

# Shift Times and Staffing Patterns

## Full-Time Personnel

| Shifts<br>(Enter the hours of each of your facility's shifts.) | Number of Staff Per Shift |         |            |                  |                  |                   |               |
|--|---------------------------|---------|------------|------------------|------------------|-------------------|---------------|
|  | R.N.s                     | L.V.N.s | Attendants | Medication Aides | Activity Workers | Universal Workers | Other Workers |
|  |                           |         |            |                  |                  |                   |               |
|  |                           |         |            |                  |                  |                   |               |
|  |                           |         |            |                  |                  |                   |               |

## Part-Time Personnel

| Shifts<br>(Enter the hours of each of your facility's shifts.) | Number of Staff Per Shift |         |            |                  |                  |                   |               |
|--|---------------------------|---------|------------|------------------|------------------|-------------------|---------------|
|  | R.N.s                     | L.V.N.s | Attendants | Medication Aides | Activity Workers | Universal Workers | Other Workers |
|  |                           |         |            |                  |                  |                   |               |
|  |                           |         |            |                  |                  |                   |               |
|  |                           |         |            |                  |                  |                   |               |

**Usual Manager Office Hours:**

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# **Ombudsman Information:**

Telephone number of the managing local ombudsman:

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**Toll-free number of the Ombudsman Program:**

**1-800-252-2412**

# **Cases of Suspected Abuse, Neglect, or Exploitation**

must be reported to HHSC by  
calling

**1-800-458-9858**

## **ELECTRONIC MONITORING**



The rooms of some residents  
may be monitored  
electronically by or on behalf  
of the resident.

Monitoring may not be open  
and obvious in all cases.

# ELECTRONIC MONITORING



An electronic monitoring device is monitoring the room.

# Provider's Bill of Rights

According to the Texas Health and Human Services Commission, a provider of assisted living services has the right to:

- be shown consideration and respect that recognizes the dignity and individuality of the provider and the facility;
- terminate a resident's contract for just cause after a written 30-day notice;
- terminate a contract immediately, after notice to HHSC, if the provider finds that a resident creates a serious or immediate threat to the health, safety, or welfare of other residents of the facility, except during evening hours and on weekends or holidays, notice to HHSC must be made to 1-800-458-9858;
- present grievances, file complaints, or provide information to state agencies or other persons without threat of reprisal or retaliation;
- refuse to perform services for the resident or the resident's family other than those contracted for by the resident and the provider;
- contract with the community to achieve the highest level of independence, autonomy, interaction, and services to residents;
- access patient information concerning a client referred to the facility, which must remain confidential as provided by law;
- refuse a person referred to the facility if the referral is inappropriate;
- maintain an environment free of weapons and drugs; and
- be made aware of a resident's problems, including self-abuse, violent behavior, alcoholism, or drug abuse.



# **EMERGENCY NUMBERS**



**FIRE/ POLICE/AMBULANCE:  
CALL: 911**



**POISON CONTROL CENTER:  
CALL: (800)222-1222**



**FUEGO/AMBULANCIA:  
LLAME AL: 911**