LONG TERM CARE
COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Understanding and Addressing Nursing Home Staffing Issues:

A Guide for Long-Term Care Ombudsmen

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The Long Term Care Community Coalition (LTCCC) is a non-profit organization dedicated to improving care and quality of life in nursing homes and assisted living. Visit www.nursinghome411.org for a wide range of free resources including our Dementia Care Toolkits, Nursing Home Data Center, Fact Sheets on nursing home care standards, Abuse, Neglect, and Crime Reporting Center, and Family Resource Center.

Visit www.nursinghome411.org/staffing-resource-center/ for links to staffing data, practical tools for advocacy, and more information on the expected staffing methodology.

Visit www.NursingHome411.org

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Why Staffing Matters

Adequate staffing is the foundation of quality care and resident dignity — Higher registered nurse (RN), certified nurse aide (CNA), and total nursing hours per resident day (HPRD) correlate with fewer pressure injuries, infections, rehospitalizations, and deaths. Long-term care ombudsmen play a vital role in identifying staffing concerns, educating residents and families, and raising systemic issues with facility leadership, survey agencies, and legislators.

Under federal law, facilities must have **sufficient nursing staff with appropriate competencies and skill sets** to ensure each resident attains or maintains the **highest practicable** well-being **based on individual assessments and care plans** — considering the number, acuity, and diagnoses of residents.

Facility assessment — Each facility must conduct, update, and use a facility-wide assessment **to inform staffing numbers by unit and shift** and to plan for contingencies (e.g., shortages). In carrying out these assessments, nursing homes must solicit and consider input from residents and family members. [To help residents and families provide input on these assessments, check out LTCCC's fact sheet.]

Understanding "Expected Staffing" and Resident Acuity

Expected staffing represents the amount of nursing care (in hours per resident day) a facility is expected to provide based on its residents' **Case-Mix Index (CMI)** – a standardized measure of resident needs and acuity. So, a higher-need population will have a higher expected HPRD than a lower-need one.

How it's derived. The expected staffing numbers reported on LTCCC's website are based on the facility's reported case-mix, to translate resident needs into hours of nursing care by staff type. In plain terms: **more complex residents → more nursing time**. This approach is grounded in federal resident-assessment data and evidence-based research that links specific staffing levels — especially RN and CNA time — with core outcomes like pressure injuries, infections, weight loss, hospital transfers, and mortality. For more information on the methodology, visit https://nursinghome411.org/wp-content/uploads/2025/04/LTCCC-Summary-of-Methodology-to-Identify-Expected-Nursing-Home-Staffing-Levels-April-2025.pdf.

Action steps for ombudsmen: Review LTCCC staffing reports, note chronic shortfalls, and use these data to support advocacy and education.

Using Data to Identify and Address Staffing Issues

Ombudsmen can use LTCCC and CMS data to spot patterns, validate complaints, and support systemic advocacy. Publicly available tools include:

- **LTCCC Staffing Reports**: LTCCC staffing reports include a color-coded "Deviation from Expected" column, so you can quickly spot quarters where Actual < Expected and quantify the shortfall.

- **CMS Payroll-Based Journal (PBJ) Reports**: Daily staffing data published in quarterly data files.
- **LTCCC Provider Data Reports**: Access ownership, fines, and quality information along with reported staffing levels (less detailed than LTCCC's staffing reports or the CMS PBJ reports).

Practical Guide

Payroll Based Staffing Reports

Use the PBJ-based staffing data at **www.nursinghome411.org/data/staffing/** to quickly compare **actual** vs **expected** staffing and assess **deviation**.

Steps

1. **Open** NursingHome411 → **Data** → **Staffing** — choose the quarter and your state/county/facility.
2. **Export** the row(s). Capture at least: **RN, LPN, CNA, Total HPRD**, **contract %**, **turnover**, **weekend staffing**, and the **Expected RN/CNA/Total HPRD** (methodology summary is on the page).
3. **Review the color-coded "Deviation from Expected" column**. This shows how close or far the facility is from its expected staffing (based on acuity), making outliers easy to spot.
4. **Compute/confirm Deviation** if needed: **(Actual – Expected) / Expected**. Systematic negative deviation evidences inadequate staffing for resident acuity.

Provider Data Reports (one — stop shop)

Use the Provider Data Reports at www.nursinghome411.org/data/ratings-info/ to access information on ownership, CMS ratings, fines, penalties, and expected staffing for each facility. This provides the ability to find any patterns in nursing home chains, easily identify connections between inspection results and nurse staffing, and more.

Red Flags and Observational Indicators

Following are some examples of signs of inadequate staffing:

- **Rushed or missed basic care**: skipped baths, unchanged linens, poor hydration/nutrition, urine/feces odors.
- **Call bells unanswered / long waits for assistance** with toileting, meals, or transfers; residents left in bed or in common areas for long periods.
- **Evidence of potential poor care** including pressure ulcers, falls, use of antipsychotic drugs to treat so-called "dementia behaviors."
- **High use of temporary staff** unfamiliar with residents.

- **Signs of neglect**: residents left without repositioning or assistance, weight loss, infections, lack of personal hygiene.
- **Evidence of poor personal care**: residents put in briefs rather than being helped to go to the bathroom, residents left sitting in soiled briefs.
- **Resident distress**: crying for help, untreated pain or discomfort, wandering or other "dementia behaviors" that are not responded to in a timely and constructive manner.

Documentation Tips:

- Note date, time, and affected residents.
- Describe observed effects on residents (e.g., "Resident left in wheelchair for hours without repositioning").
- If possible, compare to facility-posted staffing sheets.

Sample Questions

- "Please show how your Facility Assessment's staffing by unit and shift is implemented in weekly schedules."
- "Can you tell me when the CNAs on the floor last received dementia care and resident abuse training?" [This is required annually.]
- "Your CNA HPRD averaged 2.4 when your residents' CMI called for 3.2 — how is care being provided to ensure that every resident is safe and able to attain their highest practicable physical, emotional, and psycho-social well-being?"
- If staffing is lower on the weekends, "How are resident care needs being met when your staffing levels are lower on the weekends?"
- "How are you including input from residents and families in your Facility Assessment?"

Advocacy and Follow-Up

Within the Facility:

- Raise issues directly with the Administrator or Director of Nursing.
- Reference the federal requirement for sufficient staff, with the appropriate competencies, based on resident needs.
- Encourage use of the Facility Assessment to guide staffing levels.

With State Government:

- **Survey Agency**. Refer persistent or serious issues to the survey agency for potential investigation. Provide supporting evidence (resident accounts, posted staffing, LTCCC staffing reports).

- **Medicaid Fraud Control Unit**. Meet with MFCU to flag potential abuse, neglect, or substandard care that correlates with staffing failures. Use PBJ data, Care Compare staffing/turnover, and RN-on-site gaps to show risk patterns — e.g., RN HPRD well below minimums, repeated days with no RN on site, high CNA turnover, spikes in pressure injuries or falls. Ask MFCU to: 1) open an investigation focused on periods with the worst staffing, 2) obtain payroll and scheduling records to verify PBJ accuracy, and 3) interview frontline staff about missed care and false charting. Frame insufficient staffing — especially alongside harm indicators — as a red flag for neglect and potential Medicaid fraud (billing for care not provided).
- **State Comptroller/Auditor**. Request a performance or compliance audit when staffing data show persistent shortfalls or regional patterns — low RN/CNA HPRD, high turnover, heavy agency reliance, and outcomes consistent with missed care. Provide a short dossier: trend charts, specific facilities and dates, comparison to state and federal minimums, and any enforcement gaps. Ask for: 1) audits of state survey/enforcement effectiveness where chronic understaffing persists, 2) review of Medicaid rate add-ons or supplemental payments tied to staffing that aren't producing improved hours at the bedside, and 3) recommendations for stronger fiscal controls — e.g., wage pass-throughs, direct-care spending floors, or clawbacks when PBJ hours don't match claims.

With Residents and Families:

- Educate about resident rights and what adequate staffing looks like. [TIP: Use the fact sheets on LTCCC's website as a resource and handout.]
- Share public data sources so families can stay informed.
- Encourage collective advocacy – resident and family councils can elevate concerns effectively and alleviate concerns about retaliation.
- Provide education and assistance on
  - ⇒ The right to file a grievance
  - ⇒ The right to provide input into the facility's mandatory staffing assessment.

Key Takeaways

- Staffing adequacy must be evaluated relative to resident needs.
- LTCCC's Expected Staffing benchmarks provide objective, data-driven insight.
- Ombudsmen can transform staffing data into advocacy to protect resident dignity and rights.

Leveraging Data for Resident-Centered and Policy Advocacy

LTC Ombudsman Programs can partner with LTCCC to turn data into stronger advocacy and better resident outcomes. With LTCCC, LTC Ombudsman Programs can:

- Receive quarterly staffing updates tied to quality risks.
- Use community-level briefs to brief officials and media.
- Drive transparency with interactive state-level visualizations.
- Host trainings that unite residents' rights with local, data-driven insights on facilities in the communities you serve — practical, action-focused, and repeatable.

For more information, contact Richard Mollot — richard@ltccc.org

We help translate data into meaningful insights, strong outreach, and effective follow-through.

NOTES

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Visit

www.NursingHome411.org

- NursingHome411 Data Center;
- "All Staff Matter" brief on the importance of non-nurse roles;
- Fact sheets with citations to regulatory requirements;
- Dementia Care Toolkits;
- Webinars on key long-term care issues;
- Assisted living guides;
- Guides to nursing home standards and oversight; and
- Other resources for residents, families, and those who work with them.

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