

# Short Staffing Form

To be filled out after working a shift below the state minimum staffing ratios

Oregon Nursing Home Staffing Requirements:

Day Shift: 1 CNA:7 Residents

Eve Shift: 1 CNA:11 Residents

NOC Shift 1 CNA:18 Residents

-or-

When staffing levels do not meet the care needs of the residents

Name of Nursing Home and Chain \_\_\_\_\_

Date of Incident \_\_\_\_\_ Shift of Incident \_\_\_\_\_

What was the ratio of residents to CNAs? \_\_\_\_\_

Why was the facility understaffed? (check one)

Scheduled Short \_\_\_\_\_ Call Outs \_\_\_\_\_ Other \_\_\_\_\_

How did understaffing impact your safety or the quality of care you were able to provide residents? Please be as specific as you can without violating resident confidentiality. \_\_\_\_\_

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Your Name and Date

Return this form to a steward or organizer

