



Department of Health, Office of Facilities Regulation
**Nursing Facility Licensed Staff Hours/Turnover
 Annual Report**

Statutory
 Reference:
 Chapter 23-
 17-24.7

R23-17-NF - Appendix F

Facility Name: _____ **License #:** _____
Reporting Period From: _____ To: _____
 Month Year Month Year

TABLE 1: Nursing Care Annual Turnover Rate

| | RN | LPN | NA |
|--|----|-----|----|
| TOTAL # of Terminations this period: | | | |
| AVERAGE # Employed (Sum of each Month/12) | | | |
| Staff Turnover Rate (Terminations/Average Staff) | | | |

TABLE 2: Average Direct care Nursing Hours - Input average Census and staff data for this period

| Average Resident Census this Period: | | | | |
|--|----------------------------|--|--|-------------------------------------|
| | | Average A.M./Day Hours Per Resident | Average P.M./Evening Hours Per Resident | Average Night Hours Per Resident |
| Licensed | Registered Nurse (RN) | | | |
| | Lic. Practical Nurse (LPN) | | | |
| | Nurse Assistant (NA) | | | |
| Sub-Total Facility Nursing Staff this period: | | | | |
| Medication Technician (unlicensed) | | | | |
| Licensed Contract | Registered Nurse (RN) | | | |
| | Lic. Practical Nurse (LPN) | | | |
| | Nurse Assistant (NA) | | | |
| Sub-Total Contract Nursing Staff this period: | | | | |
| Medication Technician (unlicensed) | | | | |
| Total Average Nursing Staff this Period - Per resident/Per shift: | | | | |

Comments:

 Administrator Signature

 Date Submitted