

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift	CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7			
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	
DAY	DP																						
	Entire Facility	F145																					
EVENING	DP																						
	Entire Facility	F146																					
NIGHT	DP																						
	Entire Facility	F147																					
	DP																						
	Entire Facility	F148																					
	DP																						
	Entire Facility	F149																					
	DP																						
	Entire Facility	F150																					

Shift	CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7			
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	
DAY	DP																						
	Entire Facility																						
EVENING	DP																						
	Entire Facility																						
NIGHT	DP																						
	Entire Facility																						