

SCHEDULE 6A

**All Currently Licensed
Facilities or Programs**

**STAFFING PATTERN
Year Ended _____**

Page 1 of 1

	CURRENT TOTAL NUMBER OF FTE STAFF(1)	FTE STAFF ADDED BY THIS PROJECT		NEW TOTAL NUMBER OF FTE STAFF
		NUMBER	AVERAGE ANNUAL SALARY FOR FTE ADDED	
ADMINISTRATION				
Administrator	_____	_____	_____	_____
Director of Nursing	_____	_____	_____	_____
Admissions Director	_____	_____	_____	_____
Bookkeeper	_____	_____	_____	_____
Secretary	_____	_____	_____	_____
Medical Records Clerk	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
PHYSICIANS				
Unit/Program Director	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
NURSING				
R.N.s	_____	_____	_____	_____
L.P.N.s	_____	_____	_____	_____
Nurses' Aides	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
ANCILLARY				
Physical Therapist	_____	_____	_____	_____
Speech Therapist	_____	_____	_____	_____
Occupational Therapist	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
DIETARY				
Dietary Supervisor	_____	_____	_____	_____
Cooks	_____	_____	_____	_____
Dietary Aides	_____	_____	_____	_____
SOCIAL SERVICES				
Social Service Director	_____	_____	_____	_____
Activity Director	_____	_____	_____	_____
Activities Assistant	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
HOUSEKEEPING				
Housekeeping Supervision	_____	_____	_____	_____
Housekeepers	_____	_____	_____	_____
LAUNDRY				
Laundry Supervisor	_____	_____	_____	_____
Laundry Aides	_____	_____	_____	_____
PLANT MAINTENANCE				
Maintenance Supervisor	_____	_____	_____	_____
Maintenance Assistance	_____	_____	_____	_____
Security	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
GRAND TOTAL	_____	_____	////////////////////	_____

(1) FTE STAFF TOTAL FOR THE ENTIRE FACILITY.