

DIRECT CARE STAFFING ASSESSMENT

FACILITY: _____

DATE: _____

Information will be gathered through direct observation and interviews with staff, residents and/or families, friends and responsible parties. The following questions/observations must be considered when determining whether staffing is sufficient to meet the needs of the residents in care:

1. Does the facility have a written plan that specifies the number and type of staff required to meet the day-to-day, routine direct care needs and any identified special needs of the residents in care? _____ yes _____ no
2. Is the plan directly related to actual resident acuity levels and individualized care needs? _____ yes _____ no
3. What are routine direct care staffing levels for each unit/facility?
 - Attach copy of Staff by Shift Count document and/or
 - Record number of full time equivalents to number of residents by unit/facility.
{Example: 2 DCS/ 12 residents in 2 B unit/wing/floor/building}
 - _____ DCS/ _____ residents in _____ unit/wing/floor/building (specify)
 - _____ DCS/ _____ residents in _____ unit/wing/floor/building (specify)
 - _____ DCS/ _____ residents in _____ unit/wing/floor/building (specify)
 - _____ DCS/ _____ residents in _____ unit/wing/floor/building (specify)
4. Do direct care staff have specific work assignments? _____ yes _____ no
5. Are routine responsibilities clearly assigned to specific employees/teams/shifts? _____ yes _____ no
6. Are staff provided the equipment, supplies and resources to appropriately complete their work assignments? _____ yes _____ no
If no, explain briefly. _____

7. Do staff demonstrate willingness and ability to accommodate resident preferences? _____ yes _____ no
8. How many residents have non-routine or special needs? _____

9. Are non-routine and special needs tasks included in direct care staff work assignments? _____ yes _____ no
 If not, what mechanisms are used to ensure that these services/tasks are provided as required? _____

10. Are other staff and/or volunteers trained and routinely used to assist with peak workload activities? _____ yes _____ no
 If yes, specify how many, when and where assigned: _____

11. Are staff routinely able to complete daily responsibilities and assignments without rushing the residents? _____ yes _____ no
12. Does the facility have procedures for covering unanticipated absences without having to regularly disrupt routine staffing patterns? (i.e.; call-in, overflow, float staff)
 _____ yes _____ no
13. Is non-direct care staff available during the day and evening hours to answer telephones and greet visitors during peak workload? _____ yes _____ no
14. Are call signals routinely answered by staff within 2 minute or less with follow-up to resident need(s) within 5 minutes or less? _____ yes _____ no
15. Is there sufficient direct care staff to allow the medication aide/LPN/RN passing medications to do so without being distracted by unmet direct care needs of the residents? _____ yes _____ no

If med management staff is not a dedicated position, note the following from MARs:

a) number of residents receiving 1 or more medications

- 1) before breakfast _____
- 2) with breakfast _____
- 3) after breakfast/mid-morning _____
- 4) before lunch _____
- 5) with lunch _____
- 6) after lunch _____
- 7) before dinner _____
- 8) with dinner _____
- 9) after dinner _____
- 10) bedtime _____
- 11) other (specify) _____

b) number of med errors/omissions/documentation errors noted during this review.
 (copy/attach MARs with any identified errors.) _____

16. Do residents receive meals at scheduled times? _____ yes _____ no
17. Are hot foods hot and cold foods cold? _____ yes _____ no
18. Are staff members able to sit with residents who require physical assistance in order to eat? _____ yes _____ no _____ n/a
19. Do residents who require cueing and encouragement receive appropriate staff attention during mealtime? _____ yes _____ no _____ n/a
20. Are staff able to complete all responsibilities during mealtime without rushing the residents? _____ yes _____ no
21. How many residents do not use the dining room but dine in their rooms or other locations within the facility? _____ Are staff assigned to cover the unit(s) proportionate to the number and needs of the residents who do not dine in the dining room? _____ yes _____ no
22. Is completion of work assignments easily verified? _____ yes _____ no
23. Is there a documented accounting of the completion of routine/non-routine tasks?
- a) Are schedules for bathing and other personal care tasks available? _____ yes _____ no
 - b) Are between meal snacks and hydration breaks assigned & scheduled? _____ yes _____ no
 - c) Are toileting schedules completed every two hours? _____ yes _____ no _____ n/a
 - d) Are restraint release schedules completed according to regulatory requirements and facility's procedural guidelines? _____ yes _____ no _____ n/a
 - e) Are repositioning schedules completed at least every two hours? _____ yes _____ no _____ n/a
 - f) Are there monthly schedules for weighing residents? _____ yes _____ no _____ n/a
 - g) Are there schedules for other direct care tasks/activities? _____ yes _____ no _____ n/a
24. Do all direct care staff have opportunities to contribute to individualized service plans, preparing task schedules, planning assignments, etc.? _____ yes _____ no

PERSONAL CARE/DIRECT CARE SERVICES CHECKLIST

FACILITY: _____

Resident: _____ **Date/Time** _____

Personal care/Direct Care services	Needed Y/N/NA	Provided Y/N/NA	Time	Comments
Assisting the Resident to Eat (include meals and offering food and fluids between meals)				
Mouth, Teeth, Denture Care				
Bathing (include partial baths if individual suffers from incontinence)				
Skin Care				
Hair Care				
Shaving				
Nail Care				
Elimination (Toileting and Incontinence Care)				
Assisting the Resident to Dress				
Care of Eyeglasses and Hearing Aids				

Personal care/Direct Care services	Needed Y/N/NA	Provided Y/N/NA	Time	Comments
Bedmaking				
Special Needs/Services				
Behavioral Management (includes a degree of redirection required to keep individual focused on tasks at hand)				
Medication Management				
Activities (include structured and non-structured appropriate to the individual's functional level)				
TOTAL TIME				

Computation of Direct Care/Need-Related Staffing Requirements

Facility/Bldg./wing/unit (specify) _____

Care/Service/Task	Number Residents	Est. task time/resident	**Shift breakdown			Total time/task
Bathing (partial)		15 minutes				
Bathing (total)		30 minutes				
Shampoo		15 minutes				
Hair care		10 minutes				
Shaving		15 minutes				
Nail care		15 minutes				
Skin care		15 minutes				
Dressing/Undressing		15 minutes				
Oral hygiene		15 minutes				
Care of glasses and/or hearing aids		10 minutes				
Feeding (set-up only)		5 minutes				
Feeding (supervise/assist)		30 minutes				
Feeding (by hand)		45 minutes				
Between meal snacks & hydration (assist)		15 minutes				
Transferring (supervise/assist)		5 minutes				
Transferring (total assist)		15 minutes				
Toileting		5 minutes				
Incontinence care		10 minutes				
Supervision (prompting to activities, etc.)		___ minutes				
Supervision (wandering behaviors, etc, requiring repeated redirection)		___ minutes				
TOTALS						

*(This presumes that routine care that is not done daily for everyone is provided for approximately the same number of individuals on any given day. Does not include med-management or special needs at this time. **Shift breakdown will be necessary only in situations where there are concerns that workload inequities may be adversely affecting resident care.)*

DIRECT CARE TIME/TASK ESTIMATES for

Room # _____ Resident Name _____

Personal Care

Bathing (partial/prompts/assist. Include partial baths due to incontinence)	15 minutes/bath	
Bathing (complete tub/shower/sponge)	30 minutes/bath	
Shampooing _____ times/wk	15-30 minutes each time	
Combing/Brushing/etc.	15 minutes/day	
Shaving	15 minutes/day	
Nail Care	15 minutes/week	
Skin Care (includes applying body lotion with gentle massage to hands, feet, back and pressure points as necessary- preventive care)	5-15 minutes/task	
Dressing/Undressing	15-45 minutes/day _____ AM _____ PM	
Mouth/Teeth/Denture Care (at least AM & PM)	15 minutes/day	
Care of Eye Glasses and Hearing Aids	5-15 minutes/day _____ AM _____ PM	
Range of Motion exercises	Individualized according to identified needs.	

Food and Fluids

Feeding assist (cut food, open containers, place utensils)	5 minutes/meal	
Feeding supervision (includes assist plus prompt/encourage/redirect)	30 minutes/meal	
Feeding (by hand)	30-60 minutes/meal	
Feeding (include offering food & fluids between meals) _____/day	5-15 minutes each	

Transferring

Transferring supervise/assist	5 minutes/transfer	
Transferring w/total assist	15 minutes per transfer	

Elimination

Toileting assist/supervise Est. ___ X/day	5-15 minutes each	
Toileting incontinence care/check @ least q 2 hours. Est. ___ X/day	5-15 minutes each time	
Bowel/Bladder/Continance Program including care and maintenance of equipment.	Individualized according to identified needs.	

Supervision/Behavioral Management

Supervision (prompting to activities, etc.)	15-30 minutes/day	
Supervision (wandering behaviors, etc. requiring repeated redirection)	30-60 minutes/day individualized based upon identified needs/changes in behavior.	

Other identified direct care needs

Total Estimated Time for Direct Care Services for This Individual

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

This tool is designed to serve as a guide for anyone who needs to determine what staffing numbers are necessary to provide the services required to “attain and maintain the physical, mental and psychosocial well-being of each resident.” Specified times and ranges reflect the average amounts required to assist or perform a task. If a resident has conditions or circumstances that significantly impact the amount of time required for care, time should be increased/decreased as appropriate in column 2 and contributing factors should be noted in column 3.

Licenseses may choose to use this as a guide w/UAI @ time of admission and update with the ISP (initial, annual review and any updates required due to changes in care needs.) What we want them to know is that (once trained) inspectors will use this tool anytime they have questions or concerns about sufficient staffing to meet the needs of the residents.

The total times are subdivided into three shifts/day because that is the most prevalent staff scheduling pattern. All facilities should have written policies re: task assignments, and these policies should describe the facility’s shift times/durations and standard coverage plan. Individualized care plans should describe adaptations to meet the specific resident’s needs (ie: resident prefers bathing before bedtime because he sleeps better.)

At this point, I have left out the medication management component and structured activities. I am considering an addendum that will include those and other housekeeping/laundry/kitchen duties that we know staff in many of the smaller homes must manage along with the direct care duties. The problem with those tasks is that they are so individualized dependent upon the numbers and types of medications, the conditions in the household, what equipment and supplies the facility has, etc. I am open to suggestions...

STAFF by SHIFT COUNT (short form)

FACILITY NAME: _____

POSITION	DATE/SHIFT														
MEDICATION STAFF (RN, LPN, MED AIDES, OTHER)	DAY														
	EVENING														
	NIGHT														
	OTHER														
DIRECT CARE STAFF (aides)	DAY														
	EVENING														
	NIGHT														
	OTHER														
ACTIVITIES DIRECTOR and/or ASSISTANT	DAY														
	EVENING														
	NIGHT														
FOOD SERVICE PERSONNEL	DAY														
	EVENING														
	NIGHT														
	OTHER														
MAINTENANCE and/or HOUSEKEEPING STAFF	DAY														
	EVENING														
	NIGHT														
LAUNDRY STAFF	DAY														
	EVENING														
	NIGHT														

