

**New Jersey Department of Health
Long Term Care Assessment and Survey Program
NURSE STAFFING REPORT**

Name of Facility	City	Payroll Records and Census for Week of:
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*N.J.S.A 30:13-18 establishes minimum staffing requirements for nursing homes with adult residents. Please enter below the daily total **FULL TIME EQUIVALENTS** on each tour of duty from payroll records for the week requested.*

"Direct Care Staff Member" means any RN, LPN or CNA who is acting in accordance with that individual's authorized scope of practice and pursuant to documented employees time schedules. Any RN or LPN who is designated to work as "direct care staff member"/CNA during the 3 p.m.-11:00 p.m. and 11:00 p.m.-7:00 a.m. shift, shall only be signed in to work as a CNA and shall perform nurse aide duties; and shall not be included in the professional RN/LPN count for the same shift.

Total FTEs:	Certified Aides	Non-Certified Aides in training
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Enter Nursing FTEs to the Tenth Decimal Place

12AM Resident Census	Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday		
Shift	RN	LPN	Aide	RN	LPN	Aide	RN	LPN	Aide	RN	LPN	Aide	RN	LPN	Aide	RN	LPN	Aide	RN	LPN	Aide
	Day																				
Evening																					
Night																					

Documents submitted by your facility must be legible and accurate. Schedules will not be analyzed for compliance with staffing regulations if they cannot be readily interpreted by the survey staff. Illegible schedules may result in a deficiency. Please retain a copy for your records.

I attest that all information pertaining to the nurse staffing of this facility is accurate as submitted and can be verified by payroll records.

Name of Authorized Facility Representative <i>(Print or Type)</i>	Title	Signature	Date
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