OMB No. 2900-0883
Estimated Burden: 30 minutes
Exp. Date: 12/31/2026

Department of Veterans Affairs

STATE HOME INSPECTION - STAFFING PROFILE

INSTRUCTIONS

1. The Staffing Profile consists of 5 Parts.
2. Complete Part I, noting numbers of operating beds, beds authorized for VA per diem payments, patient census (veterans and non-veterans), full time employee equivalents (FTEE) authorized, and FTEE available at the time of the inspection for each level of care provided by the home, i.e., nursing home, domiciliary, and/or adult day health care (ADHC). Please use the following definitions to complete the form:
   - Operating Beds / Participant Slots - The total number of beds utilized for resident overnight stay in the SVH facility and then broken down into each level of care regardless of whether they are recognized or not. For ADHC, a bed means participant slots.
   - Authorized Approvals - The total number of beds authorized or participant slots and recognized by VA for per diem payment and then broken down into each level of care.
   - Patient Census - The total number of residents in the facility to include Veterans and Non-Veterans and then broken down into each level of care.
   - FTEE Authorized - The total FTEE ceiling for the facility and then broken down into each level of care.
   - FTEE Available - The total FTEE of staff available or working at the facility and then broken down into each level of care.
3. Complete Part II, by enumerating total FTEE 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 10 for the nursing home, 1 for adult day health care and 1 for the domiciliary. Contract and agency staff shall be included in Part II.

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 51.30 and 52.30.

STATE HOME INSPECTION - STAFFING PROFILE

INSTRUCTIONS

4. Complete the tables in Parts III through V, nursing staffing patterns, for each level of care using the following instructions.

   - Select 4 separate 1 week worked schedules (7 days) at random from the previous 12 months, and ensure that one week includes one holiday.
   - Using the 4 worked schedules, determine the average number of hours for each type of direct care nursing staff (RN, LPN, CNA), on each shift for each day. (Note: This form is based on 8 hour shifts. If the State Home utilizes 10 hour shifts, count 8 hours in the first shift, and 2 hours in the following shift. If the State Home utilizes 12 hour shifts, count 8 hours in the first shift, and 4 hours in the following shift.)
   - To achieve the average for each box in the tables on Parts III through V, add the hours from the 4 week worked schedules, for each direct care nursing staff, by shift, by day and divide by 4.
   - If the level of care has more than one building, a separate form should be used for each separate building as a pre-work to capture all buildings. The final should be an average of each of the separate buildings.
   - To calculate the total direct care nursing hours for each level of care, take the sum of all direct care nursing hours from the boxes in the tables on Parts III through V. This will provide the numerator in the formula below.
   - To calculate the patient census multiply the patient census identified in Part I by seven days. This will provide the denominator in the formula below.
   - To calculate the direct nursing care hours, per patient, per day, take the total direct care nursing hours and divide by the patient census identified in Part I multiplied by seven days as displayed in the formula below.

$$\text{Nursing Care hours/patient/day} = \frac{\text{Total Direct Care Nursing Hours}}{[\text{Patient census (veteran + non-veteran) X 7 days}]}$$

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STATE HOME INSPECTION

NAME OF HOME	DATE OF INSPECTION *(MM/DD/YYYY)*

PART I	TOTAL FACILITY	ADHC	NHC	DOM
OPERATING BEDS / PARTICIPANT SLOTS				
AUTHORIZED APPROVALS				
PATIENT CENSUS				
FTEE AUTHORIZED				
FTEE AVAILABLE				
PART II - STAFF	**TOTAL FACILITY**	**ADHC**	**NHC**	**DOM**
PHYSICIANS M.D. / D.O.				
PHYSICIANS ASSISTANTS				
DENTISTS D.M.D. / D.D.S.				
SOCIAL WORK MSW				
SOCIAL WORK BSW				
REGISTERED PHARMACIST				
REGISTERED DIETITIAN				
FOOD SERVICE SUPERVISOR				
DIETARY ASSISTANTS				
NURSING ADMINISTRATION / SUPERVISOR				
NURSE PRACTITIONER (N.P.) / CERTIFIED NURSING SPECIALIST (C.N.S.)				
REGISTERED NURSE (R.N.)				
LICENSED PRACTICAL NURSE (L.P.N) / LISCENSE VOCATIONAL NURSE (L.V.N.)				
CERTIFIED NURSING ASSISTANT (C.N.A.)				
SPEECH THERAPIST				
PHYSICAL THERAPIST				
OCCUPATIONAL THERAPIST				
PSYCHOLOGIST				
PSYCHIATRIST				
THERAPUTIC RECREATION SPECIALIST/ACTIVITIES DIRECTOR				
ADMINISTRATOR(S)				
OTHER *(Specify)*				

NURSING SERVICE STAFFING PATTERN
FOUR WEEK AVERAGE

NAME OF HOME	DATE OF INSPECTION *(MM/DD/YYYY)*

PART III — ADHC

SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA
DAY																					
EVENING																					
NIGHT																					
TOTAL																					
GRAND TOTAL																					

ADHC Direct Care Nursing Hours/Patient/Day =

PART IV — NURSING HOME

SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA
DAY																					
EVENING																					
NIGHT																					
TOTAL																					
GRAND TOTAL																					

Nursing Home Direct Care Nursing Hours/Patient/Day =

PART V — DOMICILIARY

SHIFT	SUNDAY			MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			SATURDAY		
	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA	RN	LPN	CNA
DAY																					
EVENING																					
NIGHT																					
TOTAL																					
GRAND TOTAL																					

Domiciliary Direct Care Nursing Hours/Patient/Day =