff differently on weekends as compared to weekdays?

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #3 Questions for the Administrator
1.	What staffing model do you use? Does it vary based on the type of unit? If so, how?
2.	What factors do you consider in determining the model you use to arrive at staffing decisions?
3.	How do you determine the level oc staffing care required? Whoo is involved in these decisions?
4.	Do you staff according to an allotted number of hours per patient day (HPPD)? If so, where does thi number come from? Is it based on acuity and if so, what instrument did you use?
5.	Do you currently use a particular system to identify patient acuity? If so, how is it used in your facility?

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #4 Questions for the Adminstrator
1.	How does the physical plant and/or number of beds of your building influence your staffing decisions?
2.	What factors do you consider in planning your staffing coverage? How does your case mix index influence your staffing pattern? Who in the building pays the most attention to the case mix data?
3.	What special circumstances, be it geographical location, local rates of employment, monetary restrictions, etc., cause you the most difficulties in maintaining staffing levels that you feel should be the minimum for running your facility? What approaches have you used to combat these difficulties?
4.	Have you made any changes to how you staff the facility based on the case mix acuity data? Can you think of any way that a minimum staffing level could be produced using this case mix data? What factors do you feel the current system is not covering but should?
5.	If beds are empty, is staffing reduced? If so, how?

.

Ν	lame of Facility:
Ν	lame of Interviewer:
	Objective #5 Questions for the Administrator
1.	What do you like about this facility? If you could make this facility better, what would you change
2.	Do employees have the time to talk with you while performing their duties?
3.	Do you receive a prompt response to your call bell?
4.	Do you feel you get the help you need?
5.	Do you feel your facility has enough staff to meet your needs?
6.	Do you have any suggestions regarding a minimum staffing level for your facility?
٠.	

Name of Facility:	
Name of Facility:	
Name of Interviewer:	
Objective #1	
Questions for the Director of Nursing	
1. How is the current minimum staffing pattern reflected in how you staff your facil	ity?
2. What is the nursing department's organizational structure in your facility?	
2. What is the huising department's organizational structure in your facility:	
3. What is your current facility staffing pattern? What percent of time are you able	to staff to your
staffing pattern?	

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #2 Questions for the Director of Nursing
1.	How has computer technology changed the way nursing staff works? Can you think of improvements you would like to make changing work flow or task performance?
2.	How do you staff with regard to the MDS+ and care planning? Is one nurse assigned to do all the MDS's and care plans or does each unit manager handle her own? Who does the data entry? Where in the building do the assignees work to accomplish these tasks?
3.	Who decides how you staff your facility?
4.	What are the various nursing positions that you use in your facility? Please, describe their roles. What percent of the time is spent in direct care?
E	How often do CNAs change assignments?
J.	TIOW Office do Clay a charge assignments.

## (OBJECTIVE #2, QUESTIONS FOR THE DON CONTINUED)

6.	What happens in your facility when a CNA calls out and are you unable to replace them?
7.	How many residents are the CNAs assigned by shift?
_	
8.	Do you use agency staff or other outside resources to meet your staffing needs?
9.	How are CNA assignments made?
10	. Do you staff differently on weekends as compared to weekdays?

Ν	ame of Facility:
Na	ame of Interviewer:
	Objective #3 Questions for the Director of Nursing
1.	What staffing model do you use? Does it vary based on the type of unit? If so, how?
2.	What factors do you consider in determining the model you use to arrive at staffing decisions?
3.	How do you determine the level oc staffing care required? Whoo is involved in these decisions?
4.	Do you staff according to an allotted number of hours per patient day (HPPD)? If so, where does this number come from? Is it based on acuity and if so, what instrument did you use?
5.	Do you currently use a particular system to identify patient acuity? If so, how is it used in your facility?

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #4  Questions for the Director of Nursing
1.	How does the physical plant and/or number of beds of your building influence your staffing decisions?
2.	What factors do you consider in planning your staffing coverage? How does your case mix index influence your staffing pattern? Who in the building pays the most attention to the case mix data?
3.	What special circumstances, be it geographical location, local rates of employment, monetary restrictions, etc., cause you the most difficulties in maintaining staffing levels that you feel should be the minimum for running your facility? What approaches have you used to combat these difficulties?
4.	Have you made any changes to how you staff the facility based on the case mix acuity data? Can you think of any way that a minimum staffing level could be produced using this case mix data? What factors do you feel the current system is not covering but should?
5.	If beds are empty, is staffing reduced? If so, how?

N	lame of Facility:
Ν	ame of Interviewer:
	Objective #5 Questions for the Director of Nursing
1.	What do you like about this facility? If you could make this facility better, what would you change
2.	Do employees have the time to talk with you while performing their duties?
3.	Do you receive a prompt response to your call bell?
4.	Do you feel you get the help you need?
5.	Do you feel your facility has enough staff to meet your needs?
6.	Do you have any suggestions regarding a minimum staffing level for your facility?

Ν	ame of Facility:	
Ν	ame of Interviewer:	
		,
	Objective #1 Questions for the Direct Care Staff	
1.	How is the current minimum staffing pattern reflected in how you staff your facility?	r
2	What is the nursing department's organizational structure in your facility?	
۷.	Triacis the harsing departments organization of actions in your mem,	
3.	What is your current facility staffing pattern? What percent of time are you able to staff to your staffing pattern?	

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #2 Questions for the Direct Care Staff
1.	How has computer technology changed the way nursing staff works? Can you think of improvements you would like to make changing work flow or task performance?
2.	How do you staff with regard to the MDS+ and care planning? Is one nurse assigned to do all the MDS's and care plans or does each unit manager handle her own? Who does the data entry? Where in the building do the assignees work to accomplish these tasks?
3.	Who decides how you staff your facility?
1.	What are the various nursing positions that you use in your facility? Please, describe their roles. What percent of the time is spent in direct care?
<b>5</b> .	How often do CNAs change assignments?

#### (OBJECTIVE #2, QUESTIONS FOR THE DIRECT CARE STAFF CONTINUED)

6.	What happens in your facility when a CNA calls out and are you unable to replace them?
7.	How many residents are the CNAs assigned by shift?
8.	Do you use agency staff or other outside resources to meet your staffing needs?
	How are CNA assignments made?
Э.	How are CNA assignments made?
10	Do you staff differently on weekends as compared to weekdays?
	, , , , , , , , , , , , , , , , , , , ,

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #3 Questions for the Direct Care Staff
1.	What staffing model do you use? Does it vary based on the type of unit? If so, how?
2.	What factors do you consider in determining the model you use to arrive at staffing decisions?
3.	How do you determine the level oc staffing care required? Whoo is involved in these decisions?
4.	Do you staff according to an allotted number of hours per patient day (HPPD)? If so, where does this number come from? Is it based on acuity and if so, what instrument did you use?
5.	Do you currently use a particular system to identify patient acuity? If so, how is it used in your facility?

Ν	ame of Facility:
Ν	ame of Interviewer:
•	Objective #4 Questions for the Direct Care Staff
1.	How does the physical plant and/or number of beds of your building influence your staffing decisions?
2.	What factors do you consider in planning your staffing coverage? How does your case mix index influence your staffing pattern? Who in the building pays the most attention to the case mix data?
3.	What special circumstances, be it geographical location, local rates of employment, monetary restrictions, etc., cause you the most difficulties in maintaining staffing levels that you feel should be the minimum for running your facility? What approaches have you used to combat these difficulties?
4.	Have you made any changes to how you staff the facility based on the case mix acuity data? Can you
	think of any way that a minimum staffing level could be produced using this case mix data? What factors do you feel the current system is not covering but should?
5.	If beds are empty, is staffing reduced? If so, how?

N	Name of Facility:	and the second s				
Ν	lame of Interviewer:				•	
			ojective #5 the Direct Ca	are Staff		
1.	. What do you like about t	his facility? If you	could make this fa	cility better, w	hat would yo	ou change?
2.	.  Do employees have the t	ime to talk with yo	u while performing	g their duties?		1.
		•	•			
3.	. Do you receive a prompt	response to your c	all bell?			
		•				
	D. C. L. avantable of	- la vav maad?			•	
4.	. Do you feel you get the h	ieip you needs				
5.	. Do you feel your facility	has enough staff to	meet your needs?			
			. •			
6.	. Do you have any sugges	tions regarding a m	inimum staffing le	vel for your fa	cility?	

Ν	ame of Facility:
Ν	ame of Interviewer:
	Objective #5 Questions for the Residents and/or Family
1.	What do you like about this facility? If you could make this facility better, what would you change?
2.	Do employees have the time to talk with you while performing their duties?
3.	Do you receive a prompt response to your call bell?
4.	Do you feel you get the help you need?
5.	Do you feel your facility has enough staff to meet your needs?
6	Do you have any suggestions regarding a minimum staffing level for your facility?
<b>.</b>	Do you have any suggestions regarding a minimum stanning level for your racinity.

## Confidentiality Statement for the Minimum Staffing Task Force

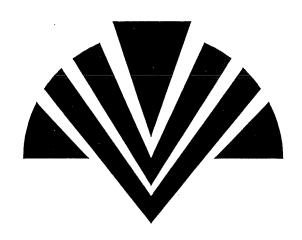
This is to acknowledge that, as a member of the Minimum Staffing Task Force, I will keep confidential any resident and/or facility specific data that is encountered during my participation in Task Force Activities.

I understand that the unauthorized disclosure of confidential information may result in civil or criminal penalties as set out in law.

Name of Task Force Member	Date
Name of Witness	

Distribution:
Original - Task Force Members
Task Force Chair

## MINIMUM STAFFING TASK FORCE AUGUST 22, 1997 MEETING MINUTES



#### **Attendance**

Diane Jone, R.N., Assistant Director Carole Kus, R.N., Training/Education Coordinator Wanda Bradford, R.N., Health Services Consultant Division of Licensing & Certification

Paul Wood, CNA at F.B.S
Eleanor Goldberg, Maine Alzheimer's Association
Kathy Kaplan, University of New England
Stephen L. Baird, DHS, ACL Service Center, Audit Division
Mary Lou Dyer, Maine Health Care Association
Deb Fournier, North Country Associates
Sally Wagley, Long Term Care Ombudsman Program
Alison Moore, Quality Assurance, Bureau of Medical Services
Linda Poulin, Bureau of Medical Services

#### Review of Report:

The report has gone in to the legislature. It was excellent.

- Direct Care:
  - Reimbursement issues
  - Direct care means more than direct hands on care in order to assure a nursing facility run for quality care with efficiency.
- There is a disagreement regarding minimum requirements. Ombudsman think there should be new requirements for staffing. It is time to change the rules, and staffing based on acuity shift - shift is acceptable to Long Term Care Ombudsman Program. Base staffing on acuity.

Whatever happened to the consumers who were coming??????

Diane will try to contact Ann Rowe and Laurie Ellis

Cathy Kaplan described some of her experiences when her husband was in a nursing home.

Alison offered clerical support to do minutes during the meeting so that they would be available to be presented at the end of the meetings. The September 12 meeting will be at 249 Western Avenue.

Texas has software for nursing facilities. Enter your staffing and your case mix and it shows if you are within the norm.

Doesn't take into consideration the size of the nursing facility. Does it include variables? Can we look at it? (Facilitator - is it's name and it is not on the market yet). Put on the agenda for next time.

Include protocol in the letter to nursing facilities.

There was much discussion of "announce or unannounced." It was decided that the visits will be announced 2 to 3 days prior to entrance. Team leaders will not be from the Division of Licensing & Certification.

## AGENDA

- REVIEW OF DRAFT LETTER (GOING TO NFS)
- MORE PEOPLE AT MEETINGS (CONSUMERS)
- CONFIDENTIALITY ISSUES
- DEFINE SELECTION DHS STATEMENT CRITERIA

#### **Protocols for On Site Visits**

#### **NF Participation**

Voluntary

All results will be in blinding data

On site visit - blind reports (except to the nursing facility)

#### Reports Needed for Pre-Visit Review

Case Mix

Oscar 3 & 4

Q.l.s

**Reccurring Conditions** 

Payroll for period examined

Staffing to coincide with case mix data

Nursing facility turnover rate of nursing

Admission - Discharge by the payor

(Question the impact of workers comp)

Floor plans

#### **Team Composition**

Maximum of four participants for each visit.

Visits will be no longer than one day

One day visits will occur with a 2 - 3 day advanced notice

Representation from Case Mix, Licensing and Certification, Consumer Advocates and Provider

#### **Observations during Visit**

Tour

Observe:

Grooming, odors, nutrition, skin, restorative nursing, call bells, resident

satisfaction

#### **Interviews**

Residents

Staff

Administration

#### **Confidentiality**

All participants will sign a written agreement assuring information obtained from on-site visits will be kept confidential.

#### Goal

- 1. Distribution of staff
- 2. Utilization of staff
- 3. Staffing model
- 4. To identify from nursing facility factors that influence staffing decisions
  - 5. Resident and family perspectives

Theresa

## Minimum Staffing Task Force

Bureau of Medical Services 249 Western Avenue Augusta, Maine September 12, 1997

#### **MEETING MINUTES**

Time: 9:00 a.m. - 12:00 noon

#### **Attendance**

- Stephen Baird, Auditor, DHS, ACL Service Center, Audit Division
- \* John Bolduc, Odd Fellows' Home of Maine Health Center
- \* Debbie Couture, Bureau of Medical Services
- Lou Dorogi, Director, Division of Licensing and Certification
- Mary Lou Dyer, Maine Health Care Association
- \* Debra Fournier, R.N., C., North Country Associates
- \* Brenda Gallant, Long Term Care Ombudsman
- \* Ellie Goldberg, Maine Alzheimer's Association
- \* Kathy Kaplan, University of New England Consumer
- \* Carole Kus, Division of Licensing and Certification
- \* Vicki White, Vice President of Quality Assurance, First Atlantic Corporation
- \* Paul Wood, C.N.A., First Atlantic Corporation

Minimum Staffing Task Force Meeting Minutes Page 1 of 3

#### Review of Last Task Force Meeting

- Lou received only one inquiry so far regarding the Report to the Legislature.
- Lou indicated that he had a concern on consistent participation of Task Force members.
  - With a different membership composition for each meeting, there is an issue of continuity and it requires a lot of repetition.
- Regarding the Texas software on MDS/staffing:
  - Alison has a Beta copy.
  - Will it give us the information we are seeking in the Demonstration Project?
  - Lou will check with Alison to ascertain whether the software is usable or helpful to facilities in managing staff.

#### **Draft Letter to Facilities**

- Task Force members revised the letter.
- The two/three day notice was changed to seven days and unanimously approved by Task Force members present.
- In the third paragraph of the letter, it is more appropriate to say that we will use case mix methodology versus using a demonstration project to determine case mix acuity.
- · Use bold and underline confidentiality.
- Identify and attach names of team members to contact for further information.
- Identify how long review will take.
- Describe method by which we will be addressing issues.
- Make clear that this will tie into Case Mix.
- Don't promise anything that we may not be able to provide.

#### **Protocol for Facility Visit**

- Some found the first draft confusing.
- Use "staffing review" instead of "survey".
  - Confidentiality issues:
  - What should be included?
    - Who should be included?
       Employees of the facility?
    - Consumers?
    - Identity of facilities?
  - Include a copy of the Confidentiality Form to be signed by Team Members with the Letter to be sent to facilities.
- Whom do you list for questions by facility?
- What does the facility provide versus what the Task Force Team needs to review before the visit?

Minimum Staffing Task Force Meeting Minutes Page 2 of 3

#### Group exercise to Revise Protocol

 Lou split the Task Force membership into two groups to address needed revisions to the Protocol:

#### Group A

- Decided on Reports needed to be reviewed by Team prior to an on-site visit and decided on the following:
  - OSCAR Reports 3 and 4, listing survey data
  - Admission/Discharge data by Payor [for the most current month]
- OSCAR Reports 3 and 4 were to be provided by the Division of Licensing and Certification.
- Admission/Discharge data was to be provided by the Muskie Institute.
- Reports to be provided by facilities during on-site visit:
  - Floor plans
  - Payroll for prior two weeks
  - · Staffing schedules to coincide with payroll.
  - Turnover rate, if available.
    - No one is sure who keeps this data.
  - Case Mix acuity report to coincide with the most recent payroll ending date.

#### Group B

- Recommend that observations and interviews should be grouped together.
- Task Force Team should be careful on how questions should be addressed to residents.
- Brenda Gallant's standard questionnaire will be adopted to the Team's needs.
- A sub-committee was assigned the task of developing a format for interview questions. There needs to be consistency in the approach/interviews by Team members at the time of the facility visit. The members are:
  - Brenda Gallant
  - Debra Fournier
  - Carole Kus
  - Case Mix to be announced

Each person on the Task Force should submit sample questions (related to the goals) by Fax (624-5378) addressed to Lou by September 19th. The questions will be reviewed at the October 2nd meeting and then the subcommittee will meet and continue to refine the questions.

#### Selection Criteria

• Lou led discussion on selection criteria for Nursing Facilities in the Demonstration Project. The following criteria were identified:

Minimum Staffing Task Force Meeting Minutes Page 3 of 3

- Size
- Location
- Services Provided
  - Alzheimer's
  - Head Injury
- Chain/Single Ownership
- Physical Plant
- Hospital-Based
- Profit/Non-Profit
- Dually Certified
- Distinct Part

#### **Confidentiality**

 Emphasize that all data and findings/results will be without reference to facilities, staff or residents and family members.

#### **Deadlines/Timelines**

- Protocol revisions are due by October 2nd.
- Final draft of letter by October 2nd.
- Schedules, organize teams, how many facilities will be used needs to be decided by October 17th.
- Revised letter to facilities will be out by September 19th for final feedback.
- Confidentiality statement will be drafted and sent to members by September 19th.
- Protocol specifications need to be revised, with more explanations and who is to do what for on-site visit.
- Reports needed for the previsit review by the Team for October 2nd:
  - Selection criteria
  - Confidential by use of blind data

#### Agenda for the Next Meeting

- Lou will discuss Texas staffing software with Alison and report back.
- Lou will draft a letter on confidentiality for next meeting.
- Next meetings will be on October 2nd and October 17th.
- One page response sheet for facilities will be attached to letter.
- One more case mix person will be needed.
- Have all questions in by Friday, the 19th address them to Lou, (Fax # 624-5378)
- A sub-group composed of several Team members will review questions to be used by the Team for on-site visit by October 2nd meeting.
- The October 2nd meeting will be held from 9:00 a.m. to 12:00 p.m. at the Pella building in the downstairs conference room.
- The October 17th meeting will be held from 9:00 a.m. to 12:00 p.m. at the Bureau of Medical Services, 249 Western Avenue.
- The October 31st meeting will be held from 9:00 a.m. to 12:00 p.m. at the Bureau of Medical Services, 249 Western Avenue.

### Minimum Staffing Task Force October 17, 1997 Meeting Minutes



#### Attendence:

Diane Jones, R.N., Assistant Director, Division of Licensing & Certification

Paul Wood, CNA, First Atlantic Corporation

John Bolduc, Odd Fellows Home of Maine Health Center

Mary Lou Dyer, Maine Health Care Association

Alison Moore, Benefits Management, Bureau of Medical Services

Carole Kus, R.N., Training/Education Coordinator, Division of Licensing and Certification



#### Review of Texas software:

"The facilitator" will be available December 16. It could be used as a computerized format for comparison with case mix, general costs and actual staffing.

Mary Lou will call the American Health Care Association and ask for a prerelease copy of "The Facilitator".

Review of Minimum Staffing Task Force Questions

Some questions were not included if they did not agree with the objectives of the Task Force.

# Next Meeting October 31, 1997 9:00 - 12:00 249 Western Avenue

- Review any responses from the letters to the nursing home administrators
- Coordinate teams for on-site visits
- Review final protocol of on-site visits
- Final review of on-site questions
- Confidentiality statement to be signed before working session at Odd Fellows

A working meeting will be held at Odd Fellows on November 7, 1997 to test the Protocol and On-site questions. Please call John Bolduc, Administrator at 786-4616 if you plan to attend. The number of participants will be limited.

## Minimum Staffing Task Force October 31, 1997 Meeting Minutes



#### **Attendence**

Louis T. Dorogi, Director
Diane Jones, R.N., Assistant Director
Carol Kus, R.N., Training/Education Coordinator
Division of Licensing & Certification

Stephen Baird, ALC Service Center, Division of Audit Mary Lou Dyer, Maine Health Care Association Vicki White, First Atlantic Corporation Linda Poulin, R.N., Division of Quality Assurance, BMS Brenda Gallant, Director, Ombudsman Program Paul Wood, CNA, First Atlantic Corporation Alison Moore, R.N., Division of Quality Assurance, BMS Debra Fournier, R.N., North Country Associates Debra Couture, Health Care Financial Analyst, BMS



- The responses from the letter requesting participation in the Demonstration Project will be reviewed to determine which facilities meet the guidelines established. Teams for on-site visits will be coordinated after the NFs have been selected for on site visits.
- Final review of Protocol for on-site visits
- List of task force members to be sent to John Fetzner from Maine Hospital Association who asked to participate in the task force. Linda Breslin will probably be attending to represent
- Regarding turnover rate. Diane will call Dana Evans, Department of Labor, for information of the "standard formula" to determine staff turnover.
- Team Composition: If a team member has schedule changes and cannot attend the on-site visit, that person will try to find a replacement. If not, Diane Jones will be called for assistance with a replacement.
- "Questions" were revised and will be distributed to team members at each on-site visit at the visit to Odd Fellows, these questions will be used.
- Each objective will be on a separate sheet for each discipline interviewed. Added to each question will be:

Type of employee Length of employment for that employee

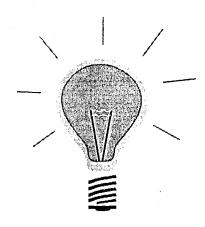
- John and Vicki reviewed the value of exit and entrance information to staff and the effect of positive communication with staff.
- Discussion regarding respecting resident interviews and their ability to be interviewed based on physical and cognitive abilities.
- Each team will agree to a facilitator who will coordinate information gathered by the team. The
  facilitator will put the information into a report. All reports will be sent to Diane Jones. Licensing
  & Certification participants will not be facilitators in order to keep it from a "survey like" function.

Next Meeting
November 14, 1997
8:30 - 10:00
249 Western Avenue
Bureau of Medical Services

#### **AGENDA**

Review on-site visit at Odd Fellows
Select Nursing Facilities to participate in project
Select team for each on-site visit
Select dates for on-site visits

## Minimum Staffing Task Force November 14, 1997 Meeting Minutes



#### **Attendence**

Diane Jones, R.N., Assistant Director, Division of Licensing & Certification
Vicki White, First Atlantic Corporation
Debbie Fournier, R.N., Southridge Rehab and Living

Center

Linda Breslin, Administrator, MaineGeneral Rehabilitation and Nursing Center at Glenridge

John Bolduc, Administrator, Odd Fellows Home of Maine Paul Wood, CNA at F.B.S.



The following facilities were selected for on site visits.

Region I
RiverRidge
Dionne Commons
St. Joseph Manor
The Viking Nursing Facility

Region II
Gardiner Nursing Home
Mt. St. Joseph Nursing Home
Maine Veterans Home
Marshwood Nursing Care Center
St. Marguerite d'Youville Pavilion
Parkview Nursing Home

Region III
C.A. Dean
Camden Health Care Center
Oceanview Nursing Home
Ross Manor

Region IV
Forest Hill Manor
Presque Isle Nursing Home

The following task for members are assigned to do on-site visits by region. Each region has a scheduling coordinator who will be responsible for scheduling 4 team members to visit each site in the region and notifying the facility by phone and by letter (attached to minutes).

Region I
Vicki White - Scheduling Coordinator
Alison Moore
Paul Wood
Lou Dorogi
Brenda Gallant

#### Region II

Brenda Gallant - Scheduling Coordinator
Alison Moore/Linda Poulin
John Bolduc
Debbie Fournier
Diane Jones/Carole Kus
Linda Breslin
Debbie Couture

#### Region III

Carole Kus or Debbie Couture - Scheduling Coordinators Brenda Gallant Debbie Fournier John Bolduc

#### Region IV

Diane Jones - Scheduling Coordinator Alison Moore/Linda Poulin Kathy Kaplan Mary Lou Dyer

Visits need to be finished in December. Please notify Diane Jones of dates of on-site visits.

## Minimum Staffing Task Force January 24, 1998 Meeting Minutes

#### Attendence:

Louis T. Dorogi, Director, Division of Licensing & Certification

Diane Jones, Assistant Director, Division of Licensing & Certification

Carole Kus, Training/Education Coordinator, Div. of Licensing and Certification

Eleanor Goldberg, Alzheimer's Association Mary Lou Dyer, Maine Health Care Association John Bolduc, Administrator, Odd Fellows Home of Maine

Paul Wood, CNA, First Atlantic Corporation Debra Couture, Financial Services, Bureau of Medical Services



#### Review of on site visits:

Interviews with Administrators, DONs, direct care staff and residents. Findings:

- ⇒ There was a difference identifying how the census impacts staffing needs between the Administrator and DON.
- ⇒ The ability of nursing facilities to maintain optimum staffing to meet resident needs varies from facility (from 60% to 90%).
- ⇒ Residents and CNAs recommended different ratios than DON and Administrator. Residents and CNAs recommended more staff.
- ⇒ One nursing facility uses case mix information to determine staffing. All of the others do not use case mix to determine staffing unless the case mix index varies significantly and impacts reimbursement.
- ⇒ Paperwork requirements demand nursing time which therefore is taken away from the resident.
- ⇒ Nurse managers spend 30% of their time doing direct care, nurse supervisors spend 60% doing direct care.
- ⇒ Finding competent, well trained CNAs is difficult.

#### **Data Collection:**

All group members will fill out a matrix handed out by Lou for data collection. Data will be aggregated and used for decision making purposes.

#### Case Mix Indexes:

Discussion regarding use of case mix index (or percentage of the index) to determine minimum staffing requirements.

Next Meeting January 30, 1998, 9:00 - 12:00 35 Anthony Avenue

Following Meetings: February 6, 1998, 9:00 - 12:00 February 13, 1998, 9:00 - 12:00 35 Anthony Avenue

## <u>Agenda</u>

- ⇒Review of data collection according to matrix.
- ⇒Mary Lou Dyer: Update of "The Facilitator"
- ⇒Discussion of Direct Care

## Minimum Staffing Task Force January 30, 1998 Meeting Minutes

Attendance

Louis T. Dorogi, Director, Division of Licensing & Certification

Diane Jones, R.N., Assistant Director, Division of Licensing & Certification

Carole Kus, R.N., Training/Education Coordinator, Division of Licensing & Certification

Mary Lou Dyer, Maine Health Care Association

Brenda Gallant, Director, Ombudsman Program

Alison Moore, Bureau of Medical Services

Paul Wood, CNA, First Atlantic Corporation

Vicki White, First Atlantic Corporation

John Bolduc, Administrator, Odd Fellow and Rebekah's Home

Deb Fournier, North Country Associates

Linda Breslin, Administrator, MaineGeneral Rehabilitation and Nursing Center - Glenridge

#### Regarding "The Facilitator"

Mary Lou made contact with Brad Shiverich who is willing to assist with determining programming time if we send the data to help establish comparisons based on case mix data. The information would help identify appropriate staffing based on case mix data, it would not identify minimum staffing.

#### **Cost Reports**

Debbie and one other staff person are currently working on data regarding case mix information and FTEs from cost reports of 1996. Debbie and Mary Lou will coordinate getting the information to Brad Shiverich if possible - Mary Lou will contact Debbie.

#### Summaries of on-site visits:

- ⇒ Data entry locations vary in NFs. Some have central locations and some have several locations in one NF. CNAs do data entry but licensed nurses must in-put critical data. The MDS is used for care planning but not always for staffing.
- ⇒ In some facilities the DON and Administrator <u>and</u> staff nurses have regular in-put in staffing. In other facilities the DON is responsible for staffing the NF.
- ⇒ The percentage of time that nursing staff spent with clinical tasks varied. To be considered is how task force members defined clinical tasks during the on-site visits. Some task force members identified direct care differently (hands on vs. including paperwork, identifying needs)
- ⇒ CNA and CMT time for clinical/direct care was more consistent than licensed nurse time.

Resident to CNA ratios:

Varied answers ranging from

1-8 days

1-6 days

1-9 evenings

1 - 10 evenings

1 - 10 - 14 evenings

1 - 12 nights

1 - 20 nights

#### Use of outside agency staff:

Southern Maine uses more outside agency staff. Mid Maine area uses some outside agency staff. Northern Maine does not use outside agency staff.

Week end staffing is usually not different, although a few facilities do lower staff.

Two facilities staff according to HPPD.

In two facilities, administrators use case mix to identify resident acuity.

Physical plant does influence staffing.

#### Barriers in maintaining staffing levels:

Employment opportunities at home health agencies and hospitals compete with nursing facilities for CNAs. Seasonal jobs offering higher wages is another barrier.

#### Case mix influence in staffing:

No NF gave information indicating any influence from case mix data in regards to staffing.

Residents with dementia and Alzheimer's are not factored into the current case mix system.

Staffing is not changed according to vacancies in the nursing facility.

#### Residents respond to questions:

Do employees have time to talk? Half responded that they do.

Do you get the help you need?
One response was physically yes, emotionally no.

Prompt responses to call bells? Half responded positively, half said no or sometimes.

#### **Issues for Discussion:**

The existing system does not address, adequately, what nursing facilities need for staff.

Current recruitment of CNAs does not target older people.

Maine Health Care Association is establishing a focus group to look at a broad based task force to study CNA shortage.

Brenda asked for in-put from Debbie Couture regarding staffing ratios recommended by National Citizens Coalition for Nursing Home Reform. Debbie was unable to be present at this meeting.

## **Next Meeting:**

February 13, 1998 9:00 - 12:00 35 Anthony Avenue

## CONSUMERS' MINIMUM STANDARD FOR NURSE STAFFING IN NURSING HOMES National Citizens Coalition for Nursing Home Reform October, 1995

Whereas, people selecting a nursing home are often under pressure from managed care plans or hospital discharge planners to make quick placement decisions;

Whereas, both before and after a nursing home is chosen, residents, visiting friends and family members attempt to observe the acceptability of care;

Whereas, people need guidelines to evaluate the sufficiency of numing services when they are selecting a numing home or judging its quality after selection;

Whereas, federal and state laws require "sufficient" nursing services to meet the care needs of all residents in a nursing home, but this concept needs practical definition for the consumer, in terms of a minimum number and qualifications of staff to make possible the provision of basic direct care, supervision and planning of care.

Whereas, providing "sufficient" nursing services requires maintaining an acceptable minimum staff at all times and increasing staff above the minimum to meet the special care needs of individuals;

Whereas, nursing home residents have sensory and functional disability, chronic illness and changes in health status, and need nursing personnel to be available at all hours to observe and respond to their care needs, give timely, kind, and competent assistance, and notify both family and physician when there are significant changes;

THEREFORE, be it resolved that the National Citizens Coalition for Nursing Home Reform endorses the following Consumers' Minimum Standard for Nurse Staffing in Nursing Homes, as a guide to prospective and current nursing home residents, their friends and families. This is based on judgment of nurses experienced in the requirements for quality nursing home care.

#### FOR EVERY NURSING FACILITY:

A full-time RN Director of Nursing

A full-time RN Assistant Director of Nursing (in facilities of 100 beds or more)
A full-time RN Director of In-service Education (in facilities of 100 beds or more)
An RN nursing supervisor on duty at all times (24 hours, 7 days per week), AND

Direct caregivers (RN, LPN, LVN, or CNA)	Day	1:5 residents
to residents		1:10 residents
	Night	1:15 residents

#### AND

Licensed nurses (RN, LPN or LVN)	Day	1:15 residents
to residents	Eve	1:25 residents
	Night	1:35 residents

These standards are only minimums and must be adjusted upwards to meet the care needs of residents.

These requirements must be in place for all residents, regardless of payment source. No on-going waivers of these standareds should be allowed.

NOTE:

RN = Registered Nurse; LPN = Licensed Practical Nurse; LVN = Licensed Vocational Nurse; CNA = Certified Nurse Aide

## Minimum Staffing Task Force Attendance

Louis T. Dorogi, Director, Division of Licensing & Certification Diane Jones, R.N., Assistant Director, Division of Licensing & Certification

Carole Kus, R.N., Education/Training Coordinator, Division of Licensing & Certification

Eleanor Goldberg, Executive Director, Maine Alzheimer's Association

Deb Couture, Bureau of Medical Services

Linda Breslin, Administrator, MaineGeneral Rehabilitation and Nursing Center at Glenridge

Alison Moore, Bureau of Medical Services

John Bolduc, Executive Director, Odd Fellows' Home of Maine

Brenda Gallant, Long Term Care Ombudsman Program

Deb Fournier, R.N., C., North Country Associates

Kathy Kaplan, University of New England

Mary Lou Dyer, Maine Health Care Association

## Minimum Staffing Task Force February 13, 1998 Meeting Minutes

Debbie Couture and Judy Moody from Financial Services did a great deal of work determining fiscal impact of changes in minimum staffing. They determined the financial impact if CNA ratios identified by NCCNHR (attached) were used to determine minimum staffing in Maine nursing facilities.

Adequate staffing is subjective: depending on acuity levels of residents, physical plant, and speciality units.

Debbie will do another cost run to include cost of all nursing staff for 1:6 day shift, 1:10 evening shift and 1:20 night shift.

#### Discussion:

- ⇒ Debbie Fournier will not be at the next meeting. She stated she cannot support 1:6, 1:10 and 1:15 ratios.
- ⇒ Lou distributed a draft of recommendations to be considered. (Attached)
- ⇒ Training non traditional employees for CNA labor force
  - ⇒ Reference health care workers in addition to CNAs
  - ⇒ Consider an alternative to "the Legislature examine and identify it as an issue."

### **RECOMMENDATIONS**:

- 1. That the issue of CNA availability and the growing shortage of CNA availability in many parts of the State.
- 2. That the issue of reimbursement be examined as part of the Commission to Examine Rate Setting and Financing of Long Term Care Facilities, with a focus on reimbursment for Direct Care and Routine Services.

## CONSUMERS' MINIMUM STANDARD FOR NURSE STAFFING IN NURSING HOMES National Citizens Coalition for Nursing Home Reform October, 1995

Whereas, people selecting a numing home are often under pressure from managed care plans or hospital discharge planners to make quick placement decisions;

Whereas, both before and after a nursing home is chosen, residents, visiting friends and family members attempt to observe the acceptability of care;

Whereas, people need guidelines to evaluate the sufficiency of nursing services when they are selecting a nursing home or judging its quality after selection;

Whereas, federal and state laws require "sufficient" nursing services to meet the care needs of all residents in a nursing home, but this concept needs practical definition for the consumer, in terms of a minimum number and qualifications of staff to make possible the provision of basic direct care, supervision and planning of care.

Whereas, providing "sufficient" nursing services requires maintaining an acceptable minimum staff at all times and increasing staff above the minimum to meet the special care needs of individuals;

Whereas, nursing home residents have sensory and functional disability, chronic illness and changes in health status, and need nursing personnel to be available at all hours to observe and respond to their care needs, give timely, kind, and competent assistance, and notify both family and physician when there are significant changes;

THEREFORE, be it resolved that the National Citizens Coalition for Nursing Home Reform endorses the following Consumers' Minimum Standard for Nurse Staffing in Nursing Homes, as a guide to prospective and current nursing home residents, their friends and families. This is based on judgment of nurses experienced in the requirements for quality nursing home care.

#### FOR EVERY NURSING FACILITY:

A full-time RN Director of Nursing

A full-time RN Assistant Director of Nursing (in facilities of 100 beds or more)
A full-time RN Director of In-service Education (in facilities of 100 beds or more)
An RN nursing supervisor on duty at all times (24 hours, 7 days per week), AND

Direct caregivers (RN, LPN, LVN, o	or CNA)	Day	1:5 residents
to residents			1:10 residents
	**	Night	1:15 residents

#### AND

Licensed nurses (RN, LPN or LVN)	Day	1:15 residents
to residents	Eve	1:25 residents
	Night	1:35 residents

These standards are only minimums and must be adjusted upwards to meet the care needs of

These requirements must be in place for all residents, regardless of payment source. No on-going waivers of these standards should be allowed.

NOTE:

RN = Registered Nurse; LPN = Licensed Practical Nurse; LVN = Licensed Vocational Nurse; CNA = Certified Nurse Aide

EBDAL: MOHITEK

· · 

#### Minimum Staffing Task Force All Staff: 5/10/15

Facility	Average		Average		Average		Average		Average		Average	Contract	Average	Total:	Weighted	×5/10/15	Add'l S	Add'l Cost
Number	Case Mix	RN	Comp	LPN	Comp	CNA	Comp-Rate	CMA/CMT	Comp-Rate	Ward Clerks	Comp-Rate	Nursing	Comp-Rate	FIES	Cost Per	A MIN *	Staff Req.	To Meet .
	Index	FTEs	Rate	FTEs	Rate	FTEs	CNA	FTEs	CMA/CMT	FTEs	Ward Clerks	FTEs	Con.Nursing		FTE	Total Staff	for MIN 5/10/15	5/10/15
1	0.983	1.62	\$15.58	1.90	\$12.69	6.29	\$8.79	0.00	\$0.00	. 0.00	\$0.00	0.00	\$0.00	9.81	\$10.67	6.23	0.00	\$0.00
2	1.155	1.76	\$13.81	0.03	\$18.40	3.95	\$7.38	2.48	\$8.53	0.00	\$8.54	0.00	\$0.00	8.22	\$9.14	6.60	0.00	\$0.00
3	1.084	0.91	\$12.10	1.95	\$11.26	5.53	\$7.96	0.00	\$0,00	0.00	\$0.00	0.00	\$0.00	8.39	\$9.18	9.17	0.78	\$20,752,97
4	1.027	0.82	\$15.64	2.98	\$11.38	11.90	\$8.04	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.70	\$9.07	9.53	0.00	\$0.00
. 5	1.081	2.88	\$13.48	0.53	\$12.17	7.58	\$7.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10,99	\$9.51	9.53	00,0	\$0.00
6	0.996	1.39	\$16.01	2.68	\$10.47	12.24	\$7.79	0.00	\$0.00	0.34	\$0.00	0.00	\$0.00	16.65	\$8.75	9.53	0.00	\$0.00
7	1.085	1.28	\$18.45	1.61	\$11.18	9.38	\$7.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	12.27	\$8.80	10.27	0.00	\$0.00
8	1.118	1.68	\$14.00	2.19	\$10.42	10.00	\$6.90	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.87	\$8.32	11.00	0.00	\$0.00
9	1.002	2.80	\$13.43	1.30		11.30	\$7.36	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.40		11.00	Q.000	\$0.00
10	1.107	5.79		l ———— 17 -l		17.97	\$7.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.90	N	11.73	0.00 e	\$0.00
11	1.133	2.71	\$14.26			13.45	\$7.73	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	17.91		12.47	0.00	\$0.00
12	1.103	0.44		2.61	\$9.88	10.17	\$6.91	0.00	\$0.00	0.00	\$0.00	0.00		13.22		12.47	ેેંં 0.00	\$0.00
13	1.039	2.50	\$14.48			13.85	\$8.08	0.00	\$0.00	0.13	\$0.00	0.00		□19,05	<del></del>	12.83	0.00	\$0.00
14	0.997	1.83	\$16.25			11.31	\$7.64	0.00	\$0.00	0.00	\$0.00	0.00		15.46	<u> </u>	- 13,57	CHARLES THE STATE OF THE PARTY	\$0.00
15	1.020	2.50				20.00	\$7.69	0.00	\$0.00	2.90	\$0.00	0.00		28.30	\$ <del></del>	13.93	5 0.00 C	\$0.00
16	1.060	0.97	\$21.73		\$11.95	13.56	\$6.96	0.00	\$0.00	0.00	\$0.00	0.00		17.04		13,93	0.00	\$0.00
17	1.035	3.42	\$15.26			14.74	\$7.97	3.42	\$8,94	0.00	\$8.94	0.00		23.77	<del></del>	14.67		\$0.00
18	1.078	4.22			\$10.78	11.54	\$8.51	2.00	\$9.31	0.00	\$9.31	0.00		18.16		14.67		\$0.00
19	1.049	2.85				12.44	\$7.29	0.29	\$8.55	0.00	\$8.55	0.00		19.15	<del></del>	:14.67		\$0.00
20	0.997	1.30				19.00	\$7.54	0.00	\$0.00	0.00	\$0.00	0.00		24:20	<u>}</u>	15.03	<b>0.00</b>	\$0.00
21	1,105	2.90			\$10.86	17.40	\$7.18	0.00	\$0.00	0.00	\$0.00	0,00		21.30		15.03	0.00	\$0.00
22	1.036	1.70		1.70		11.20	\$7.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	14.60	\$8.60	15.40	0.80	\$20,028.98
23	1.057	2.78	\$13.93	1.75	\$11.42	11.67	\$7.84	1.44	\$9.33	0.65	\$9.33	0.00	\$0.00	18.29	\$9.28	15.40	0.00 ⊤ું ુ	\$0.00
24	1.187	4.10	\$12.74	1.40	\$10.44	13.20	\$7.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	18.70	\$8.71	15.40	:::::::::::::::::::::::::::::::::::::	\$0.00
25	1.039	1.87	\$16.21	3.88	\$12.17	16.65	\$7.97	0.00	\$0.00	0.05	\$0.00	0.00	\$0.00	22.45	\$9.36	16.13	S: 10.00	\$0.00
26	1.037	2.68	\$14.50	2.18	\$11.54	16.28	\$7.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.14	\$8.84	16.13	-0:00	\$0.00
27	1.019	3.33	\$14.90	0.39	\$11.22	17.47	\$7.11	2.30	\$8.66	0.00	\$8.66	0.00	\$0.00	23.49	\$8.43	16.50	0.00	\$0.00
28	1.046	3.00		2.90	\$11.53	13.40	\$6.67	0.00	\$0.00	0.00	\$0.00	0.10	\$34.73	19.40	\$8.67	16.50	0.00	\$0.00
29	1.079	1.70	\$14.99	2.90	\$12.24	10.10	\$6.79	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	14.70	\$8.81	16.87	2.17	\$55,607:12
30	1.035	1.37	\$14.53	3.20		17.26	\$7.52	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.83		17.23	0.00	\$0.00
31	1.162	2.17			\$10.98	16.74	\$6.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	22.02	\$8.13	17.23		\$0.00
32	1.139	2.40		1 i	\$16.49	13.45	\$8.05	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	17.79	·	17.60	0.00	\$0.00
33	1.009	2.91	\$14.91	L		11.80	\$9.34	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.42		17.60	2.18	\$67,341.38
34	0.998	3.41	\$15.36		\$10.55	11.75	\$7.42	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.66		17.97	2.31	\$62,124.91
35	1.100	2.22	· ·	( 4	\$11.56	18.56	\$7.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.61		18.33	0.00	\$0.00
36	1.064	4.32			\$12.37	18.59	\$8.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	26.46	* · · · · · · ·	18.33	0.00	\$0.00
37	1.143	1.90		L	\$10.73	14.60	\$7.53	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	.18.30	<del>}</del>	18.33	0.03	\$816.99
38	1.161	1.75			\$11.67	15.37	\$7.03	0.00	\$0.00	0.52	\$0.00	0.17	\$25.10	19.94	<del></del>	18.33	0.00	\$0.00
39	1.087	4.31			\$12.12	20.92	\$9.35	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	27.76	<del></del>	19.07	0.00	\$0.00
40	1.070	5.23			\$11.26	18.61	\$7.96	0.00	\$0.00	0.00	\$0.00	0.00		25.85		19.07	=∰:0.00	\$0.00
41	1,131	3.08	<u>- : </u>	d	\$11.46	16.12	\$7.54	0.00	\$0.00	0.00	\$0.00	0.00	<del></del>	21.91	<u> </u>	20.17	0,00	\$0.00
42	1.041	3.32		I I	\$11.74	15.96	\$7.24	0.00	\$0.00	0.00	\$0.00	0.00		21.60	<del></del>	20.53	s	\$0.00
43	1.044	4.37	\$14.51		\$12.16	15.04	\$8.68	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.36		20.90	0.00	\$0.00
44	1.141	3.24			\$12.43	15.93	\$7.88	15.93	\$7.88	0.00	\$7.88	0.00	\$0.00	38.21		21.27	0.00	\$0.00
45	1,119	3.81	\$16.15	3.53	\$8.05	21.79	\$7.01	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	29.13	\$8.33	21,27	0.00	\$0.00
46	1.104	2.17	\$13.74	4.00	\$10.99	21.07	\$7.06	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	27.24		22.00	0.00	\$0.00
47	1.136	2.70	\$14.68	2.81	\$12.88	24.41	\$8.13	0.00	\$0.00	0.00	\$0.00	0.00	<del></del>	29.92	·	22.00	0.00	
48	1.128	4.55	\$12.98	1.51	\$9.66	20.54	\$7.12	0.00	\$0.00	0.00	\$0.00	0.00		26.60		22.00	Sales and the sales are the sales are	

#### Minimum Staffing Task Force All Staff: 5/10/15

49	1.049 2.85 \$14.55	1 25	85  :	\$13.33	15.58	\$9.76	0.001	\$0.00	0.00	\$0.00	0.00	\$0.00	21,28	\$10.88	22.00	0.70	
50	1,126 4.24 \$14.58		- 1-		20.57	<del></del>	0.00	\$0.00	0.00	\$0.00	0.00		21.20 28.58	\$9.93		0.72	\$22,810.69
51	1.078 6.56 \$14.25				14.02		0.00	\$0.00	0.15	\$0.00	0.00		20.50 21.52	\$9.67	22.37	0,00	\$0.00
52	1.139 1.72 \$16.80			\$13.40	19.61	\$9.29	0.00	\$0.00	0.13	\$0.00	0.00					0.85	\$23,834.06
53	1.086 5.61 \$15.44		1	\$11.46	18.60		0.00	\$0.00	0.00	\$0.00	0.00		23.47	\$10.22	22.73	0.00	\$0.00
54	1.043 5.04 \$13.17	:		\$10.62	24.93		0.00	\$0.00	0.00	\$0.00	0.00		27.02 31.22	\$10.30 \$8.48	23,10	0.00	\$0.00
55	1.045 8.00 \$15.19	1		\$10.02	24.81	\$7.72	0.00	\$0.00	0.00	\$0.00	0.00		31.22 32.81	\$9.54	23.10	0.00	\$0.00
56	1.016 8.12 \$15.82			\$11.95	19.94	<b>4-</b>	0.00	\$0.00	0.00	\$0.00	0.00		34.62	<del>-</del> - ' !	23.47	0.00	\$0.00
57	1.145 5.13 \$13.66	* i	." ⊨ .	\$9.78	21.61	\$7.85	0.00	\$0.00	0.00	\$0.00	0.00		34.62 29.21	\$10.74 \$9.03	23.47	0.00	\$0.00
58	1.056 2.95 \$14.37			\$12.51	18.23	4	0.00	\$0.00	0.00	\$0.00	0.00		29.21;_ 24.74	\$9.95	23.47	0.00	\$0.00
59	1.098 5.88 \$15.56		1	\$10.83	29.51	\$7.05	0.00	\$0.00	0.00	\$0.00	0.00	6439	40.51	\$9.95 \$8.50	23.83	0.00	\$0.00
60	1.062 2.99 \$17.66	1	•	\$12.00	18.62	1 -	0.00	\$0.00	0.00	\$0.00	0.00	5 5 5 5 7 7	26.50	\$10.09	23.83	0.00	\$0.00
61	1.118 3.94 \$14.43		- 1-	\$11.51	20.15		0.00	\$0.00	1,64	\$6.75	0.45	A \$600.0	28.61	\$8.32	24.20 24.20	0.00	\$0.00
62	1.071 4.47 \$15.52			\$14.69	19.89		3.73	\$9.92	0.58	\$9.92	0.00		31.62	\$9.99	The state of the s	0.00	\$0.00
63	1.165 2.94 \$11.5				22.50		0.00	\$0.00	0.66	\$0.00	0.00		31.11	\$5.59 \$7.51	24.20 24.20	0.00	\$0.00
64	1.080 6.23 \$17.03				30.44		5.15	\$9.81	0.00	\$9.81	0.00	3239	44.03	\$9.89	24.57	0.00 0.00	\$0.00
65	1,120 3,21 \$15,13			\$12.85	19.60		0.00	\$0.00	0.93	\$0.00	0.00		27.09	\$8.96	24.57	The money Print to	\$0.00
66	1.017 2.31 \$12.66				23.08		0.00	\$0.00	0.93	\$0.00	0.00		27.09 29.19	\$7.25	24.57 25.30	0.00	\$0.00
67	1.160 9.18 \$16.6			\$12.36	32.46		0.00	\$0.00	0.00	\$0.00	0.00	133	46.39	\$9.98	25.67	0.00 0.00	\$0.00 \$0.00
68	1.096 5.18 \$15.56		!		17.52		0.00	\$0.00	0.00	\$0.00	0.00		26.09	\$10.21	25.67	Committee of the commit	
69	1,098 4.88 \$14.3				27.71	\$7.49	1.61	\$9.38	0.00	\$9.38	0.00		20,03, 38,56	\$8.86	25.67	0.00 0.00	\$0.00
70	1.241 8.08 \$12.2				45.87	\$6.80	0.00	\$0.00	0.00	\$0.00	0.00	2.072	58.79	\$7.83	26.03	0.00	\$0.00 \$0.00
71	1.105 7.84 \$17.78			\$12.53		·	0.00	\$0.00	0.00	\$0.00	1.47		33.78	\$10.97	26.40	0.00	\$0.00
72	1.093 4.71 \$21.25				18.43		0.00	\$0.00	0.00	\$0.00	0.00		26.41	\$10.37	26.77	0.36	
73	0.989 5.85 \$17.7				28.90		0.00	\$0.00	1.26	\$0.00	0.00		43.34	\$10.46	27.13	0.36 0.00	\$12,788.65 \$0.00
74	1.153 5.48 \$13.9	1			31.30	A	3.46	\$7.26	0.00	\$7.26	0.00		45.31	\$8.04	27.50	0.00	\$0.00
75	1.085 5.52 \$14.75			· <del></del>	17.24		0.00	\$0.00	0.53	\$0.00	0.00		25.10.	\$9.92	27.50	esperante de la company de	
76	1,092 4.65 \$15.17				21.45		4.56	\$8.07	0.00	\$8.07	0.00	E3431	34.44 34.44	\$9.00	27.87	2.40 0.00	े ,\$69,306.15
77	1,157 5.30 \$17.50			\$12.13	19.34		0.00	\$0.00	0.00	\$0.00	0.00		27.41.	\$11.27	2011 2 2 2 2 2 3 3 3 3	Contradictions in the Contradiction of the Contradi	\$0.00
78	1.048 6.71 \$18.07			\$13.96	17.24		0.00	\$0.00	0.00	\$0.00	0.00		26.87	\$11.25	28.23 28.60	0.82 1.73	\$27,018.13
79	1.125 6.53 \$15.1			\$12.47	19.28		0.00	\$0.00	0.00	\$0.00	0.00		29.59	\$9.89	28.60	1.73 0.00 - 11	\$56,653,54
80	1.046 5.94 \$13.9		- 1	\$10.73	23.24	(	0.00	\$0.00	0.00	\$0.00	0.54	\$4(4) w	33.63	\$9.97	28.60	0.00	\$0.00 \$0.00
81	1.004 1.99 \$15.6		-1	\$14.04	22.09	Acres to the same of the same of	0.00	\$0.00	0.00	\$0.00	0.00	- 1. A.	28.57	\$9.85	28.60	0.03	\$0.00 \$860.53
82	1.076 5.02 \$16.77			\$11.70	27.90		0.00	\$0.00	0.00	\$0.00	0.00		37.08	\$9.42	28.97	0.00	\$0.00
83	1.138 8.26 \$14.7			\$10.89	28.33	demonstrate in the control of	1.92	\$8.69	0.00	\$8.69	0.09	the second control of the control of	43.13.	\$8.98	28.97		\$0.00
84	1.056 1.87 \$14.2				21.70		0.00	\$0.00	0.44	\$0.00	0.00		29.51.	\$8.58	29.33	0.00	\$0.00
85	1.056 2.89 \$22.36			\$10.39	27.85		0.00	\$0.00	0.00	\$0.00	0.00		35.52	\$9.27	29.33	0.00	\$0.00
86	1.162 10.61 \$16.00			\$12.66	24.89		0.00	\$0.00	0.23	\$0.00	0.00		38,03	\$10.94	29.33	0.00	\$0.00
87	1.032 4.46 \$16.32	2 3.3	30	\$12.35	17.20	\$8.31	0.00	\$0.00	0.00	\$0.00	0.00		24.96	\$10.28	29.33	4.37	\$130,858.84
88	1.111 7.74 \$15.18	3 4.9	97	\$11.18	26.19	\$7.67	0.00	\$0.00	0.00	\$0.00	0.00	· · · · · · · · · · · · · · · · · · ·	38.90	\$9.61	30.07		\$0.00
89	1.057 13.68 \$16.58	3 1.2	26	\$13.59	18.76	\$10.03	0.00	\$0.00	0.47	\$0.00	0.00		34.17	\$12.65	30.43	0.00	\$0.00
90	1.113 7.29 \$15.90	2.6	61	\$12.92	28.74	\$8.82	0.00	\$0.00	0.00	\$0.00	0.00	- Divil	38.64	\$10.43	30.43	0.00	\$0.00
91	1.086 2.49 \$14.34	4.5	58	\$10.67	39.61	\$6.64	0.00	\$0.00	0.00	\$0.00	0.00		46.68	\$7.45	31.90	0.00	\$0.00
92	1.108 3.82 \$14.2	4.	17	\$10.98	32.95	\$8.07	0.00	\$0.00	0.00	\$0.00	0.00		40.94	\$8.94	31.90	0.00	\$0.00
93	1.166 11.89 \$15.7	6.4	42	\$11.54	29.89	\$10.57	0.00	\$0.00	0.00	\$0.00	0.01		48.21	\$11.97	34.10	0.00	\$0.00
94	1.059 4.00 \$14.17	4.6	61	\$11.37	19.65	\$7.82	0.00	\$0.00	0.00	\$0.00	5.61		33.87	\$10.64	34.47	0.60	\$18,486.72
95	1.059 7.68 \$13.99	5.7	70	\$11.60	31.02	\$8.19	0.00	\$0.00	0.00	\$0.00	0.00		44.40	\$9.63	35.20	0.00	\$0.00
96	1.018 8.35 \$14.68	5.0	02	\$11.18	32.34	\$7.73	0.00	\$0.00	0.00	\$0.00	0.00		45.71	\$9.38	35.20	0.00	\$0.00
97	0.996 6.92 \$13.80	4		\$10.47	34.71	\$7.10	0.00	\$0.00	0.00	\$0.00	0.00		47.34	\$8.49	35.57		\$0.00
98	1.079 3.64 \$14.60	4-	1		23.65	<b>!</b>	0.00	\$0.00	0.65	\$0.00	0.00		33.07	\$9.23	36.30	3.23	\$86,787.21
99	1,143 2.90 \$14.37			\$11.20		\$7.62	0.00	\$0.00	0.00	\$0.00	0.00		* * * *	\$8.46	36.67	3.23 0.00	
		,	1 '			UUZ	0.001	\$0.00	0.00	₩0.00	0.00	ψυ,υυ 炒る	· · · · · · · · · · · · · · · · · · ·	φ <b>0.4</b> 0	~ 10.00 O/ ~	0.00	\$0.00

#### Minimum Staffing Task Force All Staff: 5/10/15

100	1.104	7.91	\$14.23	6.17	\$11.92	27.35	\$8.19	0.00	\$0.00	0.51	\$0.00	2.12	\$19.07	44.06	\$10.23	36.67	- 	\$0.00
101	1.059	8.77	\$13.88	6.60	\$10.44	32.87	\$6.90	0.00	\$0.00	0.69	\$0.00	1.36	\$23.85	50.29	\$8.95	36.67		\$0.00
102	1.075	9.55	\$16.15	4.53	\$12.11	30.35	\$8.98	· 3.92	\$9.83	0.00	\$9.83	0.00	\$0.00	48.35	\$10.76	36.67	- 0.00	\$0.00
103	1.094	9.26	\$16.46	4.39	\$12.61	32.13	\$9.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	45.78	\$10.98	37,40	0.00	\$0.00
104	1.099	3.57	\$14.86	5.66	\$12.89	32.75	\$7.40	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	41.98	\$8.77	37.40	0.00	\$0.00
105	1.109	9.75	\$16.12	4.24	\$12.34	29.45	\$7.92	6.87	\$8.90	0.00	\$8.90	0.00	\$0.00	50.31	\$10.02	38.50	0.00	\$0.00
106	1.061	5.10	\$15.84	5.08	\$13.78	35.10	\$8.14	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	45.28	\$9.64	39,97	0.00	\$0.00
107	1.083	11.99	\$16.76	11.60	\$13.33	61.20	\$7.87	0.00	\$0.00	0.14	\$0.00	0.00	\$0.00	84.93	\$9.86	40.33	0.00	\$0.00
108	1.131	16.30	\$13.03	7.27	\$11,21	58,99	\$7.49	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	82.56	\$8.91	, 45.40.70	0.00	\$0.00
109	1.201	10.00	\$14.69	7.37	\$11.95	35.34	\$7.53	0.00	\$0.00	0.56	\$0.00	· 0.00	\$0.00	53.27	\$9.41	41.07	0.00	\$0.00
110	1.107	16.35	\$19.41	5.31	\$13.33	35.68	\$7.76	0.00	\$0.00	0.00	\$0,00	0.00	\$0.00	57.34	\$11.60	41.80	0.00	\$0.00
111	1.062	8.42	\$16.36	2.83		30.90	\$8.06	5.65	\$9.33	0.61	\$9.33	0.78	\$32.36	49.19	\$10.32	41.80	A STATE OF THE PARTY OF THE PAR	\$0.00
112	1.063	10.56	\$16.62	1.55	\$13.85	33.66	\$8.57	0.00	\$0.00	0.00	\$0.00	0.22	\$21.80	45.99	\$10.66	41.80	5. 0.00	\$0.00
113	1.121	9.95	\$17.16			28.74	\$8.57	8.97	\$9.84	0.00	\$9.84	0.00	\$0.00	52.38	\$10.85	44.00	0.00	\$0.00
114		12.38	\$16,55		\$12.97	31.15	\$8.66	5.67	\$9.74	0.00	\$9.74	0.10	\$11.38	53.61	\$10.95	44.00	Charles and the street of	\$0.00
115		12.20			\$11.07	32.62	\$8.70	4.89	\$9.60	0.17	\$9.60	0.00	\$0.00	57.79		44.73	THE PROPERTY OF THE PARTY OF THE PARTY.	\$0.00
116	1.057	8.85	\$16.52		\$11.19	33.62	\$8.95	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	47.32	\$10.60	44.73	THE STREET, NO SECURITY OF THE	
117	1.069	8.18	\$17.26		\$13.70	32.70	\$8,02	5.57	\$9.42	0.61	\$9.42	0.82	\$19.75	152.02	\$10.28	45.83	0.00	\$0.00
118	1.091		\$15.69	1.59		33.05	\$8.58	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	42.59	\$10.08	45.83	·	,\$95,236.96
119		13.98			\$11.34	64.70	\$8.16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	.88.87	\$9.48	54.63	Control of the state of the sta	\$0.00
120	1.059	9.86	\$17.78	5.60		31.98	\$9.62	6.16	\$10.38	0.00	\$10.38	0.00	\$0.00	53.60	\$11.59	56.47		\$96,783.12
121	1.119	18.60	\$15.92	9.65		85.81	\$9.59	0.00	\$0.00	0.00	\$0.00	3.78	\$9.95	117.84	\$10.93	86.17	0.00	\$0.00
122	1.057	25.25	\$15.97	14.01	\$12.64	90,69	\$8.61	0.00	\$0.00	10.33	\$0.00	0.00	\$0.00	140.28	\$9.70	102.67	0.00	\$0.00
				l l		<u>.</u>				l				l			l	\$868,096.94
																	State	\$299,840.68
																	Federal	\$568,256.26

#### Minimum Staffing Task Force All Staff: 6/10/15

Facility	Average		Average	1	Average	T 1	Average	-	Average		Average	Contract	Average	COTAGO 100	Mainhtad	PERMANER	ASSETTION A MANUSCRIPTOR	A 4-111 O 1
Number	Case Mix	RN	Comp	LPN	Comp	CNA	Comp-Rate	CMA/CMT	Comp-Rate	Ward Clerks	Comp-Rate	Nursing	Comp-Rate	Jotal	Weighted Cost Per	6/10/15	Add'l	Add'l Cost
- Turnber	Index	FTEs	Rate	FTEs	Rate	FTEs	CNA	FTEs	CMA/CMT	FTEs	Ward Clerks	FTEs	Comp-Rate Con.Nursing	FIES	FTE	MIN // Total Staff	Staff Req. for MIN 6/10/15	to Meet
1	0.983	1.62	\$15.58	1.90		6.29	\$8.79	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	9.81	\$10.67	5.67	是16年2月1日天中18年2月1日 · 10年	6/10/15
	1.155	1.76	\$13.81	0.03	1	3.95	\$7.38	2.48	\$8.53	0.00	\$8.54	0.00	\$0.00	8.22	\$9.14	5.07 6.00	0.00 THE TRANSPORT	\$0.00
3	1.084	0.91	\$12.10	1.95		5.53	\$7.96	0.00	\$0.00	0.00	\$0.00	0.00		8.39	\$9.14	8.33	0.00 0.00	\$0.00
4	1.027	0.82	\$15.64	2.98	i	11.90	\$8.04	0.00	\$0.00	0.00	i .	0.00	1	15.70	\$9.10	8.67	0.00	\$0.00
5	i i	2.88	\$13.48	0.53		7.58	\$7.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.99	\$9.51	8.67	0.00	\$0.00 \$0.00
6	0.996	1.39	\$16.01	2.68	· · · - · ·	12.24	\$7.79	0.00	\$0.00	0.34	\$0.00	0.00	\$0.00	16.65	\$8.75	8.67	0.00	\$0.00
7	1.085	1.28	\$18.45	1.61	\$11.18	9.38	\$7.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	12.27	\$8.80	9.33	0.00	\$0.00
8	1,118	1.68	\$14.00	2.19	1	10.00	\$6.90	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.87	\$8.32	10.00	0.00	\$0.00
9	1,002		\$13.43	1.30		11.30	\$7.36	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.40	\$8.79	10.00	0.00	\$0.00
10	1.107		\$14.51	1.14		17.97	\$7,82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.90	\$9.59	10.67	0.00	\$0.00
11	1.133	2.71	\$14.26	1.75	<del></del>	13.45	\$7.73	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	17.91	\$9.18	11.33	0.00	\$0.00
12	1.103	0.44	\$23.46	2.61	\$9.88	10.17	\$6.91	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.22	\$8.05	11.33	0.00	\$0.00
13	1.039	2.50	\$14.48	2.57	\$14.17	13.85	\$8.08	0.00	\$0.00	0.13	\$0.00	0.00	\$0.00	19.05		11.67	0.00	\$0.00
14	0.997	1.83	\$16.25	2.32		11.31	\$7.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.46	\$9.32	12:33	0.00	\$0.00
15	1.020	2.50	\$14.90	2.90		20.00	\$7.69	0.00	\$0.00	2.90	\$0.00	0.00	\$0.00	28.30	\$8.03	12.67	0.00	\$0.00
16	1.060	0.97	\$21.73	2.51	\$11.95	13.56	\$6.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	17.04	\$8.54	12.67	0.00	\$0.00
17	1.035		\$15.26		\$11.68	14.74	\$7.97	3,42	\$8.94	0.00	\$8.94	0.00	\$0.00	23.77	\$9.50	13.33	0.00	\$0.00
18	1.078	4.22	\$15.26	L	\$10.78	11.54	\$8.51	2.00	\$9.31	0.00	\$9.31	0.00	\$0.00	18.16	\$10.22	13.33	0.00	\$0.00
19	1,049		\$14.84	3.57	\$11.93	12.44	\$7.29	0.29	\$8.55	0,00	\$8.55	0.00	\$0.00	19.15	\$9.30	13.33	0.00	\$0.00
20	0.997	1.30	\$13.78			19.00	\$7.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.20	\$8.48	13.67	0.00	\$0.00
21	1.105	2.90	\$13.00	1.00		17.40	\$7.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	⊋21.30	\$8.15	13.67	0.00	\$0.00
22	1.036	1.70		1.70		11.20	\$7.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	14.60	\$8.60	14.00	0.00	\$0.00
23	1.057	2.78	-			11.67	\$7.84	1.44	\$9.33	0.65	\$9.33	0.00	\$0.00	18.29	\$9.28	14.00	0.00	\$0.00
24	1,187	4.10	\$12.74	4	\$10.44	13.20	\$7.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	18.70	\$8.71	14.00	0.00	\$0.00
25	1.039	1.87	\$16.21	<b></b> -1	\$12.17	16.65	\$7.97	0.00	\$0.00	0.05	\$0.00	0.00	\$0.00	22.45	\$9.36	14.67	0.00	\$0.00
26	1.037	2.68	\$14.50		\$11.54	16.28	\$7.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21,14	\$8.84	14.67	0.00	\$0.00
27	1.019	3.33			\$11.22	17.47	\$7.11	2.30	\$8.66	0.00	\$8.66	0.00	\$0.00	23,49	\$8.43	15.00	0.00	\$0.00
28	1.046	3.00			\$11.53	13.40	\$6.67	0.00	\$0.00	0.00	\$0.00	0.10	\$34.73	19.40	\$8.67	15.00	0.00 0.00	\$0.00
29	1.079	1.70	\$14.99		\$12.24	10.10	\$6.79	0.00	\$0.00	- 0.00	\$0.00	0.00	\$0.00	14.70	\$8.81	15.33	Charlements are no secure and discount of the con-	\$16,254.39
30	1.035	1.37	\$14.53	3.20		17.26	\$7.52	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.83	\$8.50	15.67	0.00	\$0.00
31	1.162	2.17	\$15.80	3.11	\$10.98	16.74	\$6.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	22.02	\$8.13	15.67	0.00	\$0.00
32	1.139	2.40	\$15.00	1.94	\$16.49	13.45	\$8.05	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	17.79	\$9.91	16.00	0.00	\$0.00
33	1.009	2.91	\$14.91	0.71	\$14.05	11.80	\$9.34	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.42	\$10.61	16.00	0.58	THE RESERVE AND ADDRESS OF A PARTY AND ADDRESS OF THE PARTY AND ADDRESS
34	0.998	3.41	\$15.36	0.50	\$10.55	11.75	\$7.42	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.66	\$9.25	16,33	0.67	\$18,134.73
35	1.100	2.22	\$15.52	3.83	\$11.56	18.56	\$7.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.61	\$8.94	16.67	0.00	\$0.00
36	1.064	4.32	\$15.74	3.55	\$12.37	18.59	\$8.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	26.46	\$10.29	16.67	0.00	\$0.00
37	1.143	1.90	\$13.04	1.80	\$10.73	14.60	\$7.53	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	18.30	\$8.42	16.67	0.00	\$0.00
. 38	1.161	1.75	\$14.13	2.13	\$11.67	15.37	\$7.03	0.00	\$0.00	0.52	\$0.00	0.17	\$25.10	19.94	\$8.12	16.67	0.00	\$0.00
39	1.087	4.31	\$16.11	2.53	\$12.12	20.92	\$9.35	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	27.76	\$10.65	17.33	0.00	\$0.00
40	1.070	5.23	\$16.18	2.01	\$11.26	18.61	\$7.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	25.85	\$9.88	17,33	0.00	\$0.00
41	1.131	3.08	\$16.87	2.71	\$11.46	16.12	\$7.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.91	\$9.34	18.33	0.00	\$0.00
42	1.041	3.32	\$13.27	2.32	\$11.74	15.96	\$7.24	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.60		18.67	0.00	\$0.00
43	1.044	4.37	\$14.51	1.95	\$12.16	15.04	\$8.68	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	21.36	\$10.19	19.00	0.00	\$0.00
44	1.141	3.24	\$12.83	3.11	\$12.43	15.93	\$7.88	15.93	\$7.88	0.00	\$7.88	0.00	\$0.00	38.21		19.33	0.00	\$0.00
45	1.119	3.81	\$16.15	3.53	\$8.05	21.79	\$7.01	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	29.13	\$8.33	19.33	0.00	\$0.00
46	1.104	2.17	\$13.74	4.00	\$10.99	21.07	\$7.06	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	27.24	\$8.17	20.00	0.00	\$0.00
47	1.136		\$14.68			24.41	\$8.13	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	29.92	\$9.17	20.00	0.00	\$0.00
48			\$12.98				\$7.12	0.00	\$0.00	0.00	\$0.00	0.00	<del></del>	26.60	\$8.27	20.00	0.00	\$0.00
<u></u>							· · · · · · ·		7 7.30	0.00	<b>4</b> 5.50	0.00	, ψυ.υυ	F 20.00	90.21	20.00	0.00	<b>\$</b> U.UU ]

#### Minimum Staffing Task Force All Staff: 6/10/15

401	1.0401	205	\$14.55	2.85	\$13.33	145 501	\$9.76	0.00	\$0.00	0.00	60.00	0.00		Proposi	040.00	Islanton on on	Language programme a language	
49 50	1.049					15.58		0.00			\$0.00	0.00	\$0.00	21.28	\$10.88	20.00	0.00	\$0.00
I	1.126	4.24	\$14.58	3.77	\$14.34	20.57	\$8.17		\$0.00	0.00	\$0.00	0.00	\$0.00	28.58	\$9.93	20.33	0.00	\$0.00
51	1.078	6.56	\$14.25	0.79		14.02	\$7.48	0.00	\$0.00	0.15	\$0.00	0.00	\$0.00	21.52	\$9.67	5 120,33	0.00	\$0.00
52	1,139	1	\$16.80	2.14		19.61	\$9.29	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	23,47	\$10.22	20.67	0.00	\$0.00
53	1.086	5.61	\$15.44	2.81	\$11.46	18.60	\$8.57	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	27.02	\$10.30	21.00	0,00	\$0.00
54	1.043	5.04	\$13.17	1.25		24.93	\$7.43	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	31.22	\$8.48	21.00	0.00	\$0.00
55	1.045	8.00	\$15.19	0.00		24.81	\$7.72	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	32.81	\$9.54	21.33	0.00	\$0.00
- 56	1.016	8.12	\$15.82	6.56	\$11.95	19.94	\$8.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	34.62	\$10.74	21.33	0.00	\$0.00
57	1.145	5.13	\$13.66	2.47	\$9.78	21.61	\$7.85	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	29.21	\$9.03	21.33	0.00	\$0.00
58	1.056	2.95	\$14.37	3.56	\$12.51	18.23	\$8.74	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.74	\$9.95	121.67	0.00	\$0.00
59	1.098	5.88	\$15.56	4.14	\$10.83	29.51	\$7.05	0.00	\$0.00	0.98	\$0.00	_ 0.00	\$0.00	40.51	\$8.50	21.67	0.00	\$0.00
60	1.062	2.99	\$17.66	4.41	\$12.00	18.62	\$7.62	0.00	\$0.00	0.00	\$0.00	0.48	\$41.04	26.50	\$10.09	22.00	0.00	\$0.00
61	1.118	3.94	\$14.43	2.73	\$11.51	20.15	\$6.75	0.00	\$0.00	1.64	\$6.75	0.15	\$18.47	28.61	\$8.32	22.00	ં કે≅ં ે _0.00	\$0.00
62	1.071	4.47	\$15.52	2.95		19.89	\$8.07	3.73	\$9.92	0.58	\$9.92	0.00	\$0.00	31.62	\$9.99	22.00	::::::::::::::::::::::::::::::::::::::	\$0.00
63	1.165	2.94	\$11.51	5.00	\$10.95	22.50	\$6.44	0.00	\$0.00	0.66	\$0.00	0.01	\$17.50	31.11	\$7.51	22.00	. :- : Fig. 6.0.00	\$0.00
64	1.080	6.23	\$17.03	2.21		30.44	\$8.18	5.15	\$9.81	0.00	\$9.81	0.00	\$0.00	44.03	\$9.89	22.33	0.00	\$0.00
65	1.120	3.21	\$15.13	3.35		19.60	\$7.71	0.00	\$0.00	0.93	\$0.00	0.00	\$0.00	27.09	\$8.96	22.33	0.00	\$0.00
66	1.017	2.31	\$12.66	2.93	\$10.77	23.08	\$6.54	0.00	\$0.00	0.87	\$0.00	0.00	\$0.00	29.19	\$7.25	23.00	0.00	\$0.00
67	1.160	9.18	\$16.61	4.75	\$12.36	32.46	\$7.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	46.39	\$9.98	23.33	0.00	\$0.00
68	1.096	5.18	\$15.56	3.39	\$12.49	17.52	\$8.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	26.09	\$10.21	23.33	0.00	\$0.00
69	1.098	4.88	\$14.37	4.36	\$11.18	27.71	\$7.49	1.61	\$9.38	0.00	\$9.38	0.00	\$0.00	38.56	\$8.86	23.33	*:,#0.00	\$0.00
70	1.241	8.08	\$12.21	4.84	\$10.23	45.87	\$6.80	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	58.79	\$7.83	23.67	0.00	\$0.00
71	1.105	7.84	\$17.78	3.33	\$12.53	21.14	\$7.62	0.00	\$0.00	0.00	\$0.00	1.47	\$19.24	33.78	\$10.97	24.00	0.00	\$0.00
72	1.093	4.71	\$21.25	3.27	\$14.62	18.43	\$9.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	26.41	\$12.31	24.33	0.00	\$0.00
73	0.989	5.85	\$17.71	7.33	\$12.80	28.90	\$8.86	0.00	\$0.00	1.26	\$0.00	0.00	\$0.00	43.34	\$10.46	24.67	0.00	\$0.00
74	1.153	5.48	\$13.91	5.07	\$10.65	31.30	\$6.68	3.46	\$7.26	0.00	\$7.26	0.00	\$0.00	45,31	\$8.04	25.00	0.00	\$0.00
75	1.085	5.52	\$14.75	1.81	\$11.67	17.24	\$8.49	0.00	\$0.00	0.53	\$0.00	0.00	\$0.00	25,10	\$9.92	25.00	0.00	\$0.00
76	1.092	4.65	\$15.17	3.78	\$10.83	21.45	\$7.54	4.56	\$8.07	0.00	\$8.07	0.00	\$0.00	34.44	\$9.00	25.33	0.00	\$0.00
77	1,157	5.30	\$17.53	2.77	\$12.13	19.34	\$9.43	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	27.41	\$11.27	25.67	0.00	\$0.00
78	1.048	6.71	\$18.07	2.92	\$13.96	17.24	\$8.13	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	26.87	\$11.25	26.00	0.00	\$0.00
79	1.125	6.53	\$15.15	3.78	\$12.47	19.28	\$7.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	29.59	\$9.89	26.00		\$0.00
80	1.046	5.94	\$13.95	3.91	\$10.73	23.24	\$7.75	0.00	\$0.00	0.00	\$0.00	0.54	\$56.04	33.63	\$9.97	26.00	0.00	\$0.00
81	1.004	1.99	\$15.61	4.49	\$14.04	22.09	\$8.48	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	28.57	\$9.85	26.00	0.00	\$0.00
82	1.076	5.02	\$16.77	4.16	\$11.70	27.90	\$7.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	37.08	\$9.42	26.33	0.00	\$0.00
83	1.138	8.26	\$14.77	4.53	\$10.89	28.33	\$6.99	1.92	\$8.69	0.00	\$8.69	0.09	\$15.15	43.13	\$8.98	26.33	0.00	\$0.00
84	1.056	1.87	\$14.21	5.50	\$12.82	21.70	\$7.19	0.00	\$0.00	0.44	\$0.00	0.00	\$0.00	29.51	\$8.58	26.67	0.00	\$0.00
85	1.056	2.89	\$22.36	4.78	\$10.39	27.85	\$7.72	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	-35.52	\$9.27	26.67	0.00	\$0.00
.86	1.162	10.61	\$16.00	2.30	\$12.66	24.89	\$8.73	0.00	\$0.00	0.23	\$0.00	0.00	\$0.00	38.03	\$10.94	26.67	∱	\$0.00
87	1.032	4.46	\$16.32	3.30	\$12.35	17.20	\$8.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	24.96	\$10.28	26.67	1.71	\$51,066.86
88	1,111	7.74	\$15.18	4.97	\$11.18	26.19	\$7.67	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	38.90	\$9.61	27,33	0.00	\$0.00
89	1.057	13.68	\$16.58	1.26	\$13.59	18.76	\$10.03	0.00	\$0.00	0.47	\$0.00	0.00	\$0.00	34.17	\$12.65	27.67	20.00	\$0.00
90	1.113	7.29		2.61	\$12.92	28.74	\$8.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	38.64	\$10.43	27.67	0.00	\$0.00
91	1.086	2.49	\$14.34	4.58	\$10.67	39.61	\$6.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	46.68	\$7.45	29.00	0.00	\$0.00
92	1.108	3.82	\$14.21	4.17	\$10.98	32.95	\$8.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	40.94	\$8.94	29.00	0.00	\$0.00
93	1.166	11.89	\$15.71	6.42	\$11.54	29.89	\$10.57	0.00	\$0.00	0.00	\$0.00	0.01	\$16.58	48.21	\$11.97	31.00	0.00	\$0.00
94	1.059	4.00	\$14.17	4.61	\$11.37	19.65	\$7.82	0.00	\$0.00	0.00	\$0.00	5.61	\$17.40	33.87	\$10.64	31:33	<i>≐</i> ⊹ ∷ ∷0.00	\$0.00
95	1.059	7.68	\$13.99	5.70	\$11.60	31.02	\$8.19	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	44.40	\$9,63	32.00	0.00	\$0.00
96	1,018		\$14.68	5.02	4 - '	32.34	\$7.73	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	45.71	\$9.38	32.00	0.00	\$0.00
97	0.996	6.92		5.71	\$10.47	34.71	\$7.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	47.34	\$8.49	32.33	0.00	\$0.00
98	1.079	3.64		5.13		23.65	\$8.05	0.00	\$0.00	0.65	\$0.00	0.00	\$0.00	33.07	\$9.23	33.00	0.00	\$0.00
99	1.143		\$14.37	<b>1</b>	\$11.20	41.01	\$7.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	50.24	\$8,46	33.33	0.00	
39	1.143	2.50	₩1 <del>4.5</del> /	0.00	, ψ, 1.20	171.01	Ψ1.02	0.00	\$0.00	0.00	\$0.00	1 0.00	<u> Φυ.υυ</u>	⊕ 5U.Z4°	₽0,40	33:33	U.UU	\$0.00

#### Minimum Staffing Task Force All Staff: 6/10/15

100	1,104	7.91	\$14.23	6.17	\$11.92	27.35	\$8.19	0.00	\$0.00	0.51	\$0.00	2.12	\$19.07	£44.06	\$10.23	33.33		\$0.00
101	1.059	8.77	\$13.88	6.60	\$10.44	32.87	\$6.90	0.00	\$0.00	0.69	\$0.00	1.36	\$23.85	50.29	\$8.95	33.33	0.00	\$0.00
102	1.075	9.55	\$16.15	4.53	\$12.11	30.35	\$8.98	3.92	\$9.83	0.00	\$9.83	0.00	\$0.00	48.35	\$10.76	33.33	0.00	\$0.00
103	1.094	9.26	\$16.46	4.39	\$12.61	32.13	\$9.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	45.78	\$10.98	34,00	.0.00	\$0.00
104	1.099	3.57	\$14.86	5.66	\$12.89	32.75	\$7.40	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	41.98	\$8.77	34.00	⊕ 0.00	\$0.00
105	1.109	9.75	\$16.12	4.24	\$12.34	29.45	\$7.92	6.87	\$8.90	0.00	\$8.90	0.00	\$0.00	50.31	\$10.02	35.00	0.00	\$0.00
106	_1.061	5.10	\$15.84	5.08	\$13.78	35.10	\$8.14	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	45.28	\$9.64	36.33	0.00	\$0.00
107	1.083	11.99	\$16.76	11.60	\$13.33	61.20	\$7.87	0.00	\$0.00	0.14	\$0.00	0.00	\$0.00	84.93	\$9.86	36.67	= ; ; ; o.oo	\$0.00
108	1.131	16.30	\$13.03	7.27	\$11.21	58.99	\$7.49	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	82.56	\$8.91	37.00	0.00	\$0.00
109	1.201	10.00	\$14.69	7.37	\$11.95	35.34	\$7.53	0.00	\$0.00	0.56	\$0.00	0.00	\$0.00	53.27	\$9.41	37.33	0.00	\$0.00
110	1.107	16.35	\$19.41	5.31	\$13.33	35.68	\$7.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	57.34	\$11.60	38.00	0.00	\$0.00
111	1.062	8.42		2.83	_	30.90	\$8.06	5.65	\$9.33	0.61	\$9.33	0.78	\$32.36	49.19	\$10.32	38.00	The transfer of the second second	\$0.00
112		10.56	\$16.62	1.55		33.66	\$8.57	0.00	\$0.00	0.00	\$0.00	0.22	\$21.80	45.99	\$10.66	38.00	TEMPERATURE STORY TO A STORY	
113	1.121	9.95	\$17.16	4.72		28.74	\$8.57	8.97	\$9.84	0.00	\$9.84	0.00	\$0.00	52.38	\$10.85	40.00	Carlo the area of the first owner.	\$0.00
114		12.38		4.31	\$12.97	31.15	\$8.66	5.67	\$9.74	0.00	\$9.74	0.10	\$11.38	53,61	\$10.95	40.00	Secretary of the second second	\$0.00
115		12.20		7.91	\$11.07	32.62	\$8.70	4.89	\$9.60	0.17	\$9.60	0.00	\$0.00	57.79	\$10.49	40.67	0.00	\$0.00
116	1.057	8.85		4.85		33.62	\$8.95	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	-47,32	\$10.60	40.67	0.00	\$0.00
117	1.069	8.18					\$8.02	5.57	\$9.42	0.61	\$9.42	0.82	\$19.75	52.02	\$10.28	41.67	0.00	\$0.00
118	1.091	7.95		1.59	\$13.31	33.05	\$8.58	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	42.59	\$10.08	41.67	0.00	\$0.00
119		13.98		10.19		64.70	\$8.16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	88.87	\$9.48	49.67	0.00	\$0.00
120	1.059	9.86		5.60	\$13.31	31.98	\$9.62	6.16	\$10.38	0.00	\$10.38	0.00	\$0.00	53.60	\$11.59	51.33	Charles and the second	\$0.00
121		18,60		9.65	\$13.65	85.81	\$9.59	0.00	\$0.00	0.00	\$0.00	3.78	\$9.95	117.84	\$10.93	78.33		\$0.00
122	1.057	25.25	\$15.97	14.01	\$12.64	90.69	\$8.61	0.00	\$0.00	10.33	\$0.00	0.00	\$0.00	140.28	\$9.70	93.33	0.00	\$0.00
																		\$103,372
																	State	\$35,705
			l			<u> </u>						l		<u> </u>		<u> </u>	Federal	\$67,668

Facility	Average		Average		Average	1 1	Average		Average		Average	Contract	Average	15/25/35	Total Licensed	Add'l. Licensed	Moightad	Maddl Contfor
Number	Case Mix	RN	Comp	LPN	Comp	CNA	Comp-Rate	CMA/CMT	Comp-Rate	Ward Clerks	Comp-Rate	Nursing	Comp-Rate	MIN. Licensed	Staff	Staff Regide:	Weighted Average Wage	Add'I,Cost for - Licensed Staff
THUTTE	Index	FTEs	Rate	FTEs		FTEs	CNA	FTEs	CMA/CMT	FTEs	Ward Clerks	FTEs	Con.Nursing	Staff	Actual FY96	for 15/25/35		Book of the second state of the second
	0.983	1.62		1.90		6.29	\$8.79	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	2,30	3.52	glynner de trijk genyalande, heritage - en y t.	for Lic. Staff	to Meet 15/25/35
	1.155		\$13.81		\$18.40	3.95	\$7.38	2.48	\$8.53	0.00	\$8.54	0.00	\$0.00	2.43	1.79	0.00 0.64	\$14.02 \$13.89	\$0.00 \$26,054.10
3	1.084		\$12.10	, ,	\$11.26	5.53	\$7.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	3.38	2.86	0.52	\$11.53	\$17,487.03
4	1.027		\$15.64		\$11.38	11.90	\$8.04	0.00		0.00	\$0.00	0.00	\$0.00	3.52	3.80	0.00	\$12.30	\$0.00
5	1.081		\$13.48		\$12.17	7.58	\$7.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	3.52	3.41	0.11	\$13.28	\$4,105.41
6	0.996	1.39	\$16.01	2.68		12.24	\$7.79	0.00	\$0.00	0.34	\$0.00	0.00	\$0.00	3,52	4.07	0.00	\$12.36	\$0.00
7	1,085		\$18.45		\$11.18	9.38	\$7.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	3.79	2.89	0.90	\$14.40	\$37,599.56
8	1.118	,	\$14.00		\$10.42	10.00	\$6.90	0.00	\$0.00	0,00	\$0.00	0.00	\$0.00	4.06	3.87	0.19	\$11.97	\$6,525.41
9	1.002	2.80	\$13.43		\$11.17	11.30	\$7.36	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	4.06	4,10	0.00	\$12.71	\$0.00
10	1.107	5.79	\$14.51	1.14	\$12.48	17.97	\$7.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	4.33	6.93	0.00	\$14.18	\$0.00
11	1.133	2.71	\$14.26	1.75	\$12.47	13.45	\$7.73	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	4.60	4.46	0.14	\$13.56	\$5,451.98
12	1.103		\$23.46	2.61	\$9.88	10.17	\$6.91	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	4.60	3.05	1.55	\$11.84	\$53,371.21
13	1.039		\$14.48		\$14.17	13.85	\$8.08	0.00	\$0.00	0.13	\$0.00	0.00	\$0.00	4.73	5.07	0.00	\$14.32	\$0.00
14	0.997		\$16.25		\$12.06	11.31	\$7.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.00	4.15	D.85	\$13.91	\$34,578.47
15	1.020		\$14.90		\$12.50	20.00	\$7.69	0,00	\$0.00	2.90	\$0.00	0.00	\$0.00	5.14	5.40	0.00	\$13.61	\$0.00
16	1.060		\$21.73		\$11.95	13.56	\$6.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.14	3.48	1.66	\$14.68	\$70,902.08
17	1.035		\$15.26		\$11.68	14.74	\$7.97	3.42	\$8.94	0.00	\$8.94	0.00	\$0.00	5.41	5.61	0.00	\$13,86	\$0.00
18	1.078		\$15.26		\$10.78	11.54	\$8.51	2.00	\$9.31	0.00	\$9.31	0.00	\$0.00	5.41	4.62	0.79	\$14.87	\$34,192.39
19	1.049		\$14.84		\$11.93	12.44	\$7.29	0.29	\$8.55	0.00	\$8.55	0.00	\$0.00	5.41	6.42	0.00	\$13.22	\$0.00
20	0.997		\$13.78		\$11.32	19.00	\$7.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.54	5.20	0.34	· \$11.94	\$11,982.10
21	1.105		\$13.00		\$10.86	17.40	\$7.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.54	3.90	1.64	\$12.45	\$59,636.00
22	1.036		\$13.70		\$10.99	11.20	\$7.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.68	3.40	)	\$12.35	\$81,962.90
23	1.057		\$13.93		\$11.42	11.67	\$7.84	1.44	\$9.33	0.65	\$9.33	0.00	\$0.00	5.68	4.53		\$12.96	\$43,401.63
24	1.187		\$12.74		\$10.44	13.20	\$7.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.68	5.50	0.18	\$12.15	\$6,370.93
25	1.039		\$16.21		\$12.17	16.65	\$7.97	0.00	\$0.00	0.05	\$0.00	0.00	\$0.00	5.95	5.75	0.20	\$13.48	\$7,871.71
26	1.037		\$14.50		\$11.54	16.28	\$7.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	5.95	4.86	1.09	\$13.17	\$41,828.08
27	1.019		\$14.90		\$11.22	17.47	\$7.11	2.30	\$8.66	0.00	\$8.66	0.00	\$0.00	6.09	3.72	2.37	\$14.51	\$99,987.70
28	1.046	3.00	\$14.00		\$11.53	13.40	\$6.67	0,00	\$0.00	0.00	\$0.00	0.10	\$34.73	6.09	6.00	0,09	\$13.15	\$3,282.66
29	1.079		\$14.99		\$12.24	10.10	\$6.79	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	6.22	4.60	1.62	\$13.26	\$62,572.58
30 31	1,035 1,162	1.37 2.17	\$14.53 \$15.80	3.20 3.11	\$11.19 \$10.98	17.26 16.74	\$7.52 \$6.61	0.00	\$0.00 \$0.00	0.00	\$0.00 \$0.00	0.00	\$0.00	6.36	4.57	1.79	\$12.19	\$63,411.50
32	1.139		\$15.00	1.94		13.45	\$8.05	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	6.36	5.28	1.08	\$12.96	\$40,617.88
33	1.009	2.91	\$14.91		\$14.05	11.80	\$9.34	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00 \$0.00	6.49	4.34	2.15	\$15.67	\$98,147.09
34	0.998		\$15.36		\$10.55	11.75	\$7.42	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	6.49 6.63	3.62 3.91	2.87 2.72	\$14,74 \$14,74	\$123,261.07 \$116,646.00
35	1.100	2.22	\$15.52		\$11.56	18.56	\$7.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	6.76	6.05	0.71	\$13.01	\$26,977.00
36	1.064	4.32			\$12.37	18.59	\$8.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	6.76	7.87	0.00	\$14.22	\$28,977.00
37	1.143		\$13.04		\$10.73	14.60	\$7.53	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	6.76	3.70	3.06	\$11.92	\$106,248.16
38	1.161	1.75			\$11.67	15.37	\$7.03	0.00	\$0.00	0.52	\$0.00	0.17	\$25.10	6.76	4.05	2.71	\$13.30	\$105,004.86
39	1.087		\$16.11		\$12.12	20.92	\$9.35	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	7.03	6.84	0.19	\$14.63	\$8,198.26
40	1.070	5.23	\$16.18	2.01	\$11.26	18.61	\$7.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	7.03	7.24	0.00	\$14.81	\$0.00
41	1.131	3.08	\$16.87	2.71	\$11.46	16.12	\$7.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	7.44	5.79	1.65	\$14.34	\$68,811.01
42	1.041	3.32	\$13.27	2.32	\$11.74	15.96	\$7.24	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	7.57	5.64	1.93	\$12.64	\$71,165.11
43	1.044		\$14.51		\$12.16	15.04	\$8.68	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	7.71	6.32	1.39	\$13.78	\$55,739.60
44	1.141		\$12.83		\$12.43	15.93	\$7.88	15.93	\$7.88	0.00	\$7.88	0.00	\$0.00	7.84	6.35	1.49	\$12.63	\$54,957.97
45	1.119	3.81	\$16.15	3.53		21.79	\$7.01	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	7.84	7.34	0.50	\$12.25	\$17,978.49
46	1.104		\$13.74		\$10.99	21.07	\$7.06	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8,11	6.17	1.94	\$11.96	\$67,698.68
47	1.136		\$14.68	2.81		24.41	\$8.13	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.11	5.51	2.60	\$13.76	\$104,366.85
48	1.128	4.55	\$12.98	1.51	\$9.66	20.54	\$7.12	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.11	6.06	2.05	\$12.15	\$72,698,66
49	1.049		\$14.55	2.85		15.58	\$9.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8,11	5.70	2.41	\$13.94	\$98,003.78
50	1.126		\$14.58	3.77	\$14.34	20.57	\$8.17	0.00		0.00	\$0.00	0.00	\$0.00	8.25	8.01	0.24	\$14.47	\$10,090.66
51	1.078	6.56	\$14.25	0.79	\$12.26	14.02	\$7.48	0.00	\$0.00	0.15	\$0.00	0.00	\$0.00	8.25	7.35	10.90	\$14.04	\$36,766.37
52	1.139	1.72	\$16.80	2.14	\$13.40	19.61	\$9.29	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.38	3.86	4.52	\$14.92	\$196,521.97
53	1.086	5.61	\$15.44	2.81	\$11.46	18.60	\$8.57	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.52	8.42	0.10		\$4,109.34

54 1.043	5.04 \$13.17	1.25	\$10.62	24.93	\$7.43	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.52	6.29		\$12.66	\$82,232.06
55 1.045	8.00 \$15,19	0.00	\$10.19	24.81	\$7.72	0.00	\$0.00	0.00	\$0.00	0.00		8.66	8.00	0.68	\$15.19	\$28,983,33
56 1.016	8.12 \$15.82	6.56	\$11.95	19.94	\$8.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.66	14.68	0.00	\$14.09	\$0.00
57 1.145	5.13 \$13.66	2.47	\$9.78	21.61	\$7.85	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.66	7.60	-≣:: 1.06	\$12.40	\$38,100.31
58 1.056	2.95 \$14.37	3.56	\$12.51	18.23	\$8.74	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.79	6.51	2.28	\$13.35	\$88,672.94
59 1.098	5.88 \$15.56	4.14	\$10.83	29.51	\$7.05	0.00	\$0.00	0.98	\$0.00	0.00	\$0.00	8.79	10.02	0.00	\$13.61	\$0.00
60 1.062	2.99 \$17.66	4.41	\$12.00	18.62	\$7.62	0.00	\$0.00	0.00	\$0.00	0.48	\$41.04	8.93	7.88	1.05	\$15.92	\$48,467.88
61 1.118	3.94 \$14.43	2.73		20.15	\$6.75	0.00	\$0.00	1.64	\$6.75	0.15	\$18.47	8.93	6.82	2.11	\$13.35	\$81,860.06
62 1.071	4.47 \$15.52	2.95	-	19.89	\$8.07	3.73	\$9.92	0.58	\$9.92	0.00	\$0.00	8.93	7.42		\$15.19	\$66,602.74
63 1.165	2.94 \$11.51		\$10.95	22.50	\$6.44	0.00	\$0.00	0.66	\$0.00	0.01	\$17.50	8.93	7.95		\$11.17	\$31,723.84
64 1.080	6.23 \$17.03	2.21		30.44	\$8.18	5.15	\$9.81	0.00	\$9.81	0.00	\$0.00	9.06	8.44	0.62	\$16.13	\$29,160.38
65 1.120	3.21 \$15.13	3.35	\$12.85	19.60	\$7.71	0.00	\$0.00	0.93	\$0.00	0.00	\$0.00	9.06	6.56	2.50	\$13,97	\$101,708.81
66 1.017	2.31 \$12.66	2.93		23.08	\$6.54	0.00	\$0.00	0.87	\$0.00	0.00	\$0.00	9.33	5.24	4.09	\$11.60	\$138,243.15
67 1.160 68 1.096	9.18 \$16.61	4.75		32.46	\$7.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	9.47	13.93	0.00	\$15.16	\$0.00
68 1.096 69 1.098	5.18 \$15.56 4.88 \$14.37	3.39		17.52 27.71	\$8.18 \$7.49	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	9.47	8.57	0.90	\$14.35	\$37,457.73
7.0 1.241	8.08 \$12.21	4.36 4.84		45.87	\$6.80	1.61 0.00	\$9.38 \$0.00	0.00	\$9.38 \$0.00	0.00	\$0.00	9.47	9.24	0.23	\$12.86	\$8,491.43
71 1.105	7.84 \$17.78			21.14	\$7.62	0.00	\$0.00	0.00	\$0.00	1.47	\$0.00 \$19,24	9.60 9.74	12.92	00.00	\$11.47	\$0.00
72 1.093	4.71 \$21.25		\$14.62		\$9.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	9.87	12.64 7.98		\$16.57	\$0.00
73 0.989	5.85 \$17.71	7.33		28.90	\$8.86	0.00	\$0.00	1.26	\$0.00	0.00	\$0.00	10.01	13.18	1.89 0.00	\$18.53 \$14.98	\$102,129.27 \$0.00
74 1.153	5.48 \$13.91	5.07		31.30	\$6.68	3.46	\$7.26	0.00	\$7.26	0.00	\$0.00	10.14	10.55	0.00	\$12.34	\$0.00
75 1.085	5.52 \$14.75	1.81		17.24	\$8.49	0.00	\$0.00	0.53	\$0.00	0.00	\$0.00	10.14	7.33	0.00 2.81	\$13.99	\$114,588.18
76 1.092	4.65 \$15.17	3.78		21.45	\$7.54	4.56	\$8.07	0.00	\$8.07	0.00	\$0.00	10.28	8.43	1.85	\$13.22	\$71,166.72
77 1.157	5.30 \$17.53	2.77		19.34	\$9,43	0.00	\$0.00	0.00	\$0,00	0.00	\$0.00	10.41	8.07	2.34	\$15.68	\$106,972.88
78 1.048	6.71 \$18.07	2.92		17.24	\$8,13	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.55	9.63	0,92	\$16.82	\$45,001.56
79 1.125	6.53 \$15.15	3.78		19.28	\$7.61	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.55	10.31	0.24	\$14.17	\$9,842.39
80 1.046	5.94 \$13.95	3.91		23.24	\$7.75	0.00	\$0.00	0.00	\$0.00	0.54	\$56.04	10.55	10.39	0.16	\$14.93	\$6,892.13
81 1.004	1.99 \$15.61	4.49		22.09	\$8.48	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.55	6.48	4.07	\$14.52	\$172,053.73
82 1.076	5.02 \$16.77	4.16	\$11.70	27.90	\$7.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.68	9.18	ALL STATE OF THE S	\$14,47	\$63,376.36
83 1.138	8.26 \$14.77	4.53	\$10.89	28.33	\$6.99	1.92	\$8.69	0.00	\$8.69	0.09	\$15.15	10.68	12.88	0.00	\$13.41	\$0.00
84 1.056	1.87 \$14.21	5.50	\$12.82	21.70	\$7.19	0.00	\$0.00	0.44	\$0.00	0.00	\$0.00	10.82	7.37	3.45	\$13.17	\$132,301.55
85 1.056	2.89 \$22.36			27.85	\$7.72	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.82	7.67	3.15	\$14.90	\$136,635.31
86 1.162	10.61 \$16.00	2.30		24.89	\$8.73	0.00	\$0.00	0.23	\$0.00	0.00	\$0.00	. 10.82	12.91	0.00	\$15.40	\$0.00
87 1.032	4.46 \$16.32	3.30		17.20	\$8.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	10.82	7.76	3.06	\$14.63	\$130,338.64
88 1.111	7.74 \$15.18	4.97		26.19	\$7.67	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	11.09	12.71	0.00	\$13.62	\$0.00
89 <u>1.057</u> 90 <u>1.113</u>	13.68 \$16.58 7.29 \$15.90	1.26		18.76 28.74	\$10.03 \$8.82	0.00	\$0.00 \$0.00	0.47	\$0.00	0.00	\$0.00	11.22	14.94	0.00	\$16.33	\$0.00
91 1.086	2.49 \$14.34	2.61 4.58		39.61	\$6.64	0.00	\$0.00	0.00	\$0.00 \$0.00	0.00	\$0.00 \$0.00	11.22	9.90	1.32	\$15.11	\$58,306.78
92 1.108	3.82 \$14.21			32.95	\$8.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	11.77 11.77	7.07 7.99	4.70 3.78	\$11.96	\$163,574.90
93 1.166	11.89 \$15.71			29.89	\$10.57	0.00	\$0.00	0.00	\$0.00	0.01	\$16.58	12.58	18.32	0.00	\$12.52 \$14.25	\$137,702.68
94 1.059	4.00 \$14.17	4.61		19.65	\$7.82	0.00	\$0.00	0.00	\$0.00	5.61	\$17.40	12.71	14.22	0.00	\$14.25	\$0.00 \$0.00
95 1.059	7.68 \$13.99	L		31.02	\$8.19	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	12.98	13.38	0.00	\$12.97	\$0.00
96 1.018	8.35 \$14.68			32.34	\$7.73	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	12.98	13.37	0.00	\$13.37	\$0.00
97 0.996	6.92 \$13.80	4		34.71	\$7.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.12	12.63	0.49	\$12.29	\$17,474.60
98 1.079	3.64 \$14.60			23.65	\$8.05	0.00	\$0.00	0.65	\$0.00	0.00	\$0.00	13.39	8.77	4.62	\$13.08	\$175,983.60
99 1.143	2.90 \$14.37			41.01	\$7.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.52	9.23	4.29	\$12.20	\$152,493.47
100 1.104	7.91 \$14.23			27.35	\$8.19	0.00	\$0.00	0.51	\$0.00	2.12	\$19.07	13.52	16.20	0.00	\$13.98	S
101 1.059	8.77 \$13.88			32.87	\$6.90	0.00	\$0.00	0.69	\$0.00	1.36	\$23.85	13.52	16.73	0.00	\$13.33	\$0.00
102 1.075	9.55 \$16.15			30.35	\$8.98	3.92	\$9.83	0.00	\$9.83	0,00	\$0.00	13.52	14.08	0.00	\$14.85	\$0,00
103 1.094	9.26 \$16.46	4.39		32.13	\$9.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.79	13.65	0.14	\$15.22	\$6,395.59
104 1.099	3.57 \$14.86	5.66		32.75	\$7.40	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	13.79	9.23	4.56	\$13.65	\$181,450.94
105 1.109	9.75 \$16.12	4.24		29.45	\$7.92	6.87	\$8.90	0.00	\$8.90	0.00	\$0.00	14.20	13.99	0.21	\$14.97	\$9,157.13
106 1.061	5.10 \$15.84	5.08	ł	35.10	\$8.14	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	14.74	10.18	4.56	\$14.81	\$196,725.79
107 1.083	11.99 \$16.76	11.60		61.20	\$7.87	0.00	\$0.00	0.14	\$0.00	0,00		14.88	23.59	0.00	\$15.07	\$0.00
108 1.131	16.30 \$13.03	7.27	I	58.99	\$7.49	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.01	23,57	0.00	\$12.47	\$0.00
109 1.201	10.00 \$14.69	1.37	\$11.95	35.34	\$7.53	0.00	\$0.00	0.56	\$0.00	0.00	\$0.00	15.15	17.37	0.00	\$13.53	\$0.00

#### Minimum Staffing Task Force Licensed Staff: 15/25/35

110	1.107	16.35	\$19.41	5.31	\$13.33	35.68	\$7.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	15.42	21.66	0.00	\$17.92	\$0,00
111	1.062	8.42	\$16.36	2.83	\$13.08	30.90	\$8.06	5.65	\$9.33	0.61	\$9.33	0.78	\$32.36	15.42	12.03	3.39	\$16.63	\$163,986.27
112	1.063	10.56	\$16.62	1.55	\$13.85	33.66	\$8.57	0.00	\$0.00	0.00	\$0.00	0.22	\$21.80	15.42	12.33	3.09	\$16.36	\$147,110.31
113	1.121	9.95	\$17.16	4.72	\$13.33	28.74	\$8.57	8.97	\$9.84	0.00	\$9.84	0.00	\$0.00	16.23	14.67	1.56	\$15.93	\$72,288.90
114	1.093	12.38	\$16.55	4.31	\$12.97	31.15	\$8.66	5.67	\$9.74	0.00	\$9.74	0.10	\$11.38	16.23	16.79	0.00	\$15,60	\$0.00
115	1.125	12.20	\$15.25	7.91	\$11.07	32.62	\$8.70	4.89	\$9.60	0.17	\$9.60	0.00	\$0,00	16.50	20.11	0.00	\$13.61	\$0.00
116	1.057	8.85	\$16.52	4.85	\$11.19	33.62	\$8.95	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	16.50	13.70	2.80	\$14.63	\$119,271.88
117	1.069	8.18	\$17.26	4.14	\$13.70	32.70	\$8.02	5.57	\$9.42	0.61	\$9.42	0.82	\$19.75	16.90	13.14	3.76	\$16.29	\$178,628.10
118	1.091	7.95	\$15.69	1.59	\$13.31	33.05	\$8.58	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	16.90	9.54	7.36	\$15.29	\$327,983.68
119	1.139	13.98	\$14.23	10.19	\$11.34	64.70	\$8.16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	20.15	24.17	0.00	\$13.01	\$0.00
120	1.059	9.86	\$17.78	5.60	\$13.31	31.98	\$9.62	6.16	\$10.38	0.00	\$10.38	0.00	\$0.00	20.83	15.46	5.37	\$16.16	\$252,557.51
121	1.119	18.60	\$15.92	9.65	\$13.65	85.81	\$9.59	0.00	\$0.00	0.00	\$0.00	3.78	\$9.95	31.78	32.03	0.00	\$14.53	\$0.00
122	1.057	25.25	\$15.97	14.01	\$12.64	90.69	\$8.61	0.00	\$0.00	10.33	\$0.00	0.00	\$0.00	37.87	39.26	0.00	\$14.78	\$0.00
1				I														\$6,822,376
																	State	\$2,356,449
																	Federal	\$4,465,927

# REGULATIONS GOVERNING THE LICENSING AND FUNCTIONING OF SKILLED NURSING FACILITIES AND NURSING FACILITIES

### CHAPTER 9

#### RESIDENT CARE STAFFING

#### 2. Evening Shift

- a. There shall be a licensed nurse on duty eight (8) hours each evening.
- b. An additional licensed nurse shall be added for each seventy (70) beds.
- c. In facilities of one hundred (100) beds and over, one of the additional licensed nurses shall be a Registered Professional Nurse.

#### 3. Night Shift

- a. There shall be a licensed nurse on duty eight (8) hours each night.
- b. An additional licensed nurse shall be added for each one hundred (100) beds.
- c. In facilities of one hundred (100) beds and over there shall be a Registered Professional Nurse on duty.

#### d. Registered Professional Nurse on Call

All licensed nursing facilities, regardless of size, shall have a Registered Professional Nurse on duty or on call at all times.

#### e. Private Duty Nurses

The presence of private duty nurses shall have no effect on the nursing staff requirements.

#### f. Waivers

Waivers pertaining to Registered Professional Nurses and licensed staff coverage must be requested in writing and approved by the Department. Such waivers shall be time-limited and based upon documentation of the facility's effort to recruit, the history, scope and severity of deficiencies and the availability of such qualified staff in the geographic area.

#### 9.A.4. Minimum Staffing Ratios

Minimum Staffing ratios are considered to be safety thresholds, not a prescription for routine staffing. The nursing staff-to-resident ratio is the number of nursing staff to the number of occupied beds. Nursing assistants in training shall not be counted in the ratios.

The minimum nursing staff-to-resident ratio shall be:

- a. One-to-eight six on the day shift;
- b. One-to-twelve ten on the evening shift; and
- c. One-to-twenty fifteen on the night shift.

# REGULATIONS GOVERNING THE LICENSING AND FUNCTIONING OF SKILLED NURSING FACILITIES AND NURSING FACILITIES

#### **CHAPTER 9**

#### RESIDENT CARE STAFFING

#### 9.C.4. Administration of Medication by a Certified Nursing Assistant/Medications

A certified nursing assistant/medications may administer medications only when this function is assigned by a registered professional nurse and there is a licensed nurse on duty.

#### 9.D. Sharing of Staff

Sharing of nursing staff is permitted between the nursing facility and the skilled distinct part. There may not be sharing of nursing staff between the nursing facility and another non-nursing facility, whether it is physically attached or in proximity to the nursing facility. The non-nursing facility must provide its own separate activities and nursing staff, but may share housekeeping, laundry, dietary and maintenance staff, and account for these hours according to the Principles of Reimbursement.

#### 9.E. Staffing Patterns

The facility is responsible for establishing its own staffing pattern according to the needs of the residents and within the direct patient care staff hours as approved by the Department, and as set forth in these Regulations. This staff includes nursing staff (exclusive of the Director of Nursing), ward clerks, and activities personnel.