LONG TERM CARE
COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Understanding & Addressing Nursing Home Staffing Issues

A Guide for Residents and Families

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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.

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Why Staffing Matters — and What Federal Rules Require

Staffing drives everything residents experience: safety, dignity, health, and quality of life.

Federal laws and minimum requirements make this explicit:

- 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** (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 everyone in the nursing home**, 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.

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.
- **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. [The Expected Staffing number is 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 you 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 you 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 strong signal that necessary care may be rushed or missed entirely.

Why is this important? Staffing adequacy must be judged **relative to resident needs**. This is what the federal rules require. It is what nursing homes agree to provide. It is what nursing homes are paid to provide.

Data Sample Snapshot

State	PROVNAME	CITY	COUNTY_NAME	Total Nurse Staff HPRD	Expected Total Nurse Staff HPRD	% Deviation From Total Expected Nurse HPRD
AR	VALLEY SPRINGS REHABILITATION AND HEALTH CENTER	VAN BUREN	Crawford	3.26	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	ALLEGIANT 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.

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.

Practical Guide

Using Staffing Reports

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

1) **Open the Quarterly Staffing Reports** — go to https://nursinghome411.org/data/staffing/.
2) **Choose the quarter** you care about (e.g., "2025 Q1") and **filter** for your **state** and **facility**.
3) **View data for various nursing staff.** The numbers represent the average time (calculated as Hours Per Resident Day, or HPRD) for RNs, LPNs or LVNs, and CNAs.
4) **Review the row** for your facility:
    - **"Total" HPRD** is the average time per day reported by the facility.
    - **"Expected" HPRD** is the expected staffing level for that category of nursing, based on resident needs (as identified by the facility itself, in its assessment of residents).
    - **"% Deviation"** shows the extent to which the facility is above or below its expected staffing levels.
5) **Spot the gap (Deviation):**
    - If the Expected Staffing is higher than the actual staffing this indicates that there may not be enough staff to provide basic clinical services in accordance with federal requirements.
    - **Pay special attention to the "% Deviation" columns** (indicated in green to red), which shows the extent to which a facility is providing the staffing expected to meet resident needs. A **negative** number (indicated by shaded red highlight) shows **shortfall**.
6) **Copy or save** the information (include quarter, Actual vs. Expected, and Deviation).

Using Provider Reports

1) **Open the Provider Data Report** — go to https://nursinghome411.org/data/ratings-info/.
2) **Click on "US Provider Info" button** to download the data file.
3) **Find your facility** by filtering to your state and then searching for your facility by name or selecting your city or county (this is helpful if you want to view other facilities in your community).
4) **Valuable information in the Provider Reports:**
    - Is the facility part of a chain? [Column labelled "Affiliated Entity Name"]
    - Facility ratings. [Overall Rating and Staffing Rating are the most valuable.]
    - Reported and Expected staffing levels.
    - Staff turnover rates. [High turnover is a red flag.]
    - Weekend staffing levels. [Too many facilities systematically fail to maintain necessary nursing staff on the weekends.]

- Numbers of citations. [Look at the columns with headings like "Rating Cycle 1 Total Number of Health Deficiencies." The "Rating Cycles" are in order from the most recent year and show the number of times a facility was cited for substandard care or conditions.]
- Fines and penalties against the nursing home.

Interpreting What You See

- **Staffing shortfalls** (Actual below Expected) suggest that residents' needs may not be fully met. Common indicators of substandard care resulting from inadequate staffing include slow call-bell response; avoidable pressure ulcers; lack of assistance with toileting, hydration, or repositioning; residents moaning or in pain; use of antipsychotic drugs or other sedatives to address so -called "behaviors"; other signs of poor care or neglect.
- **RN shortfalls** in particular raise serious risks for failures in: professional monitoring of resident conditions, infection control, and supervision of all care and services to ensure that they comply with professional standards.
- **Heavy agency (contract) use** can undermine continuity and quality of care, resulting in a dehumanizing experience for both residents and staff.
- **Weekend dips** are, unfortunately, common. Resident care needs do not change on the weekend or holidays. Therefore, there is no excuse for lower staffing (nursing homes get paid the same every day, and are expected to provide good care and treatment with dignity every day!).
- **High numbers of citations, penalties, or fines** indicate that problems have been identified by the government. **NOTE**: The absence of citations or penalties is **not** an indicator that a facility is providing good care. Many studies have shown that state and federal surveyors too often fail to identify and cite when residents are neglected or abused.

What to Do with the Information

Use the data to support your advocacy for better care within the facility and beyond by:

- Supporting your complaint about poor care – such as long waits for call bells, lack of timely assistance with toileting, infrequent bathing or grooming, or the development of pressure ulcers – with data showing that the facility has a history of staffing below the level to meet resident needs.
- Use the data in conjunction with LTCCC's fact sheets to support your advocacy in regard to specific care issues. [The fact sheets provide information on the legal requirements for nursing home care on a range of issues, from fall prevention to dementia care to dignity and respect.]

Staffing data provide evidence of the extent to which a nursing home is providing enough staff to meet the needs of its residents.

Fact sheets provide the federal requirements for care and services.

- Provide input into your facility's mandatory staffing assessment.
- Use the data to support a complaint to your state health department or Medicaid Fraud Control Unit (every state has a Unit; their responsibilities include investigating complaints about abuse and neglect). Visit https://nursinghome411.org/learn/abuse-neglect-crime/ for more information, including links to contacts.

Additional Ideas For Resident & Family Councils

- Put "Staffing Snapshot" and discussion on the agenda.
- Track **quarter-to-quarter** changes and **weekend patterns**.
- **Invite facility leadership** to discuss how they will meet Expected HPRD, including unit-by-unit coverage and weekend/holiday coverage (as federal rules require).
- **Prepare a one-page brief** to share with the Administrator or Director of Nursing:
    - The members **concerns and observations** (missed baths, long waits for help, weight loss, new/worsening pressure injuries, infections)
    - Your facility's **Actual vs. Expected** staffing data (RN, CNA, Total), other data of interest (such as high turnover, low weekend staffing, low ratings).
    - **Questions** you want answered (see sample scripts below)
- **Document specifics:** dates/times, where and what you observed, and who was affected.
- **Follow up in writing** after meetings and keep a running timeline.
- Share concerns and data with your **Long-Term Care Ombudsman** program; consider also sharing with the state health department, Medicaid Fraud Control Unit, and state and federal legislators if issues persist.

Sample Questions You Can Use

- "Your **CNA HPRD** averaged **[Actual]** when residents' needs called for **[Expected]** — how are basic care needs like toileting, repositioning, and help with meals reliably met?"
- "What changes are you making to ensure **RN coverage** is adequate on evenings, nights, and weekends?"
- "How are residents and families being included in the **Facility Assessment** that's supposed to guide staffing by **unit and shift**?"
- "We see **weekend staffing** is lower. What's the plan to ensure residents still receive timely help and supervision?"

Signs of Possible Under-Staffing (What to Watch For)

- **Rushed or missed care:** skipped baths, unchanged linens, lingering odors; residents left waiting long periods for help.
- **Safety/health problems:** falls, avoidable weight loss, dehydration, infections, new or worsening pressure injuries.
- **High use of temporary staff** unfamiliar with residents and routines.
- **Resident distress:** unanswered call bells, visible discomfort or pain, or "behavior" that's actually unmet need.

Action: Note **date/time**, describe what happened, and keep copies/photos of any **daily nurse-staffing postings** you see in the building.

Bring It to the Right People — and Escalate When Needed

1) **Inside the facility:** Start with the Administrator/Director of Nursing. Ask for a plan tied to **Expected HPRD** and the **Facility Assessment**.
2) **Long-Term Care Ombudsman:** Share your evidence; they can help resolve issues and elevate systemic concerns.
3) **Survey Agency/State officials:** For serious or persistent issues, submit concerns with your documentation and the **Actual vs. Expected** data.

Council tip: Consider inviting facility leadership, your LTC Ombudsman, and elected officials to your meetings. Keep minutes and action items.

Simple Worksheet

Facility & Quarter(s): _____

Actual vs. Expected HPRD — RN: _____ / _____ | CNA: _____ / _____ | **Total:** _____ / _____

Deviation from Expected: _____

Weekend vs. Weekday Notes: _____

Observations (dates/times and details): _____

Follow-ups/Responses from facility: _____

See also LTCCC's Resident Concern Record-Keeping Form for an easy-to-use tool to track complaints and concerns. https://nursinghome411.org/resident-concern-record-keeping-form-pdf/

Frequently Asked Questions

Q: Does a negative deviation always mean bad care?
A: Not always — but shortfalls relative to Expected HPRD raise red flags. Pair the numbers with what you see.

Q: Our facility says "we meet the state minimum." Is that enough?
A: Minimums are a floor, not a ceiling. Federal rules require **sufficient** staff to meet **your** residents' needs 24/7/365.

Q: Can we access day-by-day staffing?
A: Yes — daily staffing is public (via CMS) at https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing.

Meeting/Agenda Template for Councils

1) **Review last quarter** (Actual vs. Expected, Deviation, weekends)
2) **Resident experience** (observations & concerns since last meeting)
3) **Leadership response** (updates on hiring, scheduling, training)
4) **Action items** (targets, timelines, who is responsible)
5) **Escalation plan** if progress stalls (Ombudsman, Health Department, State or Federal Elected Officials)

Plain-Language Glossary

- **HPRD (Hours Per Resident Day):** Total staff hours divided by the number of residents.
- **RN / LPN / LVN / CNA:** Registered Nurse / Licensed Practical Nurse / Licensed Vocational Nurse / Certified Nurse Aide.
- **Expected Staffing:** Needs-adjusted HPRD for a specific facility's residents.
- **Turnover:** Percentage of staff who left during a period — high turnover can harm continuity and quality.
- **Agency/Contract:** Temporary staff used to fill shifts.

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Other Useful Staffing Resources

- **LTCCC Non-Nurse Staffing Reports**: Similar to the nurse staffing reports, the non-nurse staffing reports provide valuable information on the presence of key non-nurse staff, such as the medical director, therapy staff, social work staff, and activities staff. https://nursinghome411.org/data/staffing/
- **CMS Payroll-Based Journal (PBJ) Reports**: Daily staffing data published in quarterly data files. These files can be more difficult to work with, but they enable one to see the actual reported staffing for specific days, rather than an average for the quarter. This can be very useful if you are interested in viewing day-to-day staffing for a specific facility. https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing

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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