

# State Nursing Home Staffing Standards

**SUMMARY REPORT** 



# State Nursing Home Staffing Standards Summary Report

## Introduction

Chronic understaffing has been a serious problem in nursing homes for decades and has been exacerbated by the COVID-19 pandemic. While there are numerous factors contributing to this problem, one major cause is the lack of adequate minimum staffing standards at both the state and federal levels. Minimum standards ensure that staffing will not fall to a level that would be harmful to residents.

Local, state, and national advocates have pushed for minimum staffing standards for years. Knowledge of the range of state staffing requirements can be very useful in these efforts. To that end, the focus of this summary report is to present staffing requirements from each state and analyze how they compare to each other and to levels recommended by research conducted for the federal government. This information can also be helpful to policymakers, researchers, and the media.

# Relationship Between Staffing and Quality of Nursing Home Care

## **Minimum Staffing Levels**

The important relationship between nurse and nursing assistant staffing levels and outcomes of care has been well-documented. In fact, a systemic review of 87 research articles and reports from 1975-2003 found that high total staffing levels, especially of licensed staff, were associated with higher quality of care in terms of resident outcomes, particularly functional ability, pressure ulcers, and weight loss.<sup>1</sup>

The federal government itself has acknowledged the relationship between care quality and staffing levels. According to the Centers for Medicare and Medicaid Services (CMS), "There is considerable evidence of a relationship between nursing home staffing levels and resident outcomes. The CMS Staffing Study, among other research, found a clear association between nurse staffing ratios and nursing home quality of care."<sup>2</sup>

The many problems residents can experience as a result of inadequate staffing include higher mortality rates; decreased physical functioning; increased antibiotic use; more pressure ulcers; catheterization; urinary tract infections; higher hospitalization rates; and more weight loss and dehydration.<sup>3</sup>

## Registered Nurse (RN) Time

Studies have shown a relationship between greater RN presence in facilities and higher quality of care. Higher RN staffing levels are associated with fewer pressure ulcers; lower restraint use; decreased infections; lower pain; improved activities of daily living (ADLs); less weight loss, dehydration, and insufficient morning care; less improper and overuse of antipsychotics; and lower mortality rates.<sup>4</sup>

- 1 Bostick, J.E., Rantz, M.J., Flesner, M.K. and Riggs, C.J. (2006). Systematic review of studies of staffing and quality in nursing homes. J. Am Med Dir Assoc. 7:366-376.
- 2 Design for Nursing Home Compare Five-Star Quality Rating System: Technical Users' Guide. October 2019.
- 3 Charlene Harrington et al: "Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the U.S." The Gerontologist (2000) 40 (1): 5-16.
- 4 Harrington C, Dellefield ME, Halifax E, Fleming ML, Bakerjian, D. Appropriate Nurse Staffing Levels for U.S. Nursing Homes. Health Services Insights. 2020; vol. 13.

Increased RN presence is essential for a number of reasons. Over the last several decades, the acuity level of nursing home residents has increased dramatically.<sup>5</sup> This requires expert nursing skills and a high level of knowledge for oversight of care and to anticipate, identify and respond to changes in condition. The higher acuity level of residents requires the presence in the facility at all times of someone who is capable of assessing and responding when residents' medical conditions suddenly change or deteriorate. RNs by training and licensure are the only nursing staff with the skills that are essential for timely assessment, intervention, and treatment.

## **Evidence-based Staffing Recommendations**

## **Minimum Staffing Levels**

In 2001, CMS released a landmark report on staffing<sup>6</sup> based on a study mandated by Congress. The report identified specific minimum staffing thresholds below which quality of care would be compromised. It recommended a daily minimum standard of 4.1 hours of total direct care nursing time per resident: 2.8 hours from certified nursing assistants; 0.75 hours from RNs; and 0.55 hours from licensed practical/vocational nurses. Research conducted for the report found that staffing levels falling below this minimum put nursing home residents at risk.

This standard will be referred to as the **"recommended staffing standard"** in this report, the **State Nursing Home Staffing Standards Chart**, and the **Guide to the Chart**.

## **Twenty-four Hour Registered Nurse**

Three Institute of Medicine studies<sup>7</sup> have recommended that at least one RN be on duty at all times.

# **Federal Statute and Regulation**

Neither federal statute nor regulation requires a minimum staffing standard or an RN around the clock. The federal requirements are as follows:

- Registered nurse on-site eight hours a day, seven days a week.<sup>8</sup> The regulations do not specify that these hours must be dedicated to direct care only, meaning that facilities are able to meet this requirement by including hours from registered nurses performing administrative duties.
- Licensed nurse—either a registered or licensed practical/vocational nurse—serving as a Charge Nurse on-site
  twenty-four hours daily.9
- Sufficient nursing staff to meet residents' needs. "Sufficient" is not defined.<sup>10</sup>

There is no minimum number of direct care nurse and nursing assistant hours per resident per day required by the federal government; nor is there any requirement for a specific ratio of nursing staff to residents. Because there is no definition of "sufficient," each nursing home can decide for itself how many certified nursing assistants and nurses to assign, leaving open the possibility that a facility can cut staffing levels dangerously low.

<sup>5</sup> Mor, V, Caswell, C., Littlehale, S., Niemi, J., Fogel, B. (2009). Changes in the quality of nursing homes in the U.S.: A review and data update.

<sup>6</sup> Abt Associates for U.S. Centers for Medicare and Medicaid Services, "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes." December 2001.

<sup>7</sup> Institute of Medicine. (2001). Improving the quality of long term care. Washington, DC Academy of Medicine. Institute of Medicine. 2004. Keeping patients safe: transforming the work environment of nurses. Washington, DC: National Academy of Medicine. National Academy of Medicine. Institute of Medicine 1996, Nursing staff in hospitals and nursing homes: Is it adequate? Washington, DC National Academy of Medicine

<sup>8 42</sup> C.F.R. § 483.35(b)(1).

<sup>9 42</sup> C.F.R. § 483.35(a)(2).

<sup>10 42</sup> C.F.R. § 483.35(a)(1).

# **State Statutes and Regulations**

Without federal standards in place, states have addressed staffing through legislation, regulations, or both. State requirements vary enormously. Each state defines and treats factors such as types of nursing personnel, shift schedules, and facility structures (e.g., "units," "stations," "floors")—differently, and sometimes even differently according to facility size.

The chart in Appendix B, **State Nursing Home Staffing Standards Chart**, presents each state's staffing regulations. This information was obtained online. The **Guide to the Chart** (Appendix A) includes a description of the definitions/terminology used and explains how state standards were converted to hours per resident per day. This conversion makes it easier to compare staffing levels between states and to the recommended staffing standard.

A few key abbreviations used in this report are indicated below. For a more comprehensive and detailed listing of terms and definitions, refer to the **Guide to the Chart** in Appendix A.

## **Terminology**

### CNA/NA

Certified nurse aide/Nurse aide.

### DC

Direct care. Direct care staff refers to RNs, LPNs/LVNs, and CNAs/NAs, but does not include the Director of Nursing (DON) unless otherwise noted. The time worked by direct care staff may or may not include time spent by licensed nurses on administrative or other duties. In the **State Nursing Home Staffing Standards Chart**, a state is considered to have a Direct Care Staff minimum requirement if its staffing standards explicitly mandate a specific number of hours per resident per day for nursing staff or set a specific ratio of nursing staff to residents.

### hprd

Hours per resident per day. This is the number of hours of care provided to each resident each day by nursing staff (RNs, LPNs/LVNs, CNAs/NAs). It is determined by dividing the total number of nursing staff hours worked by the total number of residents.<sup>11</sup>

## LPN/LVN

Licensed practical nurse/licensed vocational nurse.

#### RN

Registered nurse.

### **Total Nursing Staff**

This is the total hprd for all nursing staff—RNs, LPNs/LVNs, and CNAs. It includes the DON's time. This is the total minimum staffing standard for a state when there is a direct care staff minimum requirement or a CNA/NA staff requirement. This is the most useful value for comparing a state staffing standard to the recommended staffing standard of 4.1 hprd (which includes DON time).

11 https://www.medicare.gov/care-compare/resources/nursing-home/staffing

# **Analysis of State Staffing Standards**

State staffing requirements were reviewed and examined in terms of how they compare to the recommended staffing standard and to each other.

## **State Requirements: Total Nursing Staff Time**

With one exception, state standards fall far short of the recommended staffing standard. Only 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, with 15 of those states falling below 2.5 hprd.

Table 1: Requirements for Total Nursing Staff Time

<b>Total hprd</b> <i>Recommended Staffing Standard: 4.1</i>	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

For 18 states, the Total Nursing Staff time cannot be calculated because they do not have a Direct Care hprd or Certified Nurse Aide/Nurse Aide hprd, which are necessary to find the Total. These states are not included in Table 1.

## **State Requirements by Type of Nursing Staff**

### RN

No state standard meets the recommended staffing standard of .75 hprd for RNs. The District of Columbia comes the closest, with .60 hprd. There are only nine states that have a staffing standard for RNs greater than .30 hprd.

Table 2: Requirements for RN Time

State	RN hprd, Recommended Staffing Standard: 0.75
DC	0.60
MA	0.51
DE	0.42
IL, ME	0.38
MD	0.36
AK, MT, RI	0.32

### LPN/LVN

Four states—Delaware, Florida, Illinois, and Mississippi—exceed the recommended staffing level of .55 hprd for LPNs/LVNs. Only ten states have an LPN/LVN hprd of .42 or greater (Table 3).

Table 3: Requirements for LPN/LVN Time

State	LPN/LVN hprd, Recommended Staffing Standard: 0.55
FL	0.94
DE	0.66
MS	0.64
IL	0.57
LA, NY, SC, WY	0.48
IN, NJ	0.42

## CNA/NA

The vast majority of states do not require a specific hprd for CNA/NAs. While seven states set explicit CNA/NA standards (Table 4), none of these meets the recommended 2.80 hprd for CNA/NAs. Requirements range from 1.20 hprd to 2.50 hprd of CNA/NA time.

Table 4: States that Set Specific CNA/NA Requirements

State	CNA/NA hprd, Re	ecommended Staffing Standard: 2.80
FL	2.50	
CA	2.40	
NY	2.20	
VT	2.00	
OR	2.05	
SC	1.86	
MT	1.20	

### **Direct Care Staff**

The following eighteen states have no direct care minimum requirement: Alaska, Alabama, Hawaii, Indiana, Kentucky, Missouri, Montana, North Carolina, North Dakota, Nebraska, New Hampshire, Nevada, Oregon, South Carolina, South Dakota, Texas, Utah, and Virginia.

Of the states that mandate a direct care minimum, more than half require a minimum of less than 3.0 hprd. The District of Columbia has the highest direct care minimum at 4.1 hprd, while Arizona has the lowest at .48 hprd.

Four states—California, Florida, New York, and Vermont—have a direct care minimum requirement that includes a specific CNA/NA hprd.

## **State Requirements by Shift**

Seven states also set staffing standards by eight-hour shifts: Delaware, Maine, Michigan, Missouri, Montana, New Mexico, and Oklahoma.<sup>12</sup> These requirements are important because they prevent facilities from front-loading workers on the day shift, leaving the evening and night shifts with too few staff.

# **Twenty-four Hour Registered Nurse**

Only six states require an RN 24/7 at all facilities, regardless of the number of beds. An additional eight states require an RN 24/7 based on facility size. These fourteen states and the number of beds triggering an RN 24/7 are listed in Table 5. States that allow for on-call RNs are not considered to have an RN around the clock since the RN is not on-site.

Table 5: State 24/7 RN Care Requirements

Requirement	No. of States	States
24/7 RN Care	6	CO, CT, DC, DE, MD, RI
24/7 RN Care for 60+ Bed Facilities	1	PA
24/7 RN Care for 61+ Bed Facilities	1	AK
24/7 RN Care for 71+ Bed Facilities	1	MT
24/7 RN Care for 90+ Bed Facilities	1	ID
24/7 RN Care for 100+ Bed Facilities	3	CA, MT, WI
24/7 RN Care for 150+ Bed Facilities	1	NJ

## **Recent Developments**

Within the past year there have been changes in the staffing standards of a number of states. Four states—Arkansas, Connecticut, New York, and Rhode Island—passed legislation. Both New York and Rhode Island established a direct care minimum, while Connecticut increased its direct care minimum requirement. In Arkansas, the staffing standard changed from a per shift ratio to hprd.

Two states, Arkansas and Rhode Island, define "direct care staff"/"direct caregiver" to include non-nursing staff such as licensed physical or occupational therapists, and licensed speech-language pathologists. Arkansas has further broadened the definition of "direct care staff" to physicians, physician assistants, and "other licensed or certified healthcare professionals."

At the same time, Oregon and South Carolina lowered their staffing standards, stating that the change was for a limited period of time ("temporarily effective 8/24/2021 through 2/19/2022" in Oregon; for the "current fiscal year" in South Carolina).

12 MI and OK set a shift-based minimum as a ratio of direct care staff to residents or direct care minimum in hprd.

## **Conclusion**

Twenty years after the CMS study found that at least 4.1 hprd of direct care nursing staff time are needed just to prevent poor outcomes, state staffing requirements, with a few exceptions, are nowhere near that recommended level. Only the District of Columbia requires this overall level of staffing, and only six states mandate the presence of a registered nurse 24 hours a day regardless of facility size. Despite what is known about the relationship between staffing levels and quality care, staffing standards in almost every state remain severely low.

Residents have waited decades for adequate staffing around the clock. Every day that passes without sufficient staffing jeopardizes their health, safety and welfare. Ongoing and robust advocacy is needed at both the federal and state levels to provide residents with the care to which they are entitled and that they deserve.

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## **APPENDIX A**

# Guide to the State Nursing Home Staffing Standards Chart

# Guide to the Chart

The <u>State Nursing Home Staffing Standards Chart</u> (Appendix B) presents state staffing requirements for licensed nursing homes that are mandated in state regulation and/or statute. *It does not include or assume that a nursing home will be complying with federal staffing requirements.* (For more information about the federal regulations, see the **State Nursing Home Staffing Standards Summary Report**).

The chart consists of three columns, referred to in this guide as sections:

- Section 1: Minimum staffing requirements (standards) for licensed nursing homes for each state
- Section 2: Staffing standard converted to hours per resident per day for a 100-bed facility
- Section 3: Staffing standard citations and hyperlink

The guide covers the definitions/terminology used in the chart and explains each of the chart's three sections.

## **Definitions/Terminology**

### CNA/NA

Certified nurse aide/nurse aide. A CNA has completed a state-approved nurse aide training program and passed a competency test. An NA is still in training and has not yet completed the required hours of training, nor passed a competency exam.

#### **Direct Care staff**

Direct care staff refers to RNs, LPNs/LVNs, and CNAs/NAs, but does not include the Director of Nursing unless otherwise noted.

States count direct care differently. Some include time spent by licensed nurses on administrative or supervisory duties, while others explicitly exclude this time. Most states do not indicate whether they do or do not include administrative or supervisory personnel time.

While this guide, the chart, and the Summary Report define direct care staff as nursing staff, a number of states count non-nursing staff in their direct care calculations. Most frequently this is therapy staff. However, some, if not all, of the time spent on resident care by personnel such as psych coordinators, the Director of Social Services, infection preventionists and even physicians is counted in a few states.<sup>1</sup>

A state is considered to have a Direct Care Staff minimum requirement if its staffing standard explicitly mandates a specific number of hours per resident per day for nursing staff or sets a specific ratio of nursing staff to residents.

### DON

Director of Nursing. States may set their own requirements, but the DON is always a licensed nurse and usually an RN.

## hprd

Hours per resident per day. This is the number of hours of care provided to each resident each day by nursing staff (RNs, LPN/LVNs, CNAs/NAs). It is determined by dividing the total number of nursing staff hours worked by the total number of residents.<sup>2</sup>

<sup>1</sup> Illinois counts pysch coordinators and 30% of the Social Services Director; Arkansas includes infection preventionists and physicians as direct care staff. State Nursing Home Staffing Standards Chart. National Consumer Voice for Quality Long-Term Care. 2021.

<sup>2</sup> https://www.medicare.gov/care-compare/resources/nursing-home/staffing

#### **HPRS**

Hours per resident per shift. HPRS is an abbreviation used for the purposes of this report only; it is not a measurement or term generally used in the nursing or elder care fields.

### Included in

This means the hprd of a particular position contributes to meeting the total hprd of another position. For example, if the standard says: "1 DON included in 1 RN 24 hr/7d/wk," that means the time of the DON counts as meeting part of the 24 hr/7d/wk RN requirement.

## Licensed nursing home

A nursing home is licensed if it complies with state regulations that are necessary to operate in a state. All nursing homes in a state must be licensed.

### LN

Licensed nurse. An LN can be either an RN or LPN/LVN.

### LPN/LVN

Licensed practical nurse/licensed vocational nurse. An LPN/LVN has a one-year degree and is licensed in a state.<sup>3</sup> Because the term LPN, and not LVN, is used in the majority of states, LPN is utilized more frequently in the chart.

## Recommended staffing standard

The minimum amount of nursing staff time expressed in hours per resident day (hprd) needed to prevent harm or jeopardy to residents as determined by a 2001 CMS study.<sup>4</sup>

### RN

Registered nurse. An RN has a two-year degree, three-year diploma, or four-year degree or more of education, and is licensed in a state.<sup>5</sup>

#### Sufficient staff

Most states require that there be enough nursing staff to meet residents' needs. However, states express this differently, while a few do not address it at all.

### **Total LN**

This is the total hprd for licensed nurses—both RNs and LPNs/LVNs. It includes the DON's time. This is the total minimum staffing standard for a state when there is no direct care staff minimum requirement or no specific CNA/NA requirement.

## **Total Nursing Staff**

This is the total hprd for all nursing staff—RNs, LPNs/LVNs, and CNAs. It includes the DON's time. This is the total minimum staffing standard for a state when there is a direct care staff minimum requirement or a specific CNA/NA staff requirement or both. This is the most useful value for comparing a state staffing standard to the recommended staffing standard of 4.1 hprd (which includes DON time).

- 3 Harrington, Charlene, Ph.D. Nursing Home Staffing Standards in State Statutes and Regulations, 2010.
- $4\ \ Abt\ Associates\ for\ U.S.\ Centers\ for\ Medicare\ and\ Medicaid\ Services,\ "Appropriateness\ of\ Minimum\ Nurse\ Staffing\ Ratios\ in\ Nursing\ Homes."\ December\ 2001.$
- 5 Harrington, Nursing Home Staffing Standards. 2010.

# **Section 1: Minimum Staffing Standard for Licensed Nursing Homes**

The minimum staffing standard is based on each state's nursing home regulations. In a very few instances, all or a part of a state's staffing standard is established in statute, in addition to, or instead, of regulation.<sup>6</sup>

As noted above, a state's staffing standard does *not* include or assume that a nursing home will be complying with federal staffing requirements.

To find a state's nursing home regulations or statute, when applicable, see the column, **Staffing Standard Citation and Hyperlink**.

In a few states, staffing legislation was passed in 2021 that will go into effect January 1, 2022 and even in 2023. When this is the case, both the current standards and the future staffing standards and effective dates for the legislation are provided.

# Section 2: Staffing Standard Converted to hprd for 100-Bed Facility

To compare states and to compare a state's standard to the recommended staffing standard expressed in hprd, state requirements were converted to hprd values.

Key details about the conversion process are outlined below.

- Facility size and characteristics: Because the average nursing facility in the U.S. has 106 beds, we compared the staffing standards across states for a 100-bed facility. We assumed that each 100-bed facility would be a single story and would have two nursing units since some states have different requirements for more than one nursing unit.
- **Skilled care:** After the federal nursing home law passed in 1987 made the federal staffing requirements for Medicare skilled nursing facilities and Medicaid nursing facilities the same, many states eliminated separate regulatory requirements for skilled nursing facilities and intermediate care facilities. However, for states that still differentiate between "skilled care"/"skilled nursing facilities" and "intermediate care"/"intermediate care facilities," the higher skilled level staffing standard was used in this chart.
- Explanation of hprd for nursing staff: These descriptions indicate what the hprd value includes.
  - **RN hprd:** RN hprd includes the DON and other positions that are specially designated for an RN. It does not include RN/LPN (or LN) positions, nor does it include instances when an RN is on call, but not onsite.
  - LPN hprd: Most states do not set minimum requirements for the time of LPNs and generally refer to a "licensed nurse." Since a licensed nurse is an RN or LPN, most facilities will fill this position with an LPN because LPNs are less costly. However, whenever possible, the chart indicates an LPN value so it can be compared to the recommended staffing standard for LPNs (0.55 hprd). The LPN hprd for a state is found by subtracting the RN value from the LN value: LN-RN=LPN.
    - In some states, subtracting the RN value from the LN value equals zero because the two values are the same. This means the state staffing standard only calls for RNs.

<sup>6</sup> A statute is a law that has been passed by a legislative body. In a state that is the state legislature. A regulation implements a law.

- **CNA/NA hprd:** A CNA/NA value is only included if a state explicitly sets standards for CNAs or NAs. These standards are expressed either as a ratio of CNAs/NAs to residents or in hprd.
- Direct Care (DC) Staff hprd: The DC value refers to a combination of nursing staff time—RN, LPN, and CNA/NA—but does not include the hours of the DON unless otherwise noted. A state is considered to have a Direct Care Staff minimum requirement if its staffing standard explicitly mandates a specific hprd for nursing staff or sets a specific ratio of nursing staff to residents.
- Total LN: This is the LN hprd. It is includes hprd provided by RNs, the DON, and LPNs.
- Total Nursing Staff: This is the total hprd for all nursing staff—RNs, LPNs, and CNAs/NAs, including DON time. This differs from the DC value, which does not include the DON hprd.

When there is a direct care minimum requirement, total nursing staff hprd is determined by adding the DON to the DC hprd. However, when there is no direct care minimum requirement but there is a CNA/NA value, total nursing staff hprd is found by adding the LN and the CNA/NA values.

## **Calculations**

For simplicity: 1) each full-time staff member was considered to work 40 hours per week unless a state indicated otherwise; and 2) the DON's time was averaged over 7 days.

Table 1: Calculations Used Throughout the Chart

Position Type: Typical Language	Value	hprd Calculation
Full-time positions (simplified): "1 DON full-time"	0.06 hprd	(1 DON @ 40 hrs per wk) (7 days per week)(100 residents)
One daily shift: "1 RN Day 7d/wk" "1 RN 8 consecutive hrs/7d/wk"	0.08 hprd	(1 RN @ 8 hrs per Day) (100 residents)
Two daily shifts: "1 RN/LPN Evening & Night"	0.16 hprd	(1 RN/LPN @ 8 hrs per shift)(2 shifts) (100 residents)
24-hour coverage: "1 RN 24 hrs/7d/wk" "1 RN/LPN at all times"	0.24 hprd	(1 RN)(24 hrs per day) (100 residents)

Additionally, some states set ratios per shift. For example, if a state requires a 1:10 ratio of nurses to residents on the Day shift, this means a nurse provides an equivalent of 0.8 hours per resident per shift (HPRS) of care on the Day shift.

$$\frac{\text{(1 nurse @ 8 hours per day)}}{\text{(10 residents)}} = 0.8 \text{ HPRS Day}$$

This calculation would then have to be added to the Evening and Night HPRS for the complete hprd.

## **Sample Calculation**

Below is an example of how a state's staffing standard was converted to hprd. Color coding is used to make the calculations easier to follow. The hprd calculations from Table 1 are used for the DON, RN, and RN/LPN Charge Nurse requirements in this example.

VT	Sufficient Staff  To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	RN (inc.DON @.06) LPN	0.14 0.24
	Licensed Staff (RN, LPN/LVN)  1 DON RN full-time	Total LN	0.38
	1 RN 8 consecutive hrs/7d/wk	CNA	2.00
	1 RN/LPN Charge Nurse 24 hrs/7d/wk For 1-60 occupancy: DON may be Charge Nurse	DC	3.00
	Certified Nurse Aide Staff (CNA/NA)  2.0 hprd CNA	Total Nursing Staff (DC + DON) or (CNA + LN)	3.06
	Direct Care Staff 3.0 hprd (includes at least 2.0 hprd provided by CNA weekly average)		

STEP 1: Add the DON and RN-specific positions to determine the RN hprd.

```
RN = (0.06 \, DON \, hprd) + (0.08 \, RN \, hprd) = 0.14 \, RN \, hprd
```

STEP 2: Calculate the Total LN hprd by adding the hprd for the RN and any RN/LPN positions.

```
Total LN = (0.14 RN hprd) + (0.24 RN/LPN hprd) = 0.38 Total LN hprd
```

STEP 3: Determine the LPN hprd by subtracting the RN hprd from the Total LN hprd.

```
LPN = (0.38 Total LN hprd) - (0.14 RN hprd) = 0.24 LPN hprd
```

STEP 4: Pull the CNA and DC hprd from the state standard.

```
CNA = 2.00 CNA hprd
DC = 3.00 DC hprd
```

STEP 5: Because Vermont sets a DC minimum standard, calculate the Total Nursing Staff hprd by adding the DON to the DC value.

```
Total Nursing Staff = (3.00 DC hprd) + (0.06 DON) = 3.06 hprd
```

# **Section 3: Staffing Standard Citation and Hyperlink**

The citation provided is to the nursing services section of the state's nursing home regulation. When a state statute or legislation is relevant, its citation is indicated as well.

Hyperlinks for easy access to the regulations have been provided. The hyperlink goes directly to the nursing services part of a state's regulation when possible; when that cannot be done, the hyperlink connects to the beginning of the state nursing home regulation.

When appropriate, a hyperlink to a state statute or legislation is also given.

## **APPENDIX B**

# State Nursing Home Staffing Standards Chart

The information on this chart is based on research conducted by Consumer Voice. If you have additional information to provide or corrections, please contact **info@theconsumervoice.org**. Reviewed and up to date as of November 2021.

# Nursing Home Staffing Standards in State Regulations and Statutes

**Federal Staffing:** Sufficient numbers of all nursing staff to meet residents' needs. 1 RN 8 consecutive hrs/7d/wk & 1 RN/LPN for 2 remaining shifts. Must have 1 RN who is full-time DON (5 days/wk); if fewer than 60 residents, DON may also be Charge Nurse.

**Recommended Staffing Standard:** 4.1 hprd provided by all nursing staff: 0.75 from RNs; 0.55 from LPNs/LVNs; and 2.8 hprd from CNAs/NAs.

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converted to hprd for 100-Bed Facility		Staffing Standard Citation and Hyperlink	
AK	Sufficient Staff No requirement.  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  Direct Care Staff No minimum requirement.	LPN	0.32	AK Administrative Code Alaska Admin. Code tit. 7, § 12.275.	
AL	Sufficient Staff  To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  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  Direct Care Staff No minimum requirement.	LPN	0.14	AL Administrative Code Ala. Admin. Code r. 420-5-1011 (2016).	

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
AR	Sufficient Staff  To meet the needs of the residents for nursing services.  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  Direct Care Staff  3.36 average hprd each month  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	RN (inc.DON @.06)  LPN  Total LN  CNA  DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.06 0.24 0.30 3.36 3.42	AR Rules for Nursing Homes Arkansas Rules and Regulations for Nursing Homes, Office of Long Term Care § 511.1:-514.  AR Statute Act 175 Arkansas Code Annotated (ACA) § 20-10-1402. Staffing standards.
AZ	pathologist; infection preventionist; and other healthcare professionals licensed or certified in the state of Arkansas.  Sufficient Staff To meet the needs of a resident for nursing services.  Licensed Staff (RN, LPN/LVN) 1 DON RN full-time For 1-60 average daily census: DON may provide direct care on regular basis  Direct Care Staff 1 nurse for direct care to not more than 64 residents at all times  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.	RN (inc.DON @.06)  LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.06 0.06 0.48 0 .54	AZ Administrative Code Ariz. Admin. Code § 9-10-412 (2021).

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
CA	Sufficient Staff To meet the needs of residents.	RN (inc.DON @.06) LPN	0.30	CA Code of Regulations Cal. Code Regs. tit. 22, § 72327
	<b>Licensed Staff</b> (RN, LPN/LVN) For 1-59 licensed beds:	Total LN	0.30	and § 72329.2.
	1 RN/LVN 24 hrs/day For 60-99 licensed beds: 1 DON RN Day full-time (may not be Charge Nurse)	CNA DC	2.40	CA Health and Safety Code HSC Sec. 1276.65.
	1 RN/LVN 24 hrs/day For 100+ beds: 1 DON RN (may not be Charge Nurse) 1 RN 24 hrs/day	Total Nursing Staff (DC + DON) or (CNA + LN)	3.56	
	Certified Nurse Aide Staff (CNA/NA) 2.4 CNA hprd			
	<b>Direct Care Staff</b> 3.5 hprd (includes a minimum of 2.4 CNA hprd)			
	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.			
	Medi-Cal reimbursement policies Adult Subacute units: Freestanding: 3.8 RN hprd and LVN hprd 2.0 CNA hprd Distinct Part: 4.0 RN hprd and LVN hprd 2.0 CNA hprd Pediatric Subacute units: 5.0 RN hprd and LVN hprd 2.0 CNA hprd			
CO	Sufficient Staff To meet the needs of residents.	RN (inc.DON @.06)	0.30	Code of CO Regulations
	Licensed Staff (RN, LPN/LVN)	LPN ————————————————————————————————————	0.24	Colo. Code Regs. § 1011-1 Chapter 5, Section 9
	1 DON RN full-time 40 hrs/wk 1 RN 24 hrs/7d/wk	Total LN	0.54	3, 300117
	1 RN/LPN each care unit at all times  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	CNA DC	2.00	
		Total Nursing Staff 2.06 (DC + DON) or (CNA + LN)		
	Note: Medicaid Regulations: CO Department of Health Care Policy and Financing, Staff Manual, Vol. 8 - Medical Assistance, Secs. 8.408(3) and 8.409.24.			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
СТ	Sufficient Staff	2021		CT Public Health Code
	To provide appropriate care 24 hours 7 days/week.  Licensed Staff (RN, LPN/LVN)  1 DON RN full-time; if more than 120 beds, 1 Asst. DON (0.06 hprd)  1 RN 24 hrs/7d/wk	RN (inc.DON @.06) LPN	0.30 0.40	Conn. Agencies Regs. § 19-13-D8t (j)-(k), (m) (2015).
		Total LN	0.70	<u>CT Statute</u>
	1 RN/LPN (each floor) 24 hrs/7d/wk .47 LN hprd Day/Evening (7am-9pm) .17 LN hprd Evening/Night (9pm-7am)	CNA DC	1.90	Public Act No. 21.85.
	For 61-120 beds: exclude DON For 121+ beds: exclude Asst. DON  Direct Care Staff	Total Nursing Staff (DC + DON) or (CNA + LN)	1.96	
	1.40 total nursing & NA hprd (7am-9pm)	2022		
	.50 total nursing & NA hprd (9pm-7am)	RN (inc.DON @.06)	0.30	
	Effective on or before January 1, 2022 In addition to Sufficient Staff and Licensed Staff above:  Direct Care Staff 3.00 hprd	LPN 	0.40	
		Total LN	0.70	
		CNA DC	3.00	
		Total Nursing Staff (DC + DON) or (CNA + LN)	3.06	
DC	Sufficient Staff	RN (inc.DON @.06)	0.60	DC Municipal Regulations
	To ensure the resident receives care and services identified in the regulation.	LPN	0.24	D.C. Mun. Regs. tit. 22, §§ 3208-
	Licensed Staff (RN, LPN/LVN)	Total LN	0.84	3211.
		CNA DC	4.10	
		Total Nursing Staff (DC + DON) or (CNA + LN)	4.16	
	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			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
DE	Sufficient Staff To meet the care needs of each resident.  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 For 1-99 beds: 1 Asst. DON RN part-time 1 Dir. Inservice Education RN part-time For 100+ beds: 1 Asst. DON RN full-time 1 Dir. Inservice Education RN FTE  Direct Care Staff 3.28 hours of direct nursing care 1:8 ratio Day 1:10 ratio Evening 1:20 ratio Night  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.	RN (inc.DON @.06)  LPN  Total LN  CNA  DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.42 0.66 1.08 3.28 3.34	DE Code Del. Code Ann. tit. 16, § 1162 (2021).
FL	Sufficient Staff  To maintain the highest practicable physical, mental, and psychological well-being of each resident.  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  Certified Nurse Aide Staff (CNA/NA) 2.5 hprd by CNA, not below 1:20 CNA to resident ratio  Direct Care Staff 3.6 hprd minimum weekly average (includes 2.5 hprd by CNA)	RN (inc.DON @.06)  LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.06 0.94 1.00 2.50 3.60 3.66	FL Administrative Code Fla. Admin. Code Ann. r.59A- 4.108.F.  FL Statutes Fla. Stat. § 400.23 (2021).

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
GA	Sufficient Staff	RN (inc.DON @.06)	0.06	GA Rules & Regulations
	To provide care for each patient according to his needs. <b>Licensed Staff</b> (RN, LPN/LVN)	LPN	0.24	Ga. Comp. R. & Regs. 111-8-56.04 (2021).
	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	Total LN	0.30	(2021).
		CNA DC	2.00	
	<b>Direct Care Staff</b> 2.0 hprd DC	Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	
н	Sufficient Staff	RN (inc.DON @.06)	0.08	HI Administrative Rules
	To meet the nursing needs of the patients.  Licensed Staff (RN, LPN/LVN)  1 RN full-time Day 7d/wk  1 RN/LPN Evening and Night  Direct Care Staff  No minimum requirement	LPN	0.16	Haw. Code R. § 11-94.1-39.
		Total LN	0.24	
		CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)		
IA	Sufficient Staff	RN (inc.DON @.06)	0.08	IA Administrative Code
	To meet the needs of individual residents.	LPN	0.32	Iowa Admin. Code r. 481-58.11.
	<b>Licensed Staff</b> (RN, LPN/LVN)  1 RN/LPN Health Service Supervisor	Total LN	0.40	
	For 1-74 beds: 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	CNA DC	2.00	
	24 hrs/7d/wk	Total Nursing Staff	2.06	
	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	(DC + DON) or (CNA + LN)		

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
ID	Sufficient Staff To meet the total needs of residents.	RN (inc.DON @.06) LPN	0.30	ID Administrative Rules Idaho Admin. Code r.16.03.02.200.
	<b>Licensed Staff</b> (RN, LPN/LVN)  1 DON RN full-time Day. If DON occupied with administration, then 1 RN	Total LN	0.30	
	Asst. DON.  1 Supervising Nurse, RN/LPN For 1-59 residents:	CNA DC	2.40	
	DON may be Supervising Nurse 1 RN 8 hrs Day & 1 RN/LPN other 2 shifts 7d/wk For 60-89 residents: 1 RN Day & Evening & 1 RN/LPN Night 7d/wk For 90+ residents: 1 RN 24 hrs/7d/wk	Total Nursing Staff (DC + DON) or (CNA + LN)	2.46	
	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			
IL	Sufficient Staff To meet the nursing needs of all residents.	RN (inc.DON @.06)	0.38 0.57	IL Administrative Code Ill. Admin. Code tit. 77, §§
	<b>Licensed Staff</b> (RN, LPN/LVN) 1 DON RN full-time or minimum 36 hrs/wk (at least 18 hrs between 7am	Total LN	0.95	300.1210-1230, 1240 (2021).
	and 7pm) For Skilled Nursing Facilities 100+ beds: 1 Asst. DON RN full-time, minimum 36 hours, 4 d/wk	CNA DC	3.80	IL Statute 210 III. Comp. Stat. 45/3-202 (2010).
	For Intermediate Care Facilities 150+ beds: 1 Asst. DON RN/LPN full-time. May provide direct care and be counted in direct care ratios.	Total Nursing Staff (DC + DON) or (CNA + LN	3.83	
	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			
	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			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
IN	Sufficient Staff  To maintain highest practicable physical, mental, and psychosocial well-being of each resident.	RN (inc.DON @.06) LPN	0.14	IN Administrative Code Title 410, Art. 16.2, Sec. 3.1-17.
	<b>Licensed Staff</b> (RN, LPN/LVN) 1 DON RN full-time	Total LN	0.56	
	1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse each shift	CNA DC		
	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)	Total Nursing Staff (DC + DON) or (CNA + LN)		
	Direct Care Staff No minimum requirement			
KS	Sufficient Staff To attain or maintain the highest practicable physical, mental, and	RN (inc.DON @.06)	0.08	KS Administrative Regulations
	psychosocial well-being.  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 24 hrs/7d/wk  If 1 LPN Day, 1 RN must be on call	LPN ————————————————————————————————————	0.32	Kan. Admin. Regs. § 28-39-154.
		Total LN	0.40	
		CNA DC	2.00	
		Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	
	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			
KY	Sufficient Staff	RN (inc.DON @.06)	0.06	KY Administrative Regulations
	To meet the total needs of the patients on a 24-hour basis. <b>Licensed Staff</b> (RN, LPN/LVN)	LPN	0.24	902 Ky. Admin. Regs. 20:048, Section 3 (10)(c).
	1 DON RN full-time Day; may serve as Charge Nurse with occupancy less	Total LN	0.30	Section 5 (10)(c).
	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  Direct Care Staff No minimum requirement One staff person on duty and awake at all times	CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)		

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
LA	Sufficient Staff To provide nursing care to all residents.  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  Direct Care Staff 2.35 hprd; may count DON or Asst. DON time spent on direct care	RN (inc.DON @.06)  LPN  Total LN  CNA  DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.06 0.48 0.54 2.35 2.41	LA Administrative Code  La. Admin. Code Title 48, §§ 9821, 9823, 9825.
MA	Sufficient Staff  To meet the needs of residents and assure that measures, treatments and other activities and services are carried out, recorded, and reviewed.  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  Direct Care Staff  3.58 hprd, 0.508 must be provided by RN	RN (inc.DON @.06) LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.51 0.51 3.58 3.64	Code of MA Regulations 105 Mass. Code Regs. 150.007.
MD	Sufficient Staff To provide appropriate bedside care.  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  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	RN (inc.DON @.06) LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.36 0.36 3.00 3.06	Code of MD Regulations Md. Code Regs. 10.07.02.18.  Code of MD Regulations Md. Code Regs. 10.07.02.19.  Code of MD Regulations Md. Code Regs. 10.07.02.20.

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
ME	Sufficient Staff To meet the needs of residents as determined by their levels of care.  Licensed Staff (RN, LPN/LVN)  1 DON RN full-time 1 RN 8 consecutive hrs 7d/wk  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  Evening: 1 RN/LPN Add 1 RN/LPN for each 70 beds For 100+ beds: one of additional RN/LPNs shall be an RN  Night: 1 RN/LPN Add 1 RN/LPN for each 100 beds For 100+ beds: an RN shall be on duty  For multi-storied facilities: staff must be assigned to each floor when residents are present  Direct Care Staff 1:5 ratio Days 1:10 ratio Evenings 1:15 ratio Nights Include RNs, LPNs, CNAs who provide direct care	RN (inc.DON @.06) LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.38 0.16 0.54 2.93 2.99	Code of ME Rules 10-144-110 Me. Code R. § 9.A (2021).
MI	Sufficient Staff To meet the needs of each patient.  Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN/LPN 24 hrs/7d/wk  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	RN (inc.DON @.06)  LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.06 0.24 0.30 2.25 2.31	MI Compiled Laws Mich. Comp. Laws § 333.21720a.

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
MN	Sufficient Staff To meet the needs of residents.	RN (inc.DON @.06)	0.06	MN Administrative Rules
	<b>Licensed Staff</b> (RN, LPN/LVN) 1 DON RN full-time (at least 35 hrs)	LPN ————————————————————————————————————	0.08	Minn. R. 4658.0500, 4658.0510 (2007).
	1 RN/LPN 8 hrs/7d/wk RN on call during all hours when an RN is not on duty <b>Direct Care Staff</b>	CNA DC	2.00	
	2.0 hprd provided by RNs, LPNs	Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	
МО	Sufficient Staff  To attain or maintain the highest practicable level of physical, mental and	RN (inc.DON @.06) LPN	0.14 0.16	MO Code of State Regulations  Mo. Code of State Regulations. 19
	psychosocial well-being. <b>Licensed Staff</b> (RN, LPN/LVN)	Total LN	0.30	CSR 30-85.042.
	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	CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)		
	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.			
MS	Sufficient Staff	RN (inc.DON @.06)	0.14	MS Administrative Code
	No requirement.  Licensed Staff (RN, LPN/LVN)	LPN	0.64	MS Admin Code, Title 15, Part 16, Rule 45.4.1.
	1 DON RN full-time Day (40 hrs/wk)	Total LN	0.78	Rule 45.4.1.
	For 1-60 beds: DON may be Charge Nurse For 180+ beds: add 1 Asst. DON RN 1 RN Day 7d/wk	CNA DC	2.80	
	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	Total Nursing Staff (DC + DON) or (CNA + LN)	2.86	
	Direct Care Staff  2.80 hprd for licensed and unlicensed staff 2 employees at all times			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
МТ	Sufficient Staff	RN (inc.DON @.06)	0.32	Administrative Rules of MT
	To meet the nursing needs of the residents, reflecting current concepts of restorative and geriatric care.	LPN	0.40	Mont. Admin. R. 37.106.605.
	Licensed Staff (RN, LPN/LVN)	Total LN	0.72	
	Day: For 4-40 beds: 1 RN 1 RN full-time DON included in the following:	CNA DC	1.20	
	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	Total Nursing Staff (DC + DON) or (CNA + LN)	1.92	
	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  Direct Care Staff No minimum requirement.			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
NC	Sufficient Staff To attain or maintain the physical, mental, and psychosocial well-being of each patient.  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  Certified Nurse Aide Staff (CNA/NA) For multi-storied facilities, 1 CNA on duty every floor at all times.  Direct Care Staff	RN (inc.DON @.06) LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.24 0.38	NC Administrative Code 10A NCAC 13D .23022303.
ND	Sufficient Staff To meet the nursing care needs of residents.  Licensed Staff (RN, LPN/LVN) 1 DON RN 1 RN 8 consecutive hrs/7d/wk 1 RN/LPN Charge Nurse 24 hrs/7d/wk  Direct Care Staff No minimum requirement	RN (inc.DON @.06)  LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.24 0.38	ND Administrative Code  ND Admin. Code 33-07-03.2-14.
NE	Sufficient Staff To provide nursing care to all residents in accordance with resident care plans.  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  Direct Care Staff No minimum requirement	RN (inc.DON @.06) LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.24 0.38	NE Agency Rules for Health and Human Services  Regulation and Licensure, SNF-NF-ICF 175 NAC 12-006.04C.

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
NH	Sufficient Staff To meet the needs of residents during all hours of operation.  Licensed Staff (RN, LPN/LVN) 1 DON RN full-time 1 RN 8 hrs/7d/wk 1 RN/LPN 24 hrs/7d/wk  Direct Care Staff No minimum requirement.	RN (inc.DON @.06) LPN Total LN CNA DC Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.24 0.38	NH Code of Administrative Rules Ch. He-P 803. He-P 803.15(d)(1)-(2). He-P 803.17(c ).
NJ	Sufficient Staff No requirement.  Licensed Staff (RN, LPN/LVN)  1 DON RN full-time For 150+ licensed beds: add 1 Asst. DON RN  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 For 300+ beds: 3 RNs on duty at all times  Tow increase in amount of direct nursing services Minimum 1:10 ratio of nursing personnel to residents  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)	RN (inc.DON @.06) LPN Total LN CNA DC Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.42 0.56 2.50 2.56	NJ Administrative Code  NJ Adm Code Title 8, Ch. 39, Subch. 25 and 26.

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
NM	Sufficient Staff  To save for the specific people of each resident on each town of duty.	RN (inc.DON @.06)	0.06	NM Administrative Code
	To care for the specific needs of each resident on each tour of duty.	LPN	0.18	NM Adm Code Title 7, Chapter 9,
	Licensed Staff (RN, LPN/LVN)  1 DON RN full-time Day included in	Total LN	0.24	Part 2, 50-51.
	1 RN/LPN Charge Nurse 24 hrs/7d/wk DON may be the Charge Nurse	CNA DC	2.50	
Ratio average: 1:9-10 1:7 Day 1:10 Evening 1:12 Night Intermediate care facility: 2.3 hprd 7d/wk on av 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. DO	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	Total Nursing Staff (DC + DON) or (CNA + LN)	2.56	
NV	Sufficient Staff  To attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient.	RN (inc.DON @.06)	0.14	NV Administrative Code NAC 449.74517.
	Licensed Staff (RN, LPN/LVN)  1 DON full-time RN	Total LN	0.38	
	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  Direct Care Staff	CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)		
	No minimum requirement.			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converto hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
NY	Sufficient Staff	2021		NY Code Revised Regulations
	To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	RN (inc.DON @.06)	0.14	Title 10 Health, Sec. 415.13.
	Licensed Staff (RN, LPN/LVN)	LPN	0.48	Statute A07119
	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.	Total LN	0.62	New York Public Health Law,
		CNA DC		Article 28d, § 2895-b. Nursing home staffing levels.
	Direct Care Staff  No minimum requirement.	Total Nursing Staff (DC + DON) or (CNA + LN)		and Hyperlink  NY Code Revised Regulations  Title 10 Health, Sec. 415.13.  Statute A07119  New York Public Health Law, Article 28d, § 2895-b. Nursing home staffing levels.
	Effective January 1, 2022	2022		
	In addition to Sufficient Staff and Licensed Staff above:	RN (inc.DON @.06)	0.14	y and Hyperlink  NY Code Revised Regulations  Title 10 Health, Sec. 415.13.  Statute A07119  New York Public Health Law, Article 28d, § 2895-b. Nursing home staffing levels.
	ertified Nurse Aide Staff (CNA/NA)	LPN	0.96	
	2.2 CNA/NA hprd	Total LN	1.10	
	<b>Licensed Staff</b> 3.5 hprd (includes a minimum of 2.2 CNA/NA hprd and 1.1 RN/LPN hprd)	CNA/NA DC		
	Effective January 1, 2023 In addition to Sufficient Staff and Licensed Staff above:	Total Nursing Staff (DC + DON) or (CNA + LN)	3.56	
	Certified Nurse Aide Staff (CNA/NA) 2.2 CNA hprd	2023		
	Direct Care Staff	RN (inc.DON @.06)	0.14	
	3.5 hprd (includes a minimum of 2.2 CNA hprd and 1.1 RN/LPN hprd)	LPN	0.96	
		Total LN	1.10	
		CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)	3.56	

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
ОН		RN (inc.DON @.06) LPN	0.06	OH Administrative Code 3701-17-08.
	1 DON RN full-time (8 hrs, between 6am-6pm)	Total LN	0.06	
	Direct Care Staff  2.5 hprd minimum (includes RN/LN with administrative or supervisory	CNA DC	2.50	
	duties)	Total Nursing Staff (DC + DON) or (CNA + LN)	2.56	
ОК	Sufficient Staff	RN (inc.DON @.06)	0.01	OK Administrative Code
	To meet the needs of all residents on a continuous basis.  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	LPN	0.32	Okla. Admin. Code § 310:675-13-5.
		Total LN	0.33	OK Statute
		CNA DC	2.86	Nursing Home Care Act, 63 O.S. Section 1-1925.2.
	Direct Care Staff Shift-based scheduling 1:6 ratio 7am-3pm 1:8 ratio 3pm-11pm 1:15 ratio 11pm-7am	Total Nursing Staff (DC + DON) or (CNA + LN)	2.92	
	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.			
	Direct-care staff includes any nursing or therapy staff who provides direct, hands-on care to residents			
	Based on reimbursement: Progressive increases in staffing from 2.86 to 3.2 to 3.8 to 4.1 hrs/day per occupied bed			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Converte to hprd for 100-Bed Facility		Staffing Standard Citation and Hyperlink
OR	<b>Sufficient Staff</b> To provide nursing services for each resident as needed.	RN (inc.DON @.06) LPN	0.14 0.16	OR Administrative Rules OAR 411-086-0100 (Temporary
	Licensed Staff (RN, LPN/LVN)  1 DON RN  1 RN/LPN Charge Nurse 24 hr/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  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		0.10	effective 8/24/2021 through 2/19/2022)
		CNA DC	2.05	
		Total Nursing Staff (DC + DON) or (CNA + LN)	2.35	
		(De l' Dolly) of (CIVIT LIV)		
	Direct Care Staff No minimum requirement.			
PA	Sufficient Staff To meet the needs of all residents.  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	RN (inc.DON @.06) LPN	0.30	PA Administrative Code
			0.30	Title 28, Sec. 211.12.
		CNA DC	2.70	
		Total Nursing Staff (DC + DON) or (CNA + LN)	2.76	
	Direct Care Staff 2.70 hprd 1:20 ratio of nursing staff to residents 2 staff on duty at all times			
	New Proposed Staffing Regulations Announced The proposed rule would increase the minimum nursing staffing level to 4.1 hprd.			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
RI	Sufficient Staff To meet the needs of residents.	<b>2021</b> RN (inc.DON @.06)	0.32	RI Code of Regulations Title 216, Chapter 40, Subchapter
	Licensed Staff (RN, LPN/LVN)  1 DON RN full-time	LPN		10.
	1 RN on duty 24 hrs/7d/wk For 1-30 beds: DON may act as Charge Nurse	Total LN	0.32	RI Statute R.I. Gen. Laws § 23-17.5-32.
ı	Direct Care Staff  No minimum requirement  1 staff certified in basic life support available 24 hrs/7d/wk	CNA DC		Minimum staffing levels.
	Effective January 1, 2022 In addition to Sufficient Staff, Licensed Staff and 1 staff person certified in life	Total Nursing Staff (DC + DON) or (CNA + LN)		
	support 24 hrs/7d/wk above:	2022		
	Certified Nurse Aide Staff (CNA/NA) 2.44 CNA hprd	RN (inc.DON @.06)	0.32	
	Direct Care Staff	LPN 		
	3.58 hprd (includes a minimum of 2.44 CNA hprd)  DON hours and nursing staff hours spent on administrative duties or	Total LN	0.32	
	non-direct caregiving tasks are excluded and may not be counted toward staffing hours requirement.	CNA DC	2.44 3.58	
	"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	Total Nursing Staff (DC + DON) or (CNA + LN)	3.64	
	health worker who is also a certified nurse aide, or a physical therapist assistant. <b>Effective January 1, 2023</b>	2023		
	In addition to Sufficient Staff, Licensed Staff, and 1 staff person certified in life	RN (inc.DON @.06)	0.32	
	support 24 hrs/7d/wk above:  Certified Nurse Aide Staff (CNA/NA)	LPN		
	2.6 CNA hprd	Total LN	0.32	
	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.	CNA DC	2.60 3.81	
		Total Nursing Staff (DC + DON) or (CNA + LN)	3.87	
	"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.			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
SC	Sufficient Staff	RN (inc.DON @.06)	0.06	SC Code of State Regulations
	To attain or maintain the highest practicable physical, mental, and psychosocial health and safety needs of each resident.	LPN	0.32	Chapter 61-17.
	Licensed Staff (RN, LPN/LVN)	Total LN	0.38	SC State Survey Agency Memo
	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	CNA DC	1.63	Modifies staffing standards for the current fiscal year (July 1, 2021 to June 30, 2022).
		Total Nursing Staff (DC + DON) or (CNA + LN)	2.01	54 55, 2522).
	Certified Nurse Aide Staff (CNA/NA) 1.63 hprd			
	Direct Care Staff No minimum requirement			
SD	Sufficient Staff To meet resident's total care needs at all times.  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  Direct Care Staff No minimum requirement	RN (inc.DON @.06)	0.06	SD Administrative Rules
		LPN	0.24	Chapter 44:73:06.
		Total LN	0.30	
		CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)		
TN	Sufficient Staff	RN (inc.DON @.06)	0.06	TN Rules and Regulations
	To provide nursing care to all residents as needed.	LPN	0.34	Ch. 1200-8-606(4)(a)(b)(d).
	Licensed Staff (RN, LPN/LVN)  1 DON RN  1 RN/LPN 24 hrs/7d/wk  Minimum 0.4 hprd RNs/LPNs	Total LN	0.40	Revised 11/20.
		CNA DC	2.00	
	Direct Care Staff 2.0 hprd (including 0.4 hprd RN/LPN time) 2 nursing personnel on duty each shift	Total Nursing Staff (DC + DON) or (CNA + LN)	2.06	

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
TX	Sufficient Staff  To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  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  Direct Care Staff  No minimum requirement.	RN (inc.DON @.06)  LPN  Total LN  CNA  DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.26 0.40	TX Administrative Code Title 26, Rule 554.1001.
UT	Sufficient Staff To meet the needs of the residents.  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  Direct Care Staff No minimum requirement.	RN (inc.DON @.06)  LPN  Total LN  CNA  DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.24 0.38	UT Administrative Code R432-150-5.

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
VA	Sufficient Staff To meet the assessed nursing care needs of all residents.	RN (inc.DON @.06)	0.06 0.08	<u>VA Administrative Code</u> 12 VAC5-371-200, 210, 220.
	<b>Licensed Staff</b> (RN, LPN/LVN) 1 DON RN full-time For 1-59 beds: DON may be Nursing Supervisor	Total LN	0.14	12 17 (23 37 1 200) 210, 220.
	1 RN/LPN Nursing Supervisor 7d/wk  Direct Care Staff  No minimum requirement  Qualified staff on all shifts 7d/wk	CNA DC		
		Total Nursing Staff (DC + DON) or (CNA + LN)		
VT	Sufficient Staff	RN (inc.DON @.06)	0.14	Code of VT Rules
	To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.	LPN	0.24	CVR 13-110-005-7.13.
	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  Certified Nurse Aide Staff (CNA/NA)  2.0 hprd CNA	Total LN	0.38	
		CNA DC	2.00	
		Total Nursing Staff (DC + DON) or (CNA + LN)	3.06	
	<b>Direct Care Staff</b> 3.0 hprd (includes at least 2.0 hprd provided by CNA weekly average)			
WA	Sufficient Staff	RN (inc.DON @.06)	0.22	WA Administrative Code
	To attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident.  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  Direct Care Staff 3.4 hprd	LPN	0.32	Ch. 388-97-1080.
		Total LN	0.54	
		CNA DC	3.40	
		Total Nursing Staff (DC + DON) or (CNA + LN)	3.46	

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facil		Staffing Standard Citation and Hyperlink
WI	Sufficient Staff To care for the specific needs of each resident.	RN (inc.DON @.06) LPN	0.30 0.20	WI Administrative Code Chapter DHS 132.62(2) & (3).
	Licensed Staff (RN, LPN/LVN)  1 DON RN full-time  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  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  Intermediate care facility:  1 RN/LPN Charge Nurse Day (may be DON)  0.4 LN hprd for intermediate nursing	Total LN  CNA DC	0.50	WI Statute § 50.04(2)(d).
		Total Nursing Staff (DC + DON) or (CNA + LN)	2.56	
	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)			

State	Minimum Staffing Standard for Licensed Nursing Homes	Staffing Standard Conver to hprd for 100-Bed Facili		Staffing Standard Citation and Hyperlink
wv	Sufficient Staff  To attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.  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  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)	RN (inc.DON @.06)  LPN  Total LN  CNA DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.14 0.24 0.38 2.25 2.31	WV Code of State Rules 64 CSR 13 – 8. And see below 64 CSR 13 -17 for Table 64-13A for "Minimum Ratios of Resident Care Personnel to Residents.
WY	Sufficient Staff To meet the needs of the residents.  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)  Direct Care Staff 2.25 hprd for skilled residents 1.50 hprd for non-skilled residents	RN (inc.DON @.06)  LPN  Total LN  CNA  DC  Total Nursing Staff (DC + DON) or (CNA + LN)	0.06 0.48 0.54 2.25 2.31	WY Rules and Regulations Ch. 11, Sec. 9.