

# Assisted

# Living



## 2015 RESIDENT PROFILE SURVEY RESULTS

State of New Jersey  
Department of Health

Division of Certificate of  
Need and Licensing

July 2016






State of New Jersey  
DEPARTMENT OF HEALTH  
PO BOX 358  
TRENTON, N.J. 08625-0358  
[www.nj.gov/health](http://www.nj.gov/health)


CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

CATHLEEN D. BENNETT  
Commissioner

TO: Administrators of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs

FROM: Barbara Goldman, R.N., J.D.   
Assistant Director, Office of Certificate of Need and Healthcare Facility Licensure, Division of Certificate of Need and Licensing

Andrew D. Benesch, Health Data Specialist I  


DATE: June, 2016

SUBJECT: The Assisted Living Resident Profile Survey Results for 2015

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2015. This report contains information concerning assisted living residents and assisted living program participants in New Jersey. The issues addressed are source of admission, discharge destination, reason for discharge, activities of daily living (ADL) needs, medication administration needs, cognitive task needs, age, gender, need to care for spouse, Medicaid coverage, length of stay, resident census, special services (respite, hospice, behavioral management, and other), resident contractual information, and staffing (overall and CMA). We believe that you will find this information useful in determining how your facility compares with the statewide average for each of these measures.

The 99% compliance rate with the requirement to submit the Resident Profile Survey for 2015 was higher than in 2014, when it was 95%. The Department of Health (Department) would like to thank all compliant facilities for completing and submitting the survey for 2015 and urges those facilities that did not comply this year to do so in the future. In addition, the Department appreciates the collaborative effort of staff of the New Jersey Hospital Association as well as representatives of the Health Care Association of New Jersey and LeadingAge New Jersey in working with the facilities to complete the survey. If you have any questions, concerns, or comments on the report, you may contact Mr. Andrew Benesch, Health Data Specialist 1 at (609) 633-9042. Thank you.

## **Introduction**

The Department of Health (DOH) defines assisted living as a special combination of housing, personalized support services and health care designed to accommodate those who need help with the activities of daily living (ADLs) but may not require the type of care provided in a nursing home.

This report summarizes the results of the 2015 *Assisted Living Resident Profile Survey (ALRPS)*, which includes a facility characteristics profile, an in-house resident profile, a respite resident profile and a discharged resident profile.

- **Facility Characteristics Profile** – Requests basic facility data (e.g. name, address and phone number) as well as programmatic information.
- **In-house Resident Profile** – Collects data for residents who were still residing at the assisted living facility as of Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs.
- **Respite Resident Profile** - Collects data for respite residents in the provider's care during the calendar year, and who still remain in the residence on Dec. 31. Providers are asked to submit information for each resident pertaining to demographics, source of admission and resident needs.
- **Discharged Resident Profile** – Provides information about residents discharged during the calendar year. The items requested include admission date, source of admission, discharge date, discharge disposition, the reason for discharge and the resident's need for assistance related to their activities of daily living data.

The 2015 ALRPS was administered electronically from March 1 through April 29, 2016. All New Jersey licensed assisted living residences (ALRs), comprehensive personal care homes (CPOCHs) and assisted living programs (ALPs) were required to submit their data for the 2015 calendar year.

The total number of residents included in the ALRPS since 2008 is as follows:

***Facilities included in the NJ Assisted Living Resident Profile Survey***

<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
184	210	215	210	207	203	213	228

***Residents included in the NJ Assisted Living Resident Profile Survey***

<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
16,997	20,336	19,538	19,721	20,246	20,272	20,603	22,407

In 2015, 228 out of 230 total assisted living residences, comprehensive personal care homes and assisted living programs responded to the survey. The response rates since the 2008 data collection are as follows:

***ALRPS response rates from 2008 through 2014***

<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
89%	100%	98%	98%	96%	98%	95%	99%

The number of providers represents those providers that were in operation as of Dec. 31 of each year, except for providers for which the survey was not deemed appropriate (e.g. hospice, recently licensed facilities or programs that had no 2015 data, or facilities or programs considered too small to provide valid data).

**Methodology**

In 2001, a paper-based ALRPS was originally developed by staff in the DOH, with input from representatives of the assisted living field. It was agreed that the ALRPS would be submitted by providers on an annual basis.

In 2008, the New Jersey Hospital Association (NJHA), under the direction of DOH (formerly the Department of Health and Senior Services), developed a Web-based ALRPS system. The system was developed in partnership with the Health Care Association of New Jersey (HCANJ) and LeadingAge New Jersey, formerly the New Jersey Association of Homes and Services for the Aging. Beginning with the survey for 2008, the only means of ALRPS data submission was through the Web-based system. From 2001 to 2010, data

collected by DOH surveyors via the On-Site Data Collection Survey was included in the ALRPS final report. However, system enhancements implemented in 2011 allowed for the data traditionally collected via the On-Site Data Collection Survey to be included in the online ALRPS.

To register for the online system, New Jersey licensed ALRs, CPCHs and ALPs completed an enrollment form at <https://www.njalsurvey.com/default.aspx>. Once enrolled, providers received a username and password which allowed them to enter their ALRPS data when the online survey window was opened by DOH (March 1, 2016 to April 29, 2016). The form is also used by providers to communicate changes in registered information.

Beginning in January 2016, emails were sent asking registered providers to confirm their information as listed in the system; any changes were to be communicated by email to the ALRPS mailbox at [alsurvey@njha.com](mailto:alsurvey@njha.com). A training webinar was also made available via recording to give providers a basic tutorial on how to use the system.

### **Purpose**

The purpose of the ALRPS is to identify characteristics of assisted living residents and providers. Data collected via the ALRPS may be used to determine whether assisted living is meeting its goal of promoting “aging in place.” The information is used by DOH and the provider community to better understand the state of the industry. This final report may be used by administrators to compare their own facilities and programs to the statewide average for the indicators noted below.

The ALRPS collects the following provider characteristics:

- 1) Administrator credentials
- 2) Alzheimer’s services
- 3) Special services
- 4) Medicaid participation
- 5) Staffing information
- 6) Certified medication aide (CMA) program information
- 7) Census

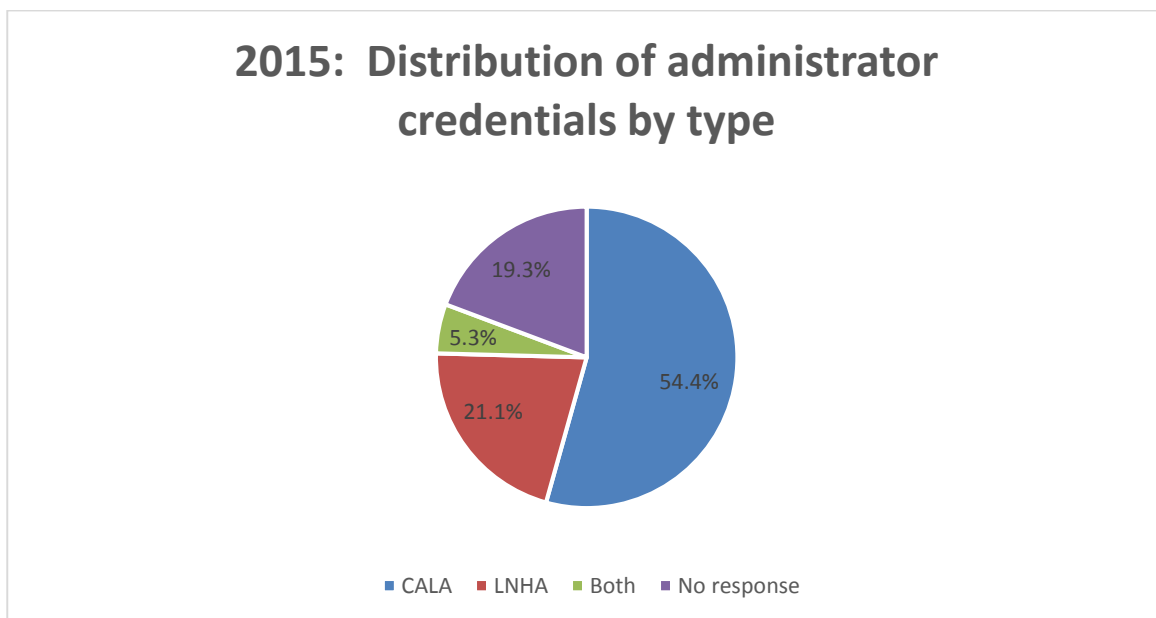
The following data is collected to develop the resident profile: age and gender, Medicaid status, respite status, admission source, discharge destination, length of stay (LOS), need for assistance with activities of daily living (ADLs), medication administration, cognitive status and resident contractual information.

## Data Analysis

### Facility Characteristics Profile

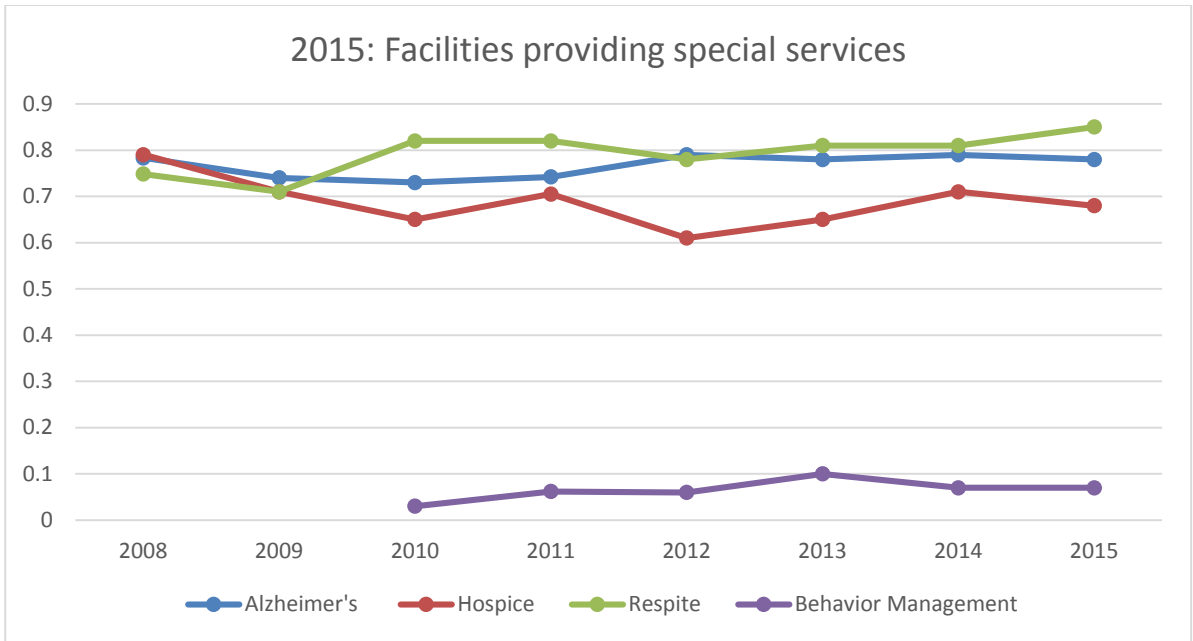
#### 1. Administrator Credentials

In 2015, a total of 228 administrators responded to the question related to their credentials; 43 did not respond to the question (19 %). Of those who responded, 124 administrators reported their credential to be certified assisted living administrator (CALA) only; 48 reported their credential to be licensed nursing home administrator (LNHA) only; 12 administrators reported their credentials to be both CALA and LNHA. The number of CALA-only administrators decreased from 59.6 percent in 2014 to 54.4 percent in 2015, while the number of LNHA-only administrators remained flat.



#### 2. Special Services

In 2015, 209 of 228 (92%) respondents reported providing special services. Out of the 228 total respondents to the survey, 85 percent provide respite, 68 percent provide hospice, 78 percent provide Alzheimer's services and nearly 7 percent offer behavior management services. Of note is that the number of respondents offering hospice decreased to 68 percent from 71 percent in 2014 after having increased from 65 percent to 71 percent from 2013 to 2014.



Also included in the survey were the proportion of Alzheimer’s units by type. Predominately, these units are separate from the rest of the community. Only 10.7% of assisted living communities are entirely dedicated to Alzheimer’s care.

### 3. Staffing

In 2015, the average number of full-time equivalents (FTEs) in assisted living, excluding ALPs, was 50, slightly less than the 52 reported in 2014. The average number of FTEs in assisted living programs was 10 in 2015 – down from 24 in 2014 and 19 in 2013.

### 4. Certified Medication Aide (CMA) Program Information

In 2015, 69 percent reported having an active CMA program and 25 percent had an in-house training CMA program, very similar to 2010 through 2013.

## **Resident Characteristics Profile**

### **Permanent Residents Currently Living in Assisted Living**

The total number of permanent residents included in the 2015 survey was 16,201 compared to 15,300 in 2014; 14,900 in 2013; 14,703 in 2012; 14,619 in 2011 and 14,449 in 2010. In 2015 there were 89 residents who were classified as respite and still in-house as of December 31, 2015; compared to 62 respite residents in-house as of Dec. 31, 2014; 57 respite residents in-house as of Dec. 31, 2013; 88 respite residents in-house as of Dec. 31, 2012; 75 in 2011 and 2010. Data describing the respite residents appears later in in this report.

### **Resident Age and Gender**

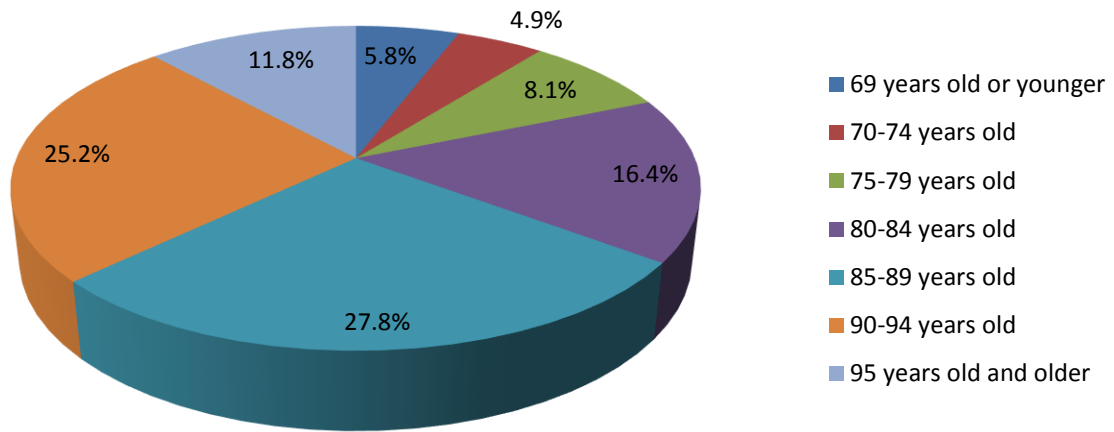
Resident ages are categorized as follows:

- 69 years or younger (includes residents with reported ages between 18 and 69 years of age)
- 70 to 74 years
- 75 to 79 years
- 80 to 84 years
- 85 to 89 years
- 90 to 94 years
- 95 years and older

The mean resident age for permanent (non-respite) residents in 2015 was 85, the same as in 2010-2014. As in previous years, most residents were between 80 and 94 years of age. In 2015, 69.4 percent of permanent residents were in this age range compared to 70.5 percent in 2014. In 2011-2013, 72 percent of all permanent residents fell within this age range. In 2015, another 12 percent were older than 95. The youngest resident was 22 years old.



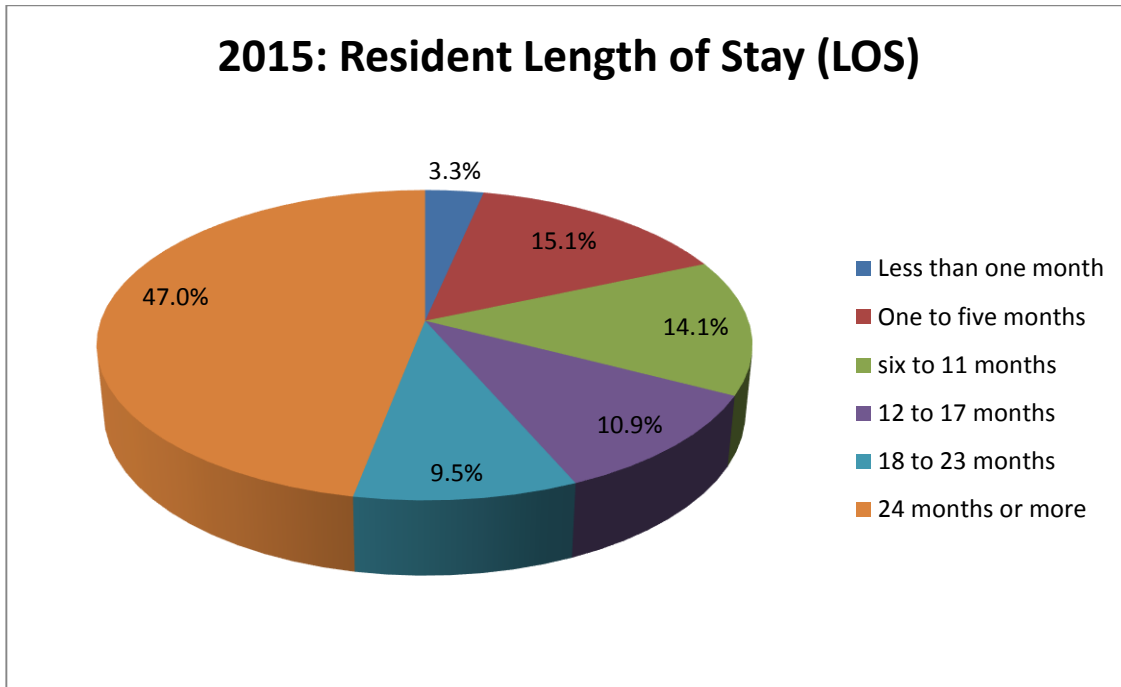
## 2015: Distribution of permanent residents by age group



In 2015, 74 percent of permanent residents were female and 26 percent were male. These percentages are consistent with data collected for calendar years 2010 through 2014.

Resident LOS is measured as follows:

- a) Less than one month
- b) One to five months
- c) Six to 11 months
- d) 12 to 17 months
- e) 18 to 23 months
- f) 24 months or more



In 2015, the mean LOS for permanent residents was 31 months, which was the same as from 2012 to 2014. In 2011 it was 30 months. As the table that follows shows, the mean LOS almost doubled between 2008 and 2012, but has stabilized since 2012.

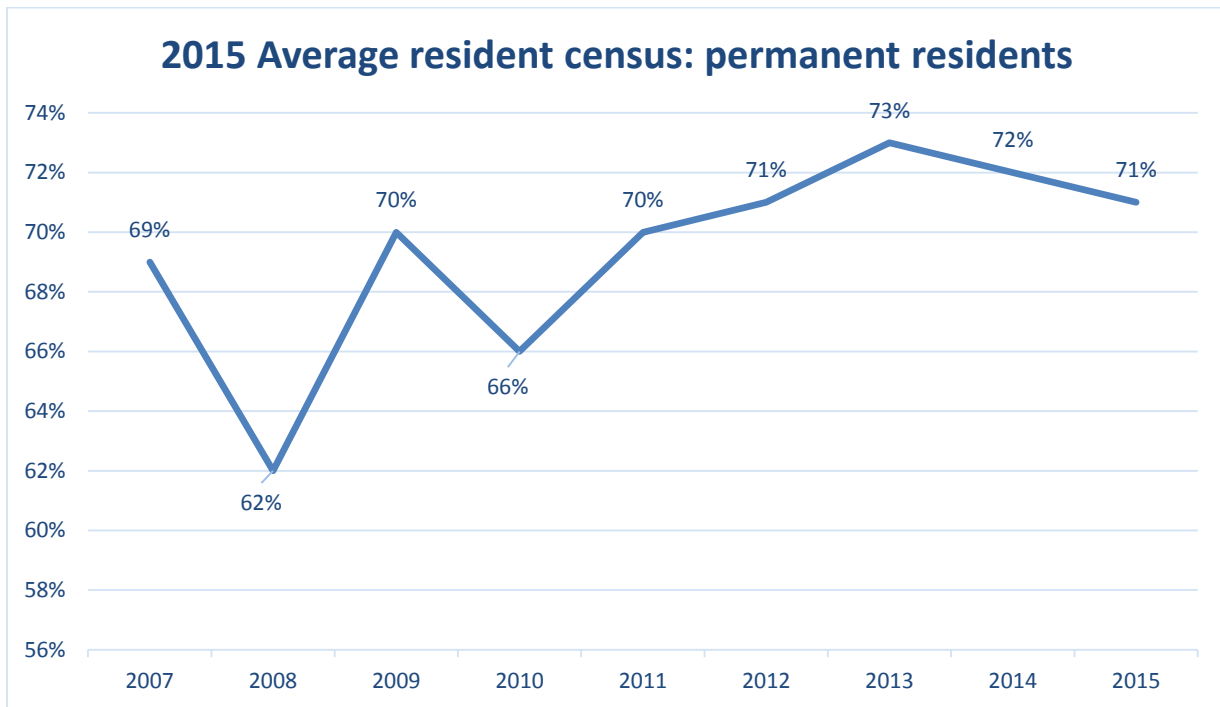
***Permanent Residents' Mean LOS in months from 2008 through 2015***

	Mean LOS in Months							
	2008	2009	2010	2011	2012	2013	2014	2015
<b>Permanent Residents</b>	16	25	29	30	31	31	31	31

In 2015, 7.2 percent of residents (1,165) were living in an ALR or CPCH with their spouse, compared to 7.1 percent of residents (1,084) in 2014; 7.6 percent of residents (1,130) in 2013; 7.3 percent in 2012 (1,070); 7.4 percent in 2011(1,083) and 7.3 percent in 2010 (1,062).

**Average Resident Census per Facility**

The average number of permanent residents per facility as of Dec. 31 was 71 for 2015 compared to 72 for 2014; 73 for 2013; 71 for 2012; 70 for 2011 and 69 in 2010.



**Medicaid Status**

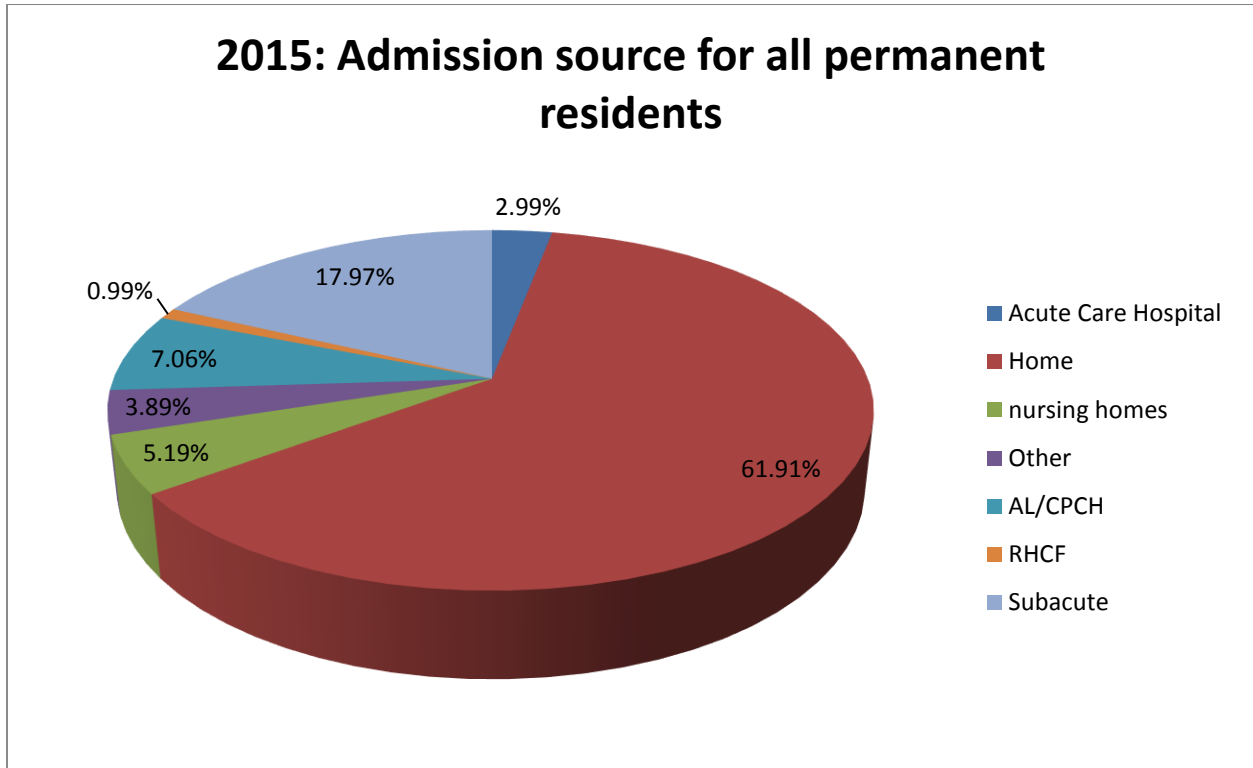
In 2015, 84 percent of facilities reported participating in the Medicaid program the same as in 2014. In addition, 19 percent of permanent residents were covered by Medicaid in 2015, compared to 18.8 percent in 2014; 19.8 percent in 2013; 20 percent in 2012; 21 percent in 2011; 21.3 percent in 2010 and 17 percent in 2009.

**Resident Health Service Plan**

The percentage of permanent residents with a health service plan in 2015 was 46.2 percent, up from 43.4 percent in 2014 and 39 percent in 2013.

## Admission & Discharge Destinations

As demonstrated by the pie chart on the following page, as in 2013 and 2014, the majority (almost 62 percent) of permanent residents were admitted to assisted living from home, followed by almost 18 percent from a sub-acute unit. All the percentages were consistent with data from 2010-2014.



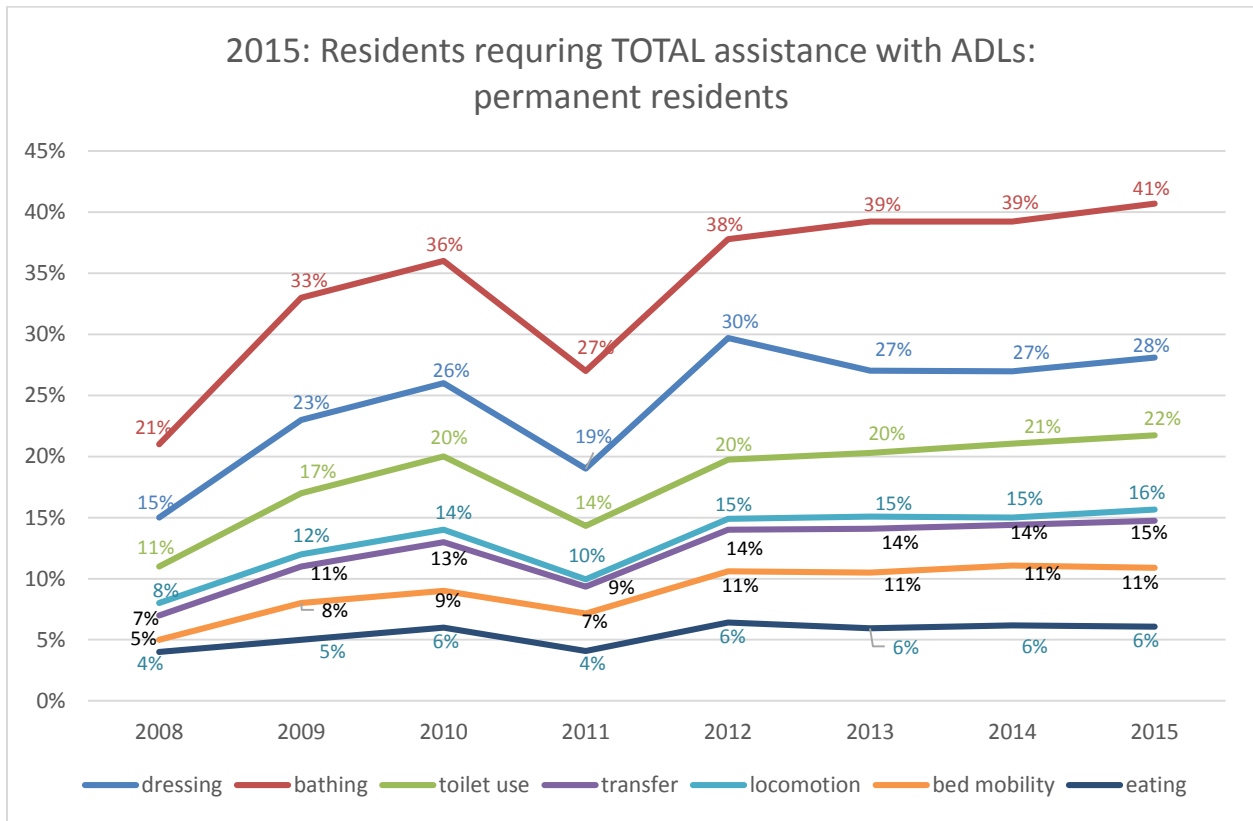
## Activities of Daily Living

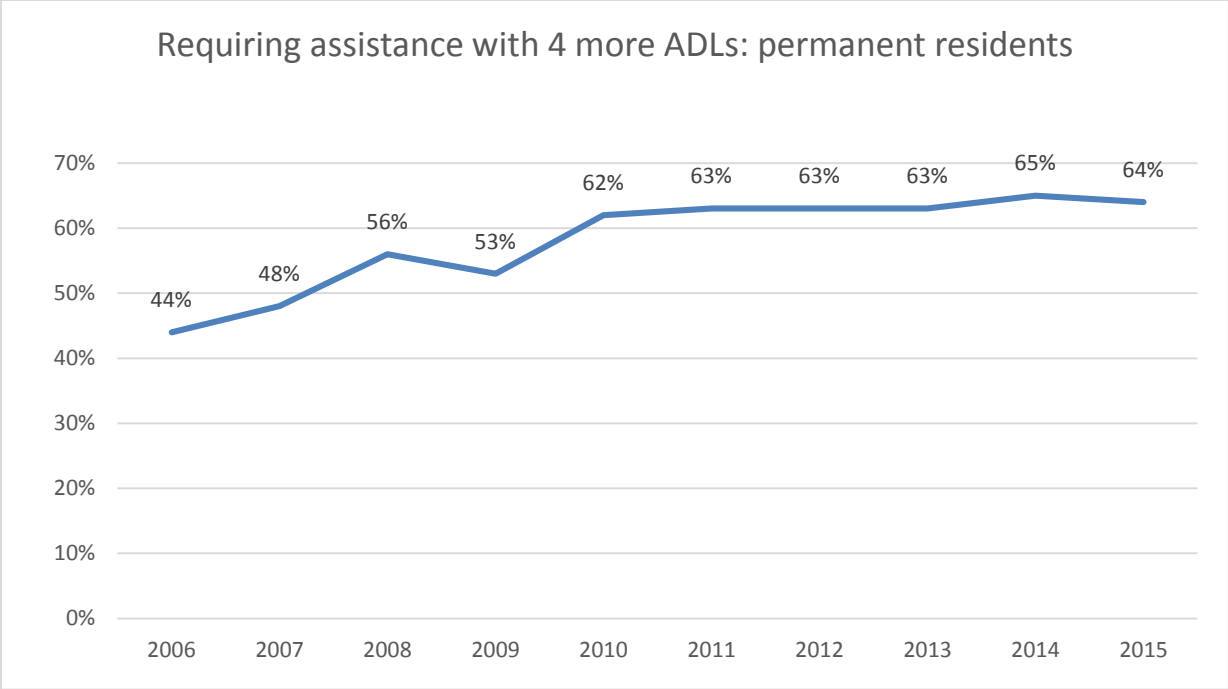
As shown below, in 2015, 7.9% of permanent residents required no assistance with their activities of daily living, compared to 8.4 percent in 2014 and 8 percent in 2012 and 2013. Approximately 7.5 percent required assistance with one ADL and 9.5 percent required help with 2 ADLs. This compares to 2014 when 7.3 percent required assistance with one ADL and 8.6 percent required assistance with two ADLs. In 2015, 11 percent required assistance with three ADLs and 64.1% needed help with 4 or more ADLs. In 2014, 10.5 percent required assistance with three ADLs and 65 percent needed help with four or more ADLs.

**Percent of permanent residents' independent and requiring assistance with one or more ADLs  
-- 2009 through 2015**

	<b>Independent</b>	<b>1 ADL</b>	<b>2 ADLs</b>	<b>3 ADLs</b>	<b>4 or More ADLs</b>
2009	18%	9%	9%	11%	53%
2010	9%	9%	10%	10%	62%
2011	9%	8%	10%	10%	63%
2012	8%	8%	10%	11%	63%
2013	8%	8%	9%	12%	63%
2014	8.4%	7.3%	8.6%	10.5%	65%
2015	7.9%	7.5%	9.5%	11%	64.1%

The breakdown of total assistance by ADL appears below.



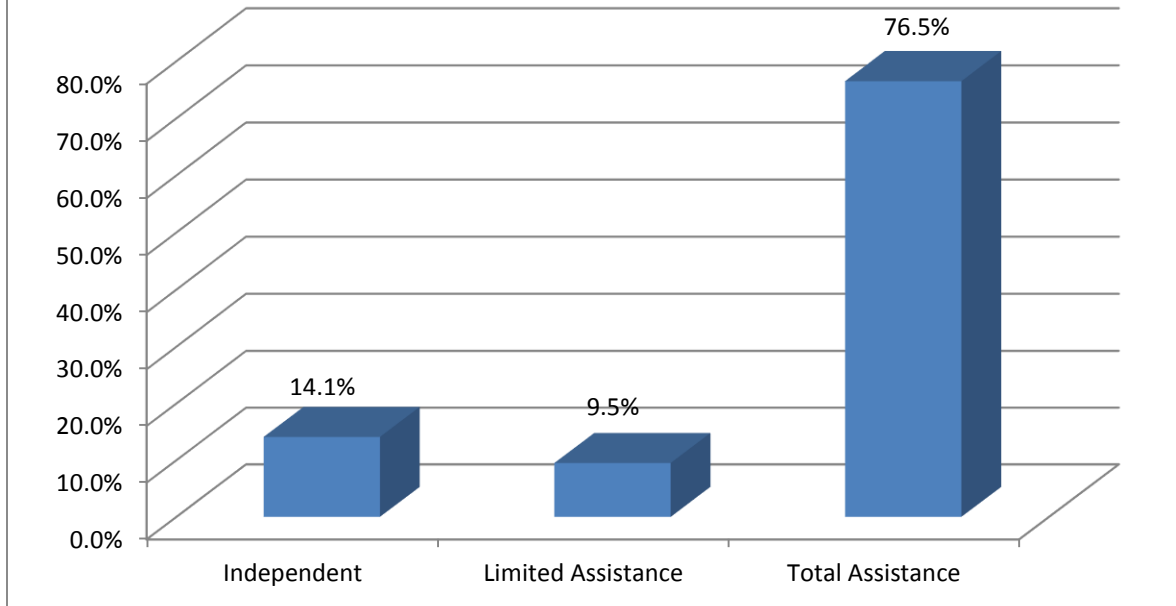


**Other Needs**

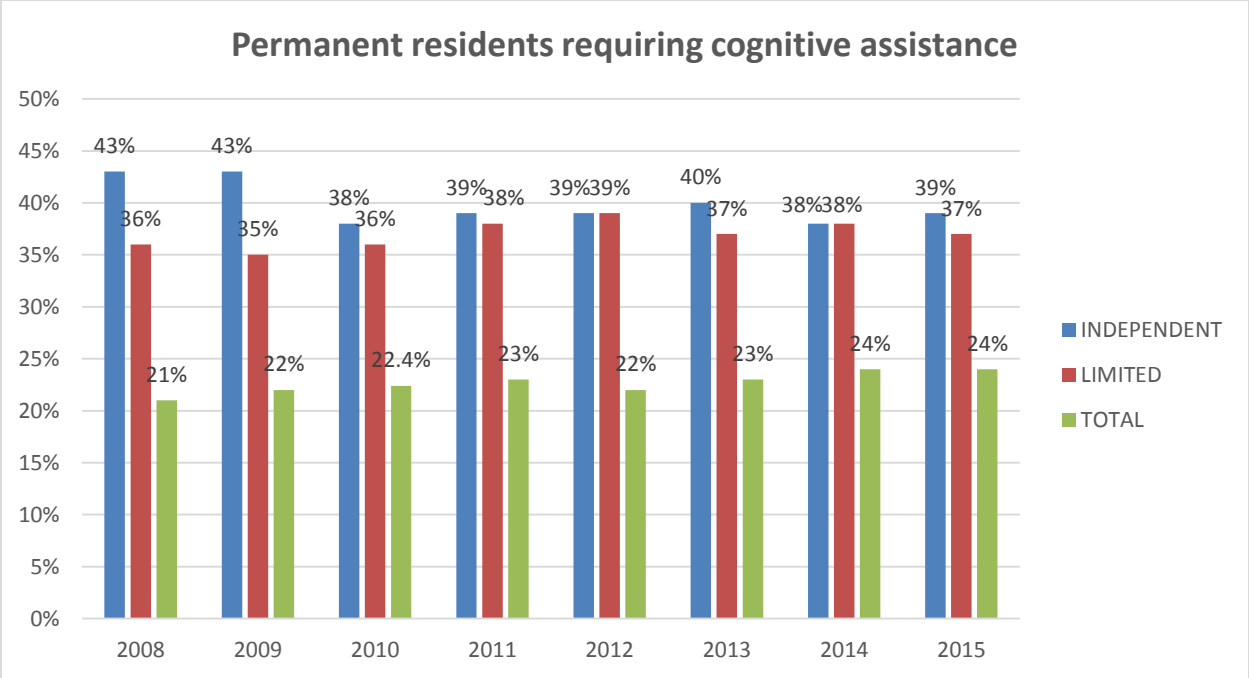
Fourteen percent of permanent residents were independent in medication administration in 2015, compared to 14.7 percent in 2014, while 9.5 percent required limited assistance and 76.5 percent required total assistance (changed slightly from 10.7 percent and 74.6 percent in 2014).

These data are consistent with prior years of the ALRPS.

## 2015: Permanent residents requiring medication assistance

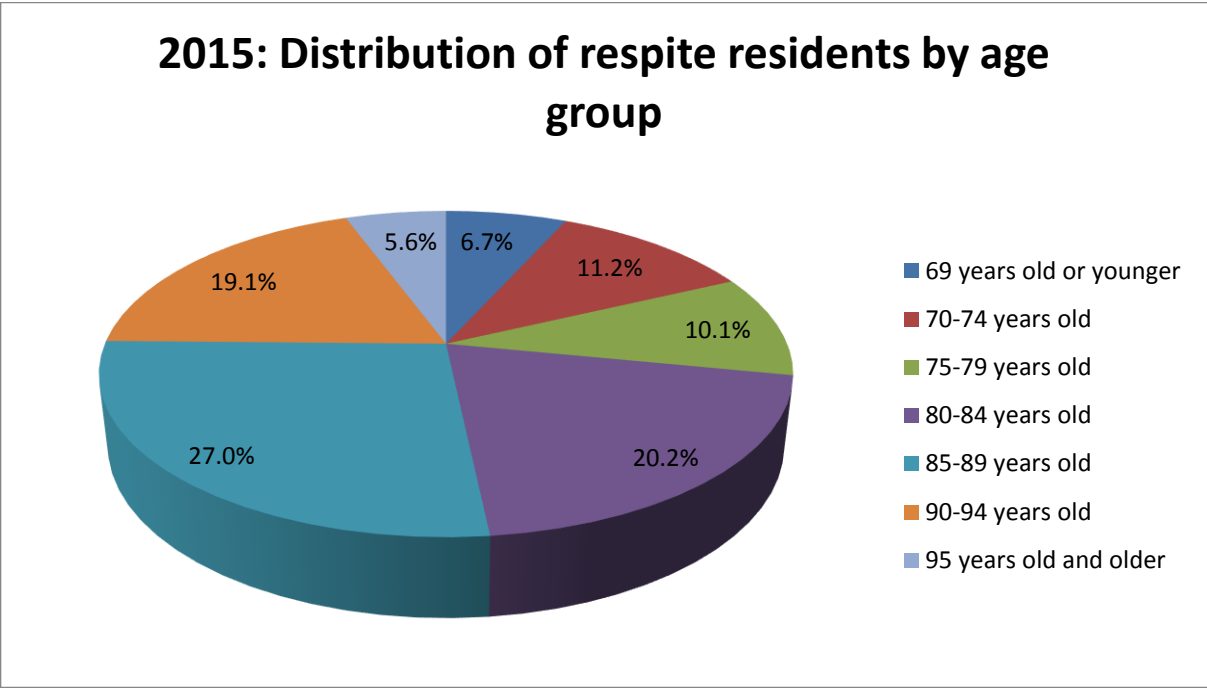


As shown in the chart that follows on the next page, 39 percent of permanent residents were cognitively independent in 2015. This is slightly more than the 38 percent reported in 2014. Thirty-seven percent required limited cognitive assistance and 24 percent required total cognitive assistance in 2015. In 2014, these levels were 38 percent and 24 percent. Over time these data have been consistent.



**Respite Residents in Assisted Living in 2015**

The mean respite resident age in 2015 was 83, compared to 86 in 2014 and 83 in 2013.





In 2015, 65 percent of respite residents were female and 35 percent were male. These percentages are slightly different from 2014 when 66 percent of respite residents were female and 34 percent were male.

The mean length of stay for respite residents in 2015 was 82 days, up from 34 days in 2014. In 2013, the respite mean LOS was 68 days (2.3 months). In 2012, the respite mean LOS was 69 days (2.3 months). In 2011 it was 82 days (2.7 months) and in 2010, 64 days (2.1 months).

For discharged respite residents, the mean length of stay in 2015 was 36 days, compared to 28 days in 2014; 32 days in 2013; 35 days in 2012 and 28 days in 2011.

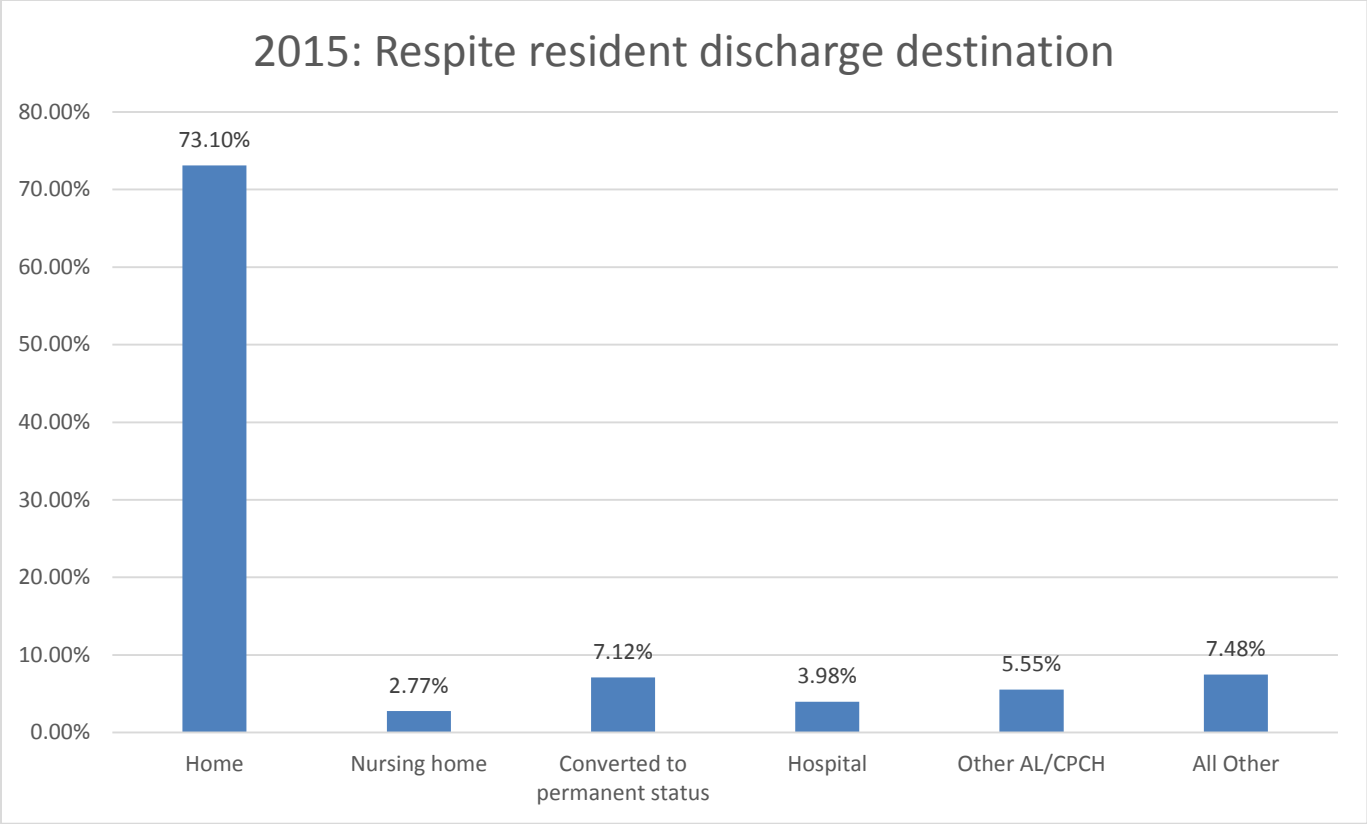
Most respite residents were admitted from home (47 percent) in 2015. In 2014, 65 percent of respite residents were admitted from home. In 2013, 58 percent of respite residents were admitted from home, consistent with 2010-2012. Sub-acute units were the next most frequent source of admission for respite residents with 35 percent in 2015.

The length of stay increase coupled with the shift in the source of admission to include more residents coming from subacute care suggests that some assisted living respite residents are staying in assisted living as part of their recovery process.

Finally, there were no respite residents covered by Medicaid in 2015. In 2014, there was one respite resident covered by Medicaid and zero in 2013.

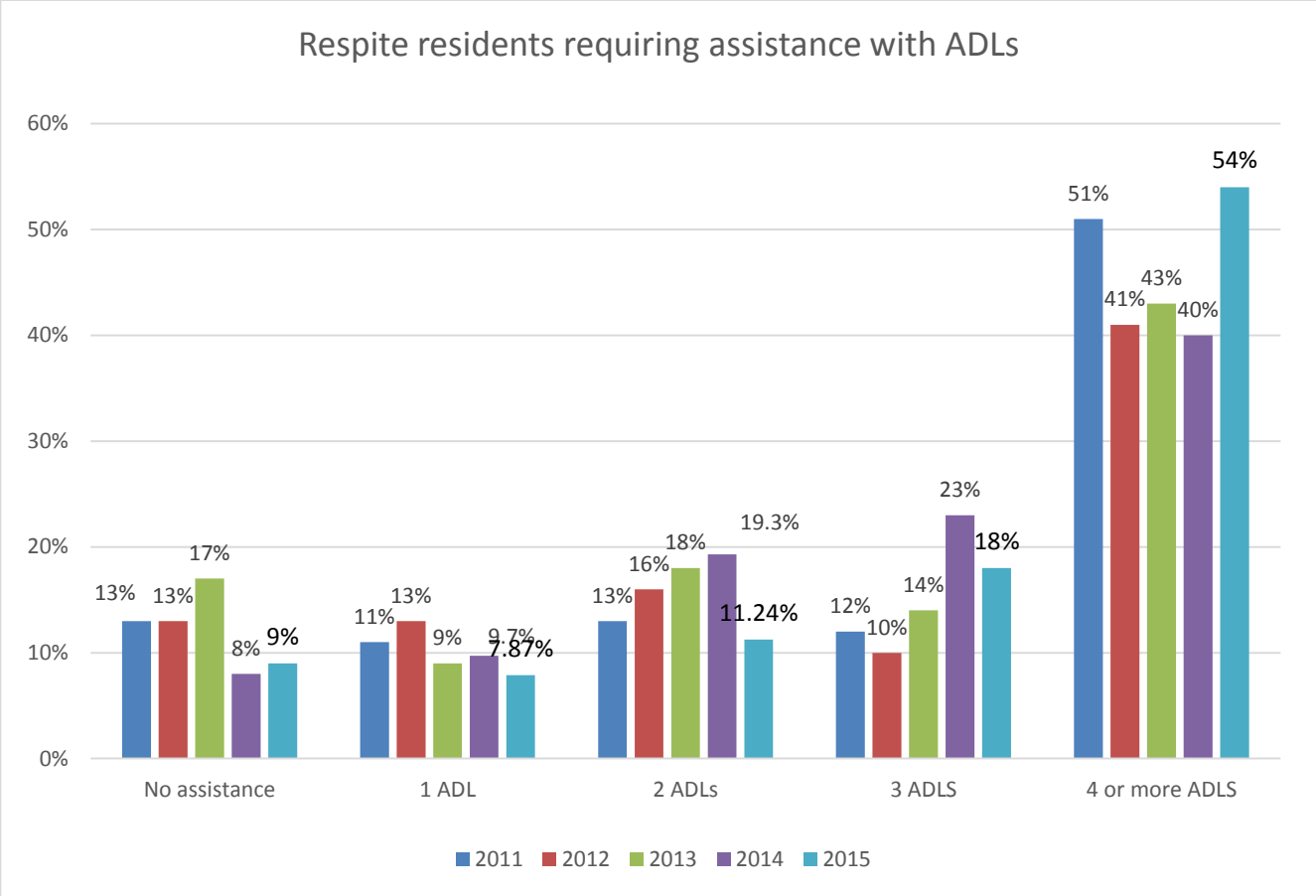
In 2015, 45 percent of respite residents had a health service plan, up from 40 percent in 2014, a significant increase from respite residents who had a health service plan in 2013 (32%). Prior year percentages of respite residents with health service plans are 39 percent (2010), 37 percent (2011) and 54 percent (2012). The proportion of respite residents with health service plans may be related to the differences demonstrated below related to their level of independence in ADLs, medication administration and cognition.

As shown in the chart that follows on the next page, 73 percent of discharged respite residents went home in 2015, down slightly from 2014 (77%) and 2013 (76%). In 2015, 2.8 percent of respite residents were discharged to a nursing home – about the same in 2013 and 2014, but less than the 3.2 percent reported in 2012 and 3.5 percent in 2011. The survey showed that in 2015, 7.1 percent of discharged respite residents converted to a permanent status, higher than the 6.8 percent in 2014, four percent in 2013, and 5.6 percent in 2012.

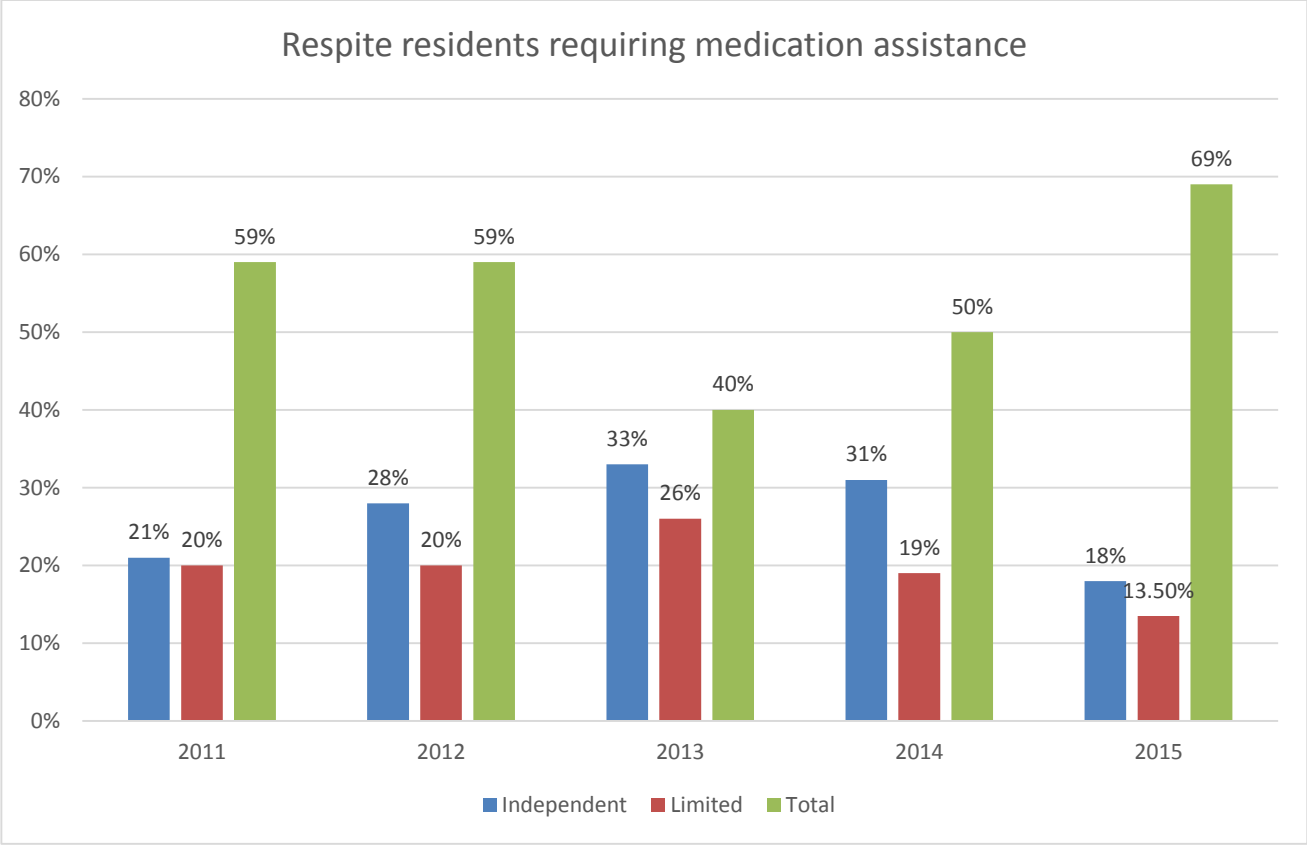


The chart that follows on the next page shows that of respite residents who were in-house on Dec. 31, 2015, nine percent required no assistance with ADLs which is comparable to 2014 (8%), but much lower than 2013 when 17 percent were reported as requiring no assistance with ADLs. This was also a decrease compared to 13 percent in 2012 and 2011.

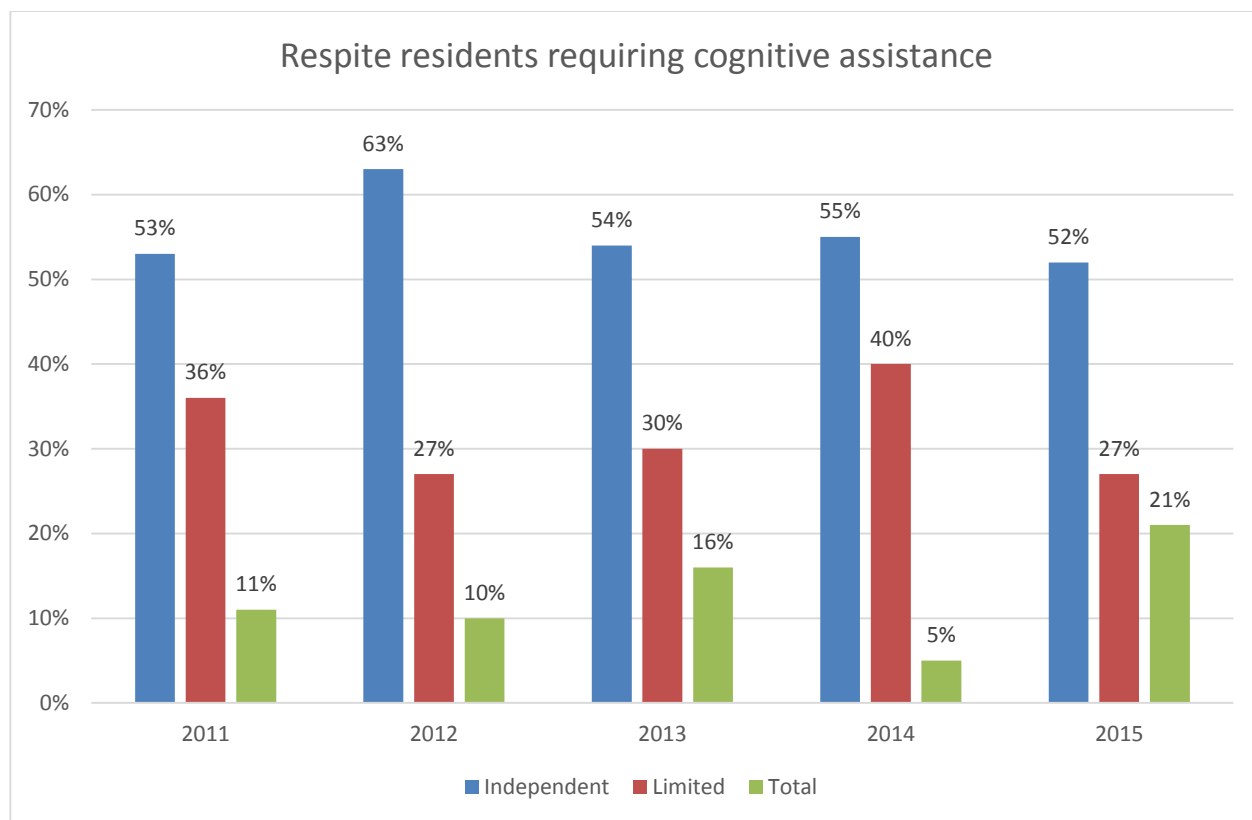
Those that required assistance with one ADL was almost 8 percent in 2015. Individuals needing help with two ADLs comprised 11.2 percent of respite residents. Eighteen percent needed help with three ADLs, and 54 percent needed help with four ADLs.



As shown on the next page, 18 percent of respite residents were independent in medication administration in 2015 compared to thirty-one percent in 2014; 33 percent in 2013; 28 percent in 2012 and 21 percent in 2011. In 2015, 13.5 percent required limited assistance in taking medication compared to 19.4 percent in 2014. Sixty-nine percent required total medication assistance in 2015, compared to 50 percent in 2014; 40 percent in 2013; and 55 percent in 2012.



In 2015, 52 percent of respite residents were cognitively independent, slightly lower from the 55 percent in 2014 and 54 percent in 2013. Sixty-three percent of respite residents were cognitively independent in 2012, and 53 percent in 2011. However, in 2015 27 percent required limited assistance, compared to the 40 percent in 2014, 30 percent in 2013 and 27 percent in 2012. Twenty-one percent required total assistance compared to 5 percent in 2014, 16 percent in 2013 and 10 percent in 2012.



### **Residents Discharged from Assisted Living in 2015**

The percentage of discharged residents who were female in 2015 was 69 percent, similar to the 69 percent reported in 2014 and less than the 71 percent in 2013. The percentage of discharged residents that were male in 2015 was 31 percent consistent with the 31 percent reported in 2014 and higher than the 29 percent in 2013.

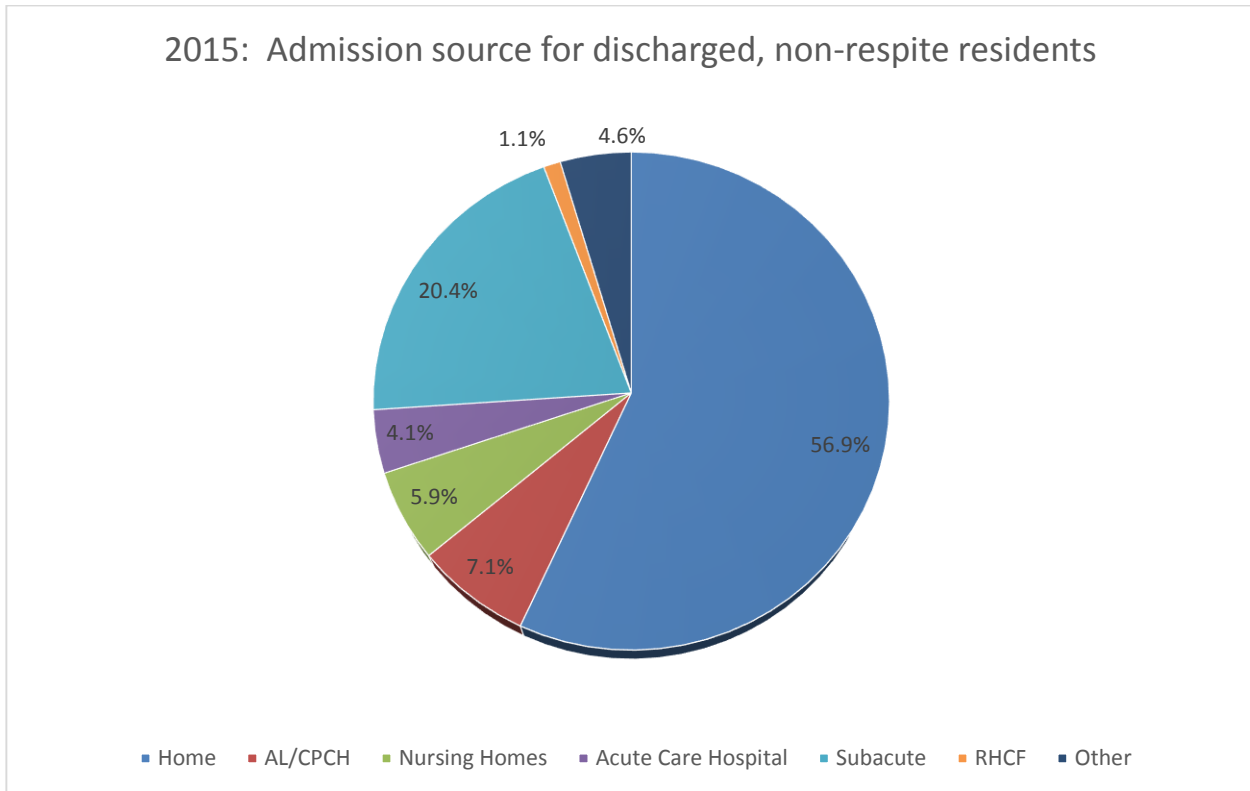
The mean LOS for discharged, non-respite residents was 29 months in 2015 consistent with the 30 months reported in 2014, 29 months in 2013, and 28 months reported in 2012.

### ***Discharged, Non-Respite Residents' Mean Length of Stay – 2008 through 2015***

	Mean LOS							
	2008	2009	2010	2011	2012	2013	2014	2015
<b>Discharged non-respite</b>	13	13	28	27	28	29	30	29

In 2015 of 6,206 non-respite residents discharged, 886 were covered by Medicaid, or 14.3 percent. This is similar to 2014 when of 5,303 non-respite residents discharged, 765 were covered by Medicaid (14.4 percent). In 2013, 5,372 non-respite residents were discharged and 800 were covered by Medicaid. In 2012 when 5,455 non-respite residents were discharged and 878 were covered by Medicaid, or 16 percent.

The chart below shows the admission source for discharged, non-respite residents in 2015.



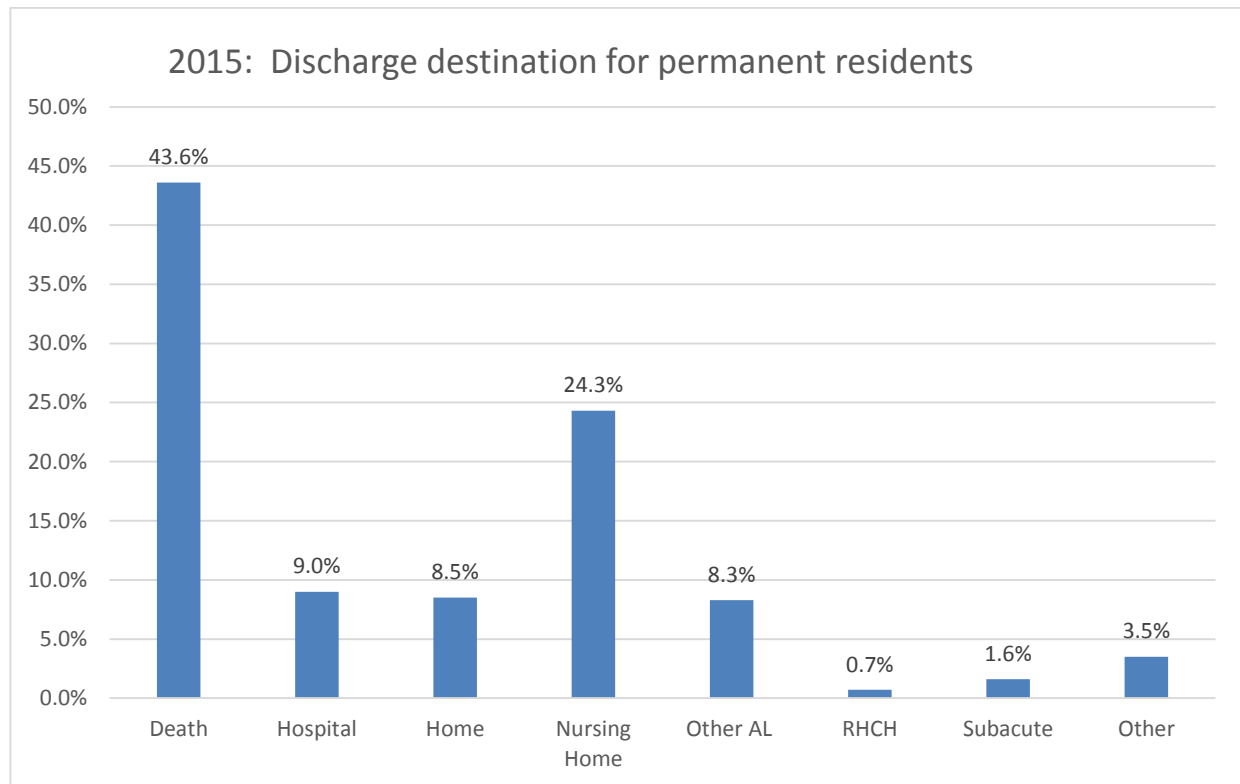
**Discharged Residents Destination**

Consistent with data reported since 2006, the top two discharge categories for residents were death (44 percent in 2015, 43 percent in 2014, 39 percent in 2013, 35 percent in 2012, 37 percent in 2011 and 36 percent in 2010) and nursing home placement (21 percent in 2015, 27 percent in 2014, 27 percent in 2013, 24 percent in 2012, 29 percent in 2011 and 30 percent in 2010).

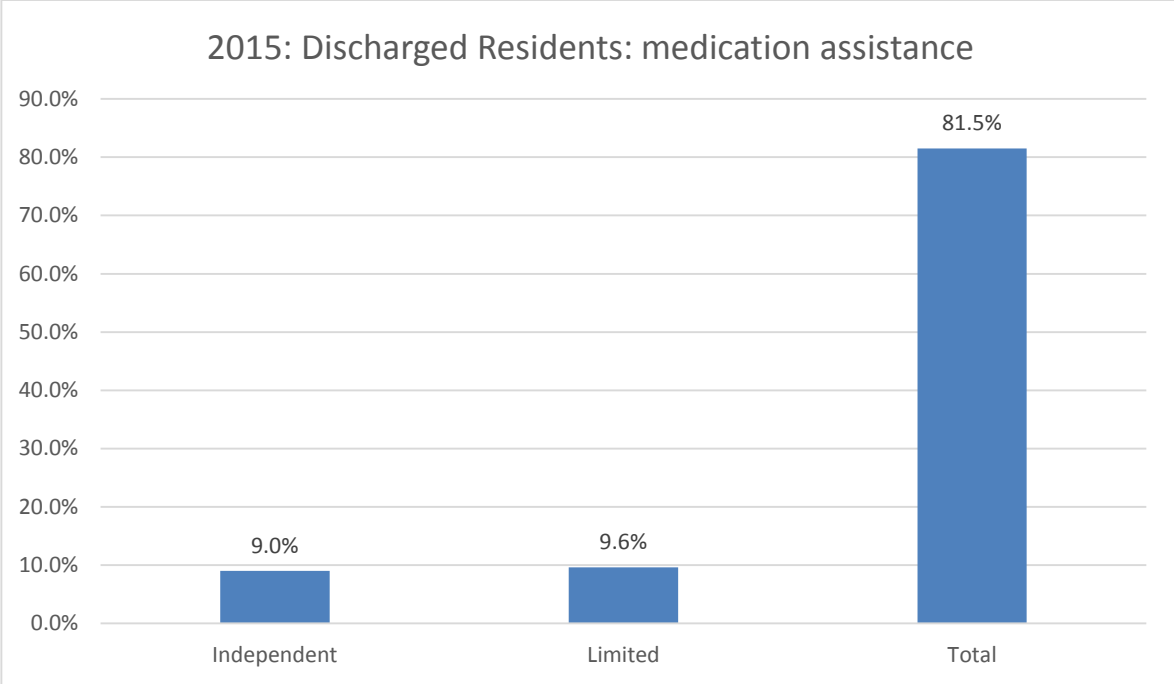
When examining the discharged residents discharged to facilities it is clear that most of the residents were discharged to nursing homes (21 percent in 2015, 24 percent in 2014, 2013 and 2012) followed by acute care hospitals (8 percent in 2015, 9 percent in 2014, 10 percent in 2013, 8 percent in 2012) and AL/CPCH facilities (8 percent in 2015, 7 percent in 2014, 2013 and 2012).

These percentages are down from 2011 when 29 percent were discharged to nursing homes, 11.3 percent to hospitals and 9 percent to another AL/CPCH.

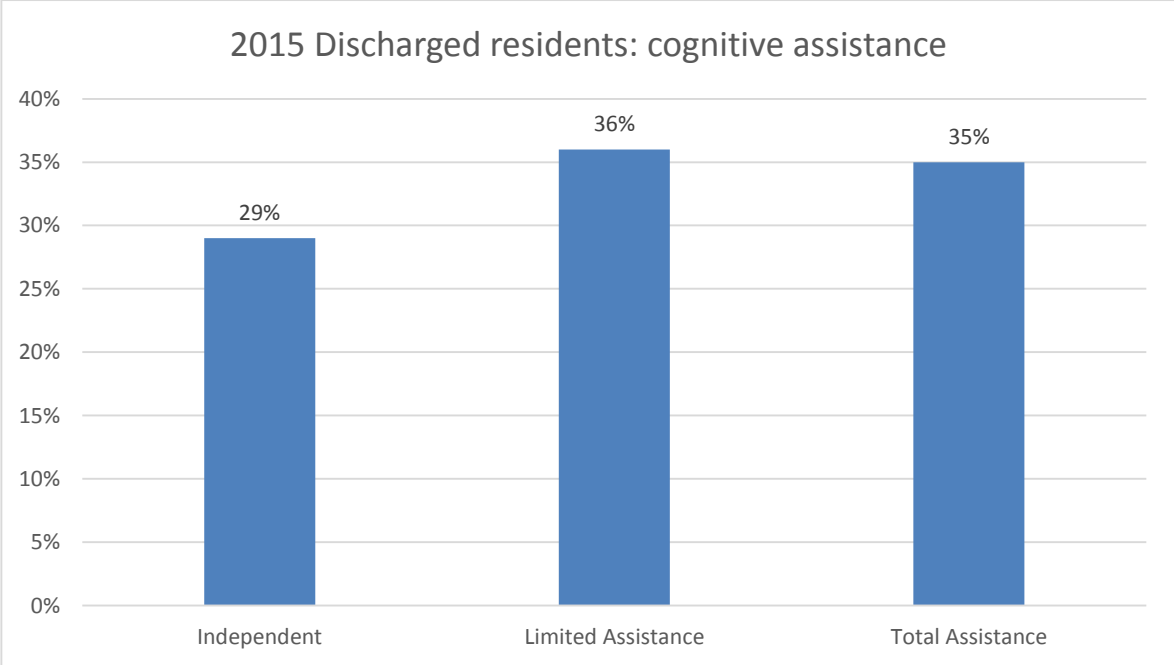
This data continues to suggest the increasing medical frailty of the residents served by the state's ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.



As shown on the next page, in 2015, 9.0 percent of discharged residents were independent in medication administration, compared to 9.7 percent in 2014, 8.9 percent in 2013 and 9.4 percent in 2012. The percentage of discharged residents requiring limited medication administration assistance this year was 9.6 percent, compared to 10.8 percent in 2014, 10.4 percent in 2013 and 12.2 percent in 2012. The percentage of discharged residents requiring total medication administration assistance was 81 percent, compared to 79 percent in 2014, 81 percent in 2013 and 78 percent in 2012.



The percentage of discharged residents who were cognitively independent was 29 percent in 2015, 2014, 2013 and 2012. The percentage requiring limited cognitive assistance was 36 percent, the same as 2015, 2014, 2013 and 2012. The percentage of discharged residents requiring total assistance was 35 percent, the same as 2014 and 2013.





The percentage of discharged residents requiring no assistance with ADLs was 5.2 percent, slightly lower than the 5.5 percent in 2014 and slightly higher than the 5 percent reported in 2012 and 2013. The percentage of discharged residents requiring assistance with one ADL was 3.7 percent, while those requiring assistance with two ADLs was 5 percent (compared to 4 percent in 2014), three ADLs was six percent (compared to 6 percent in 2014, 8 percent in 2013 and 6 percent in 2012) and four or more ADLs was 80 percent, similar to the reported 80 percent in 2014, slightly higher than the 78 percent reported in 2013, and the same as 2012.

**Comparison of Populations with Respect to ADLs**

Below is a comparison of all three populations (respite, discharged, permanent/in-house) in terms of the percentage requiring **total assistance** with ADLs.

