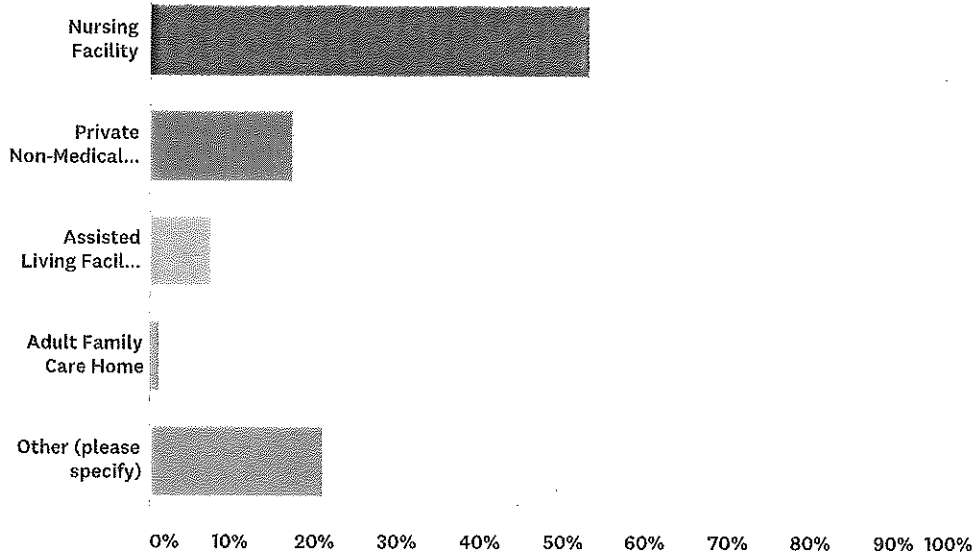


Q1 Type of facility:

Answered: 81 Skipped: 0



ANSWER CHOICES	RESPONSES	
Nursing Facility	53.09%	43
Private Non-Medical Institution (PNMI)	17.28%	14
Assisted Living Facility (Private Pay)	7.41%	6
Adult Family Care Home	1.23%	1
Other (please specify)	20.99%	17
TOTAL		81

#	OTHER (PLEASE SPECIFY)	DATE
1	NF/PNMI	9/9/2019 8:19 AM
2	Multilivel	9/9/2019 7:26 AM
3	Mixed Nursing facility & Assisted Living	9/9/2019 3:57 AM
4	Multi-level (nursing and PNMI)	9/6/2019 2:14 PM
5	Multi level	9/6/2019 11:16 AM
6	Multi-level	9/5/2019 12:12 PM
7	Nursing facility and PNMI Level IV	9/4/2019 5:09 PM
8	nursing and pnmi	9/4/2019 9:17 AM
9	SNF/NF/A.L. and Memory Care A.L.	9/4/2019 5:00 AM
10	NF, Skilled/Therapy and RCF	9/4/2019 4:26 AM
11	PNMI and AL private pay	9/3/2019 12:30 PM
12	Independent Living and Memory Loss Care as well as Assisted Living	9/3/2019 11:18 AM
13	ICF/IID	9/3/2019 11:05 AM

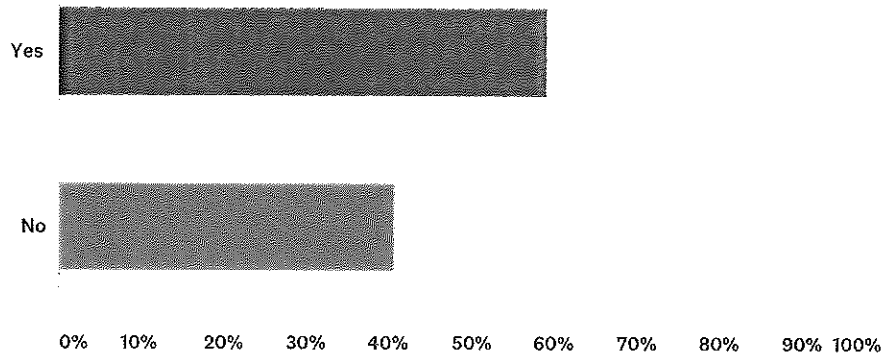
2019 Admissions Survey

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14	Multilevel - NF, SNF, PNMI L4	9/3/2019 10:50 AM
15	Multi-Level	9/3/2019 10:48 AM
16	Multi Level Facility NF and PNMI Level IV on campus	9/3/2019 10:40 AM
17	Multi-Level (NF and PMNI)	9/3/2019 10:35 AM

Q2 At any time during the past three months (June 1, 2019 - August 31, 2019) have you had to limit new admissions to your facility because of a shortage of available staffing?

Answered: 81 Skipped: 0



ANSWER CHOICES

ANSWER CHOICES	RESPONSES	
Yes	59.26%	48
No	40.74%	33
TOTAL		81

Q3 Comments:

Answered: 39 Skipped: 42

#	RESPONSES	DATE
1	Half of the building is Res care and the other half is NF/SNF. On our Res Care side, due to lack of CRMA's, we've held off admissions.	9/9/2019 9:30 AM
2	We had a short period of time where our scheduled direct care staff would have been below minimums (mostly on the weekends) if we had accepted an additional admission without a corresponding discharge. We were able to correct quickly and avoid having to use agency staffing.	9/9/2019 8:58 AM
3	As an ICF/IID Nursing Facility, our openings are sparse, so no, we haven't had to limit admissions, but the quality of our service has definitely been negatively affected by our staffing challenges. C.N.A.'s are not plentiful in this area	9/9/2019 7:39 AM
4	Shortage of RN's, CNA's and CNA/M's	9/9/2019 7:26 AM
5	2 nursing beds offline.	9/6/2019 2:14 PM
6	We havent limited admissions, but we are using high cost traveling staff.	9/6/2019 10:42 AM
7	Our SNF unit is currently at half capacity due to staffing shortages. Additionally, multiple throughout the months listed we have had to limit admissions as well as drop our census even lower than half capacity due to staffing shortages.	9/6/2019 8:42 AM
8	We are a 73 bed facility. We allow admissions up to 70 beds filled, but no more. We cannot find enough staff to schedule to State Mandates that would require an additional staff member for 1st and 2nd shifts if we were to admit to 71. Using agency staff is not cost effective because the staffing would cost more than what we would receive from mainecare daily rate.	9/6/2019 8:29 AM
9	We are low census though by about 10-12 NF beds. We aren't getting the viable referrals. We would like to develop that 10 bed area to wing to a medical psych unit and can not because of no staff.	9/5/2019 12:12 PM
10	Thursdays & Fridays are hospital's busiest discharge days (downstaff & free up beds for the weekend). Not having RN's on shifts approaching the weekend and not having sufficient staff to add census at any time will prevent an admission.	9/5/2019 6:46 AM
11	We have had ads for nurses and CNA's running for several months, we have had limited applications come in. We must staff to census per regulations, so we had to limit admission to our staff available to stay within regulations, we do not use staffing agencies due to the lack of continuity of care, and cost to the facility, yes we could use agency and increase census to help our bottom line, but we feel the patient care is number one and not the money coming in and agency staffing we feel does not provide the care we feel should be provided to our residents.	9/4/2019 9:32 AM
12	We have had to limit for shortage of CNA's, RN's and Physical Therapists.	9/4/2019 6:40 AM
13	Weekends are a challenge for us.	9/4/2019 6:24 AM
14	Short staffing is a very real problem. New admits are time consuming but need to take them in to pay the bills!	9/4/2019 5:06 AM
15	It's the rule (not the exception) to limit new admissions due to a shortage of nurses and c.n.a.'s.	9/4/2019 5:00 AM
16	9 open RCF bed due to PSS and CRMA shortage and also occasionally have to hold NF admission due to CNA shortage	9/4/2019 4:26 AM
17	We still took new admissions but we spaced out admission dates so that we could accommodate for being short staffed on occasion.	9/4/2019 3:45 AM
18	At our home, we have not had to limit new admissions because of a shortage of available staff. Since the staffing ratio regulations related to PNMI homes are more favorable than nursing homes, it has not been an issue at our home.	9/3/2019 4:32 PM
19	We do not limit them during the week, but at least one weekend/month, we may have to put any weekend admissions off until the following Monday.	9/3/2019 4:19 PM

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20	This has been an ongoing issue for much longer than three months. We look at acuity and staffing and have to limit admissions due to each of these topics on both the SNF unit as well as FF.	9/3/2019 12:56 PM
21	Working with a skeletal crew adds more stress to the working environment. Causes tempers, attitude and burnout to flare up. Many people out there need the care, but nobody to care for them.	9/3/2019 11:58 AM
22	we have had 10 beds closed since 2015 due to shortages with nurses. Recently, we have reduced admissions during summer vacations due to limited replacement staff.	9/3/2019 11:37 AM
23	We are finding it difficult to find and retain good staff. We are struggling to pay the hourly wage that is mandated by rising minimum wage. When the minimum wage goes up, we have to pay more to retain staff and entry level staff want more than minimum wage because they do not want to work for the minimum wage, even though the wages have going up, people see it as minimum in their minds. I had to look to how I could operate with less people. We are trying to do more with less. It is not working out well.	9/3/2019 11:26 AM
24	Both nurses and CNAs are needed.	9/3/2019 11:19 AM
25	Over time has been high in response to this issue. Current we are in dire need of House keepers.	9/3/2019 11:18 AM
26	We don't have a big resident turnover	9/3/2019 11:05 AM
27	The RN, LPN & CNA shortage in Bangor, Maine is severe. We have had 3-4 open night nurse positions for most of the last 3 years. Travelers from out of state fill these shifts. There are not enough graduating RN's from nursing school. In addition they don't want to work in nursing centers because our wages are low and they can make so much more money at the hospitals. A nurse can make \$10-\$20 more an hour at the hospital. Nursing home wages can't compete with the hospital, as our reimbursement so much lower. Many nurses don't want to work in skilled care and long term care because the work is so hard and pay so low. Many patients in Skilled care are just as sick as patients in the hospital. Maine really shot themselves in the foot, eliminating LPN programs and then not graduating enough RN's to care for the elderly in the state, were we have the oldest people per capita. Nursing schools and the state did not prepare for for the current elderly population nor the approaching needs of the baby boomers. Bangor C.N.A. program had about 30 C.N.A. students complete programs a year. They didn't like to sponsor other C.N.A. programs. There are home health providers, 4 hospitals and 8 nursing homes in the Greater Bangor Area competing for the 30 new C.N.A.'s. The high school C.N.A. graduates primarily attend college and don't work in the workforce/definitely not at Nursing Centers. The minimum wage increase is great for the people who have received this. It has put the least skilled workers at the same level of pay as the caregivers at the bedside, with no increase in reimbursement for the minimum wage increase. It is a hot mess.	9/3/2019 10:55 AM
28	We are a 72 bed facility that has had to hold at 70 since last week due to requiring one more direct care staffmember that we don't have if we go 71 or 72.	9/3/2019 10:52 AM
29	We are a 14-bed ICF/IID facility in rural Maine with a significant CNA staffing shortage, especially for the evening shift. It has actually been a blessing that we have not gotten a lot of referrals and were down beds. We are in the process of filling the 13th bed and feel that this is stretching the limits of our staffing capability. We increased the differential for our evening and night staff to entice people to come, but it is still not enough. Many staff are working overtime and department heads are filling it at times for resident appointments and activities because the staff are just not available. We have lost CNA's because of the increase in the minimum wage in which they are able to go and get less challenging jobs for the same rate of pay or sometimes even more than what they would get as a CNA.	9/3/2019 10:50 AM
30	Staffing is a challenge state and nationally wide. My facility is geographically in a remote location making it even more difficult. We just increased our starting wages to \$16/hr for CNAs in hopes of acquiring anyone.	9/3/2019 10:50 AM
31	We have been close.....	9/3/2019 10:48 AM
32	We have and continue to hold on admissions on PNMI to meet staffing ratios. We currently have 9 beds available. Our NF census has also been periodically held due to lack of CNAs.	9/3/2019 10:48 AM
33	We often are capped at 30 residents (capacity 38) due to staffing shortages.	9/3/2019 10:47 AM
34	Incentives cannot get it done sometimes. Staff are very dedicated, but certain times they just are not able to work. We watch burnout daily to make sure staff gets family and down times. In South Paris we have two other nursing homes and Stephens Memorial all needing staff. In the Portland market I could put together ELL CNA classes for Asylum seekers who had/will get work permits to help. Not currently an option for me here.	9/3/2019 10:46 AM

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35	Due to staffing shortages we have had to say no to skilled admissions. This includes having difficulty even finding agency staff to fill vacancies.	9/3/2019 10:40 AM
36	Due to staffing challenges we've had to delay admissions. We are currently discussing another delay in admissions due to staffing challenges.	9/3/2019 10:36 AM
37	We have be creative in compensation to entice current staff to work extra shifts to cover our needs.	9/3/2019 10:36 AM
38	I did not have to limit admissions but needed to approve overtime to staff because of the lack of staff.	9/3/2019 10:35 AM
39	We have had to do for the past 8 weeks, we have a waiting list for admissions but not enough staff, all CNA vacancies	9/3/2019 10:35 AM