

CMS NURSING COMPLEMENT DATA (for certified units)

Hospital		Survey Dates	
Unit/Ward	Number of Beds	Patient Type	Census

Please list staff actually on duty who are providing direct care to patients on this date for the entire shift.
If a staff member covers 2 wards, list him/her as (.5); 4 wards = .25; etc.

Shift	R.N.	L.P.N.	M.H.W./Tech	Ward Clerk	Non-NSG Personnel Assigned to Unit
Day					
Evening					
Night					
TOTAL					

Number of clinical specialists available (Masters prepared psychiatric nurses not counted in unit coverage)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of CMS Nurse Surveyor

Signature of Nursing Director

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB number for this information collection is 0938-0378. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.