Guide to Writing Your Staffing Plan

The purpose of the staffing plan is to make sure you always have enough staff to meet the scheduled (and reasonably foreseeable unscheduled) needs of each resident. The staffing plan should be based on resident assessments, service plans, acuity levels, and emergency situations. This resource guide describes:

- Regulatory staffing requirements for assisted living providers per Minnesota Statutes Chapter 144G.
- What is included in a staffing plan.
- How to develop a staffing plan.
- Strategies to maintain, document, and assess your staffing plan over time.

To support staffing plan development and ongoing monitoring in your organization, you can utilize the *Staffing Plan Effectiveness Assessment Worksheet* to evaluate staffing adequacy twice per year (as required by statute).

Regulatory Requirements

The State of Minnesota requires all assisted living providers to follow the minimum standards listed below, per Minnesota Statute 144G.41 and Minnesota Administrative Rules Part 4659.0180. Assisted living providers that also provide dementia care have additional requirements to ensure residents always receive safe care, per Minnesota Statute 144G.81, Subd. 4.

General Staffing Requirements

One or more persons must be:

- Awake and available onsite 24 hours per day, seven days per week.
- Located in the same building, in an attached building, or on a contiguous campus with the facility to respond within a reasonable amount of time.
- Responsible for responding to the requests of residents for assistance with health or safety needs.
- Capable of communicating with residents.
- Capable of providing or summoning the appropriate assistance.
- Capable of following directions.

A minimum of ***two*** direct care staff must be scheduled and available whenever a resident's assessment and service plan requires the assistance of two direct care staff for scheduled, reasonably foreseeable, and unscheduled needs.

Access to a Registered Nurse (RN)

Staff must have access to an on-call RN 24 hours per day, seven days per week for consultation. This person must be available either in person, by telephone, or by other means.

Staffing Plan Requirements

The staffing plan must be developed, written, and approved by the clinical nurse supervisor (CNS). The licensed assisted living director (LALD) should be involved in implementation and ongoing review of the staffing plan. The CNS is responsible for ensuring the staffing plan provides an adequate number of qualified direct-care staff to meet residents' needs 24 hours a day, seven days per week. When developing a direct-care staffing plan, the CNS must ensure that staffing levels are adequate to address:

- Each resident's needs, as identified in the resident's service plan and assisted living contract.
- Each resident's acuity level, as determined by the most recent assessment or individualized review.
- The ability of staff to meet the residents' scheduled and reasonably foreseeable unscheduled needs in a timely manner given the physical layout of the facility premises.
- Whether the facility is assisted living with dementia care (ALDC) licensed.
- Staff experience, training, and competency.

Daily Staffing Schedule

The CNS must develop a 24-hour daily staffing schedule that:

- Includes direct care staff work schedules for each direct care staff member showing all work shifts, including days and hours worked.
- Identifies the direct care staff member's resident assignments or work location.

A separate version of the daily staffing schedule must be posted at the beginning of each work shift in a central location within each building of a facility or campus and should be accessible to staff, residents, volunteers, and the public. This version should redact direct care staff members' resident assignments to protect residents' privacy.

Additional Requirements for Assisted Living with Dementia Care (ALDC) Providers

- An awake staff person must be ***physically present in the secured dementia care unit*** 24 hours per day, seven days per week.
- ALDC providers are responsible for responding to the requests of residents for assistance with health ***and*** safety needs.
- Staffing levels must be sufficient to meet the scheduled ***and unscheduled*** needs of residents.
- Night staffing should be ***based on the sleep patterns and needs of residents***.

Staffing Plan Components

At a minimum, your staffing plan should show that you have:

1. Identified resident needs.
2. Evaluated operational factors.
3. Followed safe staffing principles to determine minimum staffing coverage.
4. Planned for unscheduled staffing and resident care needs.
5. Listed staffing plan review triggers.
6. Evaluated and documented staffing plan effectiveness at least twice annually.
7. Maintained documentation.

These components are described in greater detail below, along with prompts to help you outline your facility's staffing plan.

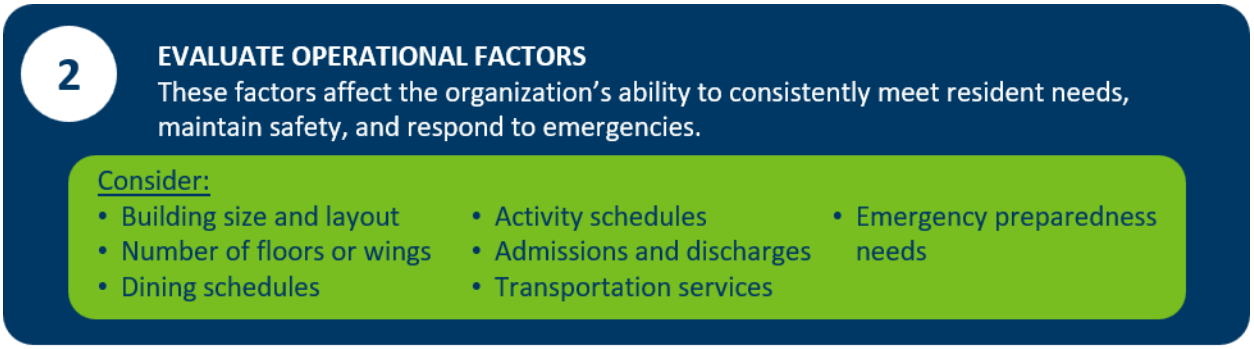
Resident Acuity Overview

Instructions: Enter the number of residents with each need listed below. If a resident has more than one need, count them in each applicable category. Use the "Other" section to document additional high acuity needs not listed. Consider using the Minnesota Department of Health (MDH) Survey Tool: Current Resident Roster when completing this section.

Review time period: (i.e., when counts were recorded)	
Total resident census during review period:	

Resident Needs	Number of Residents with This Need
Medication management	
Insulin administration	
Nursing treatments	
Dementia/cognitive impairment	
Extensive activities of daily living (ADL) assistance	
Two-person transfers	

Resident Needs	Number of Residents with This Need
Hospice services	
High fall risk	
No additional needs	
Other needs: (list)	



Operational Factors

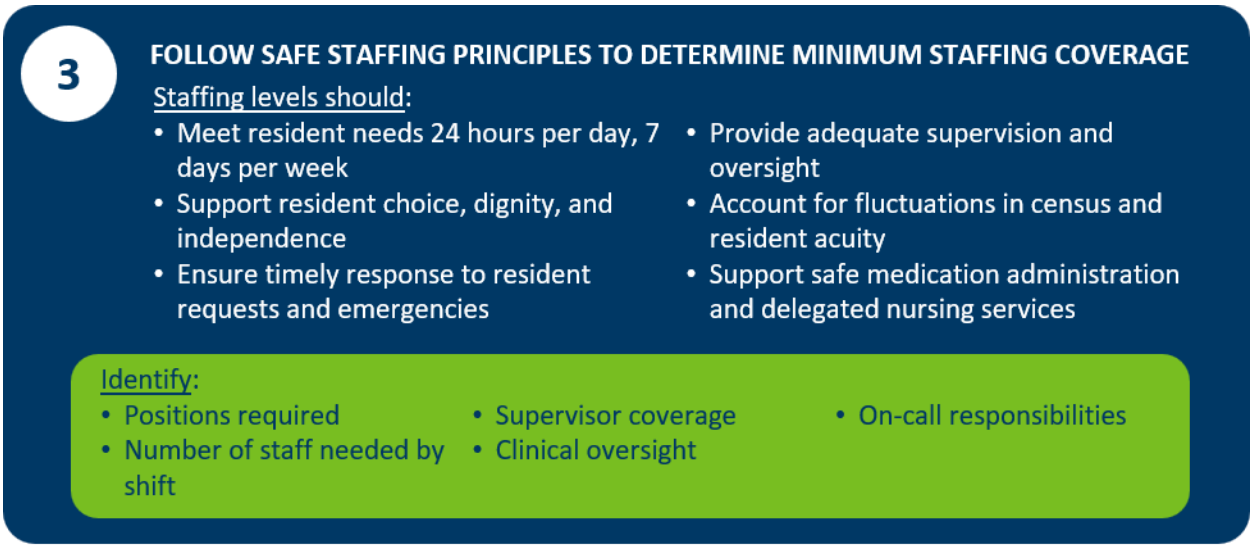
Instructions: Use the tables below to identify facility characteristics and operational factors that affect staffing needs. Include building features, resident living areas, and times when additional staffing, supervision, or assistance may be needed.

Physical Components	Response
Number of floors	
Number of residential wings	
Number of resident apartments	
Number of secured memory care neighborhoods	
Building exits requiring routine monitoring	
Dining areas requiring staff coverage	
Activity spaces requiring staff coverage	
Other facility features affecting staffing needs	

Scheduling Considerations

Instructions: Identify times, activities, or routine operations that increase staffing needs. Include times when additional staff may be needed to provide resident care, medication services, supervision, transportation, dining support, or activities.

Scheduling Considerations	Response
Peak care need times *(e.g., morning cares)*	
Peak medication administration times	
Times requiring increased supervision needs *(e.g., wandering, falls, behavioral concerns, shift changes)*	
Transportation schedules requiring staff assistance or escorts	
Meal and dining schedules	
Activity schedules requiring additional staff support	



Shifts

Instructions: List each shift used by your organization and the minimum number of staff that must be scheduled to meet resident needs and provide required services during that shift. Use the Additional Shift Coverage section if your organization uses more shifts than listed below.

Shift	Start Time	End Time	Minimum Number of Staff Scheduled
Shift 1			
Shift 2			

Shift	Start Time	End Time	Minimum Number of Staff Scheduled
Shift 3			
Shift 4			
Shift 5			

Minimum Staffing by Position and Shift

Instructions: For each shift, enter the minimum number of staff positions needed to meet resident needs based on resident census, acuity, services provided, and operational factors.

(See *Staffing Plan Effectiveness Assessment Worksheet* for details.) Add or remove rows or columns based on your organization's structure.

Position	Shift 1	Shift 2	Shift 3	Shift 4	Shift 5
CNS					
RN					
Licensed practical nurse (LPN)					
Resident assistant					
Medication aide					
Activities staff					
Housekeeping/ laundry					
Culinary staff					
Other:					

Additional Shift Coverage

Instructions: Describe any additional staffing coverage not captured above, such as overlapping shifts, on-call staff, supervisors, float staff, transportation staff, or temporary staffing arrangements.

Describe any additional shifts and coverage, if any:

Daily Staffing Schedule

Instructions: Describe how staff schedules are developed, communicated, and maintained. Include who is responsible for scheduling, how schedule changes are communicated, and how staff access current schedules.

Daily Staffing Schedule	Response
Who prepares the schedule?	
How far in advance are schedules posted?	
How are schedule changes communicated to staff?	
Where are staffing schedules maintained or available to staff?	
Other scheduling considerations affecting staffing coverage.	

Memory Care Coverage (if applicable)

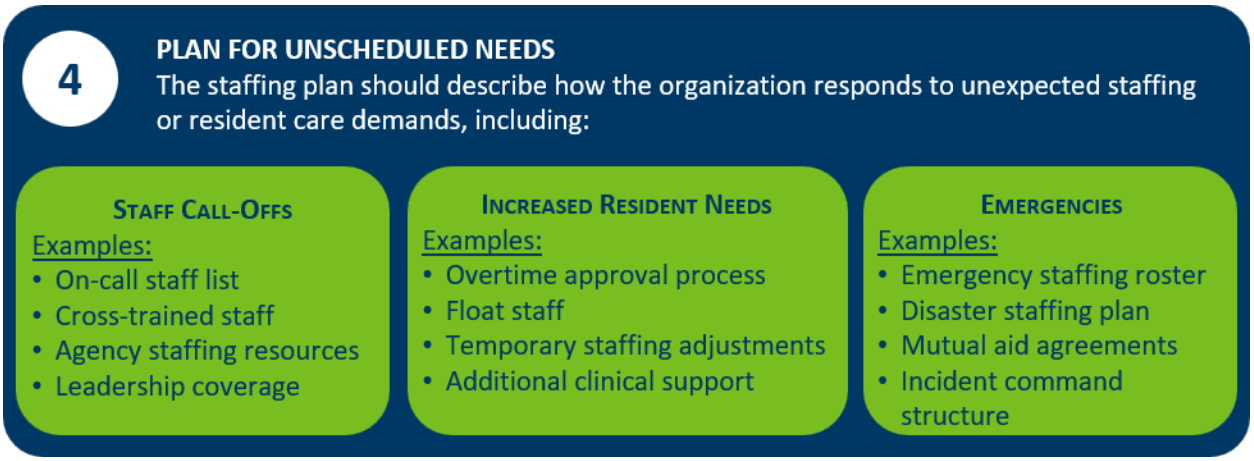
Instructions: Describe how staffing is provided in secured dementia care or memory care areas. Include any staffing patterns, supervision practices, or coverage requirements specific to these residents.

Memory Care Coverage	Response
Describe staffing and supervision provided in secured dementia care or memory care areas.	

Access to Registered Nurse

Instructions: Describe how residents and staff have access to RN services 24 hours a day, seven days a week. Include on-site, on-call, telephone consultation, and in-person assessment processes, as applicable.

RN Access	Response
Residents and staff have access to an RN 24 hours a day, seven days a week through:	



Staff Call-Offs

Instructions: Describe how staffing coverage is maintained when staff are unable to work a scheduled shift.

Process for responding to staff call-offs:

Temporary Changes in Resident Needs

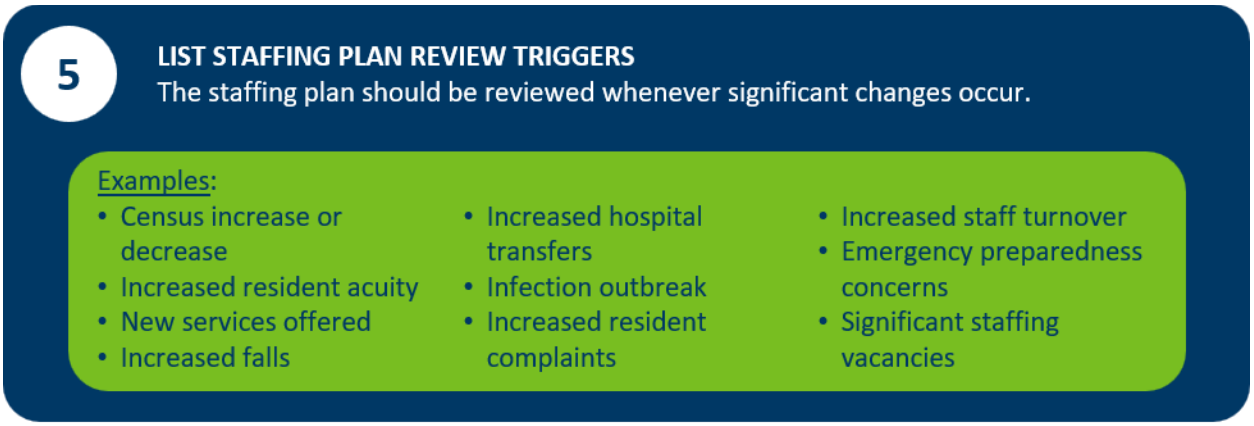
Instructions: Describe how staffing is adjusted when resident care, supervision, or service needs temporarily increase.

Process for responding to temporary increases in resident needs:

Emergency Situations

Instructions: Describe how staffing coverage is maintained during emergencies.

Process for maintaining staffing coverage during emergency situations:



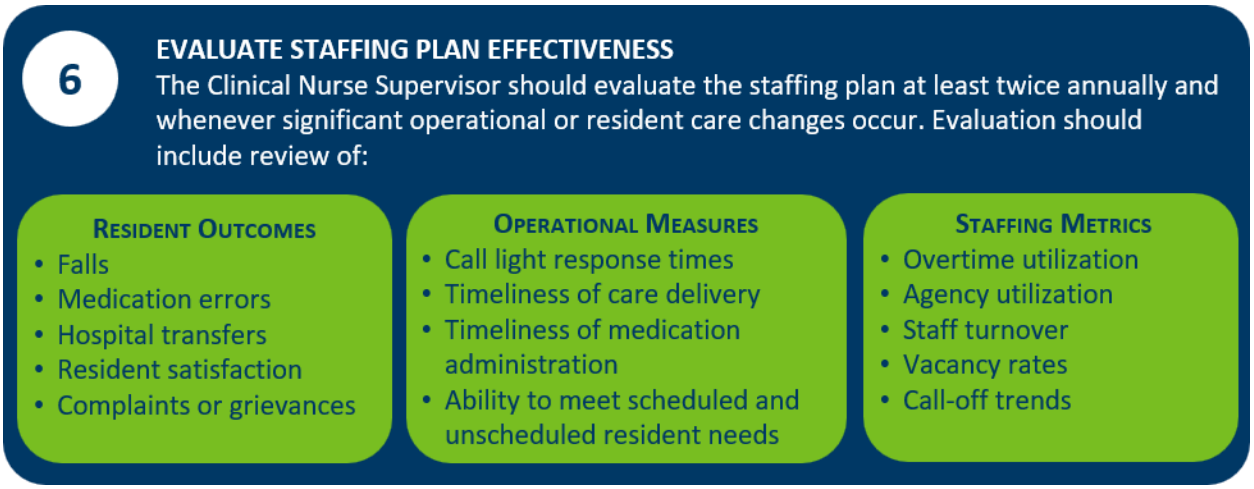
Staffing Plan Review Triggers

Instructions: Identify events or circumstances that prompt a review of the staffing plan.

Examples may include:

- Changes in resident census.
- Changes in resident acuity or service needs.
- Addition of new services.
- Opening or closing of resident units or neighborhoods.
- Changes in staffing patterns.
- Significant incidents or emergencies.
- Annual review of the staffing plan.

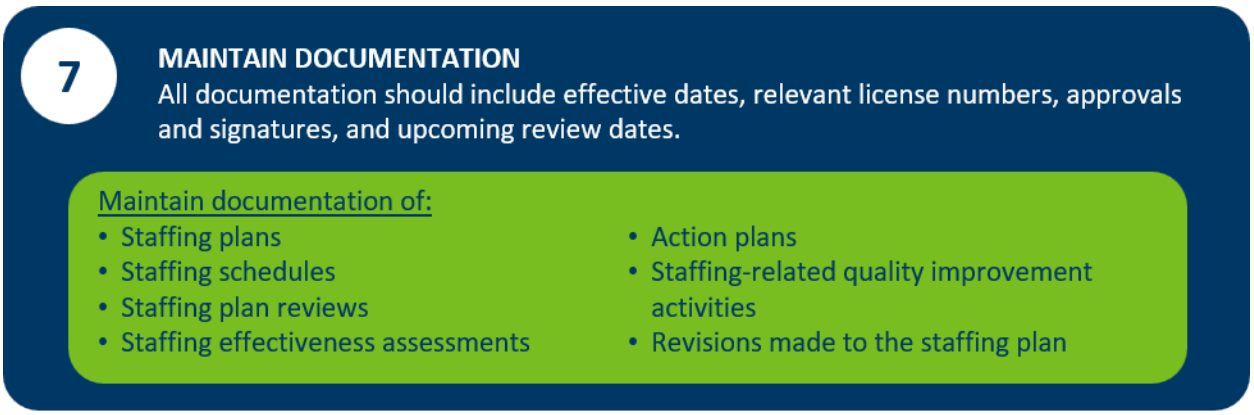
Events or circumstances that trigger a staffing plan review:



Staffing Plan Evaluation

Instructions: Describe how and when the staffing plan is evaluated to ensure resident needs continue to be met.

How frequently will you evaluate the staffing plan?
What will be included in your review?



Documenting Evaluation of the Staffing Plan

Instructions: Describe where staffing plan reviews, evaluation findings, and any resulting updates or action plans are documented and maintained.

How and where staffing plan reviews and evaluations are documented:

This material was prepared by Stratis Health under contract with the Minnesota Department of Health (MDH). Use of this tool is not mandated by MDH, nor does its completion ensure regulatory compliance.