

Seniors and People with  
Disabilities Division (SPD)

Nursing Assistant Staffing Program  
Guide for Nursing Facility Providers

March 23, 2010



## Quick View Rule Reference Guide- OAR 411-086-0100

[http://www.dhs.state.or.us/policy/spd/rules/411\\_086.pdf](http://www.dhs.state.or.us/policy/spd/rules/411_086.pdf)

For more information, please go to the Oregon Administrative Rules

### **(3) Minimum Staffing, Generally:**

Resident service needs must be the primary consideration in determining the number and categories of nursing personnel needed. Nursing staff must be **sufficient** in quantity and quality to provide nursing services for each resident as needed, including restorative services that enable each resident to achieve and maintain the highest practicable degree of function, self-care and independence, as determined by the resident's care plan. Such staffing must be provided even though it exceeds other requirements specified by this rule or specified in any waiver.

#### **Ratios:**

(B) Beginning April 1, 2009:

- (i) DAY SHIFT: 1 nursing assistant per 7 residents.
- (ii) SWING SHIFT: 1 nursing assistant per 11 residents.
- (iii) NIGHT SHIFT: 1 nursing assistant per 18 residents

#### **CMA:**

The certified medication aide assigned to administer medications must not be counted toward meeting the minimum staffing requirements for direct service of residents, referenced at section (5)(c) of this rule.

#### **RA:**

Effective September 1, 2008, nursing assistants serving as restorative aides must not be counted toward the minimum staffing requirement under section (5)(c) of this rule.

### **Daily Staff Public Posting:**

- (a) The facility must have the number of on-duty nursing staff publicly posted 24 hours each day using form SDS 0717.
  - (A) The posted report must be prominently displayed in a public area, readily accessible to residents and visitors, as described in OAR 411-085-0030(1)(b).

### **Reporting:**

- (d) Each facility must submit a quarterly staffing report to SPD, using a SPD approved method and format. The report must provide an accurate daily account of resident census and nursing assistant staffing levels for each shift.
  - (A) The facility must submit the report to SPD no later than the end of the month immediately following the end of each calendar quarter. (Example: For the calendar quarter ending March 31, the report must be received no later than April 30.)
  - (B) The report must specify the shifts in which the minimum staffing standards, as set forth in section (5)(c) of this rule, were not met.
  - (C) The facility must provide documents to support the quarterly staffing report, including payroll records, upon request of SPD.

*Nursing assistant refers to both those nursing assistants who have obtained and those in the process of obtaining their certification.*



# Quarterly Reporting

## Quarterly Reporting Process Nursing Assistant Staffing

### Generally

1. Each nursing facility is required to submit a report on a quarterly basis per (OAR 411-086-0100 (5)(d).
2. For this process facilities are required to use the Seniors and People with Disabilities (SPD) approved method and format.
3. This report must be submitted to the [NASTAFF@DHS.STATE.OR.US](mailto:NASTAFF@DHS.STATE.OR.US) e-mail address.
4. Any updates either from SPD or to SPD are to be sent using the above email address.
5. If there are any changes to the reporting matrix they will be sent through the above e-mail address.

### Reports

1. On receipt of the quarterly report you will receive an e-mail verification indicating that the report has been received by SPD. The report is then reviewed to determine if it is complete.
  - a. If there are any questions or noted errors, you will receive an email with additional instruction or if additional information is needed for review and the response is due within 48 hours of the email notification.
  - b. If a facility does not submit their quarterly NA staffing report by the required due date for the current quarter, Department staff will issue an email and certified letter notification. **For each calendar day the report is overdue a \$150.00 a day fine is accruing.**
    1. The email notification will be sent as soon as the missing file is noted and the report is due within 48 hours of receipt.
    2. The certified letter will be mailed to the facility within 5 business days from the report due date notifying the facility that the quarterly staffing report has not been received and requesting the staffing report be submitted by email within 24 hours of receipt of the certified letter.
    3. If the Department does not receive the facility's CNA staffing report as requested, the matter will be reviewed for a civil money penalty (see NA NF Staffing Civil Penalty Guide) and a referral will be made to the Client Care Monitoring Unit.

***Note: Please see Staffing Civil Penalty Guide as there are monetary fines applied for late reporting.***

## Quarterly Reporting Process Nursing Assistant Staffing-Continued

### Review Process

1. Reports are electronically filed on receipt into a facility's electronic file folder.
2. Reports are reviewed and computed for reported staff vs. required staff.
3. A determination is made as to whether the facility met the ratios as established by the rule.
4. Upon completion of the review you will receive one of the following responses (Please refer to the enclosed Decision Matrix & Civil Penalty Guide):
  - a. A Letter of Determination stating that there were discrepancies but no sanctions have been imposed or,
  - b. A Letter of Determination and for licensing violations and what sanctions or other corrective actions will be imposed, what the incurred penalties are, and the hearing rights.
  - c. An advisory letter that the report has been received and is self-reported as having met the minimum standard.

# Nursing Facility NA Quarterly Staffing Report

## Instruction Guide for Report Form (Revised March 2009)

1. Proper completion and submission of the Nursing Facility NA Quarterly Staffing Report is required for facility compliance with Oregon Administrative Rule 411-086-0100 (5) (d).
2. A completed Nursing Facility NA 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:

### Quarter Reporting Period Report Due Date

**Quarter 1-Reporting Period Jan 1-Mar 31 (Apr 30)**

**Quarter 2-Reporting Period Apr 1-Jun 30 (Jul 31)**

**Quarter 3-Reporting Period Jul1-Sep 30 (Oct 31)**

**Quarter 4-Reporting Period Oct 1-Dec 31 (Jan 31)**

3. 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.

## Nursing Facility NA Quarterly Staffing Report Instructions-continued

### Occurrences Below Staffing Ratio

- Column is 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 (Excel 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. The information must be specific to that particular shift and the events surrounding the incident. Copy and pasting repetitive explanations are not accepted for mitigation of the shortage. \* ***See additional instructions and examples attached.***
- Quality Assurance Audits of Nursing Facility Quarterly Staffing Reports will be performed. Facility payroll/timesheet 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 pages 9 & 10 for Nursing Facility Quarterly Staffing Report Instructions for the Explanation section and for examples*

# Sample Quarterly Report

Reporting Period:	MARCH	2008												Occurrences Below Staffing Ratio (Per Month)																			
Facility Name:																																	
Date of Transmission:	05/21/2008																																
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		
Day Shift Census	85	88	89	88	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	12		
Reported NA Staff on Duty	10	11	10.5	11	11	11	13	10.5	11	12	12	11	12	11	12	12	12	13	13	11	12	12	10.5	12	12	12	12	12	11	11.5	12		
+/- From Required Minimum	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.5	0.0	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	1.0	1.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.5	0.0	9		
Evening Shift Census	85	88	89	88	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	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	8		
Reported NA Staff on Duty	8	8.5	8	8	8	8	9	8	8	9	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8		
+/- From Required Minimum	0.0	0.5	0.0	0.0	0.0	0.0	1.0	0.0	0.0	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	
Night Shift Census	85	88	89	88	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	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	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	5	5		
+/- From Required Minimum	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	0.0	0.0	1	

## NA Quarterly Reporting Instructions For Explanation Section

(All potential mitigation reasons will be reviewed for facility history)

1. If a specific facility is short multiple days with multiple staff shortages on an ongoing basis, and the same explanation is being used constantly without showing significant improvement in the number of staffing shortages, the reason/s may not be mitigated.
2. If the explanation is not specifically related to the specific shift, date, and event, potentially it will not be accepted for mitigation.
3. 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 NA to resident ratios and provision of care in accordance with the ACU/ECU requirements.
4. 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 ("helping out" is not being re-assigned).
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 residents they were assigned and hours worked as direct care staff.
6. If NA'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.
7. If the NA 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 and sufficient staff to meet the residents needs**).
8. 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.
9. Please indicate the reason the NA 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).
10. 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).
11. Please do not mark the quarterly report as zero (0) nursing assistant shortage if another discipline has worked in the nursing assistant's place. It would still be a shortage of a nursing assistant who either who is certified as CNA or has a pending certification but the explanation would be noted that another discipline has been assigned residents.
12. Nursing assistant staff that are on restricted duty ("light duty") can only be counted if they can meet the specifics as listed in rule (OAR 411-086-0100 (5) (g)).

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

Shift	Explanation That would Potentially Mitigate
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



# Quality Assurance Audit

## Quality Assurance Nursing Assistant Staffing Audit-Request Process

1. Requests will be sent via **certified mail**.
  - a. The envelope will be addressed to the facility administrator.
  - b. Within the address area it will state that it is a “**CNA Staffing**” so if an administrator needs to delegate the task to another individual it will be easily identified.
2. Due dates for the information to be returned to the Department will be identified within the letter and the standard will be **10 business days**.
  - a. Audit documents are to be returned to the Department by either mailing or shipping. Please do not fax information as all information may not be received or be complete, and this may cause you to have to re-submit your information.
  - b. If the information that has been sent is incomplete or additional explanation is required, one additional request will be made and the additional information will be required within 5 business days of the request or it will be considered as not meeting the reporting criteria.
  - c. If the requested information for the review is not submitted it will be considered as not meeting the reporting criteria and referred to the Corrective Action Unit.
  - d. All information received will be logged with the date received, the date the review was completed, and the date a response was submitted to the facility.
  - e. Please send the information to the following address:

**Joanne M Birney, Program Coordinator  
Department of Human Services, SPD, OLQC  
CNA/NF Staffing Program  
500 Summer Street NE, E13  
Salem, OR 97301**

## Quality Assurance NA Staffing Audit Request Process-continued

### 3. Information required (needs to be legible)

- a. Nursing assistant payroll records (time clock detail reports) for the time-periods requested which includes the number of hours a NA worked per shift. Licensed nurse staff payroll records (time clock details) if a nurse was used to replace missing nursing assistant staff on your explanation sheet for a specific day/shift.
- b. Nursing assistant (licensed nurse staff if applicable) staffing schedules which indicate the assigned wing/s; floor/s; and/or the number of residents assigned.
- c. The discipline of each staff i.e. CNA, NA, RA, and/or CMA. Also please indicate if you use specific CNAs for specified tasks such as assigning them as bath aides and ensure that they are noted on assignment sheets and we have appropriate records for these staff.
- d. Documentation if agency nursing assistant staff were used and what was their assignment.
- e. Resident census for the period requested.
- f. Copy of the facilities staffing policy related to acquiring nursing assistant staff when a staffing shortage has been identified.
- g. If you have chronic shortages, what steps have you taken to correct the shortage.
- h. Explanation of any coding that might be used on schedules or payrolls to denote shifts or duties or disciplines.
- i. Hire dates of any nursing assistants who have not obtained their certification.
- j. Direct Care Staff Daily Report (SDS 0717)

## Quality Assurance NA Staffing Audit Process-continued

### Outcomes of QAA

1. An advisory letter stating that the review was completed or;
2. An advisory letter stating that there were discrepancies or failure to comply with the audit request and what action will be taken i.e. a potential referral to the Corrective Action Unit.

### Review Selection Process

1. The selection of dates to be audited and the reason for the review for a specific quarter may be selected based on any number of different factors related to NA staff
  - a. Random selection
  - b. Significant shortages reported on an ongoing basis.
  - c. Complaints from the public, residents, resident's families or other sources.
  - d. Complaints of shortages or workload issues from facility staff.
  - e. Adult Protective Service issues reported.
  - f. Information from the Ombudsman's Office.
  - g. CCMU survey and complaint history.
  - h. Ratios of CNAs vs. NAs.
  - i. Reports of nursing assistants on duty that are listed as restricted duty status and are being counted towards meeting the minimum standard.



## **Nursing Facility Licensing Rule Compliance**

### **Enforcement Process Generally**

1. All information will be reviewed by the Nursing Facility NA Staffing Team, processed through the Corrective Action Unit, and reviewed by an SPD manager prior to corrective action being issued to the nursing facility.
2. All submitted information will be used in the decision making process as well as previous quarterly reports, survey information, and other facility related information.

## Decision Matrix for Nursing Facility Nursing Assistant Staffing Rule Compliance

<p>Level 0: Failed to submit a timely report Failed to provide a comprehensive report Failed to provide accurate staffing information</p>	<ul style="list-style-type: none"> <li>• Letter of Determination (for all)</li> <li>• Discretionary Civil Penalty (for all), based on mitigating and aggravating factors</li> <li>• Discretionary CCMU Referral</li> </ul>
<p>Level I: Minimum understaffing (<math>\leq 3\%</math> total NAs) with staffing ratio</p>	<ul style="list-style-type: none"> <li>• Letter of Determination</li> <li>• Discretionary Civil Penalty</li> <li>• Discretionary Plan of Correction</li> <li>• Discretionary Internal Review</li> <li>• (Staffing history &amp; explanations for non-compliance will be considered for aggravating or mitigating information.)</li> </ul>
<p>Level II: Moderate understaffing (<math>&gt;3\% - 9\%</math> total NAs) with staffing ratio</p>	<ul style="list-style-type: none"> <li>• Letter of Determination</li> <li>• Civil Penalty</li> <li>• Plan of Correction</li> <li>• Discretionary Internal Review</li> <li>• (Staffing history &amp; explanations for non-compliance will be considered for aggravating or mitigating information.)</li> </ul>
<p>Level III: Significant understaffing (<math>&gt;9\% - 15\%</math> total NAs) with staffing ratio</p>	<ul style="list-style-type: none"> <li>• Letter of Determination</li> <li>• Civil Penalty</li> <li>• Plan of Correction</li> <li>• Discretionary Internal Review</li> <li>• Discretionary Restriction of Admissions</li> <li>• Discretionary CCMU Referral (Staffing history &amp; explanations for non-compliance will be considered for aggravating or mitigating information.)</li> </ul>
<p>Level IV: Severe understaffing (<math>&gt;15\%</math> total NAs) with staffing ratio</p>	<ul style="list-style-type: none"> <li>• Letter of Determination</li> <li>• Civil Penalty</li> <li>• CCMU Referral</li> <li>• Plan of Correction</li> <li>• Discretionary Restriction of Admissions (Staffing history &amp; explanations for non-compliance will be considered for aggravating or mitigating information.)</li> </ul>

## Staffing Civil Penalty Guide

When the identified NF is unable to comply with the OAR reporting and NA staffing requirements, the following matrix establishes a system for assigning a corresponding civil penalty. More than one staffing rule violation may be applicable. Civil penalties will be calculated for non-compliance and aggravating factors of NA staffing shortages on revolving quarters (**Example:** Reviewing Quarter 1 of 2009; quarters 2, 3, & 4 of 2008 will be taken into consideration).

Staffing Noncompliance	Corresponding Civil Penalties
Level I - Staffing Noncompliance	<ul style="list-style-type: none"> <li>• \$0 below staffing requirement (first occurrence only);</li> <li>• \$50/staffperson short – second time</li> <li>• \$100/staffperson short – third time and from then on</li> </ul>
Level II – Staffing Noncompliance	<ul style="list-style-type: none"> <li>• \$100/staffperson short <i>CP aggravated if shortage continues over time</i></li> </ul>
Level III – Staffing Noncompliance	<ul style="list-style-type: none"> <li>• \$150/staffperson short <i>CP aggravated if shortage continues over time</i></li> </ul>
Level IV – Staffing Noncompliance	<ul style="list-style-type: none"> <li>• \$150/staffperson short <i>CP aggravated if shortage continues over time</i></li> </ul>

Reporting Noncompliance Level 0	Corresponding Civil Penalties
Type 1 – Failed to submit timely report	<ul style="list-style-type: none"> <li>• \$150/day late, up to 30 days (Discretionary CCMU Referral as referenced in the Decision Matrix)</li> </ul>
Type 2 – Failed to provide comprehensive report	<ul style="list-style-type: none"> <li>• \$50 - \$150/occurrence, based on mitigating and aggravating factors (Discretionary CCMU Referral as referenced in the Decision Matrix)</li> </ul>
Type 3 – Failed to provide accurate staffing information	<ul style="list-style-type: none"> <li>• \$50 - \$150/occurrence, based on QA or Review (Discretionary CCMU Referral as referenced in the Decision Matrix)</li> </ul>

## Staffing Plan of Correction (SPOC)

- A Staffing Plan of Correction is a sanction identified on the Decision Matrix for Nursing Assistant Staffing Rule Compliance for those facilities reporting a Level II (moderate), Level III (significant), and Level IV (severe) of nursing assistant shortage.
- The Staffing Plan of Correction is for both those facilities who have had staffing shortages mitigated as well as those who have not. Although these shortages may have been mitigated this does not discount the fact that those shortages have occurred and a Staffing Plan of Correction may be required.
- Nursing facility providers who have been identified as having an ongoing shortage of nursing assistant prior to mitigation at these levels of non-compliance and do not appear to be correcting these shortages or have not identified a plan to reduce these levels may be required to develop a Staffing Plan of Correction. The Department will monitor the SPOC and additional sanctions may be applied for non-compliance with the submitted plan.
- The facility will be notified in writing of the deficiency. The Letter of Deficiency will identify the discrepancy and indicate what steps the nursing facility will be expected to follow for the Staffing Plan of Correction compliance.

### **The Staffing Plan of Correction Requirements:**

1. The written Staffing Plan of Correction from the participating facility to the Department will be due within 10 working days of receipt of the certified Letter of Deficiency to the following address:

Nursing Facility Licensing Unit, NA Staffing  
Seniors & People with Disabilities, DHS  
500 Summer Street NE, E-13  
Salem, OR 97301
2. SPOC's must indicate timelines and completion dates for implementation phases and completion of the plan.
3. A plan needs to include what issues have been identified that impact the ability to staff consistently to meet the minimum standards with a minimum number of shortages and what the plan is to correct the contributing factors.
4. For those facilities that are being required to submit a monthly staffing report as part of their SPOC, that report will be due within 5 working days from the end of the each reporting month.



# Quality Initiative Partnership Plan

## Quality Initiative Partnership Plan (Alternative to Civil Penalty for NF Nursing Assistant Staffing Rules)

The Quality Initiative Partnership Plan (QIPP) is an opportunity for a nursing facility to be offered an alternative to paying a monetary fine for nursing assistant staffing shortages if approved by the Department. The plan is an opportunity for the provider to invest the equivalent amount of a Civil Penalty (CP) that would have been incurred for nursing assistant staffing shortages or discrepancies in a Quality Assurance Audit, in a sustainable program that would impact the recruitment and retention of quality nursing assistant staff and the quality of care and life of their residents.

### Process:

1. The nursing facility provider if approved by the Department to participate could decline and choose the option to pay the monetary fine when contacted. Those providers who are approved and choose to participate will be required to submit a plan they have developed or developed in partnership with the Department for approval.
2. The plan must have a finite date by which it would be implemented and it cannot be part of the facility's ongoing business plan. The CP equivalent cannot be used for activities such as advertising or bonuses or any business related type activities.
3. The plan must identify how it will directly affect positive outcomes for quality of care and quality of life for residents through established goals and how the plan will either directly or indirectly affect the recruitment and retention of quality nursing assistant staff.
4. If the nursing facility had a Staffing Plan of Correction already in development, potentially the QIPP could be incorporated into the SPOC.
5. The QIPP plan participant information would be included in the Nursing Facility CNA/NA Staffing Report Summary for each quarter with a brief outline of the plan.
6. The participating facility will receive a Letter of Determination that notes the shortage/s and the participation in the QIPP plan.
7. Participation in the plan does not exclude the participating provider from other sanctions related to nursing assistant staffing shortages.
8. If approved and barriers identified; providers may be allowed to revise the plan with prior approval. This may rule out the reinstatement original monetary fine or a prorated fine if the plan is not completed.

## Decision Matrix for Quality Initiative Partnership Plan (Alternative to Civil Penalty Plan)

When reviewing the nursing facility provider's compliance history the following criteria will be reviewed to determine whether the provider will be offered the opportunity to participate in the Quality Initiative Partnership Plan (QIPP). A panel of Nursing Facility Program staff will review the provider's history for the applicable reporting quarters.

1. The Civil Penalty sanction would have been issued for the following reasons:
  - a. Failed to provide accurate staffing information based on the Quality Assurance Audit or Review.
  - b. Staffing shortages at Level I-III which have not been mitigated.
2. The following information will be used in making a determination:
  - a. Compliance survey and adult protective service history: If any of the following have occurred in the past 12 months the provider would be automatically excluded from being offered the option of participating in QIPP.
    1. Findings of substantiated abuse,
    2. A rule violation that results in actual harm to residents which includes a State Severity Level 3 or higher; survey at Level G or higher and/or,
    3. A finding of Substandard Quality of Care,
    4. A finding of Immediate Jeopardy
    5. History of repeated citations or findings for the same issue/issues.
  - b. CNA/NA staffing history: And, if any of the following have occurred the provider would automatically be excluded from being offered the option of participating in QIPP.
    1. Level IV understaffing for the current reporting quarter.
    2. Failed to provide requested information for a Quality Assurance Audit or Review in the past 12 months.
    3. Unreported shortages at a Level II-IV were identified through the QA process in the past 12 months.

Note: If a facility is currently in DOPNA (Denial of Payments for New Admissions) or has any negative licensing action pending such as revocation, denial of license, suspension of license or have failed to pay a previous civil penalty the provider may not be offered the option to participate.

## Sample Plans for QIPP

- Develop a CNA Mentor Program
- Support a committee with nursing assistants to discuss retention and turnover issues
- Team building exercises for all nursing care staff
- Develop or add to a fund/scholarship that would support education for uncompensated tuition expenses, equipment or supply purchase for the individual trainee, and/or childcare expenses during the training course period
- Develop or add to a fund that would allow nursing assistants to attend the memorial/funeral services of a resident with whom they were close
- Committee with nursing assistants to discuss issues related to coverage, call-ins or other staffing issues
- Funding “life enrichment modules” courses for NAs aimed at enhancing the resident/nursing assistant relationship
- Training courses for licensed nursing staff on supervision/leadership
- Fund a culture change type project
- Dining transformation project

**Note:**

These are just samples ideas that have been shared via a variety of sources by other facilities either in the State or Oregon or in other states. We do want the individual provider to develop a plan that is specific to their facility, staff, and residents. We will be glad to partner with a facility by directing participants to available resources.



## Contact Information

## Contact List-Nursing Facility Staffing Program

### **MANAGER**

Dave Allm

Nursing Facility Program Quality Team

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### **PROGRAM COORDINATOR**

Joanne M Birney

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Contact for program information & questions regarding audits.

### **COMPLIANCE SPECIALIST 2**

*Staffing Auditor/Corrective Action Coordinator*

Kristina Krause

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Contact for quarterly staffing reports and questions; enforcement concerns.

### **Note**

If a provider wants additional staff to be contacted for updated information or notices for the Nursing Assistant Staffing Program, please send that information to [NAStaff@DHS.State.or.us](mailto:NAStaff@DHS.State.or.us) and ask to have the individual added to the facilities email box. Our primary email contact for this program is the administrator unless additional contact information is submitted.