

GUIDE · NURSING FACILITIES

Pennsylvania's 3.2-Hour Rule: A Staffing Guide for Nursing Facility Leaders

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Pennsylvania nursing facilities must deliver at least 3.2 hours of direct care per resident every day and meet minimum ratios on every shift. A building can meet every shift ratio and still fall short of 3.2 hours, so schedules need a buffer above the ratios.

What the rule requires

Under [28 Pa. Code § 211.12](#), each facility must provide a minimum number of general nursing care hours to each resident over 24 hours. The minimum rose from 2.87 hours to 3.2 hours on July 1, 2024. Only direct care given by nursing services personnel counts toward the total.

The same section sets minimum ratios by shift. The nurse aide ratios tightened on July 1, 2024; the LPN and RN ratios stayed as set in 2023.

STAFF ON DUTY	DAY SHIFT	EVENING SHIFT	OVERNIGHT SHIFT
Nurse aides	1 per 10 residents	1 per 11 residents	1 per 15 residents
LPNs	1 per 25 residents	1 per 30 residents	1 per 40 residents
RNs	1 per 250 residents	1 per 250 residents	1 per 250 residents

What changed at the federal level in 2026

The federal minimum staffing rule that CMS adopted in 2024 would have required 3.48 total nursing hours per resident day and an RN on site around the

clock. CMS repealed those standards in an interim final rule effective February 2, 2026 ([Penn State Office of Rural Health](#)). Federal rules now return to an RN on duty at least eight consecutive hours a day, seven days a week, a full-time director of nursing, and the facility assessment requirement, which stays in place.

For Pennsylvania facilities, the practical answer is unchanged: the state's 3.2-hour minimum and shift ratios still apply, and they are what state surveyors check.

Why meeting the ratios can still leave you short

Take a 120-resident building on eight-hour shifts that staffs exactly to the ratios.

ROLE	DAY	EVENING	OVERNIGHT	HOURS PER DAY
Nurse aides	12	11	8	248
LPNs	5	4	3	96
RNs	1	1	1	24
Total				368

The 3.2-hour minimum for 120 residents is 384 hours (120×3.2). Staffing to the ratios produces 368 hours, 16 short, even if every one of those hours counts as direct care. That gap equals two eight-hour shifts every day. The example assumes every position is filled for the full shift; one call-off widens it.

The [staffing calculator on our home page](#) runs the same arithmetic for your census.

Where the gaps usually come from

- Call-offs on evening and overnight shifts, when fewer supervisors are on hand to rearrange assignments.
- Weekends and holidays, when per diem staff are hardest to book.
- Census increases from new admissions, which raise the hours required the same day.
- Open positions held by overtime, which works for a few weeks and then drives turnover.

A coverage plan that holds up

1. Schedule above the floor. Build the master schedule to about 3.4 hours per resident day so a single call-off does not drop you below 3.2.
2. Check hours daily, not monthly. Compare scheduled direct-care hours with census each morning and before the evening shift.
3. Pre-book the hard shifts. Reserve agency or contract coverage for overnight and weekend shifts a week ahead instead of searching the same day.
4. Prefer the same people. A nurse or aide on a 4 to 13 week contract learns your residents and routines; a different person every night does not.
5. Keep the paperwork ready. For every outside clinician, hold the license verification, background check and competency records a surveyor may ask for.

How Present Health Staffing helps

We place RNs, LPNs, CNAs and medication aides with Pennsylvania nursing facilities and personal care homes, on per diem shifts or 4 to 13 week contracts. Each clinician's file is complete before the first shift. [Tell us your open shifts](#) and we will confirm the same business day.

Sources

1. 28 Pa. Code § 211.12, Nursing services (Cornell LII)
2. CMS repeals minimum staffing standards for nursing homes (Penn State Office of Rural Health)