|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Staff Schedule Worksheet: 8-hour Shifts** | | | | | | | | | | | | | | | | | | | | | **Attachment O2** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | | | | | | | | | | | | | LICENSE NUMBER | | | | | INSPECTION DATE | | | | | |
| LICENSOR’S NAME | | | | | | | | | | | | | | | Inspection Type:  Initial  Full  Complaint | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: List the number of Licensed Nurses (LN), Mental Health Professionals (MHP), and Other Staff (OS) on duty and on call for the two weeks prior to the start of the inspection. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | LN | | | MHP | | | OS | | | Scheduled: Number of staff for that discipline scheduled that shift.  Actual: Number of staff for that discipline who worked or were on call for that shift. | | | | | | | | | | | | | | |
| Day | |  | | |  | | |  | | |
| Evening | |  | | |  | | |  | | |
| Night | |  | | |  | | |  | | |
| On-Call | |  | | |  | | |  | | |
| **Week leading up to inspection, beginning with the day prior to the inspection of the survey team. Please use actual numbers, not scheduled numbers.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | |  | | |  | | |  | | |  | | |  | | | |  | | | | |  | | |
| Shift | | LN | MHP | OS | LN | MHP | OS | LN | MHP | OS | LN | MHP | OS | LN | | MHP | OS | LN | MHP | | OS | | LN | MHP | OS |
| Day | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| Evening | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| Night | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| On-Call | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| **Two weeks leading up to inspection. Begin this grid with the eighth day prior to the entry of the inspection team.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | |  | | |  | | |  | | |  | | |  | | | |  | | | | |  | | |
| Shift | | LN | MHP | OS | LN | MHP | OS | LN | MHP | OS | LN | MHP | OS | LN | | MHP | OS | LN | MHP | | OS | | LN | MHP | OS |
| Day | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| Evening | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| Night | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |
| On-Call | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  | |  | |  |  |  |