

Long-Term Care Staffing and Regulations: Impact and Implications of the COVID-19 Pandemic

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Introduction/Background

The COVID-19 pandemic has had a significant impact on long-term care facilities, affecting both residents and care providers. The purpose of this rapid response report is to investigate the impact of the pandemic on the long-term care workforce and the outlook for the future.

This includes:

1. Literature review of the impact of COVID-19 on long-term care facilities and the long-term care workforce
2. Analysis of government regulation of long-term care staffing ratios (how are staffing ratios defined, variations by state, and enforcement)
3. Discussion of the outlook for the long-term care workforce with a focus on the major challenges and opportunities

Literature review of the impact of COVID-19 on long-term care facilities and the long-term care workforce

The long-term care industry had been struggling with myriad workforce issues before the COVID-19 pandemic, including shortages of workers, high turnover rates, lack of training, low pay, and a lack of benefits such as paid sick leave. The pandemic exacerbated these issues and made them more apparent to the public.

Nursing Homes

More than 200,000 COVID-19 deaths have occurred among long-term care residents and staff.¹ More than 1 million nursing home workers had tested positive for COVID-19 by April 2022 and more than 150,000 have died.²

The pandemic's effect on employment and staffing

Nursing homes have experienced substantial and persistent losses of staff since the start of the pandemic. Total nursing home employment was 13.6% lower in June 2021 than it was in the quarter prior to the pandemic.³ Nursing home employment of registered nurses (RNs), licensed practical/vocational nurses (LPNs), and nursing assistants/aides in June 2021 was 13.2% lower than it was in February 2020.⁴ However, these declines in nursing home employment are associated with decreases in nursing home census. Nurse staff hours per resident day were stable in 2020 compared with 2019; newer data have not been published.⁵ However, although staff-to-resident staffing appears to have been stable, more than one in five nursing homes reported staff shortages in 2020.⁶

During the pandemic, turnover rates for nursing home staff were higher than prior to the pandemic. Although turnover increased across all health care sectors in 2020, it recovered for all sectors except nursing homes.⁷ High-quality communication from managers and employers appears to have helped to reduce turnover in some nursing homes.⁸

Nursing facility staffing varies across facilities and is associated with infection and mortality rates. Severe outbreaks of COVID-19 are associated with drops in nursing staffing levels due to absences and departures of sick staff. Nursing homes appear to have mitigated some of this by hiring contract staff and asking staff to work more overtime hours – four weeks after an outbreak’s start, staffing hours were 2.6% of the pre-outbreak mean. However, once these measures ended, nursing home staffing decreased further to 5.5% of the pre-outbreak mean at 16 weeks. The declines were greatest among certified nursing assistants.⁹

Recent data indicate that staffing shortages continue to be severe for nursing facilities. In late March 2022, 28% of nursing facilities reported a shortage of at least one type of staff, with shortages most common among aides (26% of facilities) and nurses (LPNs and RNs, 24% of facilities).¹ These were small improvements from the peak in January 2022, when 33% of facilities reported shortages.¹ There is variation in nursing home staff shortages across states. In March 2022, the percentages of nursing facilities reporting staff shortages ranged from a low of 4% in Connecticut and California to a high of 80% in Alaska. In eight states, at least half of nursing facilities reported shortages (WA, AK, WY, KS, MN, IA, WI, ME). In contrast, less than 15% of facilities reported shortages in six states (CA, TX, AR, MA, CT, NJ).¹

Higher-quality nursing homes, as measured by CMS star ratings, had fewer staff shortages for nurses, aides, and clinical staff in September 2020.¹⁰ During the pandemic, there were no statistically significant differences in staffing between non-profit, for-profit, and government-owned nursing homes.¹¹

Nursing home infection rates, and deaths: the link to staffing

Nursing home staffing is one of a number of factors that are linked to higher infection and death rates among residents. An analysis of nursing homes in 8 states reported that nursing homes with high ratings on nurse staffing had lower rates of COVID-19 infection among residents.¹² An analysis of California nursing home data reported that lower RN staffing levels were associated with higher rates of resident infections.¹³

A number of other factors have been linked to lower COVID-19 mortality rates for residents and staff. Higher-quality nursing homes, as measured by CMS star ratings, had lower COVID-19 mortality through September 2020 even after controlling for staffing differences. These higher-quality facilities also tested residents and staff more frequently and, when vaccines became available, had higher vaccination rates of both staff and residents.¹⁰ Nursing homes with unionized staff had higher staff-to-resident ratios for RNs, LPNs, and aides. They also had 10.8% lower resident COVID-19 mortality and 6.8% lower infection rates among staff, even after controlling for differences in staffing, facility characteristics, and facility star ratings.² Nursing facilities with larger staff sizes – that is, having more unique employees – had more resident cases and deaths after controlling for other characteristics such as facility size and staff-to-bed ratios.¹⁴

Experiences of staff and administrators

Qualitative research has revealed that nursing home staff and administrators faced substantial stress during the pandemic. An interview-based study conducted in late 2020 reported that nursing home staff faced numerous operational challenges including a lack of COVID-19 testing capacity, lack of information and guidelines, and shortages of staff and equipment. Moreover, staff and administrators

faced personal challenges including balancing high demands of work and family, dealing with illness and death among coworkers, nursing facility residents, and family, and experiencing emotions of helplessness, anxiety, and fearfulness.¹⁵ Nursing assistants and administrators have cited chronic staffing shortages as a persistent problem that continued during the pandemic and affected both the quality of resident care and staff experiences of burnout.¹⁶

Vaccine mandates

In August 2021, the federal government established a vaccine mandate for nursing facilities participating in Medicare or Medicaid. The vaccination mandates are associated with notable increases in vaccination rates among nursing facility staff, rising from 63% in August 2021 to 88% in March 2022.¹⁷ Staff hesitancy to receive vaccines include concerns about the speed at which vaccines were developed, and about known and unknown side effects.¹⁸ However, an analysis of nursing homes in 38 states found that vaccine mandates were not associated with worsening staff shortages.¹⁹ Note that some states had vaccination-related policies in advance of the national requirement; however, the efficacy of these policies varied. For example, Mississippi's vaccinate-or-test policy did not meaningfully increase nursing home staff vaccination rates.²⁰

Home Health and Home Care

Medicaid pays for a large share of home-based long-term care through home- and community-based services (HCBS) programs. The number of agencies providing HCBS decreased during the pandemic and states cite workforce shortages and the pandemic's primary impact on services.²¹ There has been little research on the impact of the pandemic on staffing, services, infections, and deaths in this industry.

Home health services are provided for short-term support after a hospitalization or other acute health event and are often reimbursed by Medicare. As with home care, there has been little research on infection rates for staff or care recipients. Total employment in home health care dropped in the first quarters of the pandemic but has since recovered to pre-pandemic levels.³ Employment of RNs, LPNs, and aides in this industry decreased 7% between February 2020 and April 2020, and remained about 4% below pre-pandemic levels in June 2021.⁴ Home health care workers experienced substantial stress during the pandemic amidst shifting demand for their services, uncertainty about protection from and treatment for COVID-19, and rapid surges in the early months of the pandemic. Interviews with home health care workers conducted in March and April 2020 found that home health workers perceived a heightened risk of infection, received varying information, training, and supplies from their agencies, and faced difficult trade-offs between their professional roles and personal lives.²²

Analysis of government regulation of long-term care staffing ratios

Nursing Home (Skilled Nursing Facility) Requirements

The staff in Skilled Nursing Facilities (SNFs), include Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Certified Nursing Assistants (CNAs). Other professionals providing services include physicians, therapists, nurse practitioners, dietitians, social workers, and support staff. We focus on the nursing staff because they are the direct care workforce addressed in regulations for ratios/hours per resident day requirements.

Staffing regulations for SNFs are set at the federal level by the Center for Medicare and Medicaid Services (CMS). States also have SNF staffing regulations that may meet or exceed the federal regulations.

Federal requirements for SNF staffing are defined in the Code of Federal Regulations, Title 42.²³ To date there are no federal required staffing ratios for SNFs; the requirements are for sufficient staffing and state the following:

“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).

Sufficient staff. (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”²³

Additional federal requirements for RNs and CNAs include:

- RNs are required to be on staff for at least 8 consecutive hours a day, 7 days a week
- The facility must designate a RN to serve as the Director of Nursing (DON) on a full-time basis
- The DON may serve as Charge Nurse only when the daily occupancy is 60 or fewer residents
- Nurse aides must demonstrate competency in skills and techniques necessary to care for residents’ needs, as identified through resident assessments.²³In addition to these staffing requirements, the title 42 regulations include requirements for CNA training, verification of state certification, and ongoing in-service training.

Recommended Staffing Guidelines

In 2001, CMS commissioned a study of SNF staffing regulations that was conducted by Apt Associates. The study found that staffing increases in staffing ratios of 4.1 hours per resident day (HPRD) provided by all nursing staff: 0.75 from RNs; 0.55 from LPNs/LVNs; and 2.8 HPRD from CNAs/NAs were associated with avoidance of quality of care problems but stopped short of making this a formal recommendation.²⁴ Since that study, numerous other studies have validated these recommended staffing guidelines as the minimum needed for safety and quality of care in SNFs and addressed policy options for changes in SNF staffing.^{25 26 27 28 29}

State requirements for SNF differ from the federal regulations and differ from state to state. Appendix 1 includes details on state SNF standards and links to the administrative code for the details of those standards in each state. With only one exception, state standards are less than the recommended staffing in the Abt report and cited above in many studies. The District of Columbia with 4.16 HPRD of total nursing staff time meets/exceeds the overall recommended level of 4.1 HPRD. The majority of

states - 29 - require less than 3.5 HPRD,; of those, 15 states fall below 2.5 HPRD.³⁰ The intersection of state and federal regulations is at the level of state licensure. States need to meet state standards for licensure but certification is at the federal level. State staffing standards apply during SNF state inspections because the federal staffing regulations are more general and do not include HPRD. When SNFs are certified by CMS, SNFs need to apply federal staffing regulations.

State Nursing Home Staffing Regulations in 2021

Minimum required HPRD	No. of States	States
4.10+	1	DC
3.50 – 4.09	6	CA, FL, IL, MA, NY, RI
3.00 – 3.49	6	AR, CT, DE, MD, VT, WA
2.50 – 2.99	8	ME, MS, NJ, NM, OH, OK, PA, WI
2.00 – 2.49	13	CO, GA, IA, ID, KS, LA, MI, MN, OR, SC, TN, WV, WY
1.50 – 1.99	1	MT
1.00 – 1.49	0	
< 1.00	1	AZ

Source: Consumer Voice, State Nursing Home Staffing Standards, Summary Report, December 2021

Enforcement of Staffing Regulations in SNFs

Monitoring nursing home performance is a shared activity between the federal government and states. Performance criteria are federal, but inspections are delegated to states using criteria to certify their eligibility to participate in the Medicaid and Medicare programs. The federal government has authority to conduct independent inspections of certified nursing homes to audit the states' certification activities. Nursing home inspections (surveys) are conducted at least once a year by staff from the state's health facilities licensure and certification agency to determine compliance of facilities with federal conditions and standards; this would include compliance with staffing standards. The survey process is expected to identify and measure performance deficiencies that result in poor-quality care and to document deficiencies and corrections needed. Deficiencies can also lead to financial penalties for SNFs.³¹

There has a great deal written about nursing home deficiencies and the lack of meaningful enforcement.^{32 33} The state inspection process has shortfalls and many state agencies lack well-trained and consistent nurse inspectors. Penalties are often viewed as not significant enough for SNFs to take corrective action. This was especially true during the COVID-19 pandemic when inspections were limited but staff and residents were most vulnerable to deficiencies in quality of care and staffing.³⁴ Previous research identified deficiency levels in SNFs, while falling overall, was higher in SNFs with greater concentrations of racial and ethnic minority residents.³⁵

Home Health Agency Staffing Requirements

Home health agencies do not have specific staffing regulations that indicate ratios for a home health agency or staffing for visits to patients in their homes. The regulations in the CMS Conditions for Participation for Home Health Agencies relative to staffing address who can perform services, credentials, training, and oversight and supervision.³⁶

These regulations describe the expectations of the skilled professionals who participate in the interdisciplinary team approach to home health care delivery. Skilled professionals provide services to HHA patients directly as employees of the HHA or under a contractual agreement.

Some of the standards relevant to staffing are highlighted below and address the areas noted above, such as defining the professionals who work in home health, their qualifications, training, certification, and supervision.

Skilled professional services include skilled nursing services, physical therapy, speech-language pathology services, and occupational therapy, as specified in § 409.44 of this chapter, and physician and medical social work services as specified in § 409.45 of this chapter. Skilled professionals who provide services to HHA patients directly or under arrangement must participate in the coordination of care.

Standard: Administrator, home health agency. Is a licensed physician, a registered nurse, or holds an undergraduate degree; and has experience in health service administration, with at least 1 year of supervisory or administrative experience in home health care or a related health care program.

Standard: Home health aide assignments and duties. (1) Home health aides are assigned to a specific patient by a registered nurse or other appropriate skilled professional, with written patient care instructions for a home health aide prepared by that registered nurse or other appropriate skilled professional (that is, physical therapist, speech-language pathologist, or occupational therapist).

Standard: Supervision of home health aides. (1)(i) If home health aide services are provided to a patient who is receiving skilled nursing, physical or occupational therapy, or speech-language pathology services, a registered nurse or other appropriate skilled professional who is familiar with the patient, the patient's plan of care, and the written patient care instructions described in § 484.80(g), must make an onsite visit to the patient's home no less frequently than every 14 days. The home health aide does not have to be present during this visit.³⁶

Assisted Living Facilities (ALFs). Staffing Requirements

There are no federal regulations for staffing in Assisted Living facilities.³⁷ Assisted living facilities are regulated by state and differ by state.

This is an example of staffing requirements for Assisted Living s in the State of California. These California regulations address staff ratios in terms of the number of staff needed per number of

residents, the number of staff that must be in the facility, also based on the number of residents, and how many staff must be available and awake.

“All facilities must have a certified administrator, who may be the licensee, to manage the facility according to the rules. A designee must be assigned when the administrator is not available. Direct care staff provide personal care services and supervision. Appropriately skilled professionals (e.g., a licensed nurse) may be hired to provide medication administration and/or incidental medical services”.

“Sufficient staff must be employed to deliver services required by residents. Requirements for awake staff vary by facility size: for 16 or fewer residents, staff must be available in the facility; 16-100 residents, at least one awake staff; 101-200 residents, one on call and one awake, with an additional awake staff for each additional 100 residents.”³⁸

We compared California with Florida, a state with a large elderly population and large assisted living industry, to show the variation in regulations. Florida has several types of ALFs including limited nursing services (LNS), extended congregate care (ECC), and limited mental health (LMH). Each type of ALF facility must be supervised by an administrator and must employ direct care staff. All direct care staff must have training in First Aid and CPR. LNSs and ECCs must employ a nurse to provide nursing services as needed. The ratios for all three types of ALFs require the employment of sufficient staff. Both the Florida and California regulations state that staffing is based on the number of residents in Assisted Living Facilities. However, Florida regulations include more detail on the number of hours of staffing per resident. For example, an ALF with 26-35 residents requires 294 staff hours per week, about 7 FTE. The regulations for ECCs state that adequate staff need to be awake during all hours.³⁹

Discussion: The outlook for the long-term care workforce

The COVID-19 pandemic revealed and amplified long-existing shortcomings in LTC such as inadequate staffing levels, suboptimal infection control, and failures in oversight and regulation that resulted in actual harm, including the staff and residents who died during the pandemic. The pandemic's enormous toll on LTC residents and staff provides another opportunity to renew our attention to the long-standing deficiencies that continue to inhibit the delivery of high-quality LTC. Even as the population grows older and drives up the demand for LTC, especially among the ALF and HH settings, this essential workforce continues to struggle and the industry is challenged by a lack of stability.

The marginalized status of the LTC workforce throughout the pandemic was revealed through reports about their inadequate access to personal protective equipment (PPE), training, paid sick time, and hazard pay^{40,41}. The thin spread of the workforce became public as the industry struggled to maintain services without a sustainable workforce. As a result, the pandemic catalyzed some short-term actions that, with policy changes, could translate into viable improvements. In the short term, efforts must include investing more federal and state dollars in Medicaid, the de facto primary payer for LTC, to better equip the sector to meet current demand and withstand future crises.

As a result of these challenges, we will highlight specific challenges and opportunities as part of our discussion on the outlook and future of the LTC workforce

Staffing

Over the years, there have been numerous efforts to increase staffing ratios with the hope of improving the quality of LTC. While federal staffing regulations have been in place for decades in SNF settings, the types of residents and their acuity levels have changed dramatically.

There have been numerous recommendations provided by policy makers and researchers regarding staff and skill mix in SNFs. Most recently, the National Academies Press “The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff”⁴² highlights the need for direct-care RN coverage, a full time experienced social worker, increased specialization of the infection prevention and control specialist, and more incentives to hire qualified personnel at the master’s or doctoral level, including expanded use of APRNs.

Further opportunities include expanded research on minimum and optimal staffing ratios, including needs on weekends and holidays, and staffing requirements dependent on resident case mix and type of staff needed for the care of special populations, including rehabilitation or dementia care. Given the expected projections on an expansion of elder care opportunities in both Home Health and ALF, workforce projections and staffing ratios in this setting will be needed moving forward.

Wages

Despite the increasing demand for a sustainable LTC workforce, the job quality remains persistently low. This challenge impedes recruitment and retention efforts across the LTC industry⁴³. Beyond additional challenges such as low compensation, the role in caring for frail elders is physically and emotionally demanding. Despite some variation in acuity level across settings, the role, both among licensed and unlicensed staff, is often characterized by heavy workloads, scheduling challenges, inadequate oversight, and limited training and career advancement. Given the limited quality of jobs available and the poor work environment, LTC employers struggle to compete for workers (especially in tight labor markets) against employers from other sectors in healthcare such as hospitals that can offer higher hourly wages and better benefits, among other advantages.

There are a number of opportunities to improve wages in the LTC sector. First, efforts should be made to develop a national compensation strategy that aims to ensure a competitive wage and benefits that is comparable to that provided in other healthcare settings (e.g., hospitals). Equitable job improvements and a stabilized workforce can be achieved by establishing a “living wage”, especially among direct care workers, the largest, yet lowest paid and most invisible workforce.⁴⁴

Second, other workforce measures introduced during the pandemic, including improvements in streamlining hiring and onboarding protocols, and technology-based training approaches, should also be evaluated for “lessons learned” about how to improve recruitment and retention of the workforce.^{40,43} Finally, ensuring wage improvements is a step toward raising the value and competitiveness of the LTC workforce. Timely research documenting the impact of the pandemic on recruitment and retention in direct care, with a particular focus on compensation (including hazard pay and sick time benefits), could help build this case in the longer term.

Sick leave and Hazard pay

During the COVID-19 pandemic, a number of states and individual employers implemented hazard pay policies which provided additional financial support for direct care workers in recognition of their essential role. Yet, these practices dried up quickly, or as noted in our research among front-line workers in LTC, the bonus pay received was meager in comparison to their new workload. Similarly, sick leave policies were relaxed in an effort to reduce the spread of the virus, yet there was wide variability across states and organizations. For example, paid sick leave policies have eligibility criteria based on length of employment, part vs. full time employment, and/or employer size of the company. Furthermore, another challenge is that paid sick leave laws vary across states and paid sick leave is often financed by employers who may have limited budgets with which to pay for this benefit.

In an analysis of paid sick leave policies by PHI,⁴⁴ they found that 59 percent of workers were paid for their time off in states with sick leave policies compared to 23 percent of workers in states without a mandated policy. These findings indicate that paid sick leave policies do play a role in ensuring that direct care workers can take time off work without incurring lost wages and potentially catastrophic financial consequences. The COVID-19 crisis has underscored the critical need for universal access to paid sick leave. Employers and state policies can establish permanent sick leave laws, similar to paid family and medical leave established at the federal level, to enhance sick leave for the LTC workforce.

Burnout

The pandemic created new and significant psychological stress in the work environment leading to emotional exhaustion and burnout among all types of front-line workers. Although some resources were provided by LTC employers to mitigate the effects of COVID-19, such benefits were often not enough, or they were inequitably distributed among employees. Health care workers also experienced a lack of emotional support from their employers during the pandemic. Furthermore, the pandemic significantly affected workers' psyche, which caused many to plan or start thinking about making a career shift.

The challenge of COVID-19's role in increasing stress among front-line workers provides an opportunity for employers to better support the workforce. Addressing the needs of these essential workers and identifying best practices in supporting and preventing burnout is critical to maintaining a healthy workforce. Health systems need to consider how burnout prevention, intervention programs, and mental health coverage are implemented and financed.⁴⁰

Increasing diversity

Another area of great importance is an increasingly diverse LTC workforce. A major challenge from the pandemic is that the economic hardships of COVID-19 were disproportionately experienced by those LTC workers who are racial/ethnic minorities, women, younger, and have less education. While many of the barriers to recruitment and retention of nursing home workers are well known, more research is needed to understand persistent systemic barriers, including the influence of systemic and structural racism that has created and sustained racial and ethnic disparities among long-term care workers. Policy research should include a focus on systemic barriers and opportunities to improve recruitment, training, and advancement of diverse LTC workers. Moreover, data collection should include gender, ethnicity, and race-related outcomes of job quality indicators.^{40,42}

Training requirements

When we examined the staffing regulations for this report, they usually included training requirements. While it was beyond the scope of this brief to review training requirements, there is a universal understanding that the education and training requirements across all LTC settings is inadequate. One opportunity that was expanded during the COVID-19 pandemic was the increased utilization of telehealth and online education materials staff accessed for continuing education. Our recent research has found there are wide discrepancies across states regarding training policies in dementia care. Furthermore, there is an inadequate foundation for a variety of geriatric related topics among staff working across the LTC sector.

Further research is needed to compare the effectiveness of training programs and the policies associated with these programs. There should also be health policy research conducted to examine the impact of requirements, including necessary training hours and instructional content. In order to expand access to training, employers and policy makers need to consider having free entry-level training, continuing education and coverage of time for completing education and training programs as a member of the interdisciplinary team.

Conclusion

While there are a number of challenges facing the LTC workforce, fulfilling these challenges with new opportunities will require policy makers to scale-up and sustain evidence-based workforce interventions and fund cutting-edge policy research, especially in home health and ALFs where less is known about the workforce. The time is right to tackle these challenges in order to achieve meaningful improvements in wages and compensation, career development,

and contributions to the quality and safety of care—for the benefit of workers themselves, the clients they serve, and the future aging population.

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Appendix A: Nursing Homes Staffing Standards In State Regulations and Statutes ³⁰

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink														
AK	<p>Sufficient Staff No requirement.</p> <p>Licensed Staff (RN, LPN/LVN) For 1-60 occupied beds: 1 RN Day 7d/wk and 1 RN Evening 5d/wk and 1 LPN all shifts when RN not present For 61+ beds: 2 RNs Day 7d/wk and 1 RN Evening & Night 7d/wk</p> <p>Direct Care Staff No minimum requirement.</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.32</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.32</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.32	LPN		Total LN	0.32	<hr/>		CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>AK Administrative Code Alaska Admin. Code tit. 7, § 12.275.</p>
RN (inc.DON @.06)	0.32																
LPN																	
Total LN	0.32																
<hr/>																	
CNA																	
DC																	
Total Nursing Staff (DC + DON) or (CNA + LN)																	
AL	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 consecutive hrs/7d/wk For 1-60 residents: DON may be Charge Nurse</p> <p>Direct Care Staff No minimum requirement.</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.14</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN		Total LN	0.14	<hr/>		CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>AL Administrative Code Ala. Admin. Code r. 420-5-10-.11 (2016).</p>
RN (inc.DON @.06)	0.14																
LPN																	
Total LN	0.14																
<hr/>																	
CNA																	
DC																	
Total Nursing Staff (DC + DON) or (CNA + LN)																	

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink										
<p>AR</p>	<p>Sufficient Staff To meet the needs of the residents for nursing services.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Days; if has other responsibilities, add 1 more RN as Asst. DON to equal one FTE 1 RN/LPN Charge Nurse for each shift For 1-70 residents: DON may be Charge Nurse In multi-story homes, staff each floor unit 1:40 RN/LPN ratio Day and Evening 1:80 RN/LPN ratio Night</p> <p>Direct Care Staff 3.36 average HPRD each month</p> <p><i>Direct care staff includes: a licensed nurse; nurse aide; medication assistant; physician; physician assistant; licensed physical or occupational therapist or licensed therapy assistant; registered respiratory therapist; licensed speech-language pathologist; infection preventionist; and other healthcare professionals licensed or certified in the state of Arkansas.</i></p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td><hr/>Total LN</td> <td><hr/>0.30</td> </tr> <tr> <td>CNA DC</td> <td>3.36</td> </tr> <tr> <td><hr/>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td><hr/>3.42</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.24	<hr/> Total LN	<hr/> 0.30	CNA DC	3.36	<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 3.42	<p>AR Rules for Nursing Homes Arkansas Rules and Regulations for Nursing Homes, Office of Long Term Care § 511.1:-514.</p> <p>AR Statute Act 175 Arkansas Code Annotated (ACA) § 20-10-1402. Staffing standards.</p>
RN (inc.DON @.06)	0.06												
LPN	0.24												
<hr/> Total LN	<hr/> 0.30												
CNA DC	3.36												
<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 3.42												
<p>AZ</p>	<p>Sufficient Staff To meet the needs of a resident for nursing services.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time For 1-60 average daily census: DON may provide direct care on regular basis</p> <p>Direct Care Staff 1 nurse for direct care to not more than 64 residents at all times</p> <p><i>Note: Chapter 28 is the Arizona Health Care Cost Containment System–Ariz. Long Term Care System. Expressly incorporates Medicaid by reference in 42 CFR 442 and 42 CFR 483.</i></p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td><hr/>Total LN</td> <td><hr/>0.06</td> </tr> <tr> <td>CNA DC</td> <td>0.48</td> </tr> <tr> <td><hr/>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td><hr/>0.54</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN		<hr/> Total LN	<hr/> 0.06	CNA DC	0.48	<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 0.54	<p>AZ Administrative Code Ariz. Admin. Code § 9-10-412 (2021).</p>
RN (inc.DON @.06)	0.06												
LPN													
<hr/> Total LN	<hr/> 0.06												
CNA DC	0.48												
<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 0.54												

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink																
<p>CA</p>	<p>Sufficient Staff To meet the needs of residents.</p> <p>Licensed Staff (RN, LPN/LVN) For 1-59 licensed beds: 1 RN/LVN 24hrs/day For 60-99 licensed beds: 1 DON RN Day full-time (may not be Charge Nurse) 1 RN/LVN 24hrs/day For 100+ beds: 1 DON RN (may not be Charge Nurse) 1 RN 24hrs/day</p> <p>Certified Nurse Aide Staff (CNA/NA) 2.4 CNA HPRD</p> <p>Direct Care Staff 3.5 HPRD (includes a minimum of 2.4 CNA HPRD)</p> <p><i>Note: Minimum staff-patient ratios (filed on 1/22/09). 1:5 ratio Day, 1:8 ratio Evening, 1:13 ratio Night. Not implemented until funds are appropriated.</i></p> <p><u>Medi-Cal reimbursement policies</u> Adult Subacute units: <i>Freestanding: 3.8 RN HPRD and LVN HPRD 2.0 CNA HPRD</i> <i>Distinct Part: 4.0 RN HPRD and LVN HPRD 2.0 CNA HPRD</i> Pediatric Subacute units: <i>5.0 RN HPRD and LVN HPRD 2.0 CNA HPRD</i></p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.30</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA</td> <td>2.40</td> </tr> <tr> <td>DC</td> <td>3.50</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.56</td> </tr> </table>	RN (inc.DON @.06)	0.30	LPN		<hr/>		Total LN	0.30	CNA	2.40	DC	3.50	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	3.56	<p><u>CA Code of Regulations</u> Cal. Code Regs. tit. 22, § 72327 and § 72329.2.</p> <p><u>CA Health and Safety Code</u> HSC Sec. 1276.65.</p>
RN (inc.DON @.06)	0.30																		
LPN																			
<hr/>																			
Total LN	0.30																		
CNA	2.40																		
DC	3.50																		
<hr/>																			
Total Nursing Staff (DC + DON) or (CNA + LN)	3.56																		
<p>CO</p>	<p>Sufficient Staff To meet the needs of residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 40 hrs/wk 1 RN 24 hrs/7d/wk 1 RN/LPN each care unit at all times</p> <p>Direct Care Staff For 1-59 residents: 2.0 HPRD For 60+ residents: 2.0 HPRD, exclude DON, and other supervisory personnel not providing direct care</p> <p><i>Note: <u>Medicaid Regulations</u>: CO Department of Health Care Policy and Financing, Staff Manual, Vol. 8 - Medical Assistance, Secs. 8.408(3) and 8.409.24.</i></p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.30</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td>0.54</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.00</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.06</td> </tr> </table>	RN (inc.DON @.06)	0.30	LPN	0.24	<hr/>		Total LN	0.54	CNA		DC	2.00	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	<p><u>Code of CO Regulations</u> Colo. Code Regs. § 1011-1 Chapter 5, Section 9</p>
RN (inc.DON @.06)	0.30																		
LPN	0.24																		
<hr/>																			
Total LN	0.54																		
CNA																			
DC	2.00																		
<hr/>																			
Total Nursing Staff (DC + DON) or (CNA + LN)	2.06																		

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink
<p>CT</p>	<p>Sufficient Staff To provide appropriate care 24 hours 7 days/week.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time; if more than 120 beds, 1 Asst. DON (0.06 HPRD) 1 RN 24hrs/7d/wk 1 RN/LPN (each floor) 24 hrs/7d/wk .47 LN HPRD Day/Evening (7am-9pm) .17LN HPRD Evening/Night (9pm-7am) For 61-120beds: exclude DON For 121+ beds: exclude Asst. DON</p> <p>Direct Care Staff 1.40 total nursing & NA HPRD (7am-9pm) .50 total nursing & NA HPRD (9pm-7am)</p> <p>Effective on or before January 1, 2022 <i>In addition to Sufficient Staff and Licensed Staff above:</i></p> <p>Direct Care Staff 3.00 HPRD</p>	<p>2021</p> <p>RN (inc.DON @.06) 0.30 LPN 0.40 Total LN 0.70</p> <p>CNA DC 1.90 Total Nursing Staff 1.96 (DC + DON) or (CNA + LN)</p> <p>2022</p> <p>RN (inc.DON @.06) 0.30 LPN 0.40 Total LN 0.70</p> <p>CNA DC 3.00 Total Nursing Staff 3.06 (DC + DON) or (CNA + LN)</p>	<p><u>CT Public Health Code</u> Conn. Agencies Regs. § 19-13-D8t (j)-(k), (m) (2015).</p> <p><u>CT Statute</u> Public Act No. 21.85.</p>
<p>DC</p>	<p>Sufficient Staff To ensure the resident receives care and services identified in the regulation.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 Nursing Supervisor (RN) 24 hrs/7d/wk. DON may serve as supervisor while on regular duty if 30 beds or less 1 RN/LPN Charge Nurse on each unit 24 hrs/day If Charge Nurse is LPN, then must have access to an RN for consultation</p> <p>Direct Care Staff 4.1 HPRD minimum daily average, Includes 0.6 by an advanced RN/RN Minimum of 2 nursing staff per unit per shift</p>	<p>RN (inc.DON @.06) 0.60 LPN 0.24 Total LN 0.84</p> <p>CNA DC 4.10 Total Nursing Staff 4.16 (DC + DON) or (CNA + LN)</p>	<p><u>DC Municipal Regulations</u> D.C. Mun. Regs. tit. 22, §§ 3208-3211.</p>

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink																
<p>DE</p>	<p>Sufficient Staff To meet the care needs of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 Nursing Supervisor RN on duty each shift, 7d/wk 1:15 RN/LPN ratio Day 1:23 RN/LPN ratio Evening 1:40 RN/LPN ratio Night</p> <p>For 1-99 beds: 1 Asst. DON RN part-time 1 Dir. Inservice Education RN part-time</p> <p>For 100+ beds: 1 Asst. DON RN full-time 1 Dir. Inservice Education RN FTE</p> <p>Direct Care Staff 3.28 hours of direct nursing care 1:8 ratio Day 1:10 ratio Evening 1:20 ratio Night</p> <p><i>Note: 05/01/03 Regulations were not implemented because of funding: 1:15 LN ratio Days; 1:20 LN ratio Evenings; 1:30 LN ratio Nights; 3.67 hours DC including: 1:7 DC ratio Days; 1:10 DC ratio Evenings; 1:15 DC ratio Nights.</i></p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.42</td> </tr> <tr> <td>LPN</td> <td>0.66</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total LN</td> <td>1.08</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>3.28</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.34</td> </tr> </table>	RN (inc.DON @.06)	0.42	LPN	0.66	<hr/>		Total LN	1.08	CNA		DC	3.28	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	3.34	<p>DE Code Del. Code Ann. tit. 16, § 1162 (2021).</p>
RN (inc.DON @.06)	0.42																		
LPN	0.66																		
<hr/>																			
Total LN	1.08																		
CNA																			
DC	3.28																		
<hr/>																			
Total Nursing Staff (DC + DON) or (CNA + LN)	3.34																		
<p>FL</p>	<p>Sufficient Staff To maintain the highest practicable physical, mental, and psychological well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time. If DON has institutional responsibilities, add 1 Asst. DON RN full-time For 121+ residents: add 1 Asst. DON RN full-time 1 RN/LPN each shift 1.0 RN/LPN HPRD (24 hour average). Cannot go below 1:40 RN/LPN ratio</p> <p>Certified Nurse Aide Staff (CNA/NA) 2.5 HPRD by CNA, not below 1:20 CNA to resident ratio</p> <p>Direct Care Staff 3.6 HPRD minimum weekly average (includes 2.5 HPRD by CNA)</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.94</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total LN</td> <td>1.00</td> </tr> <tr> <td>CNA</td> <td>2.50</td> </tr> <tr> <td>DC</td> <td>3.60</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.66</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.94	<hr/>		Total LN	1.00	CNA	2.50	DC	3.60	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	3.66	<p>FL Administrative Code Fla. Admin. Code Ann. r.59A-4.108.F.</p> <p>FL Statutes Fla. Stat. § 400.23 (2021).</p>
RN (inc.DON @.06)	0.06																		
LPN	0.94																		
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State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink																		
<p>GA</p>	<p>Sufficient Staff To provide care for each patient according to his needs.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day; DON may direct other nearby nursing homes if those homes have 1 RN as full-time Asst. DON 1 RN/LPN in each 8-hr shift 24 hrs/7d/wk RN/LPN to total nursing personnel ratio: 1:7</p> <p>Direct Care Staff 2.0 HPRD DC</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.00</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.06</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.24	<hr/>		Total LN	0.30	<hr/>		CNA		DC	2.00	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	<p>GA Rules & Regulations Ga. Comp. R. & Regs. 111-8-56.04 (2021).</p>
RN (inc.DON @.06)	0.06																				
LPN	0.24																				
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Total Nursing Staff (DC + DON) or (CNA + LN)	2.06																				
<p>HI</p>	<p>Sufficient Staff To meet the nursing needs of the patients.</p> <p>Licensed Staff (RN, LPN/LVN) 1 RN full-time Day 7d/wk 1 RN/LPN Evening and Night</p> <p>Direct Care Staff No minimum requirement</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.08</td> </tr> <tr> <td>LPN</td> <td>0.16</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td>0.24</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.08	LPN	0.16	<hr/>		Total LN	0.24	<hr/>		CNA		DC		<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>HI Administrative Rules Haw. Code R. § 11-94.1-39.</p>
RN (inc.DON @.06)	0.08																				
LPN	0.16																				
<hr/>																					
Total LN	0.24																				
<hr/>																					
CNA																					
DC																					
<hr/>																					
Total Nursing Staff (DC + DON) or (CNA + LN)																					
<p>IA</p>	<p>Sufficient Staff To meet the needs of individual residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 RN/LPN Health Service Supervisor For 1-74beds: if Health Service Supervisor is LPN, RN must work 4 hrs/wk when LPN is on duty For 75+beds: Health Service Supervisor must be RN and add 1 RN/LPN 24 hrs/7d/wk</p> <p>Direct Care Staff 2.0 HPRD for intermediate nursing care (computed on 7-day week); minimum of 20% must be provided by RN/LPNs including time of Supervisor 2 people capable of providing nursing care on duty at all times</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.08</td> </tr> <tr> <td>LPN</td> <td>0.32</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td>0.40</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.00</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.06</td> </tr> </table>	RN (inc.DON @.06)	0.08	LPN	0.32	<hr/>		Total LN	0.40	<hr/>		CNA		DC	2.00	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	<p>IA Administrative Code Iowa Admin. Code r. 481-58.11.</p>
RN (inc.DON @.06)	0.08																				
LPN	0.32																				
<hr/>																					
Total LN	0.40																				
<hr/>																					
CNA																					
DC	2.00																				
<hr/>																					
Total Nursing Staff (DC + DON) or (CNA + LN)	2.06																				

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
ID	<p>Sufficient Staff To meet the total needs of residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day. If DON occupied with administration, then 1 RN Asst. DON. 1 Supervising Nurse, RN/LPN</p> <p>For 1-59 residents: DON may be Supervising Nurse 1 RN 8 hrs Day & 1 RN/LPN other 2 shifts 7d/wk</p> <p>For 60-89 residents: 1 RN Day & Evening & 1 RN/LPN Night 7d/wk</p> <p>For 90+ residents: 1 RN 24 hrs/7d/wk</p> <p>Direct Care Staff 2.4 HPRD For 1-59 residents: exclude DON but include Supervising Nurse on each shift For 60+ residents: exclude DON and Supervising Nurse</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.30</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.40</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.46</td> </tr> </table>	RN (inc.DON @.06)	0.30	LPN		Total LN	0.30	CNA		DC	2.40	Total Nursing Staff (DC + DON) or (CNA + LN)	2.46	<p>ID Administrative Rules Idaho Admin. Code r.16.03.02.200.</p>
RN (inc.DON @.06)	0.30														
LPN															
Total LN	0.30														
CNA															
DC	2.40														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.46														
IL	<p>Sufficient Staff To meet the nursing needs of all residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time or minimum 36 hrs/wk (at least 18 hrs between 7am and 7pm) For Skilled Nursing Facilities 100+ beds: 1 Asst. DON RN full-time, minimum 36 hours, 4 d/wk For Intermediate Care Facilities 150+ beds: 1 Asst. DON RN/LPN full-time. May provide direct care and be counted in direct care ratios.</p> <p>Direct Care Staff 2.5 HPRD for intermediate care 3.8 HPRD for skilled nursing care A minimum of 25% of direct care must be provided by RN/LPN; at least 10% must be provided by RN. For 1-49 beds, DON may provide direct care and be included in direct care ratios</p> <p><i>Direct Care Staff includes: RNs, LPNs, CNAs, Psych aides, Rehab/Therapy aides, Psych coordinators, Asst. DONs, 50% of DON, 30% of Social Service Director, licensed physical/occupational/speech/respiratory therapists</i></p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.38</td> </tr> <tr> <td>LPN</td> <td>0.57</td> </tr> <tr> <td>Total LN</td> <td>0.95</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>3.80</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.83</td> </tr> </table>	RN (inc.DON @.06)	0.38	LPN	0.57	Total LN	0.95	CNA		DC	3.80	Total Nursing Staff (DC + DON) or (CNA + LN)	3.83	<p>IL Administrative Code Ill. Admin. Code tit. 77, §§ 300.1210-1230, 1240 (2021).</p> <p>IL Statute 210 Ill. Comp. Stat. 45/3-202 (2010).</p>
RN (inc.DON @.06)	0.38														
LPN	0.57														
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State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
IN	<p>Sufficient Staff To maintain highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse each shift For 1-60 residents: DON may be Charge Nurse included in: RN/LPN ratio 0.5 RN/LPN HPRD (averaged over 1 week, excluding DON)</p> <p>Direct Care Staff No minimum requirement</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.42</td> </tr> <tr> <td>Total LN</td> <td>0.56</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.42	Total LN	0.56	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>IN Administrative Code</u> Title 410, Art. 16.2, Sec. 3.1-17.</p>
RN (inc.DON @.06)	0.14														
LPN	0.42														
Total LN	0.56														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															
KS	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial well-being.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time included in 1 RN at least 8 consecutive hrs/7d/wk 1 RN/LPN per nursing unit Day included in 1 RN/LPN 24hrs/7d/wk If 1 LPN Day, 1 RN must be on call</p> <p>Direct Care Staff 2.0 HPRD weekly average (with a 1.85 HPRD minimum 24-hour average), exclude DON for 60+beds 1:30 minimum nursing-to-resident ratio per unit At least 2 nursing personnel on duty at all times</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.08</td> </tr> <tr> <td>LPN</td> <td>0.32</td> </tr> <tr> <td>Total LN</td> <td>0.40</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.00</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.06</td> </tr> </table>	RN (inc.DON @.06)	0.08	LPN	0.32	Total LN	0.40	CNA		DC	2.00	Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	<p><u>KS Administrative Regulations</u> Kan. Admin. Regs. § 28-39-154.</p>
RN (inc.DON @.06)	0.08														
LPN	0.32														
Total LN	0.40														
CNA															
DC	2.00														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.06														
KY	<p>Sufficient Staff To meet the total needs of the patients on a 24-hour basis.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day; may serve as Charge Nurse with occupancy less than 60 residents; if DON is facility administrator, add 1 Asst. DON RN to bring to equivalent of a full-time DON 1 Supervising Nurse RN full-time (DON or Asst. DON may be Supervising Nurse) 1 RN/LPN Charge Nurse 24 hrs/7d/wk; if LPN Charge Nurse, RN must be on call</p> <p>Direct Care Staff No minimum requirement One staff person on duty and awake at all times</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.24	Total LN	0.30	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>KY Administrative Regulations</u> 902 Ky. Admin. Regs. 20:048, Section 3 (10)(c).</p>
RN (inc.DON @.06)	0.06														
LPN	0.24														
Total LN	0.30														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
LA	<p>Sufficient Staff To provide nursing care to all residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day. If DON has regular administrative responsibility, add 1 Asst. DON RN. For 1-60 average daily occupancy: DON may be Charge Nurse 1 RN/LPN Charge Nurse for each unit 24 hrs/7d/wk</p> <p>Direct Care Staff 2.35 HPRD; may count DON or Asst. DON time spent on direct care</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.48</td> </tr> <tr> <td>Total LN</td> <td>0.54</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.35</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.41</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.48	Total LN	0.54	CNA		DC	2.35	Total Nursing Staff (DC + DON) or (CNA + LN)	2.41	<p>LA Administrative Code La.Admin.Code Title 48, §§9821, 9823, 9825.</p>
RN (inc.DON @.06)	0.06														
LPN	0.48														
Total LN	0.54														
CNA															
DC	2.35														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.41														
MA	<p>Sufficient Staff To meet the needs of residents and assure that measures, treatments and other activities and services are carried out, recorded, and reviewed.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time (40 hrs) Day In multi-unit facilities: 1 Supervisor RN full-time Day for up to 2 units in the same facility 1 RN/LPN Charge Nurse 24 hrs/7d/wk per unit</p> <p>Direct Care Staff 3.58 HPRD, 0.508 must be provided by RN</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.51</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.51</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>3.58</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.64</td> </tr> </table>	RN (inc.DON @.06)	0.51	LPN		Total LN	0.51	CNA		DC	3.58	Total Nursing Staff (DC + DON) or (CNA + LN)	3.64	<p>Code of MA Regulations 105 Mass. Code Regs. 150.007.</p>
RN (inc.DON @.06)	0.51														
LPN															
Total LN	0.51														
CNA															
DC	3.58														
Total Nursing Staff (DC + DON) or (CNA + LN)	3.64														
MD	<p>Sufficient Staff To provide appropriate bedside care.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN/LPN Charge Nurse on duty at all times 1 RN 24hrs/7d/wk For 2-99 residents: 1 RN full-time For 100-199: 2 RNs full-time For 200-299: 3 RNs full-time For 300-399: 4 RNs full-time</p> <p>Direct Care Staff 3.0 HPRD 7d/wk (including RNs, LPNs, supportive personnel, and only the documented bedside hours of DON) No less than 1:15 ratio of nursing service personnel providing bedside care to residents at all times</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.36</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.36</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>3.00</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.06</td> </tr> </table>	RN (inc.DON @.06)	0.36	LPN		Total LN	0.36	CNA		DC	3.00	Total Nursing Staff (DC + DON) or (CNA + LN)	3.06	<p>Code of MD Regulations Md. Code Regs. 10.07.02.18.</p> <p>Code of MD Regulations Md. Code Regs. 10.07.02.19.</p> <p>Code of MD Regulations Md. Code Regs. 10.07.02.20.</p>
RN (inc.DON @.06)	0.36														
LPN															
Total LN	0.36														
CNA															
DC	3.00														
Total Nursing Staff (DC + DON) or (CNA + LN)	3.06														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
<p>ME</p>	<p>Sufficient Staff To meet the needs of residents as determined by their levels of care.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 consecutive hrs 7d/wk</p> <p>Day: 1 RN/LPN Charge Nurse 7 d/wk For more than 20 beds: DON may not be Charge Nurse For 51+ beds: add 1 LN for each increment of 50 above 50 For 100+ beds the additional LN must be an RN for each multiple of 100</p> <p>Evening: 1 RN/LPN Add 1 RN/LPN for each 70 beds For 100+ beds: one of additional RN/LPNs shall be an RN</p> <p>Night: 1 RN/LPN Add 1 RN/LPN for each 100 beds For 100+ beds: an RN shall be on duty</p> <p>For multi-storied facilities: staff must be assigned to each floor when residents are present</p> <p>Direct Care Staff 1:5 ratio Days 1:10 ratio Evenings 1:15 ratio Nights Include RNs, LPNs, CNAs who provide direct care</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.38</td> </tr> <tr> <td>LPN</td> <td>0.16</td> </tr> <tr> <td><hr/>Total LN</td> <td><hr/>0.54</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.93</td> </tr> <tr> <td><hr/>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td><hr/>2.99</td> </tr> </table>	RN (inc.DON @.06)	0.38	LPN	0.16	<hr/> Total LN	<hr/> 0.54	CNA		DC	2.93	<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 2.99	<p>Code of ME Rules 10-144-110 Me. Code R. § 9.A (2021).</p>
RN (inc.DON @.06)	0.38														
LPN	0.16														
<hr/> Total LN	<hr/> 0.54														
CNA															
DC	2.93														
<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 2.99														
<p>MI</p>	<p>Sufficient Staff To meet the needs of each patient.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN/LPN 24 hrs/7d/wk</p> <p>Direct Care Staff 2.25 HPRD 1:8 ratio Day 1:12 ratio Evening 1:15 ratio Night For 30+ beds, exclude time of DON</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td><hr/>Total LN</td> <td><hr/>0.30</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.25</td> </tr> <tr> <td><hr/>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td><hr/>2.31</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.24	<hr/> Total LN	<hr/> 0.30	CNA		DC	2.25	<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 2.31	<p>MI Compiled Laws Mich. Comp. Laws § 333.21720a.</p>
RN (inc.DON @.06)	0.06														
LPN	0.24														
<hr/> Total LN	<hr/> 0.30														
CNA															
DC	2.25														
<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 2.31														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
MN	<p>Sufficient Staff To meet the needs of residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time (at least 35 hrs) 1 RN/LPN 8 hrs/7d/wk RN on call during all hours when an RN is not on duty</p> <p>Direct Care Staff 2.0 HPRD provided by RNs, LPNs</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.08</td> </tr> <tr> <td>Total LN</td> <td>0.14</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.00</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.06</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.08	Total LN	0.14	CNA		DC	2.00	Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	<p><u>MN Administrative Rules</u> Minn. R. 4658.0500, 4658.0510 (2007).</p>
RN (inc.DON @.06)	0.06														
LPN	0.08														
Total LN	0.14														
CNA															
DC	2.00														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.06														
MO	<p>Sufficient Staff To attain or maintain the highest practicable level of physical, mental and psychosocial well-being.</p> <p>Licensed Staff (RN, LPN/LVN) Skilled Nursing Facility: 1 DON RN full-time 1 RN Day and 1 RN/LPN Evening & Night (1 RN on call if only LPN on duty) Intermediate Care Facility: 1 DON RN/LPN (if LPN is DON, RN must serve as consultant 4 hrs/wk) 1 RN/LPN Day and 1 RN/LPN on call 24 hrs/7d/wk</p> <p>Direct Care Staff No minimum requirement Nursing personnel on duty at all times on each floor. For more than 20 beds: nursing personnel cannot perform non-nursing duties routinely.</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.16</td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.16	Total LN	0.30	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>MO Code of State Regulations</u> Mo. Code of State Regulations. 19 CSR 30-85.042.</p>
RN (inc.DON @.06)	0.14														
LPN	0.16														
Total LN	0.30														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															
MS	<p>Sufficient Staff No requirement.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day (40 hrs/wk) For 1-60 beds: DON may be Charge Nurse For 180+ beds: add 1 Asst. DON RN 1 RN Day 7d/wk 1 RN/LPN Charge Nurse Day & Evening 1 RN/LPN Medication Nurse Day & Evening each station 1 RN/LPN Charge & Medication/Treatment Nurse Night on each station For 60+ beds: Charge Nurse may not be DON or Medication/Treatment Nurse</p> <p>Direct Care Staff 2.80 HPRD for licensed and unlicensed staff 2 employees at all times</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.64</td> </tr> <tr> <td>Total LN</td> <td>0.78</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.80</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.86</td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.64	Total LN	0.78	CNA		DC	2.80	Total Nursing Staff (DC + DON) or (CNA + LN)	2.86	<p><u>MS Administrative Code</u> MS Admin Code, Title 15, Part 16, Rule 45.4.1.</p>
RN (inc.DON @.06)	0.14														
LPN	0.64														
Total LN	0.78														
CNA															
DC	2.80														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.86														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
<p>MT</p>	<p>Sufficient Staff To meet the nursing needs of the residents, reflecting current concepts of restorative and geriatric care.</p> <p>Licensed Staff (RN, LPN/LVN) Day: For 4-40 beds: 1 RN 1 RN full-time DON included in the following: For 41-75 beds: 1 RN, 1 LPN; 76-90 beds: 1 RN, 2 LPNs; 91-100 beds: 2 RNs, 2 LPNs Evening: 4-50 beds: 1 LPN; 51-75 beds: 1 RN; 76-100 beds: 1 RN, 1 LPN Night: 4-70 beds: 1 LPN; 71-80 beds: 1 RN; 81-100 beds: 1 RN, 2 LPNs For 101+ beds: staffing is negotiable</p> <p>Certified Nurse Aide Staff (CNA/NA) Day: For 9-15 beds: 4 hrs 16-75 beds: add 4 NA hrs per 5 residents 76-80 beds: 48 hrs total; 81-85 beds: 52 hrs total; 86-90 beds: 56 hrs total; 91-95 beds: 52 hrs total; 96-100 beds: 56 hrs total Evening: 16-20 beds: 4 hrs; 21-30 beds: 8 hrs; 31-35 beds: 12 hrs; 36-45 beds: 16 hrs; 46-50 beds: 20 hrs; 51-60 beds: 24 hrs; 61-65 beds: 28 hrs; 66-90 beds: 32 hrs; 91-95 beds: 36 hrs; 96-100 beds: 40 hrs Night: 21-25 beds: 4 hrs; 26-40 beds: 8 hrs; 41-45 beds: 12 hrs; 46-60 beds: 16 hrs; 61-65 beds: 20 hrs; 66-80 beds: 24 hrs; 81-85 beds: 20 hrs; 86-100 beds: 24 hrs</p> <p>Direct Care Staff No minimum requirement.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.32</td> </tr> <tr> <td>LPN</td> <td>0.40</td> </tr> <tr> <td>Total LN</td> <td>0.72</td> </tr> <tr> <td>CNA</td> <td>1.20</td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>1.92</td> </tr> </table>	RN (inc.DON @.06)	0.32	LPN	0.40	Total LN	0.72	CNA	1.20	DC		Total Nursing Staff (DC + DON) or (CNA + LN)	1.92	<p><u>Administrative Rules of MT</u> Mont. Admin. R. 37.106.605.</p>
RN (inc.DON @.06)	0.32														
LPN	0.40														
Total LN	0.72														
CNA	1.20														
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)	1.92														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink																
NC	<p>Sufficient Staff To attain or maintain the physical, mental, and psychosocial well-being of each patient.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN 24 hrs/7d/wk For 1-60 occupancy: DON may be Charge Nurse and may count towards meeting staffing requirements</p> <p>Certified Nurse Aide Staff (CNA/NA) For multi-storied facilities, 1 CNA on duty every floor at all times.</p> <p>Direct Care Staff No minimum requirement</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	<hr/>		Total LN	0.38	CNA		DC		<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>NC Administrative Code 10A NCAC 13D .2302-.2303.</p>
RN (inc.DON @.06)	0.14																		
LPN	0.24																		
<hr/>																			
Total LN	0.38																		
CNA																			
DC																			
<hr/>																			
Total Nursing Staff (DC + DON) or (CNA + LN)																			
ND	<p>Sufficient Staff To meet the nursing care needs of residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse 24 hrs/7d/wk</p> <p>Direct Care Staff No minimum requirement</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	<hr/>		Total LN	0.38	CNA		DC		<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>ND Administrative Code ND Admin. Code 33-07-03.2-14.</p>
RN (inc.DON @.06)	0.14																		
LPN	0.24																		
<hr/>																			
Total LN	0.38																		
CNA																			
DC																			
<hr/>																			
Total Nursing Staff (DC + DON) or (CNA + LN)																			
NE	<p>Sufficient Staff To provide nursing care to all residents in accordance with resident care plans.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time (cannot be waived) 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse on each tour of duty 24 hrs/7d/wk For 1-60 occupancy: DON may be Charge Nurse</p> <p>Direct Care Staff No minimum requirement</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td><hr/></td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	<hr/>		Total LN	0.38	CNA		DC		<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>NE Agency Rules for Health and Human Services Regulation and Licensure, SNF-NF-ICF 175 NAC 12-006.04C.</p>
RN (inc.DON @.06)	0.14																		
LPN	0.24																		
<hr/>																			
Total LN	0.38																		
CNA																			
DC																			
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Total Nursing Staff (DC + DON) or (CNA + LN)																			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
NH	<p>Sufficient Staff To meet the needs of residents during all hours of operation.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 hrs/7d/wk 1 RN/LPN 24 hrs/7d/wk</p> <p>Direct Care Staff No minimum requirement.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td><hr/>Total LN</td> <td><hr/>0.38</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td><hr/>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	<hr/> Total LN	<hr/> 0.38	CNA		DC		<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>NH Code of Administrative Rules</u> Ch. He-P 803. He-P 803.15(d)(1)-(2). He-P 803.17(c).</p>
RN (inc.DON @.06)	0.14														
LPN	0.24														
<hr/> Total LN	<hr/> 0.38														
CNA															
DC															
<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)															
NJ	<p>Sufficient Staff No requirement.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time For 150+licensedbeds: add 1 Asst. DONRN 1 RN on duty Day 1 RN on duty or on call Evening & Night For 150+ beds: 1 RN 24 hrs/7d/wk Advisory staffing: (voluntary enhanced staffing) For 1-99 beds: 1 RN on duty at all times For 100-200 beds: 2 RNs on duty at all times For 300+ beds: 3 RNs on duty at all times 10% increase in amount of direct nursing services Minimum 1:10 ratio of nursing personnel to residents</p> <p>Direct Care Staff 2.5 HPRD (exclude DON, but include DON's direct care hours in facilities where DON is more than full-time) Plus additional HPRD for specified resident conditions or treatments (e.g. wound care, nasogastric tube feeding)</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.42</td> </tr> <tr> <td><hr/>Total LN</td> <td><hr/>0.56</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.50</td> </tr> <tr> <td><hr/>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td><hr/>2.56</td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.42	<hr/> Total LN	<hr/> 0.56	CNA		DC	2.50	<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 2.56	<p><u>NJ Administrative Code</u> NJAdm Code Title 8, Ch. 39, Subch. 25 and 26.</p>
RN (inc.DON @.06)	0.14														
LPN	0.42														
<hr/> Total LN	<hr/> 0.56														
CNA															
DC	2.50														
<hr/> Total Nursing Staff (DC + DON) or (CNA + LN)	<hr/> 2.56														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
<p>NM</p>	<p>Sufficient Staff To care for the specific needs of each resident on each tour of duty.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day included in 1 RN/LPN Charge Nurse 24 hrs/7d/wk DON may be the Charge Nurse</p> <p>Direct Care Staff Skilled nursing facility: 2.5 HPRD 7d/wk on average Ratio average: 1:9-10 1:7 Day 1:10 Evening 1:12 Night Intermediate care facility: 2.3 HPRD 7d/wk on average Ratio average: 1:10-11 1:8 Day 1:10 Evening 1:13 Night For skilled and intermediate facilities: Include only direct care hrs of DON, Asst. DON, Nursing Department Director 1 nursing staff person on duty at all times</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.18</td> </tr> <tr> <td>Total LN</td> <td>0.24</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.50</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.56</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.18	Total LN	0.24	CNA		DC	2.50	Total Nursing Staff (DC + DON) or (CNA + LN)	2.56	<p><u>NM Administrative Code</u> NM Adm Code Title 7, Chapter 9, Part 2, 50-51.</p>
RN (inc.DON @.06)	0.06														
LPN	0.18														
Total LN	0.24														
CNA															
DC	2.50														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.56														
<p>NV</p>	<p>Sufficient Staff To attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON full-time RN 1 RN 8 consecutive hrs/7d/wk 1 LPN Charge Nurse each shift For 1-60 occupancy, DON may be Charge Nurse</p> <p>Direct Care Staff No minimum requirement.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	Total LN	0.38	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>NV Administrative Code</u> NAC 449.74517.</p>
RN (inc.DON @.06)	0.14														
LPN	0.24														
Total LN	0.38														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink
<p>NY</p>	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse 24 hrs/7d/wk or 1 Charge Nurse for each unit or proximate units for each tour of duty For 1-60 occupancy, DON may serve as Charge Nurse.</p> <p>Direct Care Staff No minimum requirement.</p> <p>Effective January 1, 2022 <i>In addition to Sufficient Staff and Licensed Staff above:</i></p> <p>Certified Nurse Aide Staff (CNA/NA) 2.2 CNA/NA HPRD</p> <p>Licensed Staff 3.5 HPRD (includes a minimum of 2.2 CNA/NA HPRD and 1.1 RN/LPN HPRD)</p> <p>Effective January 1, 2023 <i>In addition to Sufficient Staff and Licensed Staff above:</i></p> <p>Certified Nurse Aide Staff (CNA/NA) 2.2 CNA HPRD</p> <p>Direct Care Staff 3.5 HPRD (includes a minimum of 2.2 CNA HPRD and 1.1 RN/LPN HPRD)</p>	<p>2021</p> <p>RN (inc.DON @.06) 0.14 LPN 0.48 Total LN 0.62</p> <p>CNA DC</p> <p>Total Nursing Staff (DC + DON) or (CNA + LN)</p> <p>2022</p> <p>RN (inc.DON @.06) 0.14 LPN 0.96 Total LN 1.10</p> <p>CNA/NA 2.20 DC 3.50 Total Nursing Staff (DC + DON) or (CNA + LN) 3.56</p> <p>2023</p> <p>RN (inc.DON @.06) 0.14 LPN 0.96 Total LN 1.10</p> <p>CNA 2.20 DC 3.50 Total Nursing Staff (DC + DON) or (CNA + LN) 3.56</p>	<p><u>NY Code Revised Regulations</u> Title 10 Health, Sec. 415.13.</p> <p><u>Statute A07119</u> New York Public Health Law, Article 28d, § 2895-b. Nursing home staffing levels.</p>

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
OH	<p>Sufficient Staff To meet the needs of the residents in an appropriate and timely manner.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time (8 hrs, between 6am-6pm)</p> <p>Direct Care Staff 2.5 HPRD minimum (includes RN/LN with administrative or supervisory duties)</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>_____</td> </tr> <tr> <td>Total LN</td> <td>0.06</td> </tr> <tr> <td>CNA</td> <td>_____</td> </tr> <tr> <td>DC</td> <td>2.50</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.56</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	_____	Total LN	0.06	CNA	_____	DC	2.50	Total Nursing Staff (DC + DON) or (CNA + LN)	2.56	<p><u>OH Administrative Code</u> 3701-17-08.</p>
RN (inc.DON @.06)	0.06														
LPN	_____														
Total LN	0.06														
CNA	_____														
DC	2.50														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.56														
OK	<p>Sufficient Staff To meet the needs of all residents on a continuous basis.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN/LPN Day and available by phone If DON is LPN, at least 1 RN 8 hrs/wk consultant 1 RN/LPN 8 hrs 7d/wk 1 RN/LPN on duty at all times</p> <p>Direct Care Staff Shift-based scheduling 1:6 ratio 7am-3pm 1:8 ratio 3pm-11pm 1:15 ratio 11pm-7am</p> <p>Flexible staff scheduling (can be used if facility has been in compliance with shift-based scheduling for certain period of time and maintains other criteria) 2.86 hrs 7d/wk and 1:16 ratio with 2 staff on duty & awake at all times.</p> <p>Direct-care staff includes any nursing or therapy staff who provides direct, hands-on care to residents</p> <p>Based on reimbursement: Progressive increases in staffing from 2.86 to 3.2 to 3.8 to 4.1 hrs/day per occupied bed</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.01</td> </tr> <tr> <td>LPN</td> <td>0.32</td> </tr> <tr> <td>Total LN</td> <td>0.33</td> </tr> <tr> <td>CNA</td> <td>_____</td> </tr> <tr> <td>DC</td> <td>2.86</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.92</td> </tr> </table>	RN (inc.DON @.06)	0.01	LPN	0.32	Total LN	0.33	CNA	_____	DC	2.86	Total Nursing Staff (DC + DON) or (CNA + LN)	2.92	<p><u>OK Administrative Code</u> Okla. Admin. Code § 310:675-13-5.</p> <p><u>OK Statute</u> Nursing Home Care Act, 63 O.S. Section 1-1925.2.</p>
RN (inc.DON @.06)	0.01														
LPN	0.32														
Total LN	0.33														
CNA	_____														
DC	2.86														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.92														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
OR	<p>Sufficient Staff To provide nursing services for each resident as needed.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN/LPN Charge Nurse 24hr/7d/wk including 1 RN Charge Nurse 8 consecutive hrs (7am -11pm) For 1-60 residents: DON may be Charge Nurse No less than 1 RN hour per resident per week For 41+ beds: exclude hrs of RN/LPN administrator</p> <p>Certified Nurse Aide Staff (CNA/NA) 1:8.5 ratio Day 1:12 ratio Evening 1:18 ratio Night May temporarily use services of nursing assistants, personal care assistants, physical therapists and occupational therapists in meeting no more than 25% of certified nursing assistant ratios 2 staff on duty at all times</p> <p>Direct Care Staff No minimum requirement.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.16</td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA</td> <td>2.05</td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.35</td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.16	Total LN	0.30	CNA	2.05	DC		Total Nursing Staff (DC + DON) or (CNA + LN)	2.35	<p><u>OR Administrative Rules</u> OAR 411-086-0100 (Temporary effective 8/24/2021 through 2/19/2022)</p>
RN (inc.DON @.06)	0.14														
LPN	0.16														
Total LN	0.30														
CNA	2.05														
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)	2.35														
PA	<p>Sufficient Staff To meet the needs of all residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time (1 per facility) 1 RN Charge Nurse 24 hrs/7d/wk For 1-59 residents: 1 RN Day & Evening; 1 RN/LPN Night. If LPN is Charge Nurse, RN must be on call For 60-150 residents: 1 RN 24 hrs/7d/wk For 151-250 residents: 1 RN & 1 LPN 24 hrs/7d/wk For 251-500 residents: 2 RNs 24 hrs/7d/wk For 501-1,000 residents: 4 RNs Day; 3 RNs Evening & Night For 1001+ residents: 8 RNs Day; 6 RNs Evening & Night</p> <p>Direct Care Staff 2.70 HPRD 1:20 ratio of nursing staff to residents 2 staff on duty at all times</p> <p><u>New Proposed Staffing Regulations Announced</u> The proposed rule would increase the minimum nursing staffing level to 4.1 HPRD.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.30</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.70</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.76</td> </tr> </table>	RN (inc.DON @.06)	0.30	LPN		Total LN	0.30	CNA		DC	2.70	Total Nursing Staff (DC + DON) or (CNA + LN)	2.76	<p><u>PA Administrative Code</u> Title 28, Sec. 211.12.</p>
RN (inc.DON @.06)	0.30														
LPN															
Total LN	0.30														
CNA															
DC	2.70														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.76														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink																																																														
<p>RI</p>	<p>Sufficient Staff To meet the needs of residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN on duty 24 hrs/7d/wk For 1-30 beds: DON may act as Charge Nurse</p> <p>Direct Care Staff No minimum requirement 1 staff certified in basic life support available 24 hrs/7d/wk</p> <p>Effective January 1, 2022 <i>In addition to Sufficient Staff, Licensed Staff and 1 staff person certified in life support 24 hrs/7d/wk above:</i></p> <p>Certified Nurse Aide Staff (CNA/NA) 2.44 CNA HPRD</p> <p>Direct Care Staff 3.58 HPRD (includes a minimum of 2.44 CNA HPRD) DON hours and nursing staff hours spent on administrative duties or non-direct caregiving tasks are excluded and may not be counted toward staffing hours requirement.</p> <p><i>“Direct caregiver” is an employee of the facility or a subcontractor who is an RN, an LPN, a medication technician, a certified nurse aide, a licensed physical therapist, a licensed occupational therapist, a licensed speech-language pathologist, a mental health worker who is also a certified nurse aide, or a physical therapist assistant.</i></p> <p>Effective January 1, 2023 <i>In addition to Sufficient Staff, Licensed Staff, and 1 staff person certified in life support 24 hrs/7d/wk above:</i></p> <p>Certified Nurse Aide Staff (CNA/NA) 2.6 CNA HPRD</p> <p>Direct Care Staff 3.81 HPRD (includes a minimum of 2.6 CNA HPRD) DON hours and nursing staff hours spent on administrative duties or non-direct caregiving tasks are excluded and may not be counted toward staffing hours requirement.</p> <p><i>“Direct caregiver” is an employee of the facility or a subcontractor who is an RN, an LPN, a medication technician, a certified nurse aide, a licensed physical therapist, a licensed occupational therapist, a licensed speech-language pathologist, a mental health worker who is also a certified nurse aide, or a physical therapist assistant.</i></p>	<p>2021</p> <table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td style="text-align: right;">0.32</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td style="text-align: right;">0.32</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>2022</td> <td></td> </tr> <tr> <td>RN (inc.DON @.06)</td> <td style="text-align: right;">0.32</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td style="text-align: right;">0.32</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td style="text-align: right;">2.44</td> </tr> <tr> <td>DC</td> <td style="text-align: right;">3.58</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td style="text-align: right;">3.64</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>2023</td> <td></td> </tr> <tr> <td>RN (inc.DON @.06)</td> <td style="text-align: right;">0.32</td> </tr> <tr> <td>LPN</td> <td></td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total LN</td> <td style="text-align: right;">0.32</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td style="text-align: right;">2.60</td> </tr> <tr> <td>DC</td> <td style="text-align: right;">3.81</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td style="text-align: right;">3.87</td> </tr> </table>	RN (inc.DON @.06)	0.32	LPN		<hr/>		Total LN	0.32	<hr/>		CNA		DC		<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)		<hr/>		2022		RN (inc.DON @.06)	0.32	LPN		<hr/>		Total LN	0.32	<hr/>		CNA	2.44	DC	3.58	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	3.64	<hr/>		2023		RN (inc.DON @.06)	0.32	LPN		<hr/>		Total LN	0.32	<hr/>		CNA	2.60	DC	3.81	<hr/>		Total Nursing Staff (DC + DON) or (CNA + LN)	3.87	<p><u>RI Code of Regulations</u> Title 216, Chapter 40, Subchapter 10.</p> <p><u>RI Statute</u> R.I. Gen. Laws § 23-17.5-32. Minimum staffing levels.</p>
RN (inc.DON @.06)	0.32																																																																
LPN																																																																	
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Total LN	0.32																																																																
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State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink										
<p>SC</p>	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial health and safety needs of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time For 1-22 beds: include DON in licensed staff requirements 1 RN/LPN per work area per shift For 45+ residents per station: 2 RNs/LPNs for first shift, and at least 1 RN/LPN for second and third shifts. At least 1 RN per facility 24 hrs/7d/wk or on call</p> <p>Certified Nurse Aide Staff (CNA/NA) 1.63 HPRD</p> <p>Direct Care Staff No minimum requirement</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.32</td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA DC</td> <td>1.63</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.01</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.32	Total LN	0.38	CNA DC	1.63	Total Nursing Staff (DC + DON) or (CNA + LN)	2.01	<p>SC Code of State Regulations Chapter 61-17.</p> <p>SC State Survey Agency Memo Modifies staffing standards for the current fiscal year (July 1, 2021 to June 30, 2022).</p>
RN (inc.DON @.06)	0.06												
LPN	0.32												
Total LN	0.38												
CNA DC	1.63												
Total Nursing Staff (DC + DON) or (CNA + LN)	2.01												
<p>SD</p>	<p>Sufficient Staff To meet resident's total care needs at all times.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day 1 RN/LPN Charge Nurse 24 hrs/7d/wk For 1-59 residents: DON may be Charge Nurse. Ratio of RN/LPN to CNA/NA must be sufficient to provide supervision</p> <p>Direct Care Staff No minimum requirement</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td>Total LN</td> <td>0.30</td> </tr> <tr> <td>CNA DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.24	Total LN	0.30	CNA DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>SD Administrative Rules Chapter 44:73:06.</p>
RN (inc.DON @.06)	0.06												
LPN	0.24												
Total LN	0.30												
CNA DC													
Total Nursing Staff (DC + DON) or (CNA + LN)													
<p>TN</p>	<p>Sufficient Staff To provide nursing care to all residents as needed.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN/LPN 24 hrs/7d/wk Minimum 0.4 HPRD RNs/LPNs</p> <p>Direct Care Staff 2.0 HPRD (including 0.4 HPRD RN/LPN time) 2 nursing personnel on duty each shift</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.34</td> </tr> <tr> <td>Total LN</td> <td>0.40</td> </tr> <tr> <td>CNA DC</td> <td>2.00</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.06</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.34	Total LN	0.40	CNA DC	2.00	Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	<p>TN Rules and Regulations Ch. 1200-8-6-.06(4)(a)(b)(d). Revised 11/20.</p>
RN (inc.DON @.06)	0.06												
LPN	0.34												
Total LN	0.40												
CNA DC	2.00												
Total Nursing Staff (DC + DON) or (CNA + LN)	2.06												

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
TX	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 40 hrs/wk For 1-60 occupancy: DON may be Charge Nurse 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse 24 hrs/7d/wk 0.4 HPRD RN/LPN or 1:20 RN/LPN every 24 hrs Exclude administrative time of licensed staff and DON in a multi-level facility</p> <p>Direct Care Staff No minimum requirement.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.26</td> </tr> <tr> <td>Total LN</td> <td>0.40</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.26	Total LN	0.40	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>TX Administrative Code</u> Title 26, Rule 554.1001.</p>
RN (inc.DON @.06)	0.14														
LPN	0.26														
Total LN	0.40														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															
UT	<p>Sufficient Staff To meet the needs of the residents.</p> <p>Licensed Staff (RN, LPN/LVN) Skilled care facility: 1 DON RN full-time 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse each shift DON may not serve as Charge Nurse Intermediate care facility: 1 DON RN or 1 LPN Health Services Supervisor with RN consultation 1 RN/LPN each shift</p> <p>Direct Care Staff No minimum requirement.</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	Total LN	0.38	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p><u>UT Administrative Code</u> R432-150-5.</p>
RN (inc.DON @.06)	0.14														
LPN	0.24														
Total LN	0.38														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
VA	<p>Sufficient Staff To meet the assessed nursing care needs of all residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time For 1-59 beds: DON may be Nursing Supervisor 1 RN/LPN Nursing Supervisor 7d/wk</p> <p>Direct Care Staff No minimum requirement Qualified staff on all shifts 7d/wk</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.08</td> </tr> <tr> <td>Total LN</td> <td>0.14</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td></td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td></td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.08	Total LN	0.14	CNA		DC		Total Nursing Staff (DC + DON) or (CNA + LN)		<p>VA Administrative Code 12 VAC5-371-200, 210, 220.</p>
RN (inc.DON @.06)	0.06														
LPN	0.08														
Total LN	0.14														
CNA															
DC															
Total Nursing Staff (DC + DON) or (CNA + LN)															
VT	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse 24 hrs/7d/wk For 1-60 occupancy: DON may be Charge Nurse</p> <p>Certified Nurse Aide Staff (CNA/NA) 2.0 HPRD CNA</p> <p>Direct Care Staff 3.0 HPRD (includes at least 2.0 HPRD provided by CNA weekly average)</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td>CNA</td> <td>2.00</td> </tr> <tr> <td>DC</td> <td>3.00</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.06</td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	Total LN	0.38	CNA	2.00	DC	3.00	Total Nursing Staff (DC + DON) or (CNA + LN)	3.06	<p>Code of VT Rules CVR 13-110-005-7.13.</p>
RN (inc.DON @.06)	0.14														
LPN	0.24														
Total LN	0.38														
CNA	2.00														
DC	3.00														
Total Nursing Staff (DC + DON) or (CNA + LN)	3.06														
WA	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN/LPN Charge Nurse each tour of duty 1 RN directly supervising resident care minimum 16 hrs/7d/wk and 1 RN/LPN directly supervising resident care for the other 8 hrs/7d/wk</p> <p>Direct Care Staff 3.4 HPRD</p>	<table> <tr> <td>RN (inc.DON @.06)</td> <td>0.22</td> </tr> <tr> <td>LPN</td> <td>0.32</td> </tr> <tr> <td>Total LN</td> <td>0.54</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>3.40</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>3.46</td> </tr> </table>	RN (inc.DON @.06)	0.22	LPN	0.32	Total LN	0.54	CNA		DC	3.40	Total Nursing Staff (DC + DON) or (CNA + LN)	3.46	<p>WA Administrative Code Ch. 388-97-1080.</p>
RN (inc.DON @.06)	0.22														
LPN	0.32														
Total LN	0.54														
CNA															
DC	3.40														
Total Nursing Staff (DC + DON) or (CNA + LN)	3.46														

Rapid Response Report

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility	Staffing Standard Citation and Hyperlink												
WI	<p>Sufficient Staff To care for the specific needs of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time</p> <p>Skilled care facility: 1 RN/LPN Charge Nurse on duty at all times (if LPN, must have RN Supervision) 0.65 LN HPRD for intensive skilled nursing 0.5 LN HPRD for skilled nursing</p> <p>For 1-59 residents: 1 RN Charge Nurse Day (may be DON) For 60-74 residents: 1 RN Charge Nurse Day (in addition to DON) For 75-99 residents: 1 RN Charge Nurse (in addition to DON) and 1 RN Charge Nurse Evening or Night For 100+ residents: 1 RN Charge Nurse (in addition to DON) 24 hrs/7d/wk</p> <p>Intermediate care facility: 1 RN/LPN Charge Nurse Day (may be DON) 0.4 LN HPRD for intermediate nursing</p> <p>Direct Care Staff For intensive skilled nursing care: 3.25 HPRD (including 0.65 LN HPRD) For skilled nursing care: 2.5 HPRD (including 0.5 LN HPRD) For intermediate or limited nursing care: 2.0 HPRD (including 0.4 LN HPRD)</p>	<table> <tr> <td>RN (inc. DON @.06)</td> <td>0.30</td> </tr> <tr> <td>LPN</td> <td>0.20</td> </tr> <tr> <td>Total LN</td> <td>0.50</td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.50</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.56</td> </tr> </table>	RN (inc. DON @.06)	0.30	LPN	0.20	Total LN	0.50	CNA		DC	2.50	Total Nursing Staff (DC + DON) or (CNA + LN)	2.56	<p><u>WI Administrative Code</u> Chapter DHS 132.62(2) & (3).</p> <p><u>WI Statute</u> § 50.04(2)(d).</p>
RN (inc. DON @.06)	0.30														
LPN	0.20														
Total LN	0.50														
CNA															
DC	2.50														
Total Nursing Staff (DC + DON) or (CNA + LN)	2.56														

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to HPRD for 100-Bed Facility		Staffing Standard Citation and Hyperlink													
<p>WV</p>	<p>Sufficient Staff To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON RN full-time Day 1 RN/LPN Charge Nurse 24 hrs/7d/wk 1 RN on duty 8 consecutive hrs/7d/wk For less than 60 beds, DON can count as RN</p> <p>Direct Care Staff 2.25 HPRD 50 or fewer beds have higher staffing required For 61+ residents, exclude DON Minimum hrs of nursing personnel to residents listed for up to 225 residents (Table 64-13A)</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.14</td> </tr> <tr> <td>LPN</td> <td>0.24</td> </tr> <tr> <td>Total LN</td> <td>0.38</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.25</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.31</td> </tr> </table>	RN (inc.DON @.06)	0.14	LPN	0.24	Total LN	0.38	<hr/>		CNA		DC	2.25	Total Nursing Staff (DC + DON) or (CNA + LN)	2.31	<p><u>WV Code of State Rules</u> 64 CSR 13–8. And see below 64 CSR 13-17 for Table 64-13A for “Minimum Ratios of Resident Care Personnel to Residents.</p>
RN (inc.DON @.06)	0.14																
LPN	0.24																
Total LN	0.38																
<hr/>																	
CNA																	
DC	2.25																
Total Nursing Staff (DC + DON) or (CNA + LN)	2.31																
<p>WY</p>	<p>Sufficient Staff To meet the needs of the residents.</p> <p>Licensed Staff (RN, LPN/LVN) 1 DON full-time RN 1 RN/LPN Charge Nurse Day 7d/wk for each nursing station and 1 RN/LPN Evening & Night (DON excluded for 61+ beds)</p> <p>Direct Care Staff 2.25 HPRD for skilled residents 1.50 HPRD for non-skilled residents</p>	<table border="0"> <tr> <td>RN (inc.DON @.06)</td> <td>0.06</td> </tr> <tr> <td>LPN</td> <td>0.48</td> </tr> <tr> <td>Total LN</td> <td>0.54</td> </tr> <tr> <td colspan="2"><hr/></td> </tr> <tr> <td>CNA</td> <td></td> </tr> <tr> <td>DC</td> <td>2.25</td> </tr> <tr> <td>Total Nursing Staff (DC + DON) or (CNA + LN)</td> <td>2.31</td> </tr> </table>	RN (inc.DON @.06)	0.06	LPN	0.48	Total LN	0.54	<hr/>		CNA		DC	2.25	Total Nursing Staff (DC + DON) or (CNA + LN)	2.31	<p><u>WY Rules and Regulations</u> Ch. 11, Sec. 9.</p>
RN (inc.DON @.06)	0.06																
LPN	0.48																
Total LN	0.54																
<hr/>																	
CNA																	
DC	2.25																
Total Nursing Staff (DC + DON) or (CNA + LN)	2.31																