



Department of Human Services Seniors and People with Disabilities Community Based Care Survey Protocol

Staffing

Objectives:

- To determine if the facility has sufficient staff available to meet the residents' needs; and
- To determine if the facility has staff available to provide and monitor the delivery of resident care.

NOTE: This protocol is not required to be used during the standard survey, unless it is triggered.

This protocol is to be used when:

- Residents are identified who require the assistance of two or more caregivers for scheduled and unscheduled needs, and
- Concerns are identified regarding the lack of awake and/or available staff in each building or distinct part of the facility;
- Quality of care problems have been identified which may be associated with sufficiency of staff, e.g., residents not receiving the care and services to prevent pressure ulcer(s), significant unplanned weight loss, and lack of services as described in service plans, such as bathing, dressing, grooming, transferring, ambulation, toileting, and eating; or
- Complaints have been received from residents, families or other resident representatives concerning care and services not being provided or not provided timely due to a lack of staff, e.g., calls for assistance not being answered in a timely fashion.

Procedures:

- If problems are identified with care and services not being provided as needed by the resident, focus the discussion with supervisory staff on the situations which led to using the protocol:
 - How does the facility determine appropriate numbers of caregivers and general staffing based on resident acuity and service needs;
 - How do they assure that staff are knowledgeable about the needs of the residents, and trained in the provision of care and capable of delivering the care as planned;
 - How do they assure that staff are appropriately deployed to meet the needs of the residents;
 - How do they provide orientation for new or temporary staff regarding the resident needs and the interventions to meet those needs; and
 - How do they assure that staff are advised of changes in the care plan?



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- Determine if staff are knowledgeable regarding the residents' care needs, e.g., the provision of fluids and foods for residents who are unable to provide these services for themselves; the provision of turning, positioning and skin care for those residents identified at risk for pressure ulcers; and the provision of incontinence care as needed.
- In interviews with residents, families and/or significant others, inquire about staff responsiveness to requests for assistance and the timeliness of the responses.
- If necessary, review staff assignments in relation to the care and services the resident requires.
- Review past staffing assignments to determine if a minimum of two or more staff were available to meet the needs of residents requiring the assistance of two or more staff for scheduled and unscheduled needs and to determine if a minimum number of staff were awake and available in each building and each distinct part at all times based on the structural design of the facility.
- Determine if the problems are facility-wide, cover all shifts or if they are limited to certain living areas or shifts, or days of the week.
- Are there adequate staff to meet direct care needs, and for planning, and evaluation?
- Do work loads for direct care staff appear reasonable?
- Are staff responsive to residents' needs for assistance and do residents receive assistance promptly?
- Do residents call out repeatedly for assistance?
- Are residents, who are unable to call for help, checked frequently for safety, comfort, positioning, and to offer fluids and provision of care?
- Do residents, family, and ombudsmen report insufficient staff to meet resident needs?
- How does the facility assure that each resident receives care in accordance with their service plan on nights, weekends and holidays?
- How does the sufficiency of staff contribute to identified care and service problems?

Determination of Compliance:

- The determining factor in compliance for sufficiency of staff is the ability of the facility to provide the needed care for residents. A deficiency concerning staffing should ordinarily provide examples of care deficits caused by insufficient quantity of staff.
- The facility is compliant with this rule if the facility has provided a sufficient number of staff to meet the needs of the residents on a 24-hour basis. If not, cite C360.



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Deficiency Categorization:

Once the team has completed its investigation, analyzed the data, reviewed the rule, and identified the deficient practices that demonstrate that the facility failed to provide sufficient staff and that non-compliance exists, the team must determine the harm or potential for harm based upon the following levels of severity.

- Level 1: No harm, with potential for minimal harm. Facility is considered to be in substantial compliance.

Level 1 is not appropriate for this rule.

- Level 2: No harm, with potential for more than minimal harm; or minimal harm which does not significantly impact the resident's quality of life or physical function.

Level 2 indicates noncompliance that results in a resident outcome of no more than minimal harm and/or has the potential for greater harm if interventions are not provided.

Examples of level 2 citations may include, but are not limited to:

- Less than sufficient staff scheduled when a resident requires the assistance of two or more caregivers,
 - Staff are not awake and/or available in each detached building or distinct part of a facility, or
 - Resident(s) wait long periods of time for services, not resulting in harm.
- Level 3: Harm which significantly impacts the resident's quality of life or physical function, but does not require immediate correction to protect resident health or safety.

Level 3 indicates noncompliance that results in actual harm and would be cited as well as non-compliance in a resident services rule at level 3 which is associated with sufficiency of staff.

- Level 4: Imminent Danger to resident health or safety.

Imminent Danger is a situation in which the facility's noncompliance in providing sufficient quantity of staff has resulted in, or is likely to result in a clear threat to residents. This would be as well as non-compliance in a resident services rule at level 4 which is associated with sufficiency of staff.