



She runs a facility that can never close. Here's how she **staffs it.**

Lincoln Glen Skilled Nursing Facility · San Jose, CA

96.6%

Fill rate

1926

Shifts completed

22%

Average savings vs. traditional
agencies

**Based on data for all time*

EXECUTIVE SUMMARY

Nataly Hostia-Garcia has been a nurse long enough to remember when **staffing wasn't a crisis.**

She started as a floor LVN, spent four years doing bedside care, then moved into infection prevention. Now she's the ADON at Lincoln Glen, a 56-bed skilled nursing facility in the South Bay. She oversees fifty-plus staff, runs the schedule herself, sits in on care conferences with families, and helps manage admissions. Her phone doesn't stop ringing.

Over four years and 1,926 shifts with Medely, Lincoln Glen has maintained a 96.6% fill rate, and the way Nataly uses the platform is why.

FACILITY

Lincoln Glen Skilled Nursing Facility (56 beds) — San Jose, CA

ROLE

Nataly Hostia-Garcia, ADON

WHAT CHANGED

Reactive coverage → a repeatable system (favorites-first + planning ahead)

PROOF

96.6% fill rate across 1926 shifts over four years

NATALY'S ADVICE

"Once you have a few people on your favorites list, it can make your life easier."

IN THIS CASE STUDY

03 How the staffing market broke

04 First shifts, first lessons

05 Building a favorites-driven team

06 Staying ahead of the census



Before COVID, there was no problem to solve

Lincoln Glen didn't start as an agency-dependent facility. Before the pandemic, they were fully staffed, rarely using registries or per-diem staff. Nataly was still a floor nurse then, and the staffing crisis she'd eventually be managing hadn't arrived yet.

Then COVID hit, and suddenly, SNFs across the country were facing sudden shortages. Lincoln Glen was no different. They turned to per-diem talent out of survival, not strategy, and Nataly, newly in a leadership role, learned fast: post the urgent CNA shifts, see what gets picked up, and start building a bench of favorites she can count on.

What nobody told her was that the need wouldn't go away once the pandemic did.

Post-COVID, the labor market for SNF staff shifted in ways that haven't reversed. Staff who once built careers at a single facility now leave after months. Some go back to school, are dealing with health issues, or have left to care for loved ones at home. Furthermore, Nataly describes how new grads view SNF rotations as a credential stop, not a career. The result is an underlying staffing gap that exists even on a good week, before anyone calls out sick, takes a vacation, or has a family emergency.



And unlike a clinic or outpatient center, **Lincoln Glen can't absorb a shortfall by slowing down.** Most days, about fifty-four people call it home.

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They live here. This is their home. So we can't close, unfortunately.

NATALY HOSTIA-GARCIA • ADON, LINCOLN GLEN NURSING FACILITY

Learning the platform, and then learning how to use it

Nataly started using Medely the way most schedulers do: reactively. When she spotted a gap, she would post a shift and wait for it to be filled. The real shift came when she started treating Medely less as an on-demand marketplace and more as a tool she could shape to her facility's specific needs.

She loves the ease of using Medely entirely from her phone. When a callout comes in, or she spots a gap in next week's schedule, she fills out the required info, posts the shift, and moves on. No calls, no account reps, no waiting.

Nataly is an ADON who also happens to run the schedule, between care conferences, infection prevention oversight, admissions, and whatever else comes through the door before lunch. For someone running a schedule on top of everything else, **self-service isn't a nice-to-have.**

Lincoln Glen works with a traditional agency, in addition to Medely, which makes the comparison concrete. With the agency, a simple data entry error means a phone call to fix it: explain the problem, wait for someone to make the change, and sometimes call again to confirm. Every one of those calls pulls her out of whatever she was doing and puts her on hold.

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I love the app. It's easy to fill out the required info form. I have a good experience with people picking up shifts really fast.

NATALY HOSTIA-GARCIA · ADON

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support call in four years.

"I was surprised. [Medely's customer support] was super fast, helpful, and really friendly."

AGENCY VS. MEDELY — IN NATALY'S WORDS

AGENCY

"I have to call them. I have to waste time."

MEDELY

"I can do it on my own."

What Nataly does differently (and why it works)

- 1 Posts to favorites first.** Her regulars see shifts before the broader pool does.
- 2 Keeps the favorites list earned, not automatic.** She asks her floor nurses for feedback before adding anyone.
- 3 Plans ahead when she can (two weeks out).** She covers known gaps early, then reacts only to true surprises.
- 4 Uses self-serve tools to protect her time.** Fewer calls, fewer follow-ups, fewer interruptions.

The system she built that changed everything

Early on, Nataly noticed something: when the same clinician came back a second and third time, the shift ran smoother. They already knew the residents and routines, so they were able to walk in and work, instead of spending the first hour getting oriented. So she started being deliberate about who made her favorites list.

She doesn't add someone after one shift. She waits. She asks her floor nurses afterward: ***How was that person? Did they know their stuff? Were they good with the residents?*** Only the ones who clear that bar make the favorites list.



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Once you have a few people [on your favorites list], it can make your life easier.

NATALY HOSTIA-GARCIA · ADON

FAVORITES · BY THE NUMBERS

- **17 favorited pros** covered **1,066** of **~1,926 shifts (55%)** across the facility's lifetime on Medely.
- The **top 30 favorites** filled **64%** of all shifts.
- Top clinician worked **154 shifts** over **592 consecutive days**.

Staying ahead of a census that never stops moving

Since 2024, seventeen favorite nurses have completed **1066 of Lincoln Glen's 1,926 shifts**, more than half of all coverage, from seventeen people. Their top clinician alone has completed 154 shifts over 592 consecutive days. Rather than temps filling a slot, favorites act as a de facto extended team who know the residents by name.

Nataly posts to her favorites list first every time. The broader pool only sees a shift if her regulars can't take it. **That discipline is why her fill rate looks the way it does.**

Lincoln Glen's census shifts in ways that are hard to predict. A resident admitted Friday might decide by Tuesday he wants to be closer to home. A therapy discharge can alter CNA-to-patient hour requirements by Wednesday. California sets mandatory staffing ratios, and they don't flex for any of it.

Nataly schedules two weeks out when she can, builds in Medely coverage for the gaps she can already see, and posts same-day shifts for the ones she can't. The result is a facility that stays compliant without overstaffing, and a scheduler who can look two weeks out with confidence instead of scrambling.

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I would tell [other SNF leaders] that Medely is the easiest and fastest way to get staff. And I will give some tips: how to create your own favorites list. Once you have a few people there, it can make your life easier.

NATALY HOSTIA-GARCIA · ADON, LINCOLN GLEN NURSING FACILITY

Four years in, Medely isn't a backup plan for Lincoln Glen. It's infrastructure.

YOUR FACILITY HAS THE SAME GAPS LINCOLN GLEN HAD

Turnover, census swings, state mandates, holiday callouts.

Nataly didn't solve any of those. She built a system that absorbs them.

If your SNF runs on per-diem coverage, the question isn't whether Medely can fill your shifts. Lincoln Glen's four-year fill rate answers that. The question is whether you're using it the way Nataly does: with a vetted roster, posted in advance, built around the residents who live in your facility.

Want to build a favorites-first roster like Nataly's, and stop scrambling when callouts hit? Talk to our SNF team.

[See how Medely works for your facility →](#)