

**DISTRICT OF COLUMBIA
Department of Health**

**Health Regulation and
Licensing Administration**



**ADVISORY ON STAFFING RATIOS
IN
NURSING HOMES**

The law on nursing facility operations in the District of Columbia requires that each facility must maintain sufficient staff to ensure that each resident receives proper care. In addition, section 3211.3 of Title 22 of the District of Columbia Municipal Regulations (DCMR) provides the following:

Beginning no later than January 1, 2005, each facility shall employ sufficient nursing staff to provide a minimum daily average of 3.5 nursing hours per resident per day. Nursing staff shall include Registered Nurses (RN), Licensed Practical Nurses (LPN), and Certified Nurse Aides (CNA).

Determining Nursing Hours

| | |
|---|---|
| Total No. Direct Care Staff for the Day | Add together the staff for all units on all shifts to arrive at total "staff days" |
| Multiply by 8 | Multiply "staff days" by hours worked providing care to arrive at total "staff hours" |
| Divide by census for the day | Add together the actual occupied bed census for all units to arrive at total no. of residents. Divide this no. into the "staff hours" to arrive at "staff hours per resident" |

Who Are Direct Care Staff

Section 3211.6 of the DCMR provides the following:

To meet the requirements of subsections 3211.2 and 3211.3(b), facilities of thirty (30) licensed occupied beds

or more shall not include the Director of Nursing Services or any other nursing supervisory employee who is not providing direct resident care.

The Health Regulation Administration (HRA) was asked to consider whether Clinical Managers and House Supervisors can be considered direct care staff. Because Clinical Managers are in close proximity to residents at all times, Clinical Managers can be counted as direct care staff. They are reasonably likely to participate in actual resident care activities on a regular basis as they can and do perceive the need for assistance first-hand. House Supervisors, on the other hand, should not be counted, because their duty assignments consist of being on call in a part of the facility removed from most of the residents and they are present on the resident care units only when specifically called for. House Supervisors should not be counted as direct care staff because their contributions to direct resident care are sporadic and do not constitute a significant part of their workdays.

What are Occupied Beds

Occupied beds are essentially the facility's census, i.e. the number of residents who reside at the facility. A resident who is temporarily transferred to a hospital or who is home for an overnight visit *resides* at the facility and has bedhold days that obligate the facility not to fill the bed that the resident occupies. Bedholds must be counted as "occupied beds" since the facility is being paid to care for the person for whom the bedhold attaches. Also see Form CMS-672, Resident Census and Conditions of Residents. Where the form advises the reader to determine the census, the federal instructions reads:

Enter the number of total residents for whom a bed is maintained, on the day the survey begins, including those temporarily away in a hospital or on leave.
[Total residents in nursing facility or on bedhold]