



## Staffing



*Welcome. This is the  
Staffing Section of  
the Training*

Welcome to the Centers for Medicare and Medicaid (CMS) training on nursing home staffing. Let's discuss staffing and the impact to residents in nursing homes and the Long Term Care survey process.

## Nursing Services 483.35

F tag	Tag Subject	Key Change to Regulation or Interpretive Guidelines
F725	§483.35(a) Sufficient Staff	Added new guidance for the Procedure, Probes, and Deficiency Categorization Examples
F727	§483.35(b) Registered nurse.	Added new guidance for the Procedure, Probes, and Deficiency Categorization
F729	§483.35(d)(4) Registry verification.	Added new guidance for Procedure
F732	§483.35(g) Nurse Staffing Information	Added Procedures and Probes

§483.35 Nursing Services tags were revised at:  
F725, F727, F729, and F732.

Key changes made include:  
Intent, Definitions, Procedures, Probes, Key Elements of Noncompliance, and Deficiency Categorization Examples

# Administration 483.70

F tag	Tag Subject	Key Change to Regulation or Interpretive Guidelines
F851	§ 483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format	Guidance and Key Elements of Noncompliance

§483.70 Administration was revised at tag F851.

Key changes made include:

Guidance and Key Elements of Noncompliance

# Quality of Care

## Why is staffing important?

- Direct correlation to quality of care
- Coordination of care to meet resident needs
- A top concern among residents, families
- Putting loved ones in someone else's hands



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Why is sufficient staffing so important you might ask? Staffing in nursing homes has a substantial impact on the quality of care and outcomes that residents experience. There is a direct correlation between staffing and quality of care. As a surveyor it is important to understand that direct care staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Staffing is an essential component that facilities must consider when coordinating care to meet residents' needs.

Sufficient staffing is also a top concern among residents and their families. This is not surprising when we consider that families are putting their loved ones in someone else's hands every day to help care and provide for them.

## F851

- **§483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format.**
- **§483.70(q)(1) Direct Care Staff.**
- **§483.70(q)(2) Submission requirements.**
- **§483.70(q)(3) Distinguishing employee from agency and contract staff.**
- **§483.70(q)(4) Data format.**
- **§483.70(q)(5) Submission schedule.**

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Let's stop and talk about Payroll-Based Journal or PBJ. It is not a requirement for surveyors to become an expert in PBJ procedures, however it is a requirement for facilities that surveyors must survey to. It is an important piece to discuss due to its relation to sufficient staffing. With changes being made to the Long Term Care Survey Process (LTCSP) software application, surveyors will be able to obtain specific PBJ data prior to the recertification survey.

F851 §483.70(q) is specific to the mandatory submission of staffing information based on payroll data in a uniform format.

Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS.

Revised Guidance at F851, includes that:

The surveyors can obtain PBJ data from the Certification And Survey Provider Enhanced Reports (CASPER) report to determine if the facility submitted the required staffing information based on payroll data in a uniform format. **The facility's failure to submit PBJ data as required will be reflected on their CASPER report and result in a deficiency citation.**

If concerns were identified based on the CASPER report, or from other any other source, refer to the critical element pathway “Sufficient and Competent Staffing.” We will talk more about this later.

**F851 has key elements of noncompliance.** To cite deficient practice at F851, the surveyor’s investigation will generally show that the facility failed to do any one of the following:

- Complete data for the entire reporting period, such as hours paid for all required staff, each day; or
- Provide accurate data; or
- Provide data by the required deadline.

Remember, the facility is to submit the required staffing information based on payroll data in a uniformed format.

If the survey team identifies non-compliance then F851 will be cited.

## Looking Back

### How did PBJ get to where it is today?

- 1998: CMS started Nursing Home Compare
- Originally based on health inspection data
- 2003: Quality measures added
- 2008: Five-Star Rating added
- CMS continually seeking to improve its value

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CMS has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. Over time, CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. The PBJ data provide unprecedented insight into how facilities are staffed, which can be used to analyze how facilities' staffing relates to quality and outcomes.

In 1998: CMS started Nursing Home Compare  
Information was originally based on health inspection data  
Then in 2003: Quality measures were added  
In 2008: Five-Star Rating was added  
CMS is continually seeking to improve its value to consumers

CMS posts staffing information on the CMS Nursing Home Compare website, and it is used in the Nursing Home Five Star Quality Rating System to help consumers understand the level and differences of staffing in nursing homes. It provides consumers with an easy way to search for nursing homes that deliver the quality of care they desire.

## Electronic Submission of Payroll-Based Staffing Information

- Report staffing levels, turnover, and tenure
- Auditable back to payroll data



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CMS has developed the PBJ system for facilities to submit staffing and census information. This system allows staffing and census information to be collected on a regular and more frequent basis than previously collected. It is also auditable to ensure accuracy. All long term care facilities have access to this system at no cost to facilities.

The data, when combined with census information, can then be used to not only report on the level of staff in each nursing home, but also to report on employee turnover and tenure, which can also impact the quality of care delivered to the vulnerable population of nursing home residents

## Days with No RN Staffing

F 727 tells us nursing homes are required to have an RN onsite at least 8 consecutive hours a day, 7 days a week.

Presence of a RN onsite every day is very important.

- Some nursing homes don't report any RN hours for some days, particularly on weekends.
- CMS is concerned with recurring instances of days with no RN hours reported.



Why is CMS concerned about nursing homes that report days with no registered nurse (RN) onsite?

F727 requires that nursing homes have an RN onsite at least 8 consecutive hours a day, 7 days a week.

Research shows the presence of an RN is strongly related to the quality of care and outcomes residents experience. Statistics have shown that as the number of RN hours increases, so does performance on the quality measures. Therefore, when there are lower levels or even no onsite RN presence, CMS is concerned about the health and safety of the residents.

Since facilities are required to submit the number of hours staff are paid to work each day, the PBJ data show whether or not facilities have an RN onsite each day. While the majority of nursing homes are reporting an RN onsite each day, submitted staffing data show that there are some facilities that don't report an RN onsite, particularly on the weekends. There are risks that the absence of an RN introduces. CMS believes that the presence of an RN onsite every day is extremely important to improving the health and safety of nursing home residents.

If a facility reports the absence of an RN 4 or more days in a quarter, they will be

cited at F727 by the surveyor.

# Sufficient and Competent Nurse Staffing Review

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## Sufficient and Competent Nurse Staffing Review

Surveyors should evaluate if the facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. States who have mandatory nurse-to-resident ratios are not exempt from this regulation. **Review this pathway when there is a pattern of resident or family concerns with or without associated quality of life and care concerns identified throughout the survey.**

**Coordination:**

- Part I is completed by all surveyors. Each surveyor is responsible for assessing the facility for compliance with the requirements for sufficient and competent nurse staffing throughout the survey and is to answer CE's of concern. The survey team should determine whether concerns with staffing can be linked to resident or resident representative complaints or any other regulatory requirements, such as but not limited to quality of life and care concerns.
- Part II is completed by the Team Coordinator or surveyor assigned primary responsibility of the task who is responsible for assessing the following areas: off-hour surveys, staffing waivers, nurse aide training/competency evaluation program.

**PART I – COMPLETED BY ALL TEAM MEMBERS**

**General Concepts When Considering Compliance:**

- Quality of life and care concerns, Payroll-Based Journal (PBJ) Staffing Data Report, census, resident/representative complaints, and/or staff's ability to complete assignments are used to assess if the facility has sufficient staff to meet the residents' needs.
- Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident's needs.
- Turnover and QAA are used to assess if the facility is operating an effective QAA process.

**OBSERVATIONS (During Initial Pool Process and/or Investigations):** Make observations throughout the survey of staff over different shifts and units to determine their availability to meet the needs of residents. During team meetings, discuss whether any concerns (e.g., refer to the list below for examples) should alert the team of potential concerns with sufficient or competent staff. Note: The team meeting screen displays initial pool concerns (day 1) and investigation concerns (day 2) as a reminder for the team to discuss potential staffing concerns.

- Are there offensive odors? If so, what is the source?
- If mid-morning (e.g., 9-11 a.m.) or later, are residents still in bed and not dressed?
- Are residents care activities consistent with the time of day/night and their individual personal preferences?
- Are residents sitting around the nurse's station, in the hallways, or in front of the television without any interaction from staff?
- Are call devices and alarms responded to timely?

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The survey team will use the revised CE Pathway Sufficient and Competent Nurse Staffing Review to complete this Mandatory Facility Task for the standard recertification survey. This pathway should also be used when surveyors are investigating a stand-alone complaint where concerns with staffing were identified. The pathway has been divided into Part 1 and Part 2. There are general concepts when considering compliance.

- Quality of life and care concerns, Payroll-Based Journal (PBJ) Staffing Data Report, census, resident/representative complaints, and/or staff's ability to complete assignments are used to assess if the facility has sufficient staff to meet the residents' needs.
- Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident's needs
- Turnover and QAA are used to assess if the facility is operating an effective QAA process.

## PBJ Staffing Data Report

- Excessively low weekend staffing
- 4 or more days with no RN
- 4 or more days with less than 24 hours of licensed nursing staff
- 1 star staffing rating
- No data submitted for the last quarter

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The LTCSP software will be updated to include changes to the survey process to include the PBJ data. The survey team will use this data to investigate further through observations, interviews, and record review. The changes consist of the following five areas and are in the form of the Payroll-Based Journal (PBJ) Staffing Data Report that surveyors will obtain through the CASPER reporting system. Those areas are based on data submitted by the facility for the last quarter.

The first of these is:

**Excessively low weekend staffing:** this means that the facility has been identified by the PBJ system and triggered for having low weekend staffing. The submitted weekend staffing data is excessively low. This can also trigger a facility to receive an off-hour survey. As we know, F725 requires sufficient staff, so the team would investigate further.

The 2<sup>nd</sup> of the PBJ Staffing Data Report areas includes:

**Four or more days with no RN:** This means that the facility PBJ data shows that within the identified quarter, the facility has had four or more days without an RN. Remember, that according to F727, facilities are required to have an RN onsite for 8 consecutive hours 7 days a week. If four or more days with no RN are identified, the team will investigate further AND cite the facility at F727. Note that the rule of four or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team

would consider issuing a citation when a minimum of **one** day is identified to not meet the nurse staffing requirement for a Registered Nurse.

The 3<sup>rd</sup> of the PBJ Staffing Data Report areas includes:

Four or more days within the quarter with less than 24 hours per day of licensed nursing coverage. At one point, there were about 1500 nursing homes that reported no licensed nursing staff in a 24 hour period.

Per F725, facilities are required to have licensed nursing staff 24 hours a day. If there are four or more days with less than 24 hours of licensed nursing staff, the survey team will investigate further AND cite F725. Note here also that the rule of four or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of **one** day is identified to not meet the nurse staffing requirement for Licensed Nursing Staff.

The 4<sup>th</sup> of the PBJ Staffing Data Report areas includes:

One star staffing rating. We discussed earlier different reasons why a facility may have a one star staffing rating. If this is identified on the PBJ Staffing Data Report then the survey team should be aware of this low star staff rating as they conduct investigations. For example, surveyors should be alert when interviewing residents about the availability of staff to determine if assistance is provided when needed without having to wait a long time.

The last of the CASPER report areas includes:

No data submitted for the last quarter. If there is no data submitted for the last quarter, it will be assumed that the facility has low staffing. The survey team will investigate further.

Surveyors complete the Sufficient and Competent Nurse Staffing Review.

**Please note:** The rule of 4 or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of 1 day is identified to not meet the nurse staffing requirement for both a Registered Nurse and Licensed nursing staff.

## F725 Sufficient Staff

F725

### §483.35 Nursing Services

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

### §483.35(a) Sufficient Staff.

§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- (i) Except when waived under paragraph (e) of this section, licensed nurses; and
- (ii) Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

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There are a handful of staffing related tags that have revised interpretive guidance and deficiency categorization examples. We talked about F851 earlier, let's now take a look at some of the other examples.

### F725 Sufficient Staff

#### **PROCEDURE: §483.35(a)(1)-(2)**

Compliance with State staffing standards is not necessarily determinative of compliance with Federal staffing standards that require a sufficient number of staff to meet all of the residents' basic and individualized care needs. A facility may meet a state's minimum staffing ratio requirement, and still need more staff to meet the needs of its residents. Additionally, the facility is required to provide licensed nursing staff 24 hours a day, 7 days a week.

The facility is responsible for submitting staffing data through the CMS Payroll-Based Journal (PBJ) system (Refer to F851, §483.70(q)). This data can be obtained through the Certification and Survey Provider Enhanced Reports (CASPER) reporting system. This PBJ Staffing Data Report contains information about overall direct care staffing levels, including nurse staffing. Surveyors will utilize the P B J Staffing Data Report available through CASPER reporting system to identify concerns with

staffing. The Long Term Care Survey Process (LTCSP) software application will alert the surveyors of specific dates that require further investigation related to staffing. Surveyors are expected to verify infraction dates indicated on the PBJ staffing data report. If concerns were identified on this report, as well as from other sources, refer to the critical element pathway of Sufficient and Competent Staffing, and the probes noted below.

**Some Investigative Probes** in the interpretive guidance have been revised and include but are not limited to:

- Are the numbers of licensed staff sufficient such that those staff members have enough time to provide direct services to residents as well as to assist and monitor all of the aides they are responsible for supervising?
- Does the facility have adequate staff to monitor residents at risk for wandering?
- Does the facility have licensed nursing staff 24 hours a day?

If the surveyor is made aware of the absences of licensed nursing staff in a 24 hour period :

- Interview direct care staff;
- Interview the Director of Nursing or Administrator;
- See Interpretive Guidance at F25 for additional probes.

## F725 Deficiency Categorization Example Level 4

**An example of F725 Sufficient Staff, Level 4, immediate jeopardy to resident health and safety includes, but is not limited to:**

A resident had complained of chest pain and shortness of breath after eating their evening meal. The nursing assistant stated they would inform the licensed nurse. The nursing assistant was informed there would be no licensed nurse until the next morning. At 10:00 p.m. the resident was found unresponsive with minimal respirations by a visiting family member. Because there was no licensed nurse on duty at that time, the nursing assistant called 911.

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**F725 Sufficient Staff has deficiency categorization examples** some of which we want to take a look at today.

**An example of F725 Sufficient Staff, Level 4, immediate jeopardy to resident health and safety includes, but is not limited to:**

A resident had complained of chest pain and shortness of breath after eating their evening meal. The nursing assistant stated they would inform the licensed nurse. The nursing assistant was informed there would be no licensed nurse until the next morning. At 10:00 p.m. the resident was found unresponsive with minimal respirations by a visiting family member. Because there was no licensed nurse on duty at that time, the nursing assistant called 911.

## F725 Deficiency Categorization Example Level 3

**An example of F725 Sufficient Staff, Level 3, actual harm (physical or psychosocial) that is not immediate jeopardy includes, but is not limited to:**

A resident was admitted to the facility with a recently repaired hip fracture and required assistance with ambulation. The resident used the calling device to request assistance to the bathroom. After several minutes no help arrived so the resident attempted to ambulate with a walker to the bathroom without assistance. The resident subsequently fell and was found by nursing assistants. The resident was assisted back to bed by the nursing assistants and complained of pain in the area of the recently repaired hip fracture. There was no licensed nurse on duty to assess the resident for any injuries or provide medication for pain. The next morning the resident complained of increased pain in the area of the repaired hip fracture. After assessment by the day shift licensed nurse the resident was sent to the hospital. The resident was admitted and required surgery to repair the re-fractured hip.

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**An example of F725 Sufficient Staff, Level 3, actual harm (physical or psychosocial) that is not immediate jeopardy includes, but is not limited to:**

A resident was admitted to the facility with a recently repaired hip fracture and required assistance with ambulation. The resident used the calling device to request assistance to the bathroom. After several minutes no help arrived so the resident attempted to ambulate with a walker to the bathroom without assistance. The resident subsequently fell and was found by nursing assistants. The resident was assisted back to bed by the nursing assistants and complained of pain in the area of the recently repaired hip fracture. There was no licensed nurse on duty to assess the resident for any injuries or provide medication for pain. The next morning the resident complained of increased pain in the area of the repaired hip fracture. After assessment by the day shift licensed nurse the resident was sent to the hospital. The resident was admitted and required surgery to repair the re-fractured hip.

## F725 Deficiency Categorization Example Level 2

**An example of F725 Sufficient Staff, Level 2, no actual harm, with potential for no more than minimal harm, that is not immediate jeopardy includes, but is not limited to:**

Residents complain that they are not allowed choices such as receiving showers consistently on the days or at times they prefer due to inadequate staffing. Review of staffing data submitted via the PBJ system revealed the facility had a one-star staffing quality rating. Follow up interviews with the staffing coordinator revealed that only one CNA was available to provide showers, and therefore residents' preferences for timing of showering could not be met causing anxiety. Refer to the Psychosocial Outcome Guide for additional direction.

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**An example of F725 Sufficient Staff, Level 2, no actual harm, with potential for no more than minimal harm, that is not immediate jeopardy includes, but is not limited to:**

Residents complain that they are not allowed choices such as receiving showers consistently on the days or at times they prefer due to inadequate staffing. Review of staffing data submitted via the PBJ system revealed the facility had a one-star staffing quality rating. Follow up interviews with the staffing coordinator revealed that only one CNA was available to provide showers, and therefore residents' preferences for timing of showering could not be met causing anxiety. Refer to the Psychosocial Outcome Guide for additional direction.

## F725 Deficiency Categorization Level 1

***Severity Level 1: No Actual Harm with Potential for Minimal Harm***

***Does Not Apply***

The failure of the facility to provide sufficient staffing including licensed nurses creates a risk that is more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

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***Severity Level 1: No Actual Harm with Potential for Minimal Harm Does Not Apply***

The failure of the facility to provide sufficient staffing including licensed nurses creates a risk that is more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

## F727 Registered Nurse

F727

§483.35(b) Registered nurse

§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

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F727 is next.

The intent of this regulation is to ensure that the facility:

1. Uses the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.
2. Designates a registered nurse to serve as the director of nursing on a full time basis.
3. Permits the director of nursing to serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.

As previously shared, the facility is responsible for submitting staffing data to the payroll-based journal system (Refer to F851). This data for the purposes of standard and abbreviated surveys can be obtained through the Certification And Survey Provider Enhanced Reports (Casper) reporting system. This report contains information about overall staffing levels as well as licensed nurse staffing, **including** the 8 consecutive hours required by an RN. If concerns were identified on this report, as well as from other sources, refer to the critical element pathway Sufficient and Competent Staffing, and the probes below.

**Procedure Interpretive Guidance** changes include but are not limited to:

Facilities are responsible for ensuring they have an RN providing services at least 8 consecutive hours a day, 7 days a week. However, per Facility Assessment requirements at F838, §483.70(e), facilities are expected to identify when they may require the services of an RN for more than 8 hours a day based on the acuity level of the resident population. If it is determined the services of an RN are required for more than 8 hours a day, refer to the guidance at F725 related to sufficient nurse staffing for further investigation.

Facilities may choose to have differing tours of duty (e.g. 8 hour- or 12-hour shifts) for their licensed nursing staff. Regardless of the approach, the facility is responsible for ensuring the 8 hours worked by the RN are consecutive within each 24-hour period.

**Probes**

If there is no RN coverage for at least 8 consecutive hours each day, (e.g., as indicated by the PBJ Staffing Report), corroborate the findings by interviewing:

- front line staff (i.e., nurse aides, LPNs/LVNs)
- Director of Nursing or Administrator;

## F727 Deficiency Categorization Example Level 4

### **An Example of Severity Level 4 Noncompliance: Immediate Jeopardy to Resident Health or Safety includes but is not limited to:**

The annual recertification survey of a facility indicates that it provides care for residents with high acuity needs including residents that receive medications and fluids via central intravenous lines (IV) and ventilator dependent residents. The investigation revealed an RN was not onsite for at least 8 consecutive hours during the day. During the period when there was no RN, the LPN had to perform assessments and maintain central line (IV) infusions, which is out of the scope of practice for an LPN in the absence of supervision of the RN. The facility's failure to have an RN on duty for at least 8 consecutive hours a day as required by the regulation, created the likelihood for serious injury, harm, impairment or death. Specifically, the RN was not present to meet the critical needs of these high acuity residents.

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**F727, Registered Nurse, has deficiency categorization examples** some of which we want to take a look at today.

### **An Example of Severity Level 4 Noncompliance: Immediate Jeopardy to Resident Health or Safety includes but is not limited to:**

The annual recertification survey of a facility indicates that it provides care for residents with high acuity needs including residents that receive medications and fluids via central intravenous lines (IV) and ventilator dependent residents. The investigation revealed an RN was not onsite for at least 8 consecutive hours during the day. During the period when there was no RN, the LPN had to perform assessments and maintain central line (IV) infusions, which is out of the scope of practice for an LPN in the absence of supervision of the RN. The facility's failure to have an RN on duty for at least 8 consecutive hours a day as required by the regulation, created the likelihood for serious injury, harm, impairment or death. Specifically, the RN was not present to meet the critical needs of these high acuity residents.

## F727 Deficiency Categorization Example Level 3

### **Example of Severity Level 3 Noncompliance: Actual Harm that is not Immediate Jeopardy includes but is not limited to:**

Investigation of falls occurring in the facility with a census greater than 60 residents revealed the monthly fall evaluation for one resident was not completed with the interdisciplinary team after the resident experienced 2 falls. Interview with the Director of Nursing (DON) revealed this was the DON's responsibility; however, because she had been serving as the charge nurse, there was no time to complete the evaluation for this resident who experienced another fall resulting in a sprained wrist. Record review revealed that the resident experienced a fall after the DON failed to complete the fall evaluation in response to the two initial falls. Staff ultimately determined the resident was falling due to a change in the resident's condition (deteriorating eyesight) that was not timely identified because of the DON's failure to complete a monthly fall evaluation.

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### **An example of Severity Level 3 Noncompliance: Actual Harm that is not Immediate Jeopardy includes but is not limited to:**

Investigation of falls occurring in the facility with a census greater than 60 residents revealed the monthly fall evaluation for one resident was not completed with the interdisciplinary team after the resident experienced 2 falls. Interview with the Director of Nursing (DON) revealed this was the DON's responsibility; however, because she had been serving as the charge nurse, there was no time to complete the evaluation for this resident who experienced another fall resulting in a sprained wrist. Record review revealed that the resident experienced a fall after the DON failed to complete the fall evaluation in response to the two initial falls. Staff ultimately determined the resident was falling due to a change in the resident's condition (deteriorating eyesight) that was not timely identified because of the DON's failure to complete a monthly fall evaluation.

## F727 Deficiency Categorization Example Level 2

***Examples of Severity Level 2 Noncompliance: No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy include, but are not limited to:***

Review of the PBJ Staffing Data Report revealed concerns related to the facility's requirement to have a Registered Nurse on duty for at least 8 consecutive hours a day. The surveyor verified an RN was routinely on duty for only 7 consecutive hours a day last quarter. No actual harm to residents was identified. However, there was a potential for more than minimal harm due to the facility's failure to have an RN on duty for at least 8 consecutive hours a day, 7 days a week in order to ensure that all the residents' clinical needs were met either directly by the RN or indirectly by the LPNs or CNAs for whom the RN was responsible for overseeing resident care.

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***Examples of Severity Level 2 Noncompliance: No Actual Harm with Potential for More Than Minimal Harm that is Not Immediate Jeopardy include, but are not limited to:***

- Review of the PBJ Staffing Data Report revealed concerns related to the facility's requirement to have a Registered Nurse on duty for at least 8 consecutive hours a day. The surveyor verified an RN was routinely on duty for only 7 consecutive hours a day last quarter. No actual harm to residents was identified. However, there was a potential for more than minimal harm due to the facility's failure to have an RN on duty for at least 8 consecutive hours a day, 7 days a week in order to ensure that all the residents' clinical needs were met either directly by the RN or indirectly by the LPNs or CNAs for whom the RN was responsible for overseeing resident care.

## F727 Deficiency Categorization Example Level 1

### **Severity Level 1: No Actual Harm with Potential for Minimal Harm**

#### ***Does Not Apply***

The failure of the facility to provide an RN creates a risk that is more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

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### **Severity Level 1: No Actual Harm with Potential for Minimal Harm**

The failure of the facility to provide an RN creates a risk that is more than minimal harm. Therefore, Severity Level 1 does not apply for this regulatory requirement.

## F729 Registry Verification

**§483.35(d)(4) Registry verification.** Before allowing an individual to serve as a nurse aide, a facility must receive registry verification that the individual has met competency evaluation requirements unless—

- (i) The individual is a full-time employee in a training and competency evaluation program approved by the State; or
- (ii) The individual can prove that he or she has recently successfully completed a training and competency evaluation program or competency evaluation program approved by the State and has not yet been included in the registry. Facilities must follow up to ensure that such an individual actually becomes registered.

**§483.35(d)(5) Multi-State registry verification.** Before allowing an individual to serve as a nurse aide, a facility must seek information from every State registry established under sections 1819(e)(2)(A) or 1919(e)(2)(A) of the Act that the facility believes will include information on the individual.

**§483.35(d)(6) Required retraining.**

If, since an individual's most recent completion of a training and competency evaluation program, there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program.

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For F729 Interpretive Guidance, there have been additions to the Procedure Section.

### Procedure

If concerns are identified with Nurse Aide Services at F725 and F726, review a minimum of five nurse aide personnel files including any specific staff members with whom concerns were identified.

Review the nurse aide personnel folder to determine if the facility received registry verification that the individual has met competency evaluation requirements before the employee's start date unless an exception applies as noted in §483.35(d)(4).

Review the nurse aide personnel folder to determine if the facility verified information from every State registry that the facility believes will include information concerning that individual before the employee's start date. If records reveal a nurse aide has not provided nursing related services for monetary compensation over a 24-month period, the surveyor will need to determine if the individual completed a new training and competency evaluation program.

## F732 Nurse Staffing Information

### §483.35(g) Nurse Staffing Information.

§483.35(g)(1) Data requirements. The facility must post the following information on a daily basis:

- (i) Facility name.
- (ii) The current date
- (iii) The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:
  - (A) Registered nurses.
  - (B) Licensed practical nurses or licensed vocational nurses (as defined under State law).
  - (C) Certified nurse aides.
- (iv) Resident census.

### §483.35(g)(2) Posting requirements.

- (i) The facility must post the nurse staffing data specified in paragraph (g)(1) of this section on a daily basis at the beginning of each shift.
- (ii) Data must be posted as follows:
  - (A) Clear and readable format.
  - (B) In a prominent place readily accessible to residents and visitors.

§483.35(g)(3) Public access to posted nurse staffing data. The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.

§483.35(g)(4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

2.2

### F732 Posted Nurse Staffing Information

The intent of this regulation is to make staffing information readily available in a readable format to residents and visitors at any given time.

Interpretive guidance has been revised to include the addition of new procedures and probes. Let's review these together.

### **PROCEDURES AND PROBES §483.35(g)(1-4)**

Surveyors must determine through information obtained by observations and verified by record reviews the following:

The facility post's the following information on a daily basis

Facility name

The current date

The total number and actual hours worked by the following categories of licensed nursing staff directly responsible for resident care per shift (Registered nurses, Licensed practical nurses or licensed vocational nurses, Certified nurse aides.)

Resident census:

The facility must post the nurse staffing data mentioned above on a daily basis at

the beginning of each shift.

The data must be posted in a clear and readable format and in a prominent place readily accessible to residents and visitors.

The facility must upon oral or written request make nurse staffing data available to the public for review at a cost not to exceed the community standard.

The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.

## PBJ-Related Resources



- **CMS PBJ Policy Manual:**  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-Final-V24.pdf>
- **CMS PBJ Policy Manual FAQ:**  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/PBJ-Policy-Manual-FAQ-09-26-17.pdf>
- **CMS Staffing Data Submission PBJ website:**  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>
- **CMS Five-Star Quality Rating System Technical Users Guide:**  
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/downloads/usersguide.pdf>
- Questions regarding PBJ policy can be sent to [NHStaffing@cms.hhs.gov](mailto:NHStaffing@cms.hhs.gov)

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If you're interested in learning more about PBJ outside of what is expected in the survey process, here are some resources for you.

## In Closing

**Thank You**



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Closing remarks. Nursing home staffing has a tremendous impact on the quality of care that residents experience.

## Thank You

If you have questions about this training please send them to:

[DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov)

If you have questions about the Long Term Care Survey Process please send them to:

[NHSurveyDevelopment@cms.hhs.gov](mailto:NHSurveyDevelopment@cms.hhs.gov)



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If you have questions about the regulations and guidance included in this training please send them to the DNH Triage mailbox at: [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov)

If you have questions about the Long Term Survey Process please send them to: [NHSurveyDevelopment@cms.hhs.gov](mailto:NHSurveyDevelopment@cms.hhs.gov)

Thank you for your continued efforts towards our shared goal in providing quality care to America's nursing home residents.