

SCHEDULE 6

**New Inpatient
Health Care
Facilities**

STAFFING PATTERN
Year Ended _____

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	FTE MORNING	FTE EVENING	FTE NIGHT	FTE TOTAL	AVERAGE ANNUAL SALARY per FTE
ADMINISTRATION					
Administrator	_____	_____	_____	_____	_____
Director of Nursing	_____	_____	_____	_____	_____
Admissions Director	_____	_____	_____	_____	_____
Bookkeeper	_____	_____	_____	_____	_____
Secretary	_____	_____	_____	_____	_____
Medical Records Clerk	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
PHYSICIANS					
Medical Director	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
NURSING					
R.N.s	_____	_____	_____	_____	_____
L.P.N.s	_____	_____	_____	_____	_____
Nurses' Aides	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
ANCILLARY					
Physical Therapist	_____	_____	_____	_____	_____
Speech Therapist	_____	_____	_____	_____	_____
Occupational Therapist	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
DIETARY					
Dietary Supervisor	_____	_____	_____	_____	_____
Cooks	_____	_____	_____	_____	_____
Dietary Aides	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
SOCIAL SERVICES					
Social Service Director	_____	_____	_____	_____	_____
Activity Director	_____	_____	_____	_____	_____
Activities Assistant	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
HOUSEKEEPING					
Housekeeping Supervision	_____	_____	_____	_____	_____
Housekeepers	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
LAUNDRY					
Laundry Supervisor	_____	_____	_____	_____	_____
Laundry Aides	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
PLANT MAINTENANCE					
Maintenance Supervisor	_____	_____	_____	_____	_____
Maintenance Assistance	_____	_____	_____	_____	_____
Security	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	////////////////////
GRAND TOTAL	_____	_____	_____	_____	////////////////////

NEW INPATIENT HEALTH CARE FACILITIES: A new nursing home, hospice, intermediate care facility for the developmentally disabled, or freestanding inpatient hospice facility that will be licensed when the project is complete.