



A FIELD GUIDE FOR SNF ADMINISTRATORS & OPERATORS

The Hidden Cost of **CNA Turnover**

What churn really costs your building — and the one thing that changes the math.

SURVEY SAFE WITH SWITCH. • SWITCHCARE.COM



The cost you see is the **smallest one**

Certified nursing assistants leave nursing homes at about 42% a year. Replacing one costs \$3,000 to \$6,000 — but that line item is the smallest cost turnover creates. The larger costs, overtime, premium coverage, survey risk, and lost continuity of care, never hit the invoice, and they're the ones that compound.

You already budget for turnover. You've made peace with the rehire cost; it's a line on the sheet. This guide is about the three costs you *haven't* budgeted for — the ones that quietly set your census, your star rating, and tomorrow's round of call-outs.

And to be clear up front: you're not doing it wrong. In skilled nursing, turnover isn't a management failure you can train your way out of — it's the operating environment. Even a well-run building replaces roughly two of every five aides each year. The buildings that come out ahead aren't the ones that stop turnover. They're the ones that stop paying full price for it.

42%

Annual CNA turnover in nursing homes (2025)

\$3–6K

Direct cost to replace a single CNA

2 in 5

Aides a typical building replaces every year

When a CNA leaves, the building pays four times

And only the first one shows up as a number you can point to.

1

The replacement bill — the one you see.

\$3,000 to \$6,000 per CNA in recruiting, onboarding, and overtime while the seat sits empty. That can be more than two months of the aide's own wages — spent just to stand still.

"An organization could spend between \$3,000 and \$6,000 on indirect costs such as overtime and on direct costs such as recruiting and onboarding." — **Vince Baiera, Principal, Post-Acute Care, Relias**

2

The backfill premium — the one you feel at 4 p.m. on a Friday.

Every unfilled shift gets covered somehow: your own staff at time-and-a-half, or premium outside labor at a multiple of your blended rate. And it recurs on every open shift until the seat is filled.

3

The survey & star drag — the one corporate sees.

Staffing instability tracks with lower quality. In CMS's own payroll data, the lowest-rated homes run nearly double the staff turnover of the highest-rated ones. It surfaces on your Five-Star, and in the family complaints that follow a rotating cast.

4

The continuity tax — the one nobody invoices.

The big one. When the aide who knew a resident's morning routine leaves — which side she favors, what calms her — that knowledge leaves too. Care resets to zero. Nationally, homes post ~211,800 CNA openings a year, and almost none of it is growth. It's the same seats turning over, again and again.

Do the math for your building

Turnover stays abstract until you run your own number. Fill in the blanks:

- A** CNA positions in your building _____
- B** × 42% national turnover = _____ **CNAs to replace this year**
- C** × \$4,500 average replacement cost = \$ _____ **in direct cost alone**
- D** + overtime & premium backfill to cover the gaps = **your real number**

WORKED EXAMPLE — A BUILDING RUNNING 50 CNA LINES

~\$94,500 in direct replacement cost

50 positions × 42% turnover = ~21 CNAs to replace this year, at \$4,500 each — before a single hour of overtime or one premium shift. And that's only the cost you can *measure*. The continuity tax sits on top.

Rather skip the arithmetic? Run your building's real number — your headcount, your turnover, your backfill mix — in the Switch CNA Turnover Cost Calculator.

→ switchcare.com/cna-turnover-calculator

Illustrative, using national averages. Swap in your own headcount and rates for your building's number.

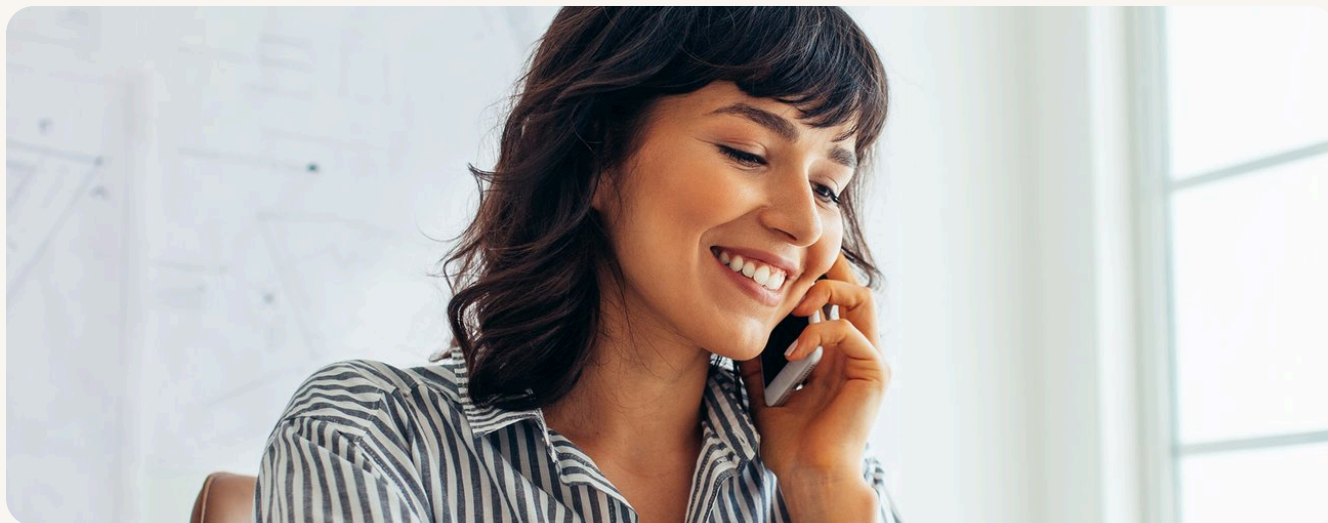
You can't out-hire turnover

The instinct is to recruit faster — fill the seat quicker, get a body on the floor. But speed of backfill isn't the same thing as continuity, and continuity is what actually moves care, families, and surveys.

More to the point: turnover here is *structural*. National CNA turnover sits at 42% in a good year, and measured by payroll data the churn runs far higher. You can be the best administrator in your market and still replace half your floor by December. Chasing a zero-turnover building is chasing a number that doesn't exist in this industry.

A faster rehire still resets the resident relationship to zero. A new face every few weeks is still a new face every few weeks.

So the lever that actually pays isn't recruiting speed. It's what happens in the *gap* — how you cover the shifts turnover leaves open, and whether that coverage compounds the churn or absorbs it.



The 5 a.m. call-out: the shift is open, and the clock is already running.

So what does Switch cost?

It's the question the math always raises: if turnover costs that much, what does Switch cost — more, or less? **Honest answer: not less per hour than a CNA on your payroll.**

Flexible coverage never is. What Switch replaces isn't the wage line. It's the *other* number — the fully-loaded cost of churn you're already absorbing, and can't predict.

WHAT YOU PAY FOR CHURN NOW

- Rehire bills, again and again
- Overtime at time-and-a-half
- Premium agency shifts to fill gaps
- Survey exposure & star-rating risk
- Management hours lost to the phones

Unpredictable. Buys nothing that lasts.

WHAT SWITCH MAKES IT

- Coverage you flex to the peaks
- The same credentialed faces, back again
- One platform, not a rolodex of vendors
- Credentialing that holds up at survey
- Spend you can actually forecast

Variable. Buys continuity.

Size your permanent team to your **baseline** census — the trough — and flex the **peaks** and the call-outs with Switch. Fixed labor cost becomes variable coverage you pay for only when you need it.

We'll model it against your building. Our P&L works when yours does.

The fix is **continuity, by design**

Turnover will leave gaps in every building — that part you don't control. The one thing you *do* control is who walks in to fill them.

Most coverage makes the problem worse: a different face every shift, no memory of the building, gone before they learn a resident's name. That's not coverage. That's the continuity tax with a staffing invoice attached.

Switch is built so the coverage itself is continuous — the same credentialed providers coming back to your building, not a rotating cast. They show up (a **96% work rate**). They arrive **Survey Safe**, credentialed and current, so a surveyor pulling any file finds no gaps. And the accountability runs both ways, backed by the strictest cancellation standard in the category.

That's the difference between **filling a shift and **covering it**.**

What that looks like in a building

Switch partners don't describe a cheaper shift. They describe a calmer building — fewer vendors to juggle, coverage that actually lands, and a team that picks up the phone.

Switch has significantly improved our staffing, helping us streamline our resources and reduce our reliance on multiple agencies. The Switch team is accessible, responsive, and truly understand our unique needs. No matter the time or the day, they find coverage for us.

Lisa Simpson • SNF Administrator, Texas

One platform, fewer agencies

Your whole market on one system, not a rolodex of vendors to chase.

Coverage that lands

A 96% work rate — confirmed shifts that actually get worked.

Real people, any hour

When something moves, a Switch human is on it — usually first.

A 60-second continuity check

Run these on your own building:

- ☐ Do the same aides come back to the same residents, week to week?
- ☐ Do families know your floor staff by name — or are they meeting someone new?
- ☐ When you use outside coverage, is it familiar faces or first-timers each time?
- ☐ Would your PBJ data read as stable to a surveyor — or as churn?
- ☐ How many vendors are you juggling to cover a single week?

More than a couple of those going the wrong way, and you're already paying the continuity tax — whether or not it's on the budget.

The bottom line



Turnover will always cost you the rehire. What you don't have to accept is the compounding — the overtime, the survey drag, and the continuity tax that resets care every time a familiar face walks out the door.

The buildings that win this don't recruit their way to zero turnover; that building doesn't exist. They stop paying full price for the churn — sizing their core team to the baseline and flexing the rest with coverage that's continuous, credentialed, and accountable. That's what Switch was built to do.

THE NEXT STEP

**See what continuity-first coverage would cost —
and save — in your building.**

hello.switchcare.com/facilities →

Every number, sourced

- 1 **CNA turnover 42.34% (2025), down from 44.16% (2024).** 2025–2026 Nursing Home Salary & Benefits Report, Hospital & Healthcare Compensation Service (HCS), supported by AHCA/NCAL.
- 2 **Cost to replace one CNA, \$3,000–\$6,000** (recruiting, onboarding, overtime), and the Baiera quote. Relias, "CNA Turnover Costs: Pain Points for Skilled Nursing Facilities."
- 3 **Lowest-rated homes run ~1.8x the turnover of the highest-rated (135.3% vs. 76.7% median).** Gandhi, Weng & Grabowski, "High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information," *Health Affairs*, 2021 (payroll-based/PBJ, 2017–2018). PBJ methodology yields higher absolute turnover than the survey-based HCS figure; each is cited for what it measures.
- 4 **~211,800 annual CNA openings, ~98% replacement rather than growth** (2% projected growth, 2024–34). U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, Nursing Assistants (May 2024).
- 5 **CNA median wage \$18.96/hr (\$39,170/yr in nursing care facilities).** BLS Occupational Outlook Handbook, Nursing Assistants (May 2024).
- 6 **RN replacement cost \$61,110 average.** NSI Nursing Solutions, 2025 National Health Care Retention & RN Staffing Report (hospital-based benchmark, used for scale).

Switch is a healthcare staffing platform that connects facilities and providers around the shift — pairing a high-performance platform with concierge-level human support, credentialing integrity, and accountability that runs both ways. Customer quote used with permission. **Survey Safe with Switch.** • switchcare.com