

Nursing Home Staffing Data

A Guide for State & Federal Legislators

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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.



Why This Matters

Staffing is the single most important driver of nursing home safety, dignity, and outcomes. Federal law requires facilities to maintain sufficient, competent nursing staff — on every shift — so that each resident can attain and maintain their highest practicable well-being. Most nursing homes operate as for-profit businesses funded by Medicaid and Medicare. They promise — and are contractually obligated — to provide this level of care in order to receive government funds. Yet weak oversight and increasing corporatization have enabled too many operators to flout even minimum standards and under-staff to maximize profits. The result is preventable harm to vulnerable residents, a workforce constantly on the edge of crisis, and widespread misuse of taxpayer dollars.

Federal Requirements

Federal laws and minimum standards have explicit requirements for sufficient staffing and services to ensure resident safety, dignity, health, and quality of life:

- Facilities must have **sufficient nursing staff with the appropriate competencies and skills** to assure resident safety and help each person attain or maintain their **highest practicable** well-being. This must be based on resident assessments and plans of care and considering the number, acuity, and diagnoses of residents.
- Homes must staff **24/7** with enough licensed nurses and nurse aides; ensure **nurse aide competency** (including not using unqualified temporary staff); provide **ongoing in-service training** (at least 12 hours/year, including dementia care and abuse prevention); and complete a **Facility Assessment** that informs unit-by-unit and shift-by-shift staffing — including nights and weekends — with input from residents and families.
- **Federal rules apply to all residents**, no matter whether their care is paid for by Medicare, Medicaid, private insurance, or out of pocket. For example, this means that **every** resident is entitled to physical therapy services, timely assistance to the bathroom, etc....

See LTCCC's [Fact Sheet](#) page and [Guide to Essential Nursing Home Standards](#) for more information. Additional advocacy resources are available throughout our website, www.nursinghome411.org.

Note: Many states have additional requirements. However, states cannot have requirements or standards that fall below those imposed by the federal government.

Quick Access to Key Resources

- **Staffing Resource Center:** <https://nursinghome411.org/staffing-resource-center/>.
 - **Quarterly Staffing Reports (Actual vs. Expected):** <https://nursinghome411.org/data/staffing/>.
 - **Provider Data Reports (ownership, fines, ratings + staffing):** <https://nursinghome411.org/data/ratings-info/>. Note: The Provider Data Reports are an additional resource which provide less detailed staffing information but include information on a facility's ownership, recent history of complaint and fines, star ratings, and more.
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Two Minute Primer: Understanding What “Expected Staffing” Means

- Nursing home staffing is typically expressed as hours per resident day (**HPRD**).
- Facilities are required to report their staffing levels for every day of the year in quarterly reports to the government. These reports are known as Payroll-Based Journal (PBJ) Staffing Reports, because they must be based on auditable payroll records.
- **Reported staffing** = time for registered nurses (**RNs**), licensed practical or vocational nurses (**LPNs/LVNs**), and certified nurse aides (**CNAs**).
- **Expected Staffing** = the hours of nursing care *reasonably required* to meet the basic needs of residents in a facility. [Expected Staffing numbers are computed using two numbers reported by the nursing homes themselves: (1) numbers of staff and residents and (2) needs of their residents as determined by resident assessments.]
- **Staffing Reports** at www.nursinghome411.org/data/staffing/ provide the average HPRD of every nursing home's Reported Staffing and Expected Staffing so that one can see the difference between what a nursing home is reporting vs. how much is actually needed to meet their residents' needs.
- These staffing reports include **color-coded columns** so that one can easily spot each facility's deviation from its expected staffing numbers for RNs, CNAs, and Total Nurse staffing.
- If a home's **Actual** HPRD is **below** its **Expected** HPRD, that's a shortfall — a **red flag** that necessary care may be mishandled, rushed, or missed entirely.

Why is this important? Nursing homes are required to determine and assure staffing quantity and competency relative to their residents' needs as individuals. This is, essentially, what separates nursing homes from a farm or kennel.

Staffing Data Snapshot

				Total Nurse Staff		% Deviation From	
State	PROVNAME	CITY	COUNTY_NAME	HPRD		Expected Total Nurse Staff HPRD	Total Expected Nurse HPRD
AR	VALLEY SPRINGS REHABILITATION AND HEALTH CENTER	VAN BUREN	Crawford	33.26	3.82	4.67	-18.2%
AR	VAN BUREN HEALTHCARE AND REHABILITATION CENTER	VAN BUREN	Crawford	9.50	4.00	4.75	-15.7%
AR	VILLAGE SPRINGS HEALTH AND REHAB OF HOT SPRINGS	HOT SPRINGS	Garland	7.17	3.55	4.66	-23.9%
AR	WESTWOOD HEALTH AND REHAB, INC	SPRINGDALE	Washington	9.06	4.64	4.69	-1.2%
AR	WHITE RIVER HEALTHCARE	CALICO ROCK	Izard	8.69	5.50	4.68	17.5%
AR	WILLOWBEND HEALTH AND REHABILITATION, LLC	MARION	Crittenden	1.91	3.67	4.71	-22.1%
AR	WINDCREST HEALTH AND REHAB INC	SPRINGDALE	Washington	9.80	4.38	4.48	-2.2%
AR	WOOD-LAWN HEIGHTS	BATESVILLE	Independence	9.74	3.97	4.76	-16.6%
AR	WOODBRIAR NURSING HOME	HARRISBURG	Poinsett	0.61	5.04	4.83	4.4%
AR	WOODLAND HILLS HEALTHCARE AND REHABILITATION	JACKSONVILLE	Pulaski	2.62	3.29	4.78	-31.2%
AR	WOODRUFF COUNTY HEALTH CENTER	MCCRORY	Woodruff	7.61	3.98	4.75	-16.2%
AZ	ACACIA HEALTH CENTER	PHOENIX	Maricopa	2.32	5.59	5.10	9.6%
AZ	ADVANCE HEALTH CARE OF SCOTTSDALE	SCOTTSDALE	Maricopa	7.38	4.86	5.22	-6.8%
AZ	ADVANCED HEALTH CARE OF GLENDALE	GLENDALE	Maricopa	1.60	5.01	5.55	-9.8%
AZ	ADVANCED HEALTHCARE OF MESA	MESA	Maricopa	7.23	4.92	5.37	-8.3%
AZ	ALLEGIAN HEALTHCARE OF MESA	MESA	Maricopa	4.30	1.40	5.20	-73.1%
AZ	ALTA MESA HEALTH AND REHABILITATION	MESA	Maricopa	4.83	4.10	5.13	-20.0%
AZ	APACHE JUNCTION HEALTH CENTER	APACHE JUNCTION	Pinal	4.06	3.67	5.06	-27.4%
AZ	ARCHIE HENDRICKS SENIOR SKILLED NURSING FACILITY	SELLS	Pima	5.51	6.57	4.90	34.2%
AZ	ARCHSTONE CARE CENTER	CHANDLER	Maricopa	4.84	3.59	4.90	-26.7%
AZ	ARIZONA STATE VETERAN HOME - YUMA	YUMA	Yuma	5.59	5.67	4.34	30.8%
AZ	ARIZONA STATE VETERAN HOME-PHX	PHOENIX	Maricopa	0.01	7.98	4.68	70.6%
AZ	ARIZONA STATE VETERAN HOME-TUCSON	TUCSON	Pima	5.66	5.16	4.57	13.1%
AZ	ASPIRE TRANSITIONAL CARE	FLAGSTAFF	Coconino	9.76	3.97	5.00	-20.5%
AZ	AZ - RIO VISTA POST ACUTE AND REHABILITATION	PEORIA	Maricopa	4.79	3.45	4.84	-28.8%
AZ	BEATITUDES CAMPUS	PHOENIX	Maricopa	6.72	4.28	4.78	-10.5%

This snapshot shows a portion of a staffing report. Viewers can easily select their state and then select a city, county, or individual facility. From there one can view the total staffing (reported by facility), expected staffing, and the facility's deviation from its expected staffing for RNs, CNAs, and all nursing staff in color-coded columns. Those columns indicate green for facilities providing higher than expected staffing and pink to red for facilities that fail to provide the expected staffing needed to meet their residents' basic clinical needs.

What's in LTCCC's Data Toolbox — And When to Use Each

1) Quarterly Staffing Reports: Actual vs. Expected Staffing

What it is: Facility-level hours per resident day (HPRD) reported by facilities using auditable, Payroll-Based Journal (PBJ) data. LTCCC provides the average reported staffing levels for every nursing home in the country for a range of nursing staff (as well as key non-nursing staff in a separate file). Importantly, as of 2024 Q4, these data are paired with **Expected Staffing** levels — the numbers of nursing staff that the facility is expected to have based on the clinical needs of its residents (as determined by the facility itself and reported to the government).

How to use for constituent help

1. Open LTCCC's [Quarterly Staffing](#) page and choose the relevant quarter(s).
2. Filter by **state** → **county/city** → **facility**.
3. View **Actual** HPRD and **Expected** HPRD for **RN, CNA, and Total**, plus **Deviation** (Actual – Expected ÷ Expected).

4. Use this information to help a resident or family member understand and resolve their concerns. For example, this information can be shared with your state survey agency or Medicaid Fraud Control Unit to support a complaint about poor care or neglect. It can also be used to directly engage a nursing home's administrator.
5. Recommendation: Nursing homes are required to allow – and respond to the concerns of – both resident and family councils. You can encourage your constituent to join an existing council or form one if none exist. For more information and resources, visit [LTCCC's Family Resource Center](#).

How to use for oversight and legislation

- Review the data to identify facilities in your communities with **negative deviations** (Actual below Expected) and request their **unit- and shift-level** staffing plan — including nights.
- When considering Medicaid increases and quality improvement initiatives (such as “nursing home quality incentives” and “value-based purchasing” policies), tie to measurable progress toward **Expected** HPRD. This is important because staffing is the most accurate indicator of a facility's quality. Most other so-called quality measures are self-reported and subject to manipulation.

Note: The PBJ Staffing Reports do not show weekend staffing levels. Use Provider Data Reports for weekend staffing, turnover, agency reliance, and ownership context.

2) Provider Data: Weekend staffing, turnover, ownership/chain, ratings, enforcement

What it is: A companion dataset that contains operational and structural indicators — including weekend staffing, staff turnover, ownership/chain affiliation, star ratings, and enforcement history.

Best for: Understanding **when** and **where** care breaks down and **who** owns the problem.

How to use for constituent help

1. Open LTCCC's [Provider Data](#) page and download “US Provider Info.”
2. Filter by **state** → **county/city** → **facility**.
3. Potentially important **indicators to review**:
 - Whether a facility is a Special Focus Facility or Candidate, a Problem Facility, or has an Abuse Icon;
 - Chain ownership (also known as “affiliated entity”) and the presence of any chain-wide concerns, such as low staffing or low ratings;

- Overall, staffing, and health inspection ratings (on the federal scale of lowest (1) to highest (5));¹
 - Expected and reported nurse staffing;
 - Reported weekend staffing (lower weekend staffing is a widespread and persistent problem);
 - Turnover rates (high turnover is a red flag that the operator is not committed to maintaining viable working conditions for staff);
 - Health deficiencies;
 - Substantiated complaints; and
 - Enforcement actions, including fines and payment denials.
4. Use this information to support identification and resolution of your constituent's complaint.
- For example, low ratings, low staffing, and/or high turnover are strong indicators that the facility may not be operated in a way that complies with federal minimum standards. This is useful in supporting a complaint about poor care such as failure to provide timely assistance (respond to call bell), development of a pressure ulcer, being left in a soiled brief, failure to promptly manage pain, etc...
 - You can take this information and the constituent's complaint (with permission) to the state survey agency, the Medicaid Fraud Control Unit, and/or law enforcement if the facility has not been responsive to your concerns.

How to use for oversight and legislation

Use the data to identify individual facilities or chains with low staffing, low ratings, weekend dips, high turnover.

- Sample actions with nursing homes:
 - Nursing home: *"Your Provider Data show lower weekend staffing and high turnover. How does your Facility Assessment ensure safe coverage by unit and shift on weekends?"*

¹ Important notes: (1) We view any rating of three stars or less as especially concerning; (2) A high star rating does **not** necessarily indicate that care and conditions are good ([research](#) has found that the rating systems are much better at identify poorly performing facilities than good ones); and (3) We do not recommend using the QM ratings, since these are subject to manipulation and fraud.

- Chain leadership: *“Why are weekend levels lagging system-wide, and what corrective timelines and staffing investments are in place?”*
 - Sample actions with state survey agencies:
 - **Targeted survey requests** — Ask the agency to prioritize facilities with Expected Staffing shortfalls (Quarterly Staffing) and chronic weekend dips (Provider Data). Request a written response on survey targeting.
 - **Complaint packages that stick** — Attach one or more quarters of Actual vs. Expected Staffing numbers plus the facility’s weekend staffing / turnover / agency usage profile. Ask for off-hour visits, including nights and weekends.
 - **Facility Assessment validation** — Request verification that the facility’s Facility Assessment drives unit- and shift-level assignments — including weekends — and that competency and supervision are adequate. Ask how the facility is responding to input from residents, families, and resident and family councils.
 - **Directed plans with metrics** — Where gaps persist, urge directed Plans of Correction that commit to measurable increases in RN/CNA HPRD toward Expected levels, with interim check-ins.
 - If these actions do not result in meaningful improvement, consider:
 - Escalating the issue to the CMS Regional Office for your state, CMS central office, the state Medicaid Fraud Control Unit, and/or the state comptroller.
 - Holding a hearing on nursing home quality and concerns. Make sure to include a range of witnesses, including those who can speak expertly and independently on nursing home practices and finances.
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Smart Questions for Letters, Hearings, And Site Visits

- “Your **Actual RN/CNA HPRD** have been below **Expected** for multiple quarters. What is your plan — by **unit and shift**, including nights — to meet Expected staffing?”
 - “Your Provider Data show **lower weekend staffing** and **high turnover**. How are you ensuring safe coverage and continuity on weekends?”
 - “For your chain: What system-wide steps will raise **RN and CNA hours** to meet Expected levels, and by when?”
 - “State agency: How are PBJ and Provider Data being used to **target surveys** and **escalate enforcement** where Expected Staffing or weekend staffing shortfalls persist?”
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Bottom Line

Use **Quarterly Staffing** to see whether a facility is staffing to meet resident needs (as required by federal law); use **Provider Data** to understand **when**, **where**, and **why** care breaks down and **who** owns the problem. Together, these tools enable targeted constituent support, focused oversight, and policies that drive improvement and reduce fraud.

Policy Levers to Consider

- **Transparency:** Support the development of public dashboards that show **Expected vs. Actual** by facility and chain affiliation; quarterly legislative briefs. These can be provided by the state agency or, with funding, the state LTC Ombudsman Program or an organization like LTCCC.
 - **Funding safeguards:** Tie Medicaid funding increases and quality incentive programs to measurable improvements in staffing hours and turnover — with clawbacks if targets aren't met. See the studies on [hidden profits](#) and [tunneling of profits](#) for more information.
 - **Data use mandates:** Require state survey agencies to incorporate PBJ analytics into complaint prioritization and survey scheduling. See the [OIG report on using staffing data to inform oversight](#) for more information.
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Key LTCCC Resources for Your Office

- [Nursing Home Staffing Resource Center](#)
- [Quarterly Staffing Data \(Actual vs. Expected\)](#)
- [Guide for Legislators & Elected Officials](#)
- [Study on Profits & Accountability](#)
- [Nursing Home Data & Information Center](#)

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