Department of Health Facilities Regulation 3 Capitol Hill - Room 306 Providence, RI 02908

Nursing Facility Licensed Staff Hours/Turnover Annual Report

Statutory Reference: Chapter 23-17-24.7

R23-17-NF - Appendix F

Facility Name:			License #:					
			From: Month		Year	To:		Year
- A D	4 No	0	. .		Teal		Month	Teal
TABLE 1: Nursing Care Annual Tu RN			nover R	ate 	i	L <u>PN</u>		NA
Total Number of Terminations this period:								
AVERAGE# Employed (Sum of each Month/12)								
o. # T	5.							
Staff Turnover Rate RN (Terminations/Average Staff)				LPN			NA	
FABLE period		e Direct care Nurs ge Resident Cens	us this P	eriod:				
		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)							
Sul	o-Total Facility Nu	ursing Staff this period:						
		Medication Technician (unlicensed)						
Licensed Contract	Registered Nurse (RN)							
	Lic. Practical Nurse (LPN)							
	Nurse Assistant (NA)							
Sul	o-Total Facility Nu	ursing Staff this period:						
		Medication Technician (unlicensed)						
	Total Average N	ursing Staff this period: Per resident/Per shift:						
Commen	ts:							
	stan Ciarratura					Data (Submitted	
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