



## Facility Assessment Tool

This assessment tool is designed as an intensive approach for facilities with recruitment, retention, education, employee satisfaction and any other areas deemed appropriate.

\*Materials and information gathered during this assessment including forms utilized are confidential and will not be shared or distributed outside the facility or company. The sole purpose of the tool is to gather information and tailor an action plan for mutual work and to achieve the goals and objectives of the partnership. No other use is intended.

**Facility Name\***

**First Name\***

**Last Name\***

**Email Address**

## FACILITY STAFFING ASSESSMENT

**Administrator Tenure\***

**DON Tenure\***

Admin, if less than three years, how many have held the position?

DON, if less than three years, how many have held the position?

# SUPPORT STAFFING METRICS

CNA Positions \*

NA Positions \*

CNA/NAs - Full Time \*

CNA/NAs - Part Time \*

Total CNA Openings \*

CNA Openings 1st Shift \*

CNA Openings 2nd Shift \*

CNA Openings 3rd Shift \*

# of CNAs hired in last 30 days \*

# of CNAs hired in last 12 months \*

# of CNAs terminated in last 30 days \*

# of CNAs terminated in last 12 months \*

# STAFF ONBOARDING DETAILS

Scheduler (Name and Position) \*

Average length of interview \*

New Hire Interviews Conducted by (Name and Position) \*

Type of questions asked \*

**Is orientee moved to a new assignment after orientation \***

**Yes**

**No**

**Sometimes**

**If YES, provide details**

**Average cost per month \***

**Training time \***

**Orientation Conducted by (Name and  
Position) \***

**Average length of orientation \***

**Training Conducted by (Name and  
Position) \***

**Average length of training \***

**Agency use \***

**Yes**

**No**

**Methods used to recruit CNAs within last 12 months \***

**Where applicants are coming from \***

# STAFFING OPERATIONS METRICS

CNA/Residents average ratio per 1st shift \*

CNA/Residents average ratio per 2nd shift \*

CNA/Residents average ratio per 3rd shift \*

CNA rate of pay \*

Rate based on experience \*

Yes

No

Average rate of pay of those CNAs employed 3-5 years \*

Who evaluates CNAs \*

How often \*

Completed timely \*

Pay increases are based on \*

Performance

Length of Service

Is a competency skills checklist completed with each evaluation \*

Yes

No

Sometimes

Total CNA Call-ins (year) \*

**CNA/NA lost time/work-related injuries \***

**Are CNA classes held at facility \***

**Yes**

**No**

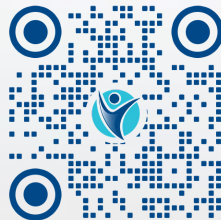
**Sometimes**

**If NO, where**

**Average class size**

**Total students enrolled last 12 months**

**Total certified**



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