

Oregon Department of Human Services  
Seniors and People with Disabilities

**Nursing Facility CNA Quarterly Staffing Report  
Revised General Instructions**

Proper completion and adequate submission of the Nursing Facility CNA Quarterly Staffing Report is required toward Facility compliance with Oregon Administrative Rule 411-086-0100 (5) (d).

A completed Nursing Facility CNA Quarterly Staffing report must be emailed as an Excel document attachment to NASTAFF@DHS.STATE.OR.US by the last day of the month following the end of each quarter:

<b>Quarter</b>	<b>Reporting Period</b>	<b>Report Due Date</b>
1	Jan 1 – Mar 31	Apr 30
2	Apr 1 – Jun 30	Jul 31
3	Jul 1 – Sep 30	Oct 31
4	Oct 1 – Dec 31	Jan 31

All blank data query fields on the report must be completed for the quarter submitted and Excel workbook format should not be modified before submitting.

**Line 1: Reporting Period.** Field is auto populated with the month and reporting year.

**Line 2: Facility Name.** Enter Facility's licensed business name to do business as a Nursing Facility. Do not enter Facility corporation owner names.

**Line 3: Date of Transmission.** Enter date report is electronically sent to Seniors & People with Disabilities (SPD).

**Lines 5, 9 and 13: Shift Census.** Enter number of admitted residents present the beginning of each shift for each reported day.

**Lines 6, 10 and 14: Required Minimum NA Staff.** Auto-fill, shift specific fields that self-populate based upon shift census numbers entered into respective *Shift Census* fields (Lines 5, 9, and 13.) Required Minimum NA Staff numbers appear after hitting "tab" or "mouse clicking" elsewhere on the reporting form.

**Lines 7, 11 and 15: Reported NA Staff on Duty.** Enter the total number of CNA/ NA full time equivalents (FTEs), on duty each shift, each day. Number(s) should include **ONLY** those CNAs and NAs with direct resident care and service duties as described in 411-086-0100(5) and (6). If a staff member performed resident care duties for only half a shift, you would calculate their FTE number as a decimal fraction; i.e., 0.5

**Lines 8, 12 and 16: +/- From Required Minimum.** Auto-fill, shift specific fields that self populate based upon total shift FTEs entered into the Reported *NA Staff on Duty* fields (Lines 7, 11 and 15.) Field totals represent the number of FTE staffing over or under the minimum required. Parenthetical number values displayed as (1) in these fields indicate negative number staffing numbers. Therefore, facility NA staffing ratio for respective shift was below the required minimum.

**Occurrences Below Staffing Ratio.** Column located on the far right of the form. Data represents total number of shifts facility staffing was below the minimum-staffing ratio for the identified month.

**Explanation Tab** (Worksheet.) Explanation worksheet pages appear behind each corresponding reporting month. Enter steps taken (brief explanation) each shift facility is below minimum required staffing ratio. Explanation(s) must be provided. Enter shift date, the shift, reason for staffing shortage and specific steps taken to secure required staff. \* *See additional instructions and examples attached.*

Quality Assurance Audits of Nursing Facility Quarterly Staffing Reports will be performed. Facility payroll documentation supporting quarterly reporting must be made available to SPD upon request.

Please direct questions regarding the Nursing Facility Quarterly Staffing Report requirements to:

Joanne Birney,  
CNA/NF Staffing Program Coordinator  
Department of Human Services  
Seniors and People with Disabilities  
Office of Licensing and Quality of Care  
(503) 945-6748 or (800) 232-3020  
[Joanne.Birney@state.or.us](mailto:Joanne.Birney@state.or.us)

*\*Refer to next pages for Nursing Facility Quarterly Staffing Report Instructions and examples.*

## **CNA Quarterly Reporting Instructions For Explanation Section**

1. All potential mitigation reasons will be reviewed for facility history. If a specific facility is short multiple days with multiple staff shortages on an ongoing basis, and the same reason is being used constantly without a change in back-up plan or recruitment efforts, potentially it will not be mitigated.
2. If direct care staff are re-assigned from a specialty unit, such as an ACU/ECU, to the general portion of nursing facility, please indicate if the facility maintained it's CNA to resident ratios and provision of care in accordance with the ACU/ECU requirements.
3. If an RA, CMA, LPN, or RN were re-assigned to duties as direct care staff to ensure required staffing levels and to meet care needs of residents, please indicate how the other duties of the re-assigned staff were met without adversely affecting resident care.
4. If CNA's who have other specified job titles such as Ward Clerks, Activities staff etc are re-assigned to direct care staff duties, please indicate the number of residents assigned and number of hours the individual worked as direct care staff.
5. When RA, CMA, LPN, or RN staff are assigned or re-assigned as direct care staff to ensure required staffing levels, please indicate the number of staff they were assigned and hours worked as direct care staff.
6. If the CNA direct care staff shortage is due to a resident admission, explain the circumstances. (Routine admission should be planned for and facilities should have the required number of staff available for resident care).
7. If staff are called in to cover a shift as direct care staff and are only able to partially cover the normal number of (8) shift hours, please state the time of arrival and number of hours worked.
8. Please indicate the reason the CNA is not available to work their shift such as illness or other emergency. We do not want personal information about the individual just a general reason for the call-in (this also includes agency staff).
9. Should you have direct care staff that do not show for their shift, quit without notice, report late for duty, or leave early for whatever reason, please note it on your explanation (this also includes agency staff).

*Note: Please give as much information as is pertinent and concise as possible.*

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*Examples of Explanations That Would Potentially Mitigate a Civil Penalty*

Shift	Explanation
Night	CNA became very ill and had to go home at 0200. Called all day shift staff and could not find anyone willing to come in early or anyone who answered phone. Unable to replace for the last 4 hours of shift from 2-6am. CNA's and charge nurse worked together to provide care.
Evening	No call, no show. Administrative RN stayed as charge nurse on one unit, the scheduled LPN was re-assigned to direct care of 11 residents and worked as CNA.
Night	Call in sick ½ hour prior to start of shift. Calls placed to on call CNA, calls placed to 5 other CNA's, calls placed to 7 agencies. Unable to find replacement. Evening charge nurse stayed over 2 hours from 10pm – 12 midnight to help with first rounds, day charge come in early at 4am.
Evening	Call in just prior to shift due to family emergency. Calls placed to off duty aides, bonus offered, all day shift aides approached, no one able to stay, call placed to all agencies, no available aides. RN supervisor did first med pass and med aide re-assigned to direct care of 12 residents. Medication Aide cannot be assigned to direct resident care and continue working as CMA (411-086-0100 (6)(b))
Day	We had two call-ins due to illness for this shift. A Restorative Aide came in and was assigned to direct care of 9 residents. No one was available to cover the as a holiday weekend. The weekend manager and CMAs helped with meal times. The day went smoothly. Eve shift made up the showers.
All Shifts	Multiple staff called in due to an influenza outbreak. Admission of new residents was stopped. Resident's visitations were temporarily stopped. We notified public health, local hospital, as well as relevant state offices of the outbreak. To fulfill staffing requirements staff available worked double shifts, and all nursing staff took on patient loads, and answered call lights.

*Examples That Would Not Mitigate a Civil Penalty*

Shift	Explanation
All Shifts	We always strive to have proper #'s of staff. If someone calls off, sometimes someone will stay over and help us. We will ask agency staff who are working to fill in. Prior to the day shift, if someone calls off historically it is very difficult to fill a shift at the last minute. <b>Note: This was repeated throughout each month of the quarter.</b>
Night	Staff called in sick called for replacement no one available
Day	Could only secure partial shift coverage
Night	Called no one available
Day	Called no one available
Day	Could not fill partial shift
Night	Staff called in ill, called for replacement no one available
Day	No one available
Day	Scheduling error, failed to schedule correct number of staff
Eve	Not enough staff
Night	Saturday night-only 4 scheduled

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SAMPLE

- Line 5
- Line 6
- Line 7
- Line 8
- Line 9
- Line 10
- Line 11
- Line 12
- Line 13
- Line 14
- Line 15
- Line 16

Reporting Period:	MARCH		2008		Line 1																												
Facility Name:	Sample Facility Name																												Line 2				
Date of Transmission:	05/21/2008																												Line 3				
MARCH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Occurrences Below Staffing Ratio (Per Month)	
Day Shift Census	85	85	88	89	88	88	88	88	87	87	89	88	90	88	89	89	89	90	89	89	90	89	89	91	92	93	93	93	94	94	92		
Required Minimum NA Staff	11	11	11	12	11	11	11	11	11	11	12	11	12	11	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12			
Reported NA Staff on Duty	10	11	10.5	11	11	11	13	10.5	11	12	12	11	12	12	11	12	12	13	13	11	12	12	10.5	12	12	12	12	12	11	11.5			
+/- From Required Minimum	(1.0)	0.0	(0.5)	(1.0)	0.0	0.0	2.0	(0.5)	0.0	1.0	0.0	0.0	0.0	1.0	(1.0)	0.0	0.0	1.0	1.0	(1.0)	0.0	0.0	(1.5)	0.0	0.0	0.0	0.0	0.0	(1.0)	(0.5)	9		
Evening Shift Census	85	85	88	89	88	88	88	88	87	87	89	88	90	88	89	89	89	90	89	89	90	89	89	91	92	93	93	93	94	94			
Required Minimum NA Staff	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
Reported NA Staff on Duty	8	8	8.5	8	8	9	9	8	8	9	9	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8			
+/- From Required Minimum	0.0	0.0	0.5	0.0	0.0	1.0	1.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0		
Night Shift Census	85	85	88	89	88	88	88	88	87	87	89	88	90	88	89	89	89	90	89	89	90	89	89	91	92	93	93	93	94	94			
Required Minimum NA Staff	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
Reported NA Staff on Duty	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
+/- From Required Minimum	(1.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1		