

Sufficient and Competent Nurse Staffing Review

Surveyors should evaluate if the facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. States who have mandatory nurse-to-resident ratios are not exempt from this regulation.

Coordination:

- Every surveyor assesses the facility for compliance with the requirements for sufficient and competent nursing staffing throughout the survey.
- At the end of each day, one surveyor consolidates the information related to staffing from other surveyors. This shall include information obtained from any observation or interview conducted as part of the activities in this task listed below, or based on other activities such as general resident interviews or investigations. Information obtained shall include examples that demonstrate a lack of sufficient and/or competent staff with either:
 - the potential for negative outcomes or harm, or
 - actual negative outcomes or harm.
- After consolidating this information, the surveyor assigned to this task then evaluates the information and determines further actions or investigations.

General Observation and Interview Concepts to Consider When Considering Compliance:

- Odors, call-lights, census, and staff's ability to complete assignments are used to assess if the facility has sufficient staff to meet the residents' needs.
- The Facility Assessment is used to assess if the facility appropriately considers the facility's census and residents' acuity to determine the number and competency of staff required to meet each resident's needs.
- The use of position-change alarms, devices that may restrict a resident's movement, and medications that subdue or sedate residents are used to assess if the facility is using these items as potential restraints because they don't have sufficient staff to monitor each resident effectively.
- Hospitalizations and the staff's ability to identify and address residents' changes in condition are used to assess if the facility's staff possess the required competencies to care for each resident.
- Agency staff are used to assess if agency staff possess the required competencies to care for each resident.
- Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident's needs.
- Turnover and QAA are used to assess if the facility is operating an effective QAA process.

List of Observations Made While Completing the Initial Pool Process and/or Investigations: During team meetings, the team should discuss whether any of the areas listed below were concerns to alert the team of potential concerns with sufficient or competent staff.

- Are there offensive odors? If so, what is the source?

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- If mid-morning (e.g., 9-11 a.m.) or later, are residents still in bed and not dressed?
- Are residents sitting around the nurse's station, in the hallways, or in front of the television without any interaction from staff?
- Are call lights and alarms responded to timely?
- Are residents displaying behavioral or pain concerns such as being combative, yelling, or crying out?
- Are residents who wander unsupervised and susceptible to, or creating, issues?
- Do staff appear rushed when providing resident care? Do licensed nurses help nursing aides when asked for assistance?
- Are residents provided assistance with eating during meals and are nursing staff monitoring the dining area during meals?
- Potential use of restraints:
 - Are residents subdued or sedated, indicating the potential use of chemical restraints; or
 - Are there devices or practices in use that restrict residents' freedom of movement indicating the potential use of physical restraints?
- Are residents' choices honored and their dignity maintained? For example:
 - Do residents remain unkempt or unclean for extended periods of time (e.g., after sleeping or eating); or
 - Are residents woken up and assisted with activities, such as eating, bathing, or dressing at times that is convenient for staff (e.g., during shift change), rather than at the residents' preference (within reason)?
- Is there a delay in residents receiving their medications timely?
- Are residents repositioned or turned timely in accordance with their plan of care?
- Is there a high incidence of position-change alarm use?
- Do staff explain to residents what they are doing when assisting or providing services to the resident?
- Are residents experiencing avoidable accidents (e.g., falls), elopements, or incidences of resident-to-resident altercations or abuse?
- If concerns about staff responsiveness exist, the surveyor should activate the call light and record the response time of the staff.
- When observing care or services provided to residents by nursing staff, determine if they demonstrate competency. Such as, their abilities to provide care according to professional standards in the following areas: Refer to other regulations and IGs as appropriate.
 - Inability for staff to identify any obvious signs of residents' change in condition;
 - Transfers and Positioning (e.g., use of mechanical lifts, bed to chair);
 - Infection Control Techniques, including wound care and residents on isolation precautions;
 - Tracheostomy, Ventilator care, or Tube feeding; and
 - Incontinence, including Catheter care.

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INTERVIEWS:

Residents/Resident Representatives or Family Members:

Staff Sufficiency (list of probes addressed during the initial pool process): During team meetings, the team should discuss whether any of the areas listed below were concerns to alert the team of potential concerns with sufficient or competent staff.

- Do you feel that there is enough staff to meet your needs and concerns, such as answering your call light timely or responding quickly to your alarm if you have one? If not, why, and what care or services do you feel are not provided, such as receiving or refilling a cup of water, toileting, dressing, eating, going to activities? Is there a specific time of day or weekends that are more problematic?
- Has anything occurred because you had to wait for staff to respond and assist you, such as being incontinent, missing a shower, or falling? How often does this occur?
- Do you routinely eat in your room? If so, is this your choice and if needed, is assistance provided to help you? Are room trays delivered timely?
- Are you able to wake, dress, eat, or engage in other activities at times that are preferable to you?
- Does staff interact with you and explain to you what care or services they are providing and why? Does staff rush you when they provide care?
- Do you get your medications on time?
- Do you now or have you ever had a position-change alarm used -- for example, a device that makes a sound when you change your position while sitting or in bed? If so, do you know why these alarms are used for you?
- Do you receive medications that make you sleepy, tired, lethargic, or sedated?

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

- Do you feel safe and comfortable when staff assist you?
- Do you think the nursing staff are experienced and knowledgeable when providing your care? If not, what concerns have you experienced?
- Do you recall a time when you didn't feel well? Did you tell a staff member? What happened? For example, did you get better or worse?
- Have you been transferred to the hospital? For what reason?

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

Staff Sufficiency:

- How many residents are you responsible for on a regular basis during your shift?
- Do you have enough time to complete your required assignments each day? If not, why not, and what assignments are you not able to complete? How often does this occur?

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- How often are you asked to stay late, come in early, or work overtime?
- Do you use position-change alarms? Why?
- Are there any devices used to help keep residents from falling, moving in certain ways, or wandering into certain areas? If so, why? Which residents?
- Are you able to complete rehabilitation services as ordered for the residents?
- How are current staffing needs determined? Does management ask for your input into their facility assessment for sufficient staffing? If so, can you provide some examples of what you provided and if you know whether or not these were considered?

Staff Competency:

- How are you made aware of the care and services the residents require as directed in their plan of care and what their individual choices are?
- How do you identify a resident's change in condition? Can you provide some examples?
- How are changes in a residents' care communicated to you and how do you communicate a resident's change in condition or concerns to other staff? Is there a structured tool (e.g., INTERACT or a process for identifying, communicating, and caring for changes in a resident's condition)?
- How often are residents sent to the hospital? For what reasons? Which residents have recently been transferred?
- How have you been trained to provide care, use equipment, and ensure proper infection control techniques are used?
- Do you receive periodic evaluations on your skills, knowledge, and abilities? If so, how often? For what areas have you been assessed? What areas do you believe you need more assistance or training?
- Do you have regular in-services on abuse, resident rights, dementia care, and specific resident needs (e.g., ventilators, dialysis, hospice, medication side effects, pain, or changes in condition)? Are you provided training on each resident? How often?
- Does your facility use agency staff? If so, how does that impact your daily activities? Do you have any concerns about resident care when agency staff are used?

DON and Staff Development Coordinator Interviews: If concerns are identified with sufficient or competent staff, complete the following interviews.

- Does the facility assessment include a determination of the level and competency of staff needed to meet each resident's needs each day and during emergencies? If so, what does this assessment include? How do you have input into this assessment? How often is this assessment updated?
- How is the residents' acuity, needs, and diagnoses considered when determining staffing requirements and assignments?

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Staff Sufficiency:

- How does the facility's census impact staffing levels? For example, are staffing assignments routinely changed based on census? If so, how do you accommodate for the changes and for weekend staffing adjustments? How do you handle call-ins?
- Do staff, residents, or families bring workload concerns to you? How do you handle the concerns? Is there a system in place to address these concerns?
- What is your turn-over rate? Do you conduct exit interviews with staff? Do you report interview findings to your QA&A meeting?
- Do you use position-change alarms? Why?
- Are there any devices used to help keep residents from falling, moving in certain ways, or wandering into certain areas? If so, why? Which residents?

Staff Competency:

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

RECORD REVIEW: If there are any concerns identified by the observations or interviews noted above, it may be necessary to validate/verify this information by conducting a review of records. Such as:

Resident Record

- For residents with position-change alarms, does the record document the rationale for the alarm and the impact on the resident?
- Is the resident receiving any medications that have a sedating, subduing effect? What documentation supports the use of the medication?

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- Did the resident experience any changes in condition? If so, was the change identified quickly, reported, and monitored? Were conditions appropriately addressed to prevent further decline in status?
- Was the resident transferred to the hospital for a decline in condition that could have been avoided?

Facility Documents/Records

- Review the Facility Assessment: Does the facility assessment include a determination for the level and competency of staff needed to meet each resident's needs each day and during emergencies? For example, is staffing based on the census, resident's acuity, resident assessments, plans of care, needs, diagnoses, and the skill sets of the staff? How does the facility assessment compare to the observations of the resident population, staffing structure, and competency of staff?
- Review the staffing schedule, including call-ins and staff postings for the past month. Depending on identified concerns, it may be necessary to expand your review.
- Review the list of nursing staff compared to the staffing schedule the facility provided/posted. If there are discrepancies between the duty roster and the staff observed onsite, ask the person in charge to explain the discrepancies.
- Review specific policies related to resident rights, quality of life, quality of care concerns identified (e.g., change of condition, position-change alarms, assessments, pressure ulcers, incontinence care, ADLs).
- Are hospital transfers occurring for conditions that should be identified and addressed earlier that would avoid the need for a transfer? Review transfer log if one exists.
- Staff evaluations and/or training records, including in-services that may demonstrate an assessment of nurse staffing competencies, skills, and knowledge.
- Based on identified concerns, consider reviewing documents such as nurse aide assignment schedule, resident care sheets, or resident-specific information like care plans, bathing records, restorative schedule, toileting, and behavior monitoring.

Other Requirements

- Does the nursing schedule reflect the following required coverage:
 - 24-hour licensed nurse;
 - 8-hour registered nurse, 7 days a week; and
 - Full-time DON.
- Is nursing staffing posted daily?

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1. Does the facility have sufficient nursing staff on a 24-hour basis to care for residents' needs, as identified through resident assessments and the plan of care (not including #3 below)? Yes No F725
2. Does the facility's nursing staff have the competencies required to care for residents' needs, as identified through resident assessments and the plan of care (not including #3 below)? Yes No F726
3. Does the facility's nursing staff have sufficient and competent staff to provide the necessary behavioral health, psychosocial, and dementia care to residents? Yes No F741
4. Unless the facility has a waiver, has the facility designated a licensed nurse to serve as a charge nurse on each tour of duty? Yes No F727
5. Unless the facility has a waiver, does the facility have an RN at least 8 hours a day, 7 days a week? Yes No F727
6. Unless the facility has a waiver, does the facility have a registered nurse to serve as the DON on a full time basis? Yes No F727
7. Did the facility ensure the DON served as a charge nurse only when the facility had an average daily occupancy of 60 or fewer residents? Yes No F727
8. Have nurse aides demonstrated competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in their care plans? Yes No F726
9. Are nurse aides re-trained either by completing (1) a new training and competency evaluation program or (2) a new competency evaluation program, if there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation? Yes No F729
10. Does the facility ensure full-time nurse aides have become certified within 4 months of nurse aide training? Yes No F728
11. Does the facility provide nurse aide in-services, at least 12 hours in a year, including dementia training, abuse prevention training, areas of weakness as determined in the nursing aides' performance reviews, facility assessment, special needs of residents determined by facility staff, and care of the cognitively impaired resident for those nursing aides providing cares for individuals with cognitive impairments? Yes No F730

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12. If the facility has a waiver to provide licensed nurses on a 24 hour basis, is there evidence that it is approved and reviewed by the state annually and has the facility notified the residents or representatives of the waiver? Yes No **F731** NA

13. For SNFs, if the facility has a waiver to provide a registered nurse for more than 40 hours a week, is there evidence that it is approved and reviewed by the state annually and has the facility notified the residents or representatives of the waiver?
 Yes No **F731** NA

14. Is nurse staffing posted daily? Yes No **F732**

15. Does the facility have sufficient and competent direct care staff to provide nursing and related services to meet the behavioral health needs of the residents as determined by resident assessments, care plans, and facility assessment? Yes No **F741**

16. Does the facility have an annual documented facility assessment, and does the facility assessment include information on the level and competency of staff needed to meet the needs of each resident? Yes No **F838**

Other Tags, Care Areas (CA) and Tasks (Task) to Consider: Pressure Ulcer (CA), Bladder and Bowel (CA), Dental (CA), Positioning/Mobility/ROM (CA), Accidents (CA), Nutrition (CA), Catheter/UTI (CA), Tube Feeding (CA), Respiratory (CA), ADLs (CA), Environment (Task), Abuse (CA), Neglect (CA), Physical Restraints (CA), Chemical Restraints F605, Behavioral-Emotional Status (CA), Infection Control (Task), Required In-Service Training Nurse Aides F947, QAA/QAPI (Task).