



## STATE HOME INSPECTION - STAFFING PROFILE

### INSTRUCTIONS :

1. The Staffing Profile consists of 5 Parts.
2. Complete Part 1, noting numbers of operating beds, beds authorized for VA per diem payments, patient census (veterans and non-veterans), staff positions authorized, and staff available at the time of the inspection for each level of care provided by the home, i.e., nursing home, domiciliary, and/or hospital.
3. Complete Part II, by enumerating total staff positions for the facility and then breakdown the assigned FTEE for each level of care. For example, if the facility has (12) R.N's, this may breakdown to 5 for the hospital, 6 for the nursing home, and 1 for the domiciliary. Note: If staff positions are by agreement, contract, or on consultation basis, specify as follows:

Number of staff, qualifications, number hours/week,  
AG = Agreement, CT = Contract, CS = Consultant.

Example: Social work: 1 MSW, 4 hours/week, CS  
Dietitian: 1 RD, 8 hours/week, CS

4. Complete Parts III through V, nursing staffing patterns, for each level of care. Determine the average number and type of nursing staff on each shift for a 4-week period selected at random to determine the average weekly nursing staffing pattern. A separate form should be used for each separate building and include each level of care in that building.
5. In Parts III, IV, and V, complete the average nursing care hours per patient, per day as follows:

$$\text{Nursing Care hours/patient/day} = \frac{\text{Total staff in average week} \times 8 \text{ hrs}}{\text{Patient census (veteran + non-veteran)} \times 7 \text{ days}}$$

Only subtract meal times, not break times. In the case of 10-hour tours, count 9.5 hours. In the case of 12-hour tours, use the State or Union guidance for whether one or two 30-minute meals are provided.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. Although completion of this form is voluntary, VA will be unable to certify your home without a completed form. Failure to complete the form will have no effect on any other benefits to which you may be entitled. This information is collected under the authority of Title 38 CFR Parts 51 and 52.



NAME OF HOME				DATE OF INSPECTION
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<b>PART I</b>	<b>TOTAL FACILITY</b>	<b>HOSPITAL</b>	<b>NHC</b>	<b>DOM</b>
OPERATING BEDS				
AUTHORIZED APPROVALS				
PATIENT CENSUS				
POSITIONS AUTHORIZED				
STAFF AVAILABLE				
<b>PART II - STAFF</b>	<b>TOTAL FACILITY</b>	<b>HOSPITAL</b>	<b>NHC</b>	<b>DOM</b>
PHYSICIANS:				
PHYSICIANS ASSISTANTS				
DENTISTS				
SOCIAL WORK: MSW				
BSW				
SOCIAL WORK ASSISTANT				
PHARMACY: REG. PHARMACIST				
DIETETICS: REG. DIETITIAN				
FOOD SUPERVISOR				
DIETARY ASSISTANTS				
NURSING:				
NURSING ADM./SUP.				
DIRECT CARE: CERT. N.P./C.N.S.				
R.N.				
L.P.N./L.V.N.				
N.A.				
REHABILITATION THERAPY				
REG. P.T./P.T. AIDES				
REG. O.T./O.T. AIDES				
MENTAL HEALTH: PSYCHOLOGIST				
PSYCHIATRIST				
PSYCHIATRIC SOCIAL WORKER				
COUNSELOR				
SPEECH AND AUDIOLOGY				
OPHTHALMOLOGY/OPTOMETRY				
PODIATRY				
RADIOLOGY/LABORATORY				
RECREATION/ACTIVITIES				
DIRECTOR				
ASSISTANTS				
VOLUNTEERS				
CHAPLAIN				
ADMINISTRATION				
ENGINEERING				
MAINTENANCE/HOUSEKEEPING				
MEDICAL RECORDS				
OTHER (Specify)				

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**NURSING SERVICE STAFFING PATTERN**  
(Four Week Average)

<b>PART III HOSPITAL (Average hours Hosp. _____ )</b>																					
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA
DAY																					
EVENING																					
NIGHT																					

<b>PART IV NURSING HOME (Average hours NHC _____ )</b>																					
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA
DAY																					
EVENING																					
NIGHT																					

<b>PART V DOMICILIARY (Average hours Dom. _____ )</b>																					
SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA	RN	LPN	NA
DAY																					
EVENING																					
NIGHT																					