

**Facility Name:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.

**Person filling out report:** Click or tap here to enter text.

Email the completed form and any additional pages to the Oregon Department of Human Services (ODHS) requestor email.

**1. Name of ABST:** Click or tap here to enter text.

**2. How does the facility determine unscheduled needs?** Click or tap here to enter text.

**3. Provide ABST time in minutes.** Click or tap here to enter text.

**4. Current census:** Click or tap here to enter text.

**5. Resident acuity:**

- How many residents require two-person assistance?

Click or tap here to enter text.

- How many residents have moderate assistance with ADL care?

Click or tap here to enter text.

- How many residents need full assist with ADL care?

Click or tap here to enter text.

- How many residents have support for behavioral symptoms?

Click or tap here to enter text.

- How many residents require one-on-one staff assistance?

Click or tap here to enter text.

- Please explain acuity for each floor or segregated area.

Click or tap here to enter text.

**6. Endorsements and Contracts:**

- Endorsed Memory Care Community (MCC)? Yes  No
- Specific Needs Contract? Yes  No

If yes:

(a) What is the staffing ratio required in the contract?

Click or tap here to enter text.

(b) How many residents are on the contract?

Click or tap here to enter text.

## **7. Facility structural design:**

- What is the building layout? (i.e., segregated areas such as separate hallways, different floors, shared entrance, shared elevators, different buildings, pods, etc.) Click or tap here to enter text.

*Please attach a building diagram if available.*

- How does the facility staff according to the [building layout](#)? (i.e., number of staff, per shift per different floors, etc.) Click or tap here to enter text.

**8. Does the facility use universal workers whose duties include other tasks (e.g., housekeeping, laundry, food service), in addition to direct resident care?** Yes  No

- If yes, please explain job duties:

Click or tap here to enter text.

## **9. Facility employees that are ancillary to caregivers:**

- Please provide number of employees and hours of those whose duties are exclusively housekeeping, building maintenance, clerical, administrative, activities or food preparation. Click or tap here to enter text.
- Please provide licensed nurse hours and numbers of those who provide services specific to [Resident Health Services](#).

Click or tap here to enter text.

**10. Describe how and when the facility updates the staffing plan to compensate for evaluated care of residents at move in, quarterly service plan reviews and upon a significant change of condition.**

Click or tap here to enter text.

**11. Describe how the facility is staffed to meet the fire evacuation needs of the residents to ensure the evacuation standard is met.**

Click or tap here to enter text.

**12. Provide current posted staffing plan and describe how this reflects scheduled and unscheduled needs.**

Click or tap here to enter text.

**13. Recruitment and Retention:**

- What percentage of care staff are employed by the facility? Click or tap here to enter text.
- What percentage of care staff shifts are covered by an outside agency? Click or tap here to enter text.
- How many open positions do you have? Click or tap here to enter text.
- How often are ancillary/ administrative staff covering care shifts? Click or tap here to enter text.

**14. Taking into consideration the above information please fill out the following table outlining a proposed staffing plan.**

Shift	# Of Caregivers	# Of Med Techs
<b>Day</b> Start: Click or tap here to enter text. End: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>Evening</b> Start: Click or tap here to enter text. End: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<b>NOC</b> Start: Click or tap here to enter text. End: Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.