

ASSISTED



2024 RESIDENT PROFILE SURVEY RESULTS

State of New Jersey Department of Health
Division of Certificate of Need & Licensing

June 2025



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

FROM: Michael Kennedy, J.D.
Executive Director
Division of Certificate of Need and Licensing
New Jersey Department of Health

DATE: June 2025

SUBJECT: The Assisted Living Resident Profile Survey Results for 2024

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2024. This report contains information concerning assisted living residents and assisted living program participants in New Jersey. The report summarizes the results of the ALRPS which focused on the following domains: facility characteristic profile, in-house resident profile, respite resident profile and discharged resident profile. We believe you will find this information very useful in determining how your facility compares with the statewide average for each of these measures.

The Department of Health (Department) would like to thank staff members from the facilities for completing and submitting the survey for 2024. The response rate for 2024 was 99.6 percent. In addition, the Department appreciates the collaborative effort between the New Jersey Hospital Association, the Health Care Association of New Jersey and LeadingAge New Jersey & Delaware in working with facilities to complete the survey. If you have any questions, concerns or comments regarding the survey, you may contact the Department at (609) 376-7760. Thank you.

Introduction

The Department of Health (DOH) defines assisted living as a combination of housing, personalized support services and health care designed to accommodate those who need help with 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 2024 *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 2024 ALRPS was originally administered electronically from March 20 through April 30, 2025. 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 2024 calendar year.

The total number of facilities and residents included in the ALRPS since 2012 is as follows:

Facilities included in the NJ Assisted Living Resident Profile Survey

2012	2013	2014	2015	2016	2017	2018
207	203	213	228	232	236	243
2019	2020	2021	2022	2023	2024	
250	256	261	272	279	282	

Residents included in the NJ Assisted Living Resident Profile Survey

2012	2013	2014	2015	2016	2017	2018
20,246	20,272	20,603	22,407	23,293	23,938	24,421
2019	2020	2021	2022	2023	2024	
24,469	22,058	22,063	23,642	25,199	26,143	

For the 2024 report, 282 out of 283 assisted living residences, comprehensive personal care homes and assisted living programs eligible to participate responded to the survey. The number of providers

represents those providers 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 that had no 2024 data, or facilities or programs considered too small to provide valid data).

The response rates since the 2012 data collection are as follows:

ALRPS response rates from 2012 through 2024

2012	2013	2014	2015	2016	2017	2018
96%	98%	95%	99%	100%	100%	99.6%
2019	2020	2021	2022	2023	2024	
99.2%	98.5%	100%	99.6%	99.3%	99.6%	

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, 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 and Delaware (LANJDE). 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/>. 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 20 through April 30, 2025). The form is also used by providers to communicate changes in registered information.

Beginning in January 2025, 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. A training webinar was also made available to give providers a basic tutorial and refresher 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.

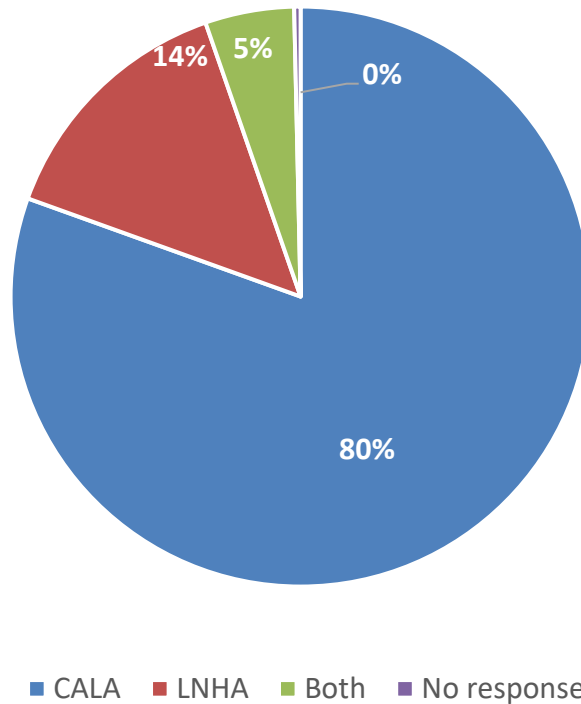
Data Analysis

Facility Characteristics Profile

1. Administrator Credentials

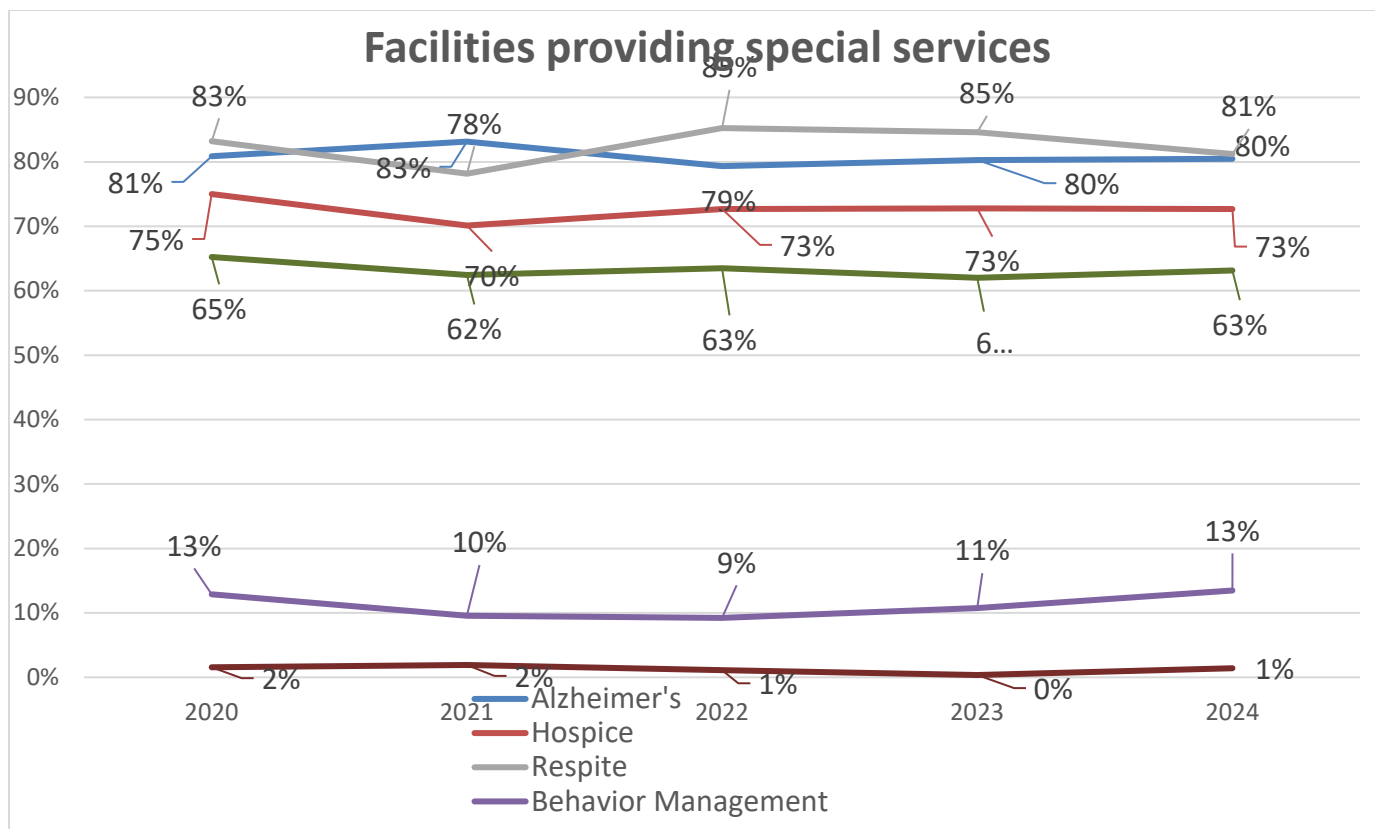
A total of 282 administrators responded to the question related to their credentials. Of those who responded, 227 administrators reported their credential to be certified assisted living administrator (CALA) only; 40 reported their credential to be licensed nursing home administrator (LNHA) only; 14 administrators reported their credentials to be both CALA and LNHA. The number of CALA-only administrators increased from 58 percent in 2016 to 72 percent in 2018, to 75 percent from 2019 through 2021, to 78 percent in 2022 to 79 percent in 2023 and 80.5% in 2024. A response to this question has been mandatory since 2017.

Distribution of administrator credentials by type



2. Special Services

Out of 282 respondents, 272 (96%) reported providing special services. 229 or 81 percent provide respite, less than in 2023 when 236 (85%) reported offering respite services. It has leveled off since 2021 when it was 78 percent and more aligned with 83 percent in 2020 and 80.4 percent in 2019. The high point was 86 percent in 2018. 73 percent provide hospice, which is the same as 2022 and 2023 (which represented an increase from 70 percent in 2021). At the peak, 75 percent provided hospice in 2020. 227 out of 282 (80%) provide Alzheimer's services, equivalent to 2023. The trend is fairly flat. Approximately 13 percent (n=38) offer behavior management services, slightly higher than in 2023 when it was 10 percent (30 communities) and more like 2018 – 2020, when it was 13 percent.



Also included in the survey was the proportion of Alzheimer’s units by type. Predominately, these units are separate from the rest of the community – 82%. Approximately 10 percent reported that their community was entirely dedicated to Alzheimer’s care, the same as in 2023, which was slightly less than almost 12 percent in 2022, but similar to 2021. This percentage has fluctuated between 9 and 12 percent over the years of reporting, which is probably a result of the change in the number of ALRs in total.

In 2024, 178 respondents indicated they provide PT, OT and/or SLP (63 percent). This is similar to 2021-2023. This percentage has fluctuated between 59 and 65 percent over the last five years. Four respondents reported they provide IV therapy, which is more than in 2023 when one respondent reported this service. The 2024 data is similar to 2019 through 2022.

3. Staffing

In 2024, the average number of full-time equivalents (FTEs) in assisted living, excluding ALPs, was 54, slightly higher than in 2023 when it was 52.2; this shows an upward trend from 2021 through the present following the recovery in census since the end of the pandemic. This average has been in the range of 51 to 56 for the last 12 years. During 2024, there were 26,143 residents in assisted living, up from 25,199 in 2023 and 23,642 reported in 2022. There has been a steady increase in the number of residents over the last four reporting years (22,063 in 2021 and 22,058 in 2020). In 2019 there were 24,469 residents and in 2018, there were 24,421. The rebound in census continues, but there are also more communities now than there were in 2018 and 2019.

The average number of FTEs in assisted living programs was 23, a notable increase from 2023 (16 FTEs) and 2022 (17 FTEs). This continues an upward trend following the end of the COVID pandemic and is commensurate with the 21 FTEs reported in 2019.

4. Certified Medication Aide (CMA) Program Information

In 2024, 79 percent (n=222) had an active CMA program, which is higher than in 2022-2023 when it was 52 percent, and higher than every other reporting year. The percentage had been consistent over the last several years. Approximately 23 percent (n=65) of respondents said they have an in-house CMA training program, an increase from 20 percent (n=55) in 2023 and 22 percent in 2021. This metric has been fairly consistent over the reporting years.

Resident Characteristics Profile

Permanent Residents Currently Living in Assisted Living

The total number of permanent residents included in the 2024 survey was 19,110, an increase over the 18,467 reported in 2023. This continued the upward trend observed since 2021. In 2024 there were 81 residents identified as respite residents, an increase from 2022 and 2023 when it was 71 and 61, respectively. Data describing the respite residents in more detail appears later in this report.

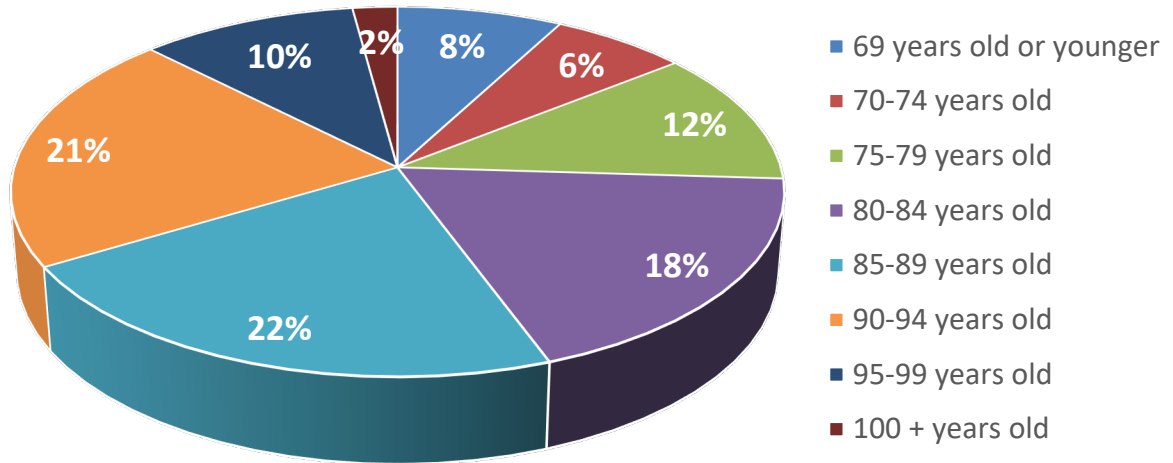
Resident Age and Gender

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 was 84 in 2024 – the same as in 2022-23; in all prior years it was reported as 85. As in previous years, most residents were between 80 and 94 years of age. In 2024, 62 percent of residents were in this age group, similar to 2023 when it was 63 percent and consistent with prior years' data. In 2024, another 12 percent were older than 95, similar to 2023 when it was 13 percent and consistent with all prior reporting years. The youngest resident was 21 years of age, much younger than what was previously reported to be 30 years of age for prior years. Starting in 2021, we separated the number of residents who are 100 years of age or older: 405 residents were in this category in 2024; 355 residents were in this category in 2023, 313 in 2022, 312 residents in 2021, or approximately 2 percent of the total population.

Distribution of permanent residents by age group

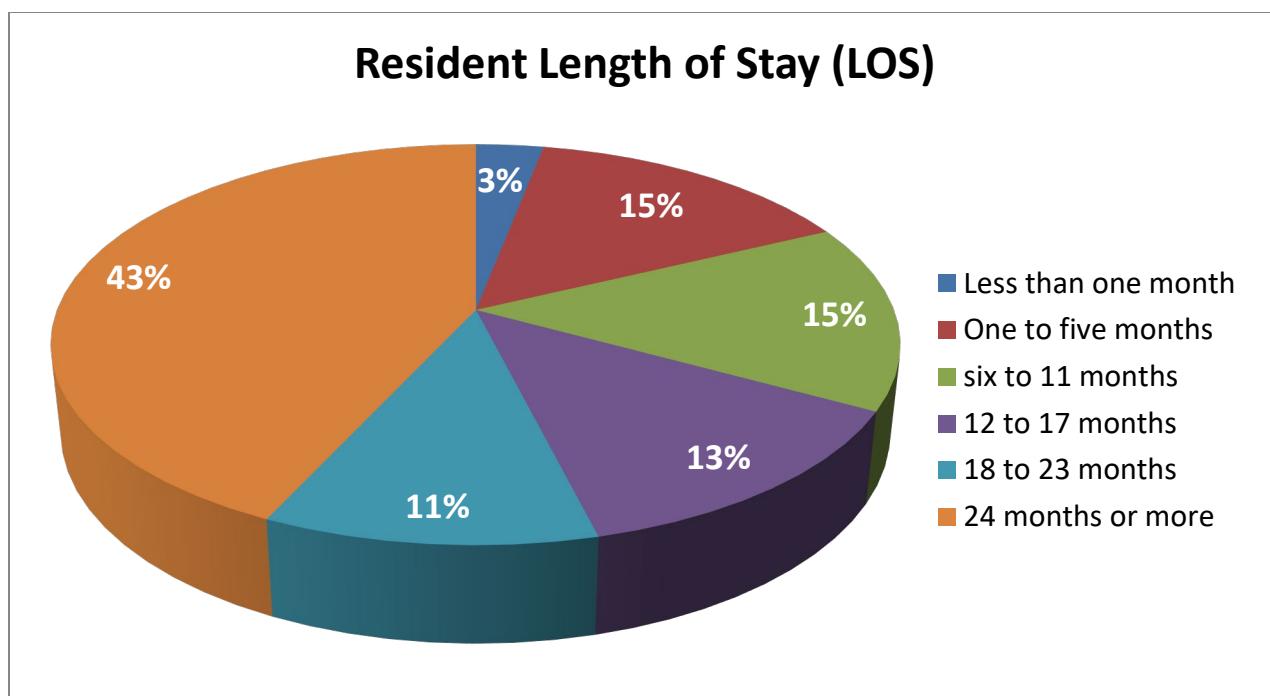


In 2024, 70 percent of residents were female and 30 percent were male.

Length of Stay

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 2024, the mean LOS for permanent residents was 28 months, the same as in 2023 and slightly lower than in 2022 when it was 29 months and in 2021 when it was 30 months. This measure bears watching as it appears to be on a downward trajectory. See below for the trend in length of stay.

Permanent Residents' Mean LOS in months from 2012 through 2024

Mean LOS in Months													
Permanent Residents	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	31	31	31	31	31	30	30	31	32	30	29	28	28

In 2024, 8.6 percent (n=1,646) were living with their spouse, a slight decrease from 8.9 percent (n=1,648) in 2023. This is still higher than 8.2 percent (n= 1,407) in 2022 and 7.4 percent (n=1,177) in 2021.

# of Residents Living with Spouse													
Permanent Residents	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	1070	1130	1084	1165	1306	1366	1335	1288	1082	1177	1407	1648	1646

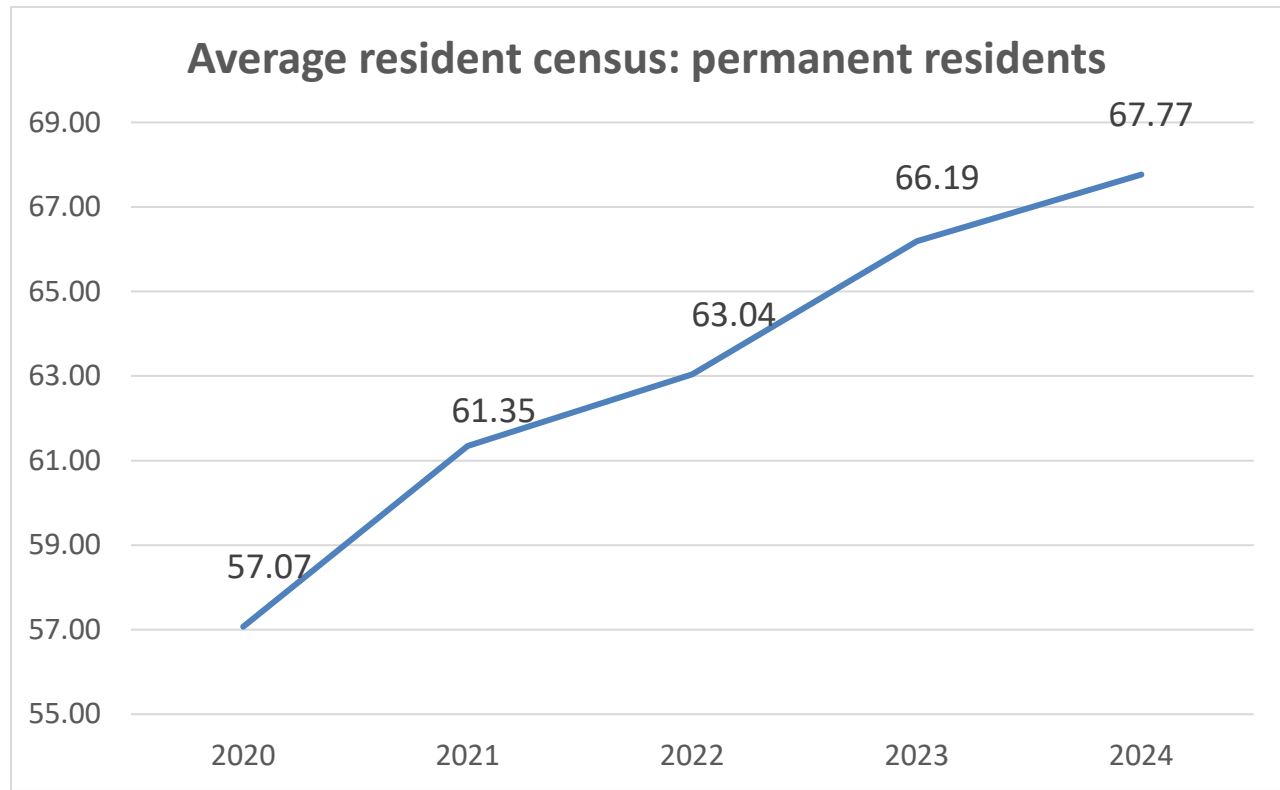
Mental Health and Substance Use Disorder Diagnoses

In 2024, respondents indicated that 6,577 residents had a mental health diagnosis (35 percent). This represents an increase from 2023 when it was reported that 5,957 residents (32.4 percent) had such a diagnosis. In addition, respondents reported that 336 residents had a substance use disorder

diagnosis in 2024, a decrease from 367 in 2023, the first year these data were collected. This represents approximately 2 percent of the resident population. This data will be monitored for trends and consideration will be given to examining co-occurring diagnoses as well.

Average Resident Census per Facility

The average number of permanent residents per facility as of Dec. 31 was 68 in 2024, slightly higher than 66 in 2023; this continued an upward trend since 2021. Census had been stable at 71-72 residents prior to 2019. In 2020, the census took a precipitous plunge largely because of the COVID-19 pandemic and the associated regulatory measures taken to address the spread of the virus.



Medicaid Status

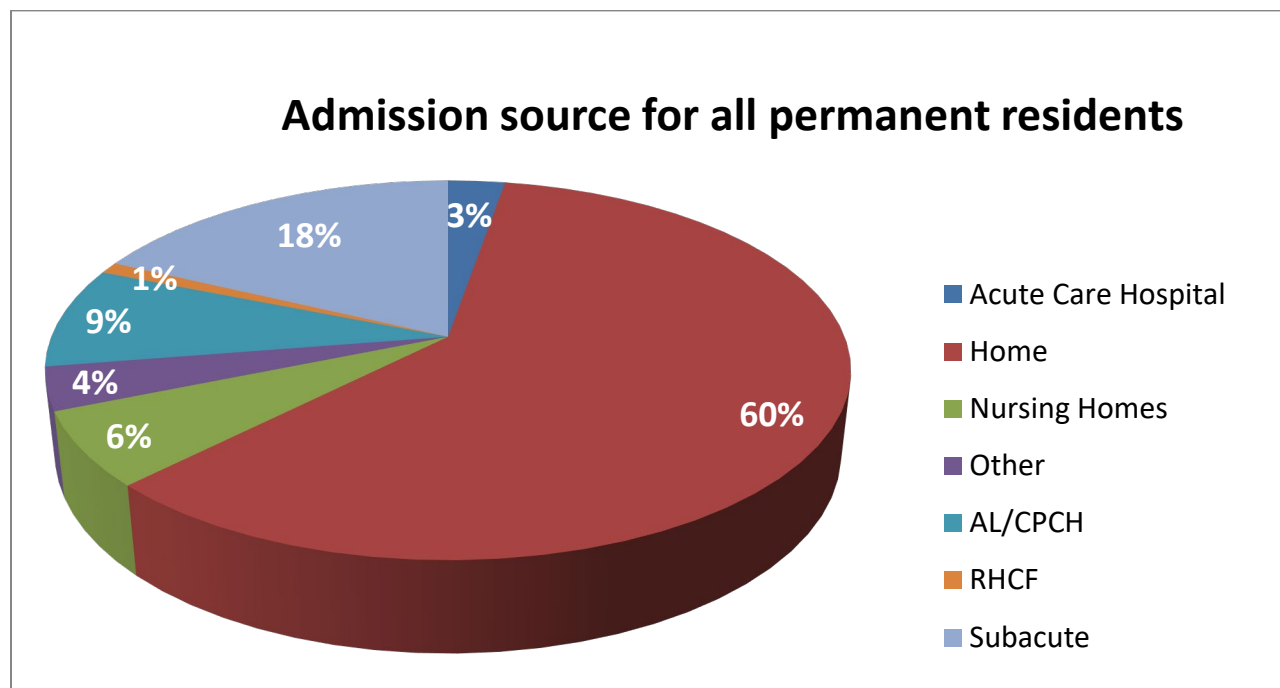
In 2024, 85 percent of facilities reported participating in the Medicaid program, a 2 percentage point increase compared to 2023. This metric has rebounded to the 2022 level. In addition, 19 percent of permanent residents were covered by Medicaid (n=3,616) in 2024; this is similar to 18.7 percent of permanent residents who were covered by Medicaid in 2023 (n=3,459) and consistent with 2012-2022.

Resident Health Service Plan

The percentage of permanent residents with a health service plan in 2024 was 64 percent, a slight increase over 2023 when it was 61 percent. This metric has been trending upward over the history of the survey.

Admission & Discharge Destinations

Sixty percent of permanent residents were admitted to assisted living from home, followed by 18 percent from a sub-acute unit. These percentages are consistent with data from 2012 – 2023.



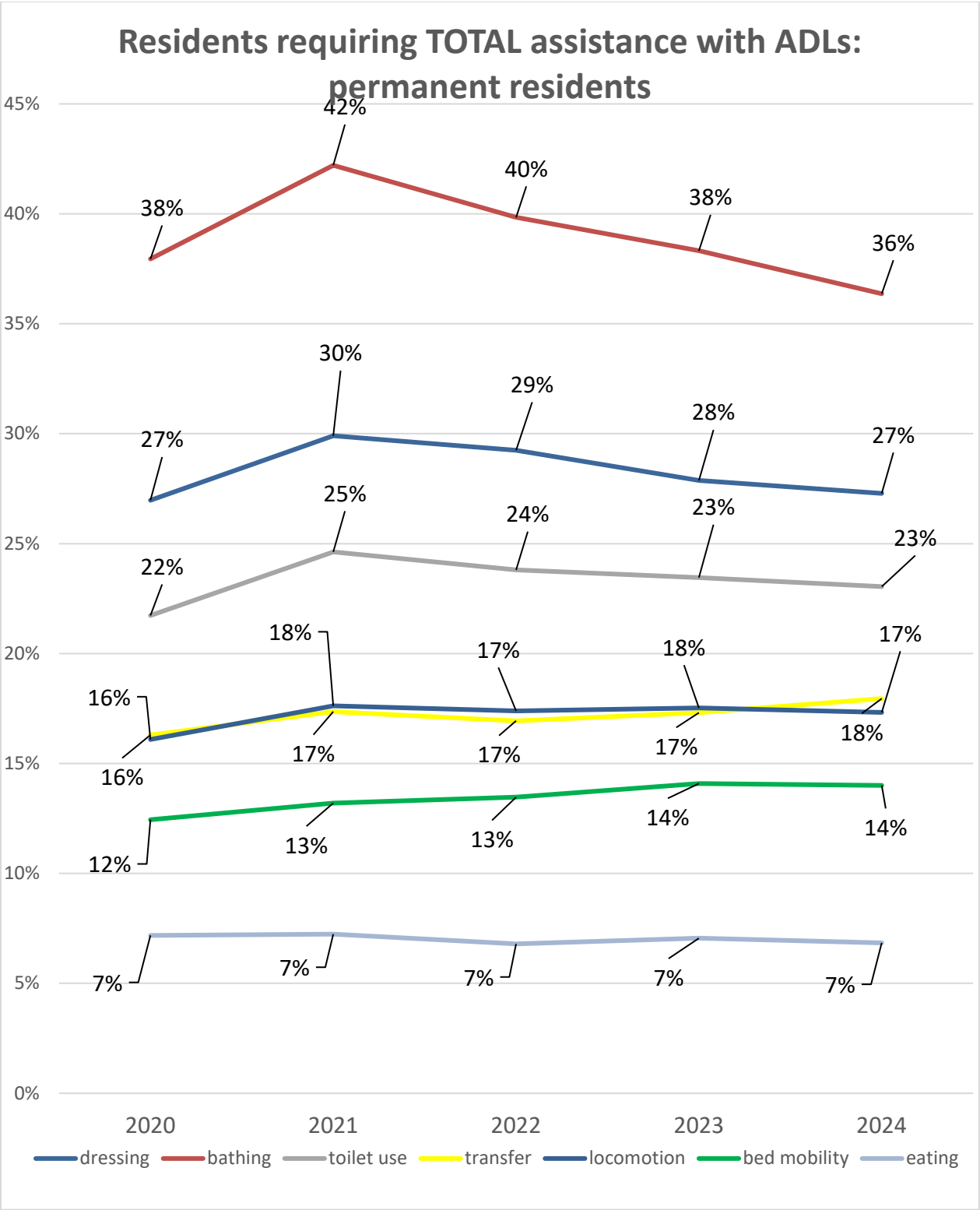
Activities of Daily Living

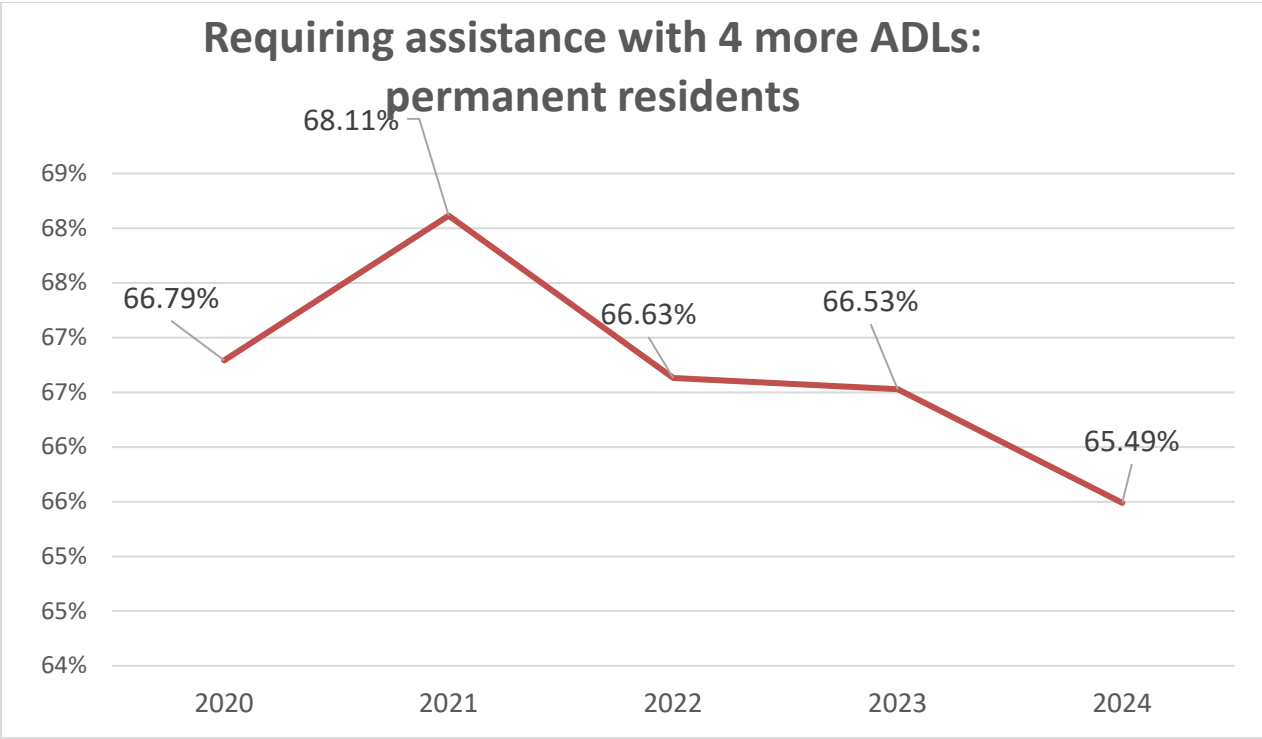
As shown by the table below, in 2024, 7 percent of permanent residents required no assistance with their activities of daily living, consistent with 2021-2023. This is slightly lower than in the prior four years when this was slightly higher than 7 percent. Approximately 9 percent required assistance with one ADL, compared to 8.2 percent in 2022-2023 and 7.4 percent in 2021. Almost 10 percent required help with 2 ADLs, compared to 9 percent in 2022 -2023 and 8.7 percent in 2021. In 2024, 9.3 percent required assistance with three ADLs, consistent with 2021 through 2023, and 65 percent needed help with 4 or more ADLs. This is consistent with prior years' data.

***Percent of permanent residents' independent and requiring assistance with one or more ADLs --
2012 through 2024***

	Independent	1 ADL	2 ADLs	3 ADLs	4 or More ADLs
2012	9%	8%	10%	11%	63%
2013	8%	7%	9%	12%	63%
2014	8%	7%	9%	11%	65%
2015	8%	7%	9%	11%	64%
2016	7%	7%	9%	11%	65%
2017	7%	8%	10%	11%	65%
2018	7%	7%	10%	11%	65%
2019	7%	8%	10%	11%	65%
2020	6%	8%	9%	10%	67%
2021	6.4%	7.4%	8.7%	9.4%	68%
2022	6.4%	8.2%	9.4%	9.4%	67%
2023	6.6%	8.2%	9%	9.6%	67%
2024	7%	9%	10%	9%	65%

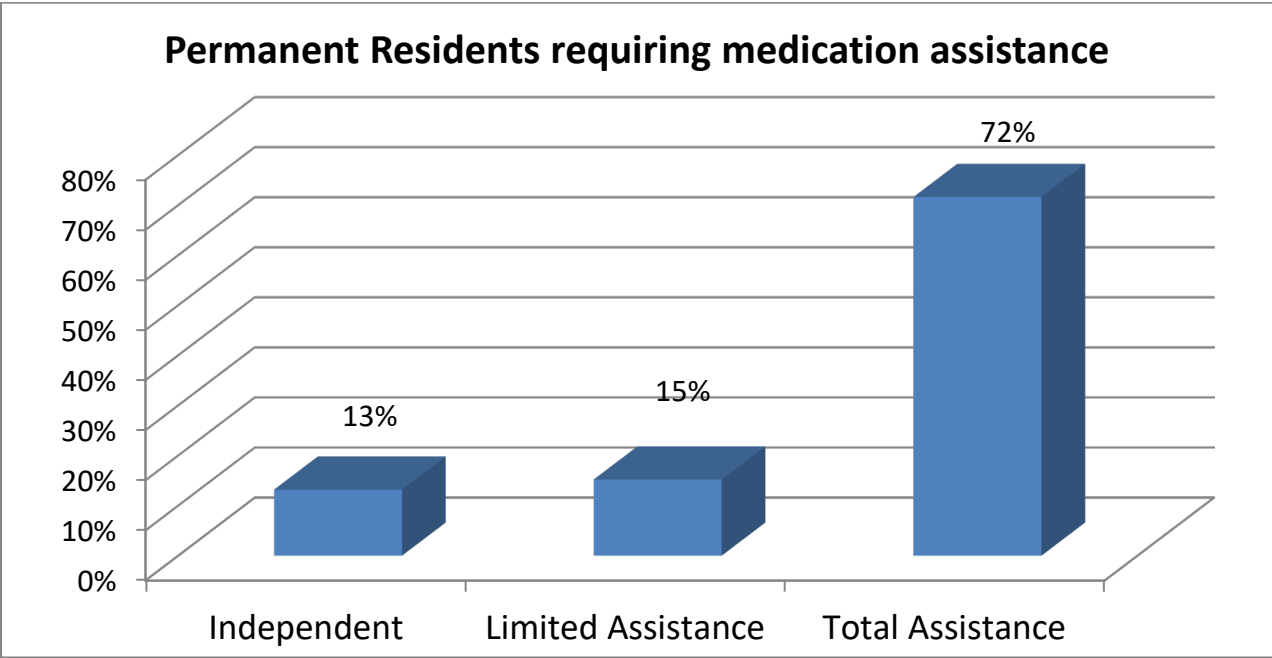
The breakdown of total assistance by ADL appears on the following chart.



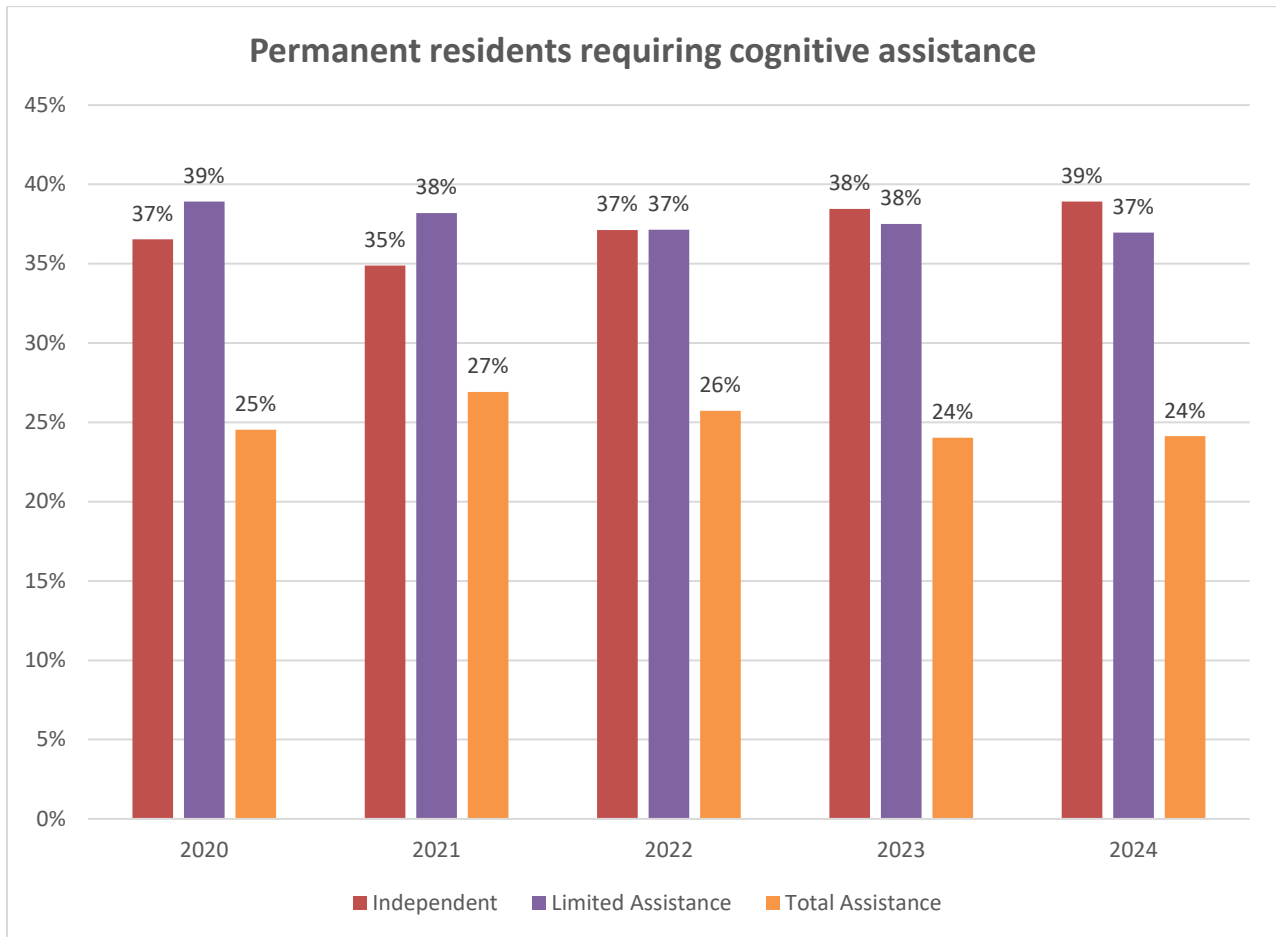


Other Needs

Approximately 13 percent of permanent residents were independent in medication administration in 2024, similar to 2015 through 2022. Permanent residents requiring limited assistance with medication administration was 15 percent in 2024, compared to 13 percent in 2020 - 2023. Total medication administration assistance was at 72 percent, slightly lower than in 2020- 2023, but slightly less than the 2019 figure of almost 77 percent.



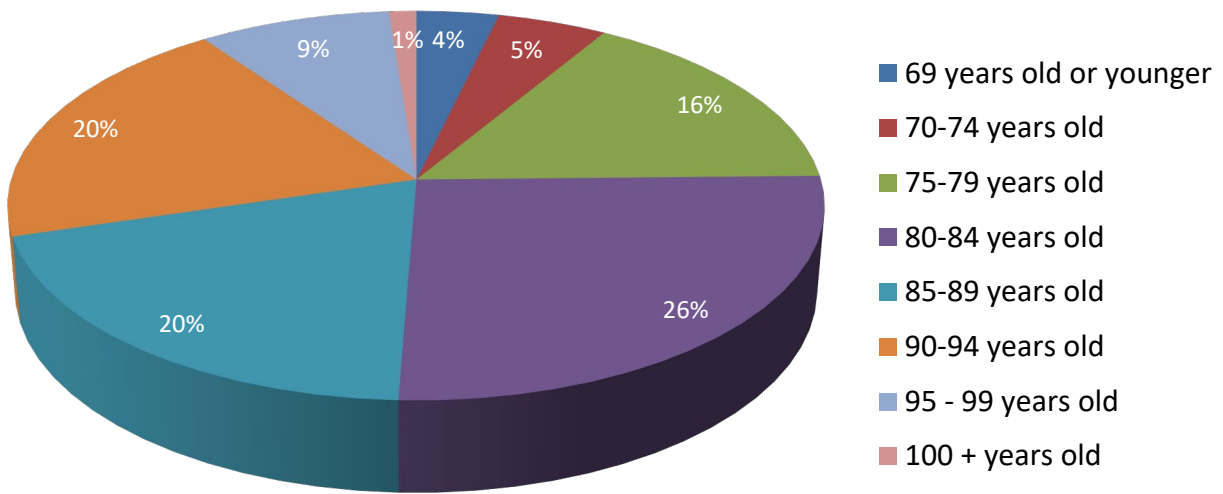
As shown in the chart that follows, 39 percent of permanent residents were cognitively independent in 2024, which was consistent with 2023 and slightly higher than in 2021 and 2022 when it was 35 percent and 37 percent, respectively. Almost 37 percent required limited cognitive assistance and 24 percent required total cognitive assistance in 2024. Over time these data have been consistent.



Respite Residents in Assisted Living in 2024

The mean age of respite residents in 2024 was 84, consistent with prior years' data. There was one respite resident aged 100 or older.

Distribution of respite residents by age group



In 2024, 64 percent of respite residents were female and 36 percent were male. There was a slight shift in this data compared to prior year when respite residents were 66 percent female and 34 percent male.

The mean length of stay for respite residents in 2024 was 100 days, less than in 2023 when it was 125 days. This is still an increase over 89 days in 2022. This number has fluctuated from year to year: 98 days in 2021; 156 days in 2020; 89 days in 2019.

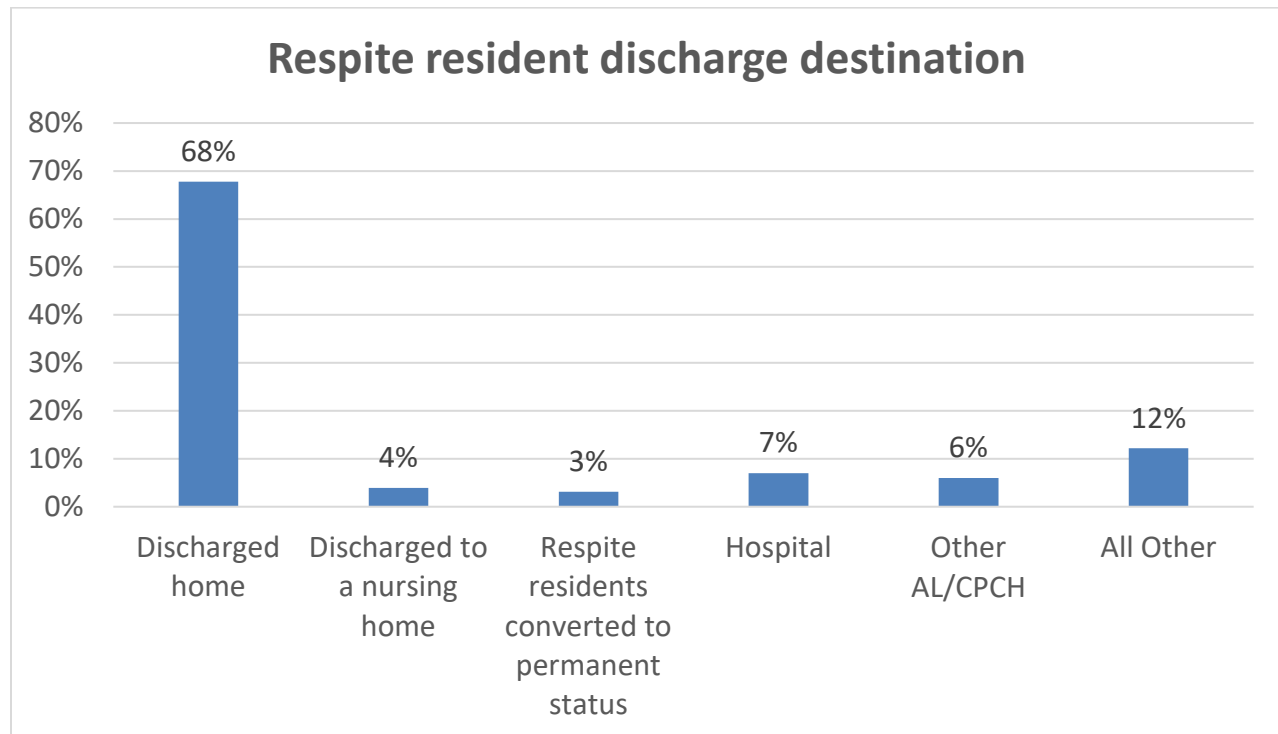
For discharged respite residents, the mean length of stay in 2024 was 42 days much lower than in 2023 when it was 91 days. As stated above, this data point fluctuates by year.

Most respite residents were admitted from home (41 percent) in 2024, an increase over 2023 when it was 34 percent. It was 38 percent in 2022, 42 percent in 2021 and 50 percent in 2020, which had been consistent with 2016-2019. Sub-acute units were the next most frequent source of admission for respite residents with 36 percent. This was lower than the 44 percent reported in 2023 and 42 percent in 2021 and 37.5 percent in 2020,

Finally, there were no respite residents covered by Medicaid in 2021 through 2024.

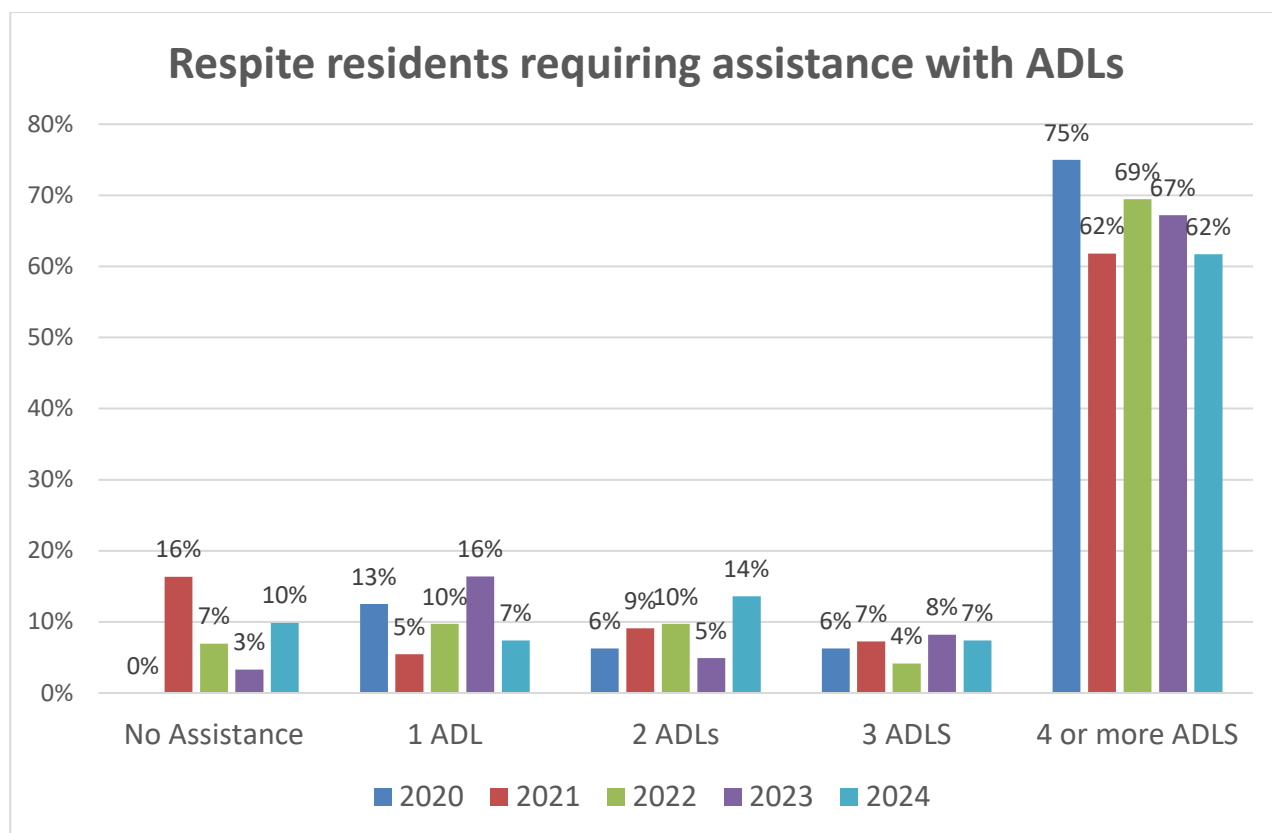
In 2024, 59 percent of respite residents had a health service plan, compared to 52 percent in 2023. This is still lower than the 63 percent reported in 2022, but still higher than the 45 percent in 2021 and 37.5 percent of respite residents in 2020. The proportion of respite residents with health service plans may be related to the reason the resident was in respite care, which may not have been to receive a skilled service such as rehabilitation.

As shown in the chart, 68 percent of discharged respite residents went home in 2024, a slight decrease from 71 percent in 2023. The 2024 data is similar to 69 percent in 2022, 65 percent in 2021 and 63 percent in 2020. In 2024, about 4 percent of respite residents were discharged to a nursing home, comparable to prior years. The survey showed that in 2024, three percent converted to permanent resident status, about the same as in 2023, but lower than the 5 percent in 2022, and 6 percent in 2021. This metric has varied over the last several years.

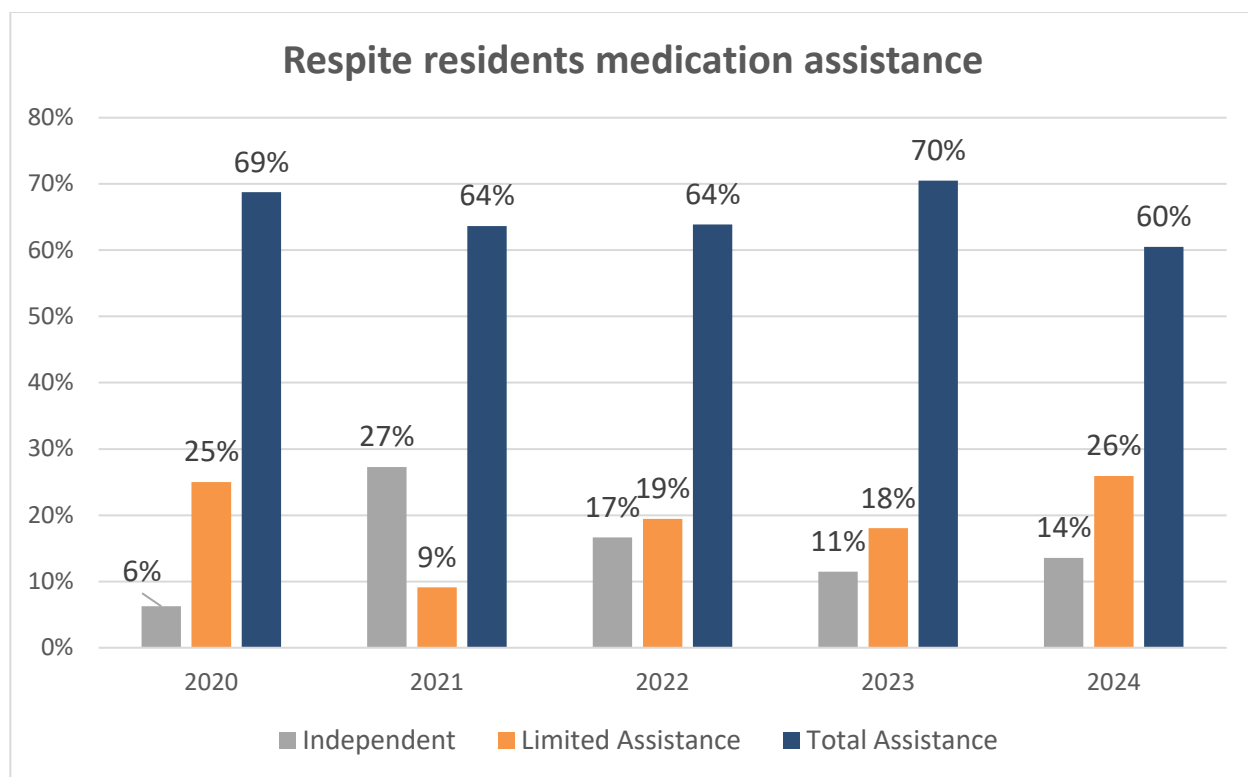


The chart that follows shows that of respite residents who were in-house on Dec. 31, 2024, 10 percent were independent in ADLs, compared to 3 percent in 2023. The 2024 data was similar to 2022 when it was 7 percent, but still much lower than in 2021 when it was 16 percent but still higher than in 2020 when it was 0. This metric has varied during the last several years: 5 percent in 2019, 14 percent in 2018 and 15 percent in 2017.

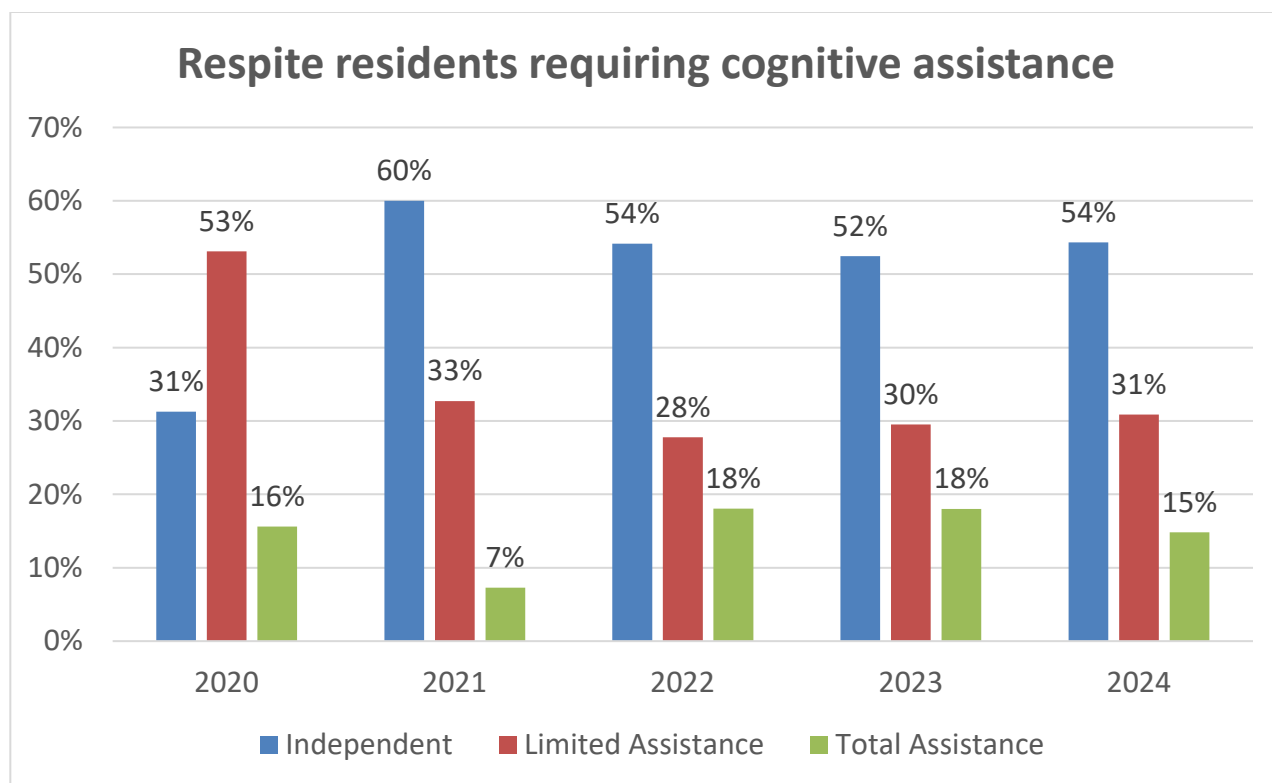
Approximately 7 percent required assistance with one ADL, much lower than in 2023 when it was 16 percent and 9.7 percent in 2022. Individuals needing help with two ADLs comprised approximately 14 percent of respite residents, much higher than in 2023 when it was 5 percent of respite residents. Seven percent needed help with three ADLs, similar to 2023 when it was 7 percent and an increase from 4 percent in 2022. Approximately 62 percent needed help with four or more ADLs, slightly lower than in 2023 when it was 67 percent and in 2022 when it was 69 percent.



In 2024, 14 percent of respite residents were independent in medication administration; higher than in 2023 when it was 11 percent, but lower than in 2022 when it was 17 percent and 27 percent in 2021, but an increase compared to 6 percent in 2020. This measure has fluctuated over the last 10 years. Approximately 26 percent required limited assistance in 2024, a significant increase over 2023 when it was 18 percent. This metric also fluctuates considerably. Sixty percent required total assistance with medications, compared to 70 percent in 2023 and 64 percent in 2022.



In 2024, 54 percent of respite residents were cognitively independent, compared to 52 percent in 2023, 54 percent in 2022 and 60 percent in 2021. This measure has fluctuated between 31 percent in 2020 and 60 percent in 2021. In 2024, 31 percent required limited assistance, which is about the same as in 2021-2023. This also varies year to year. Fifteen percent required total assistance. This metric also fluctuates year over year.



Residents Discharged from Assisted Living in 2024

The percentage of discharged residents who were female in 2024 was 70 percent, similar to 2014-2023. Thirty percent of discharged residents were male. There were 234 residents discharged who were older than 100, a decrease from 254 in 2023, but comparable to 238 in 2022 and 205 in 2021, or approximately 4 percent of discharged residents.

The mean LOS for discharged, non-respite residents was 27 months, comparable to 2021-2023. This was down from 31 months in 2020, but consistent with 2015 through 2019.

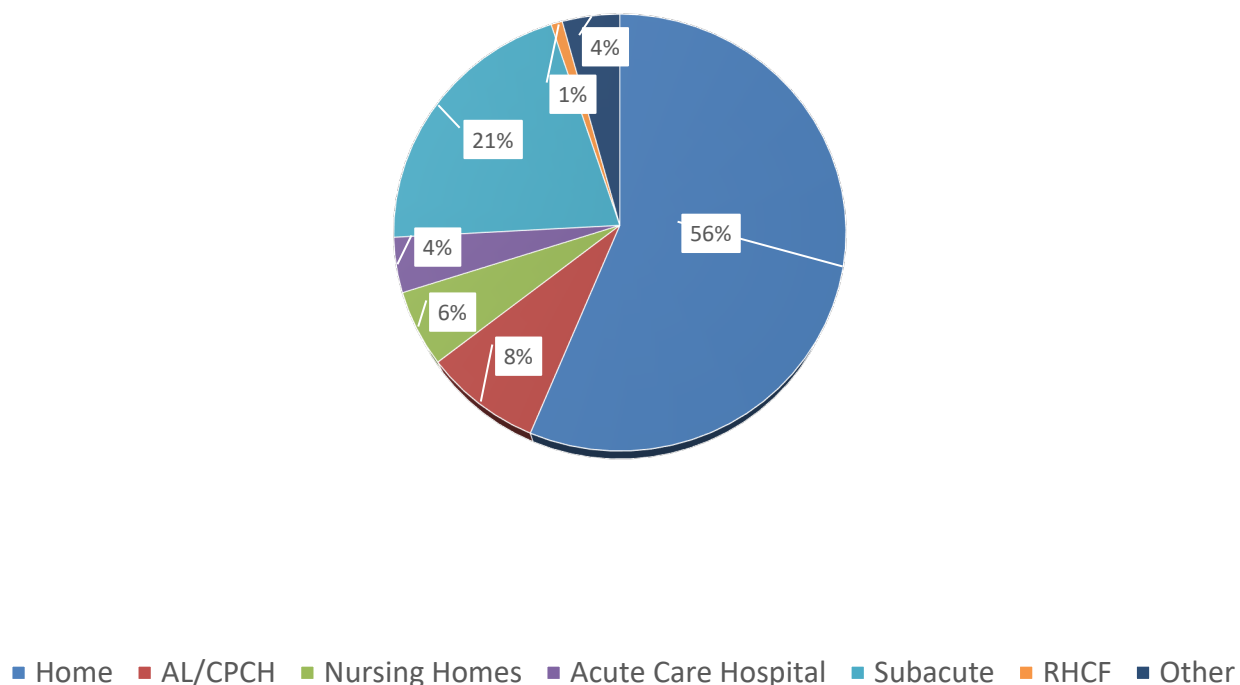
Discharged, Non-Respite Residents' Mean Length of Stay – 2012 through 2024

Mean LOS in Months													
Discharged, Non-Respite	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	28	29	30	29	29	29	28	28	31	28	28	28	27

In 2024, 942 discharged residents were covered by Medicaid, or 13 percent. This number is lower than in 2023 when 966 discharged residents were covered by Medicaid, or 14 percent and in 2022 when 1037 discharged residents were covered by Medicaid, or 16 percent.

The chart below shows the admission source for discharged, non-respite residents in 2024.

Admission source for discharged, non-respite residents



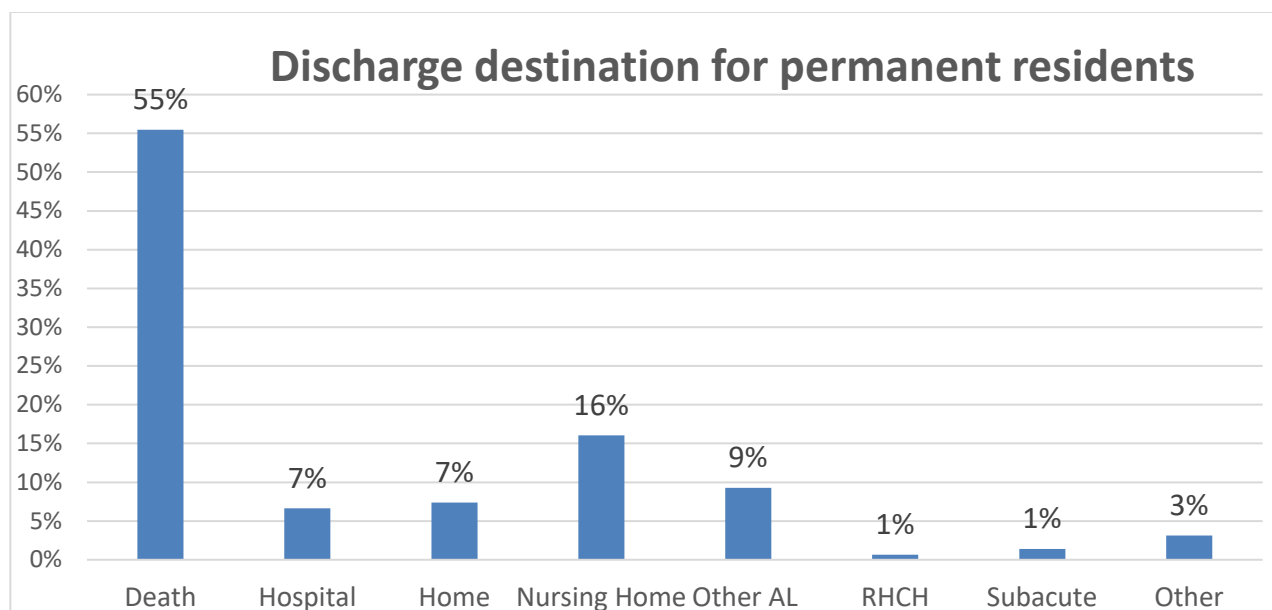
Fifty-six percent of discharged, non-respite residents had been admitted from home in 2024, comparable to 2021-2023. These numbers remained fairly consistent with prior years' data. Approximately 21 percent were from the subacute setting, consistent with 2023 and prior years.

Discharged Residents Destination

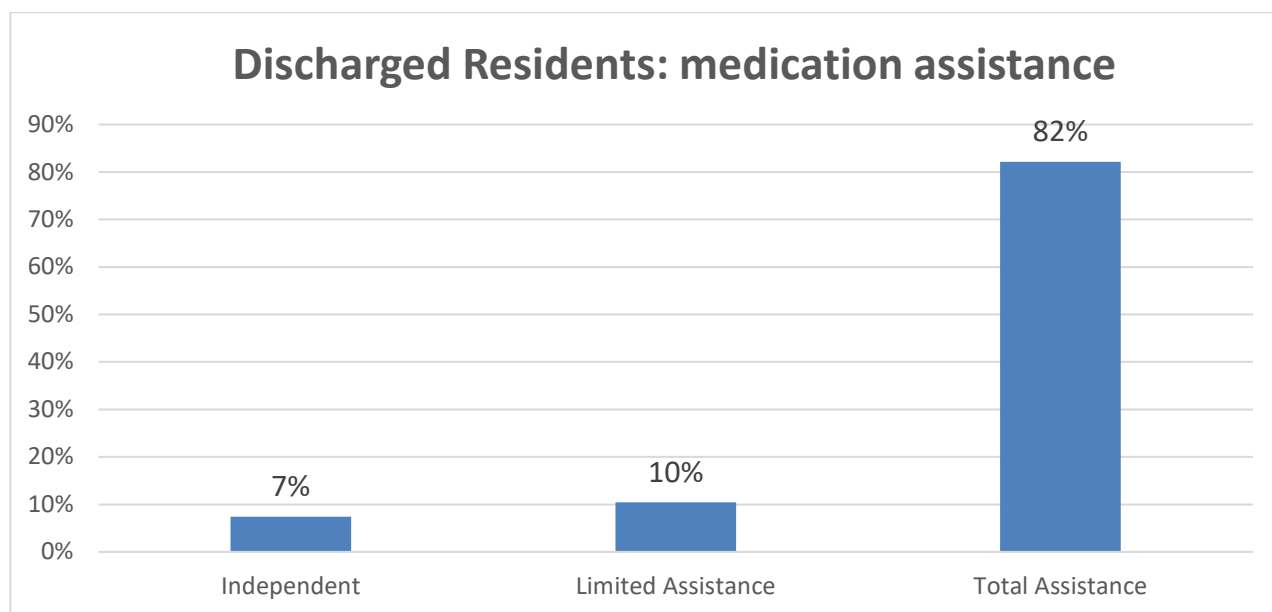
The top two discharge categories for residents since 2012 were death (55 percent in 2024) comparable to 2022-2023 and similar to 52 percent in 2021 and 56 percent in 2020, but an increase compared to 48 percent in 2019. There has been an increasing trend since 2017. Sixteen percent went to a nursing home in 2024, which is comparable to the 17 percent in 2023 and 18 percent reported for 2022, 19 percent in 2021 and 16 percent in 2020.

When examining residents discharged to facilities, it is clear that most of the residents were discharged to nursing homes (16 percent in 2024, 17 percent in 2023, 18 percent in 2022), followed by acute care hospitals (7 percent in 2023-2024, 8 percent in 2022, which was the similar to prior years) and AL/CPCH facilities (9 percent in 2024, almost 10 percent in 2023, 8 percent in 2022, which is similar to all prior years except 2020 when it was 4.8 percent).

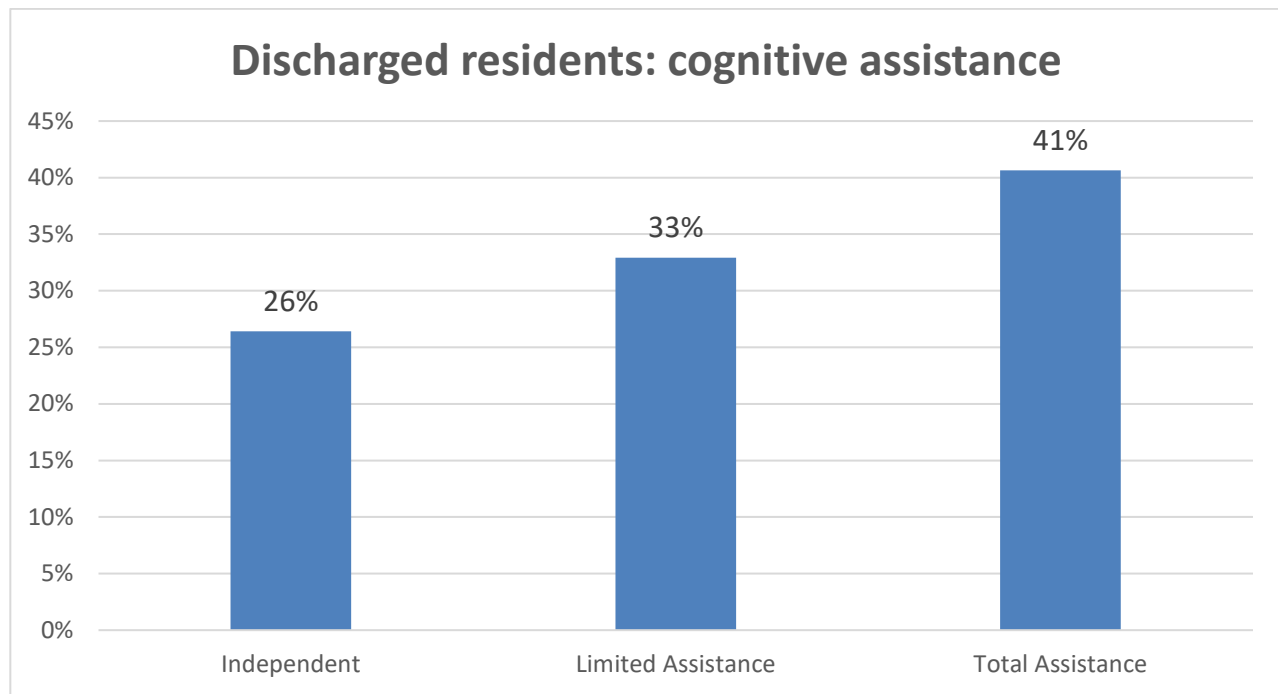
This data continues to suggest the increasing medical frailty of the residents served by the state's ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.



In 2024, 7.4 percent of discharged residents were independent in medication administration; this was an increase over 6.6 percent in 2023. The data in 2023 was similar to 2016- 2022, but lower than 9 percent in 2015. The percentage of discharged residents requiring limited medication administration assistance in 2024 was 10 percent, similar to 2013-2023. The percentage of discharged residents requiring total medication administration assistance was 82 percent, similar to 2017 – 2023.



The percentage of discharged residents who were cognitively independent was approximately 26 percent in 2024, consistent with all prior years. The percentage requiring limited cognitive assistance was 33 percent, consistent with prior years. The percentage of discharged residents requiring total assistance was 41 percent, also consistent with prior years.

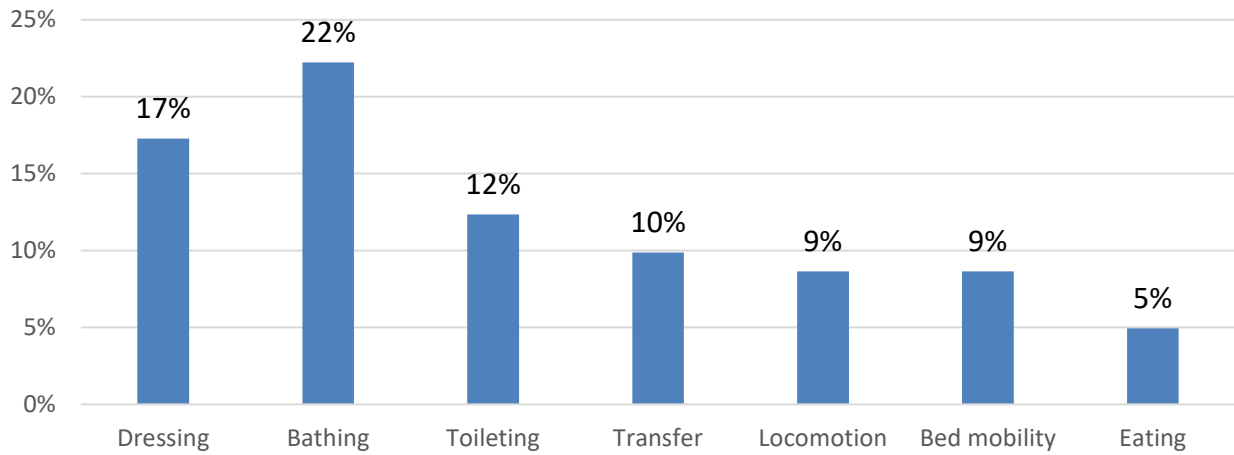


The percentage of discharged residents requiring no assistance with ADLs was approximately 4 percent in 2024, consistent with 2021-2023. This was an increase from 2 percent in 2020, but consistent with 3.9 percent in 2019. The percentage of discharged residents requiring assistance with one ADL was 3 percent in 2024, similar to 2017-2023, while those requiring assistance with two ADLs was 4 percent, similar to 2018-2023, but down from 5 percent in 2015-2017. In 2024, 4 percent required assistance with three ADLs, the same as in 2022-2023, but slightly higher than in 2021, but lower than in 2020 and 2019. Eighty-five percent required assistance with four or more ADLs, the same as in 2022-2023, but slightly lower than 2021 when it was 86 percent, but still higher than the 84 percent in 2020.

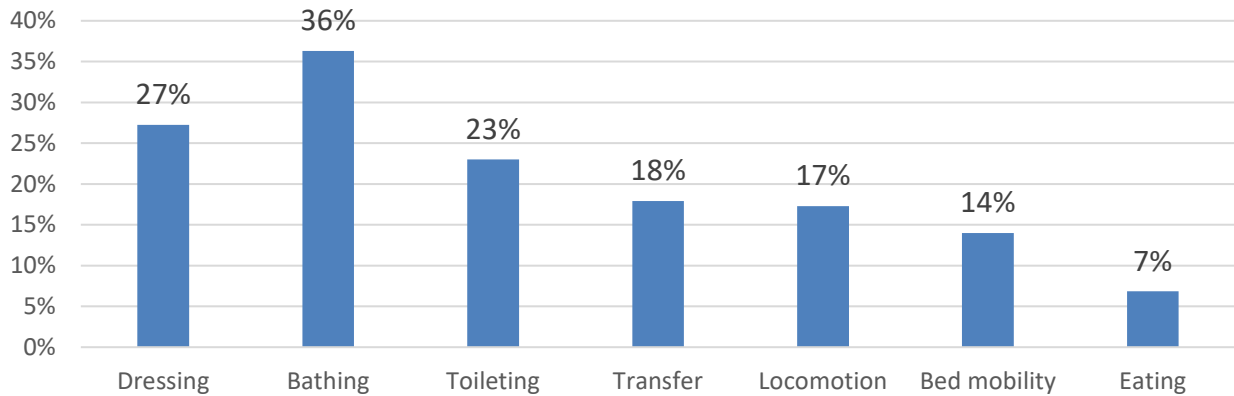
Comparison of Populations with Respect to ADLs

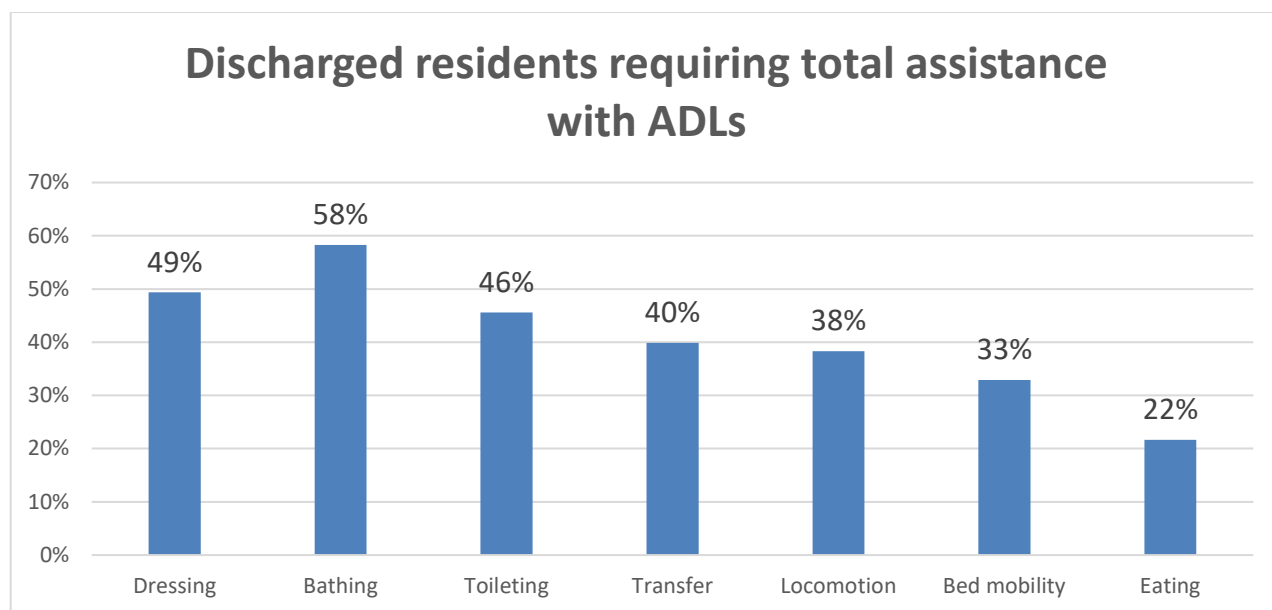
The following charts show a comparison of all three populations (respite, discharged, permanent/in-house) in terms of the percentage requiring **total assistance** with ADLs.

Respite residents requiring total assistance with ADLs



Permanent residents requiring total assistance with ADLs

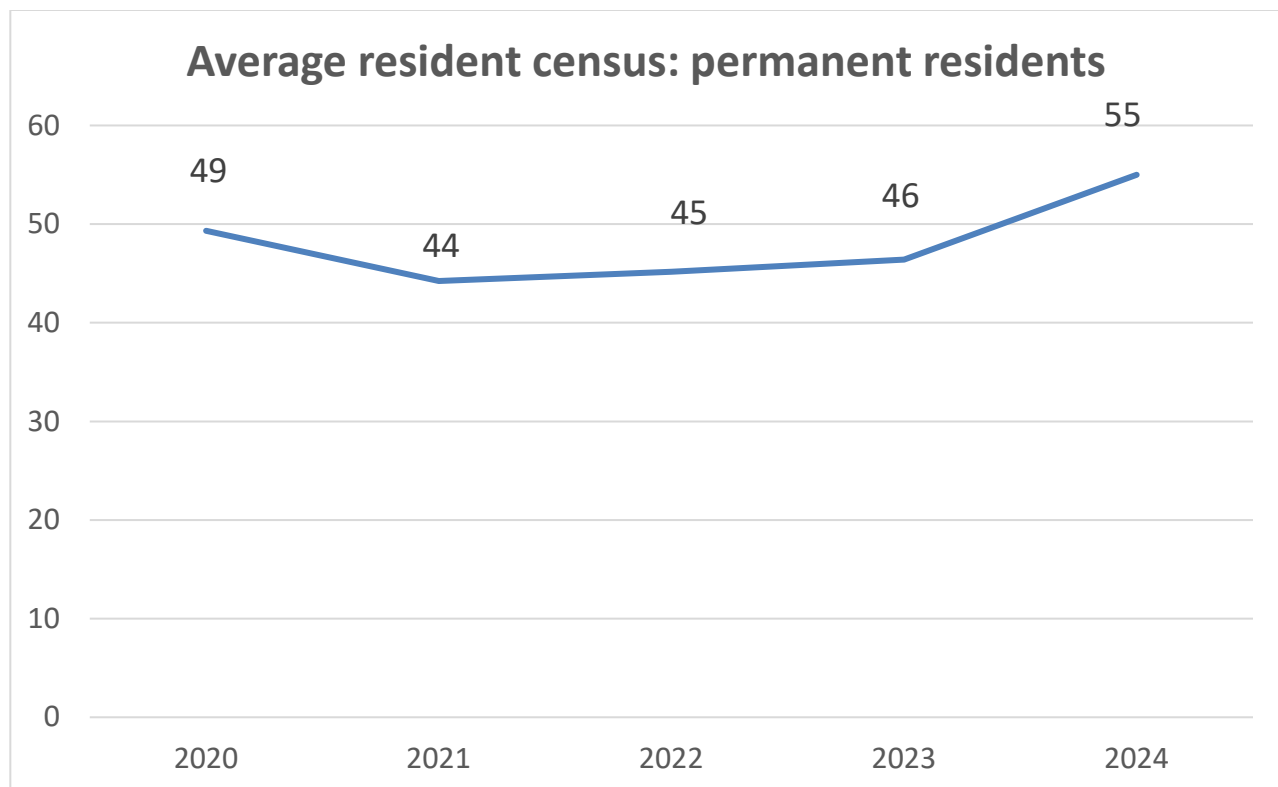




Assisted Living Program Residents' Characteristics

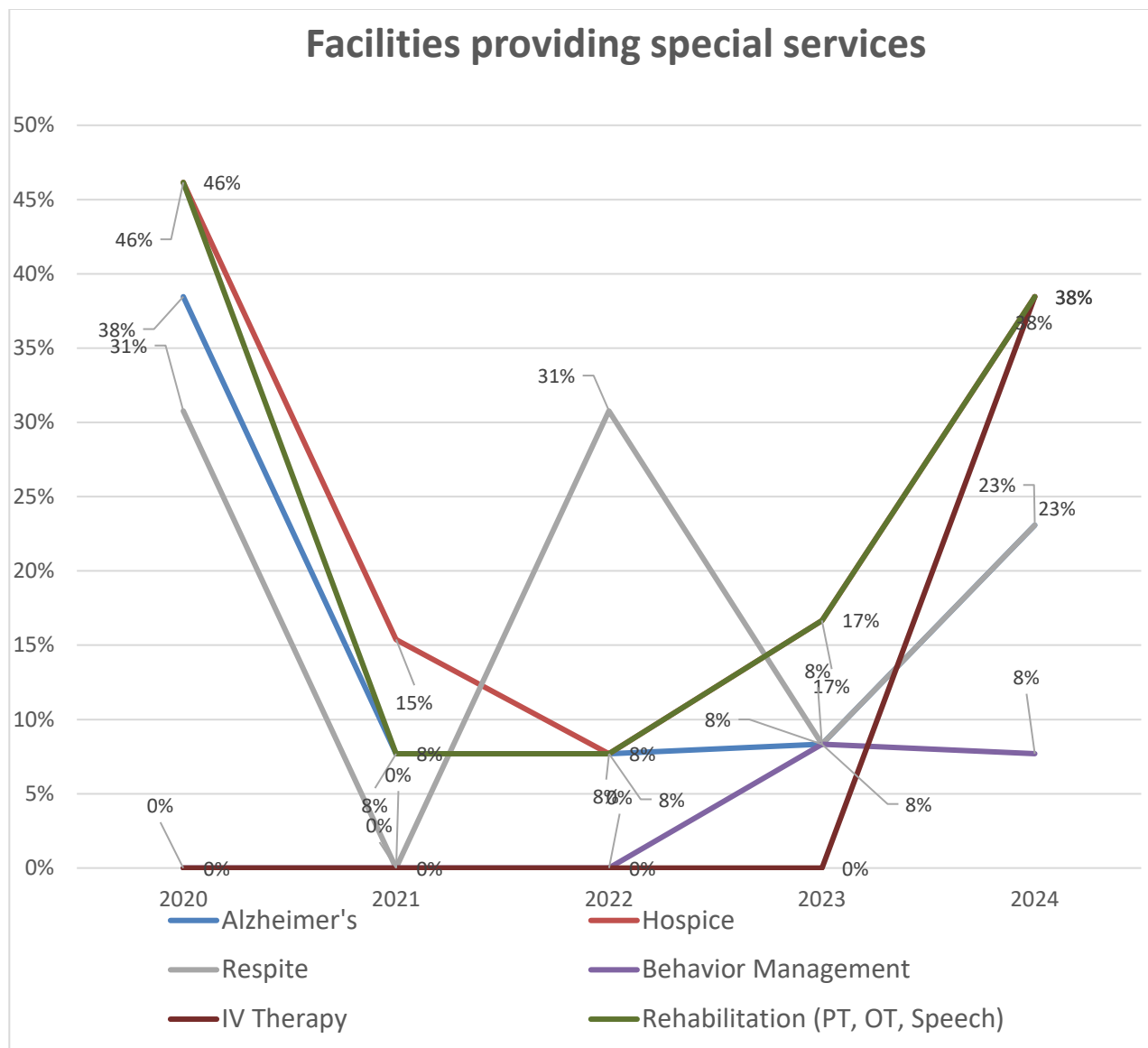
There are 13 assisted living programs (ALPs) in New Jersey; all 13 responded to this year's survey. A total of 715 residents were included in the survey, an increase from 2023 when 675 residents were included in the survey. This number is still lower than in 2022 when it was 774. The number of ALP residents was highest in 2020 (823) and 2019 (813).

Twelve administrators of ALPs are certified assisted living administrators and one is a licensed nursing home administrator. The average census is 55 residents, which is higher than in 2023 when it was 46 residents, and higher than prior years, other than 2018. Twelve of the ALPs serve Medicaid beneficiaries. In 2024, 583 residents (82%) were Medicaid beneficiaries, an increase over 2023 when it was 516 residents, or 93 percent. This is comparable to 2016-2022.



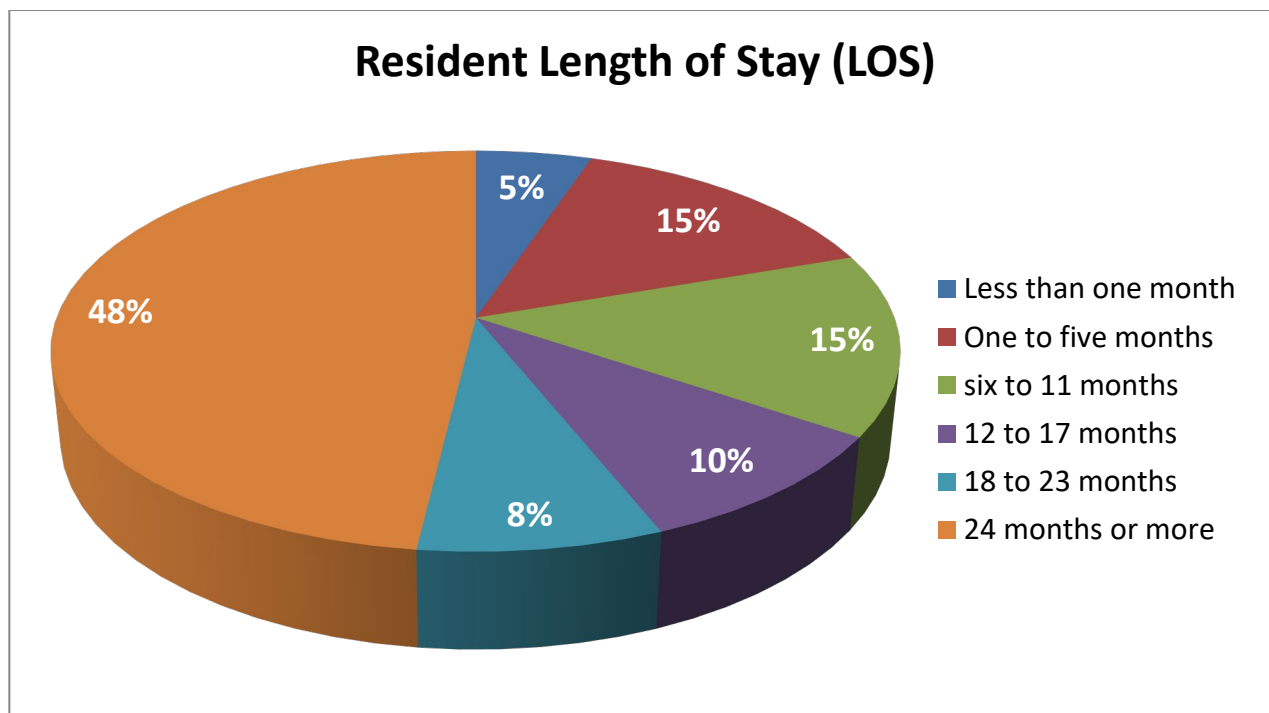
In 2024, 38 percent of ALPs reported they provide hospice services, a significant increase from 17 percent in 2023 and a continuation of a trend noted in last year's report.

Three ALPs (23 percent) provided respite services in 2024, an increase over 2023 when it was 8 percent (n=1). Only 5 ALPs reported providing rehabilitation services which is an increase over 2021-2023. In 2024, three reported that they provide Alzheimer's services, an increase compared to 2021-2023. This is down from 5 in 2020.



The ALPs report that on average there are 23 FTEs, which is an increase from 16 FTEs in 2022-2023, and up from 13 FTEs in 2021 and 2020. The number is closer to the 21 FTEs reported in 2019. In 2024, six ALPs or 46 percent reported having an active CMA program. This is one less than in 2023 and continues the decrease since 2019.

Fifty-seven percent of ALP residents are female and 43 percent are male; this is comparable to 2021-2023. Eighteen, or almost 5 percent, of residents live with a spouse. This is a significant increase compared to 2023 and the prior four years. The average length of stay is 34 months, compared to 38 months in 2022-2023 and 39 months in 2021.

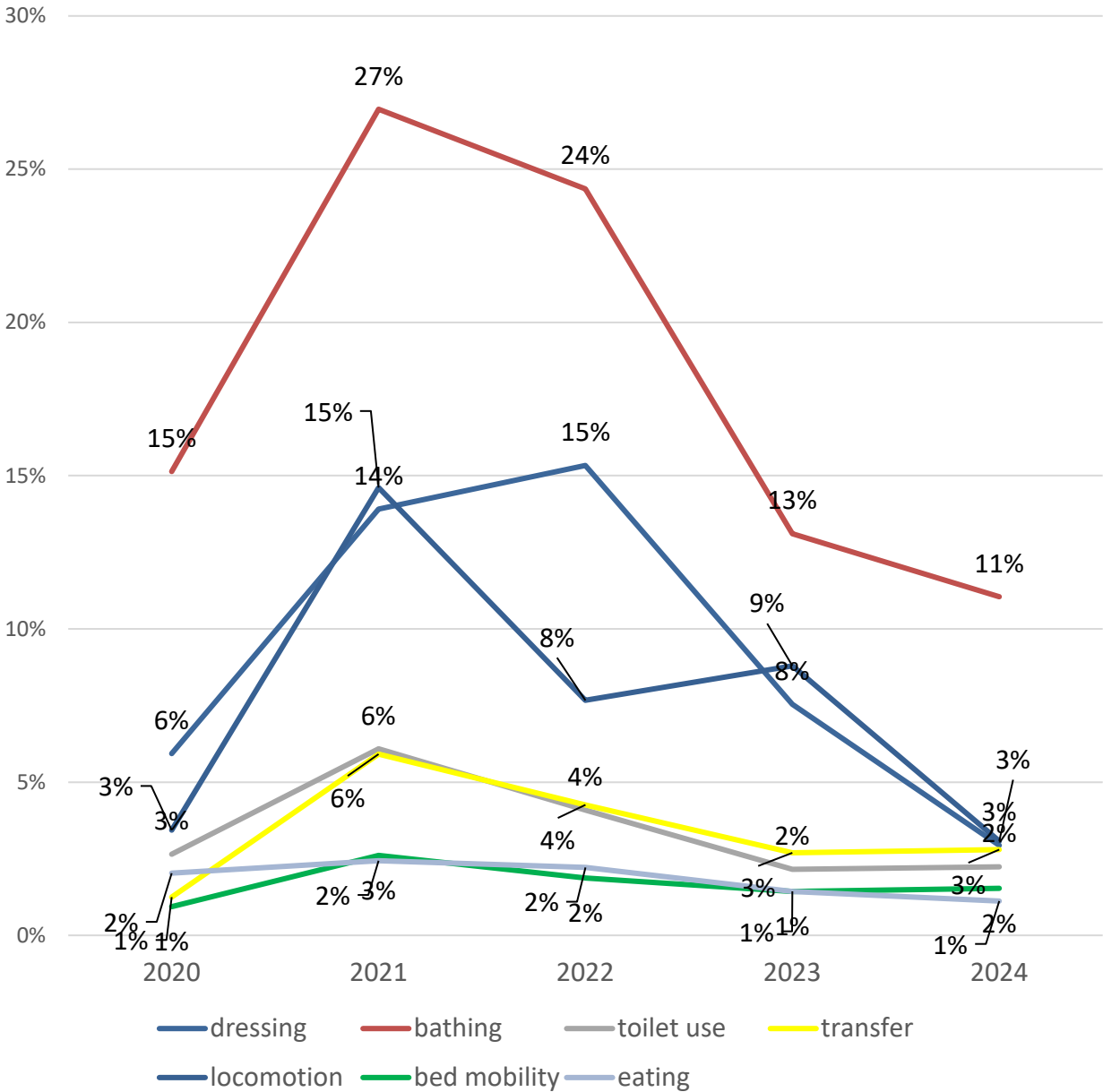


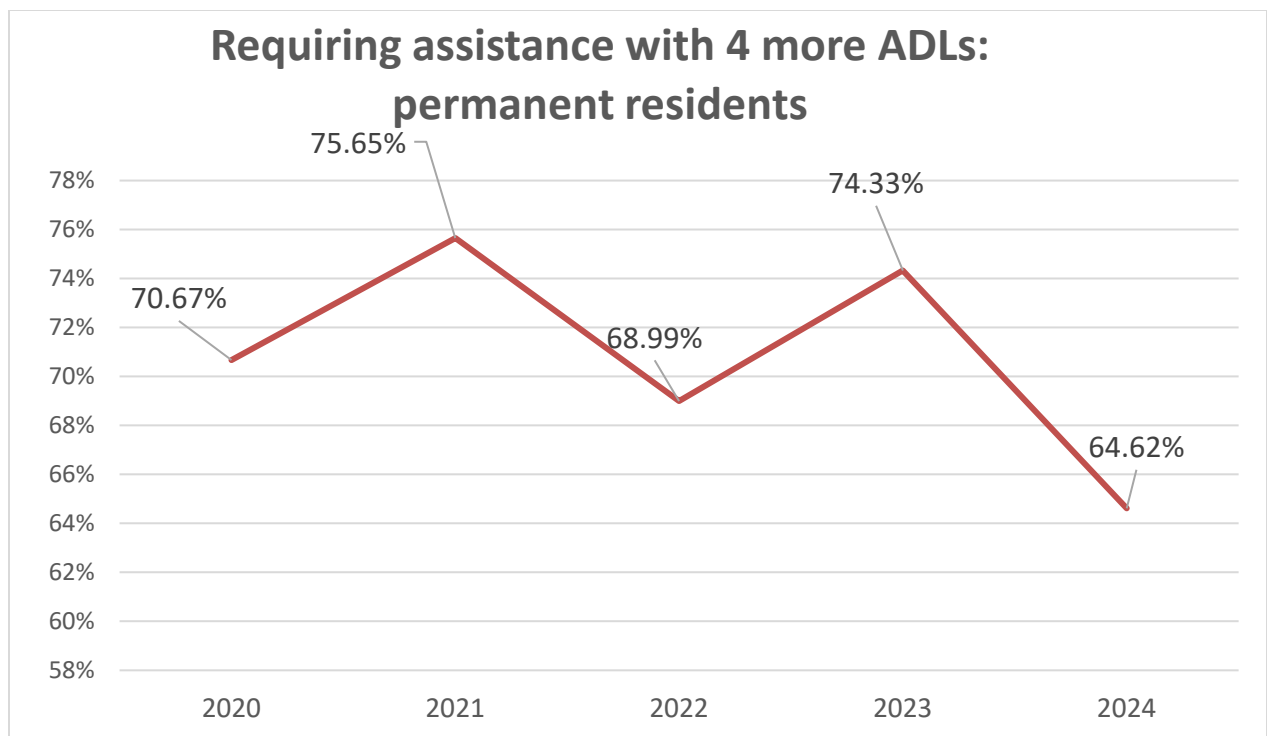
As expected, 70 percent were admitted from home, similar to 2019 - 2023, since the ALP provides services in subsidized senior housing. Another 11 percent were admitted to the ALP following a nursing home stay and 9 percent specifically from a subacute care stay, while 5 percent were reported to be admitted from another unspecified source. This is consistent with 2019- 2023.

Approximately 53 percent of ALP residents had a health service plan in 2024, an increase from 45 in 2023. This is more comparable to 56 percent reported in 2021-2022 and continues a generally upward trend since 2018. The ALPs reported that 289 residents, or 40 percent, have a mental health diagnosis a noticeable increase from 2023 when ALPs reported that 155 residents, or 28 percent, had a mental health diagnosis other than dementia. In 2024, ALPs reported that 39 residents, or 5 percent, have a substance use disorder diagnosis, a decrease from 2023 when it was 43 residents, or 8 percent.

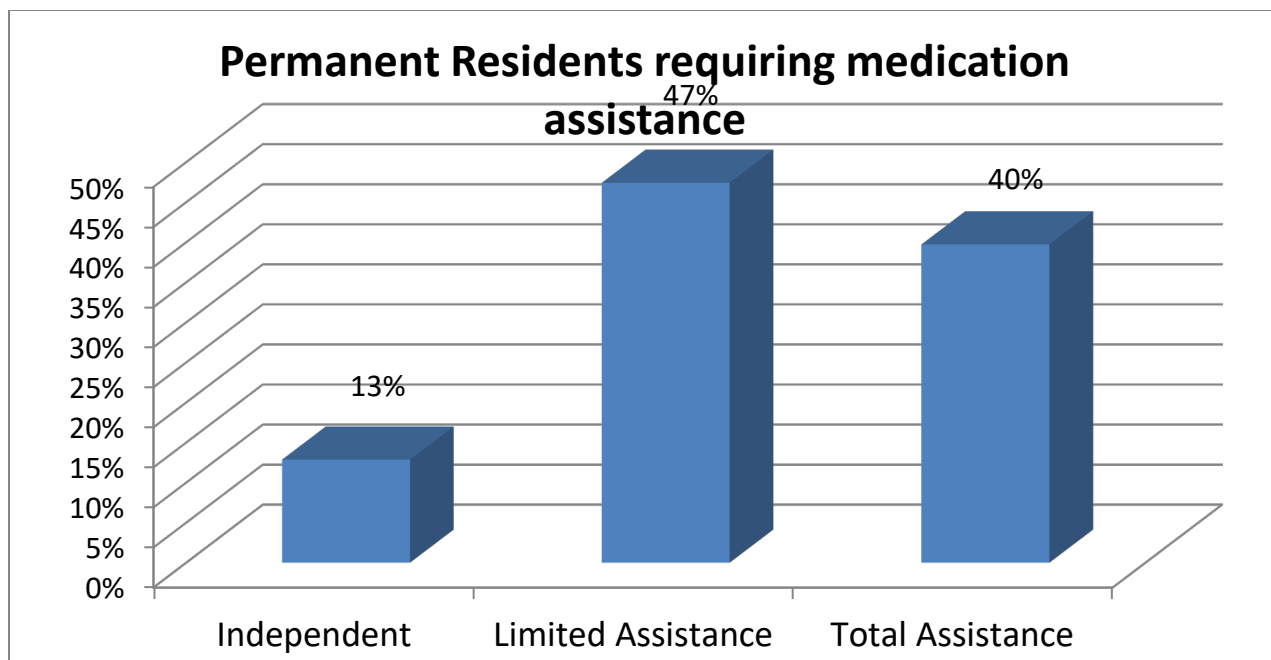
Sixty-five percent of ALP residents required assistance with 4 or more ADLs in 2024. This is a decrease from 74 percent in 2023 and 69 percent in 2022. Sixteen percent required assistance with 3 ADLs, compared to 9 percent in 2023; 15 percent required help with 2 ADLs; 4 percent with 1 ADL (compared to 12 percent in 2022-23, 8 percent in 2021, 11 percent in 2020 and 15 percent in 2019) and less than 1 percent were independent in ADLs (the same as 2022-23, down from 2 percent in 2020, but consistent with 2019).

Residents requiring TOTAL assistance with ADLs: permanent residents

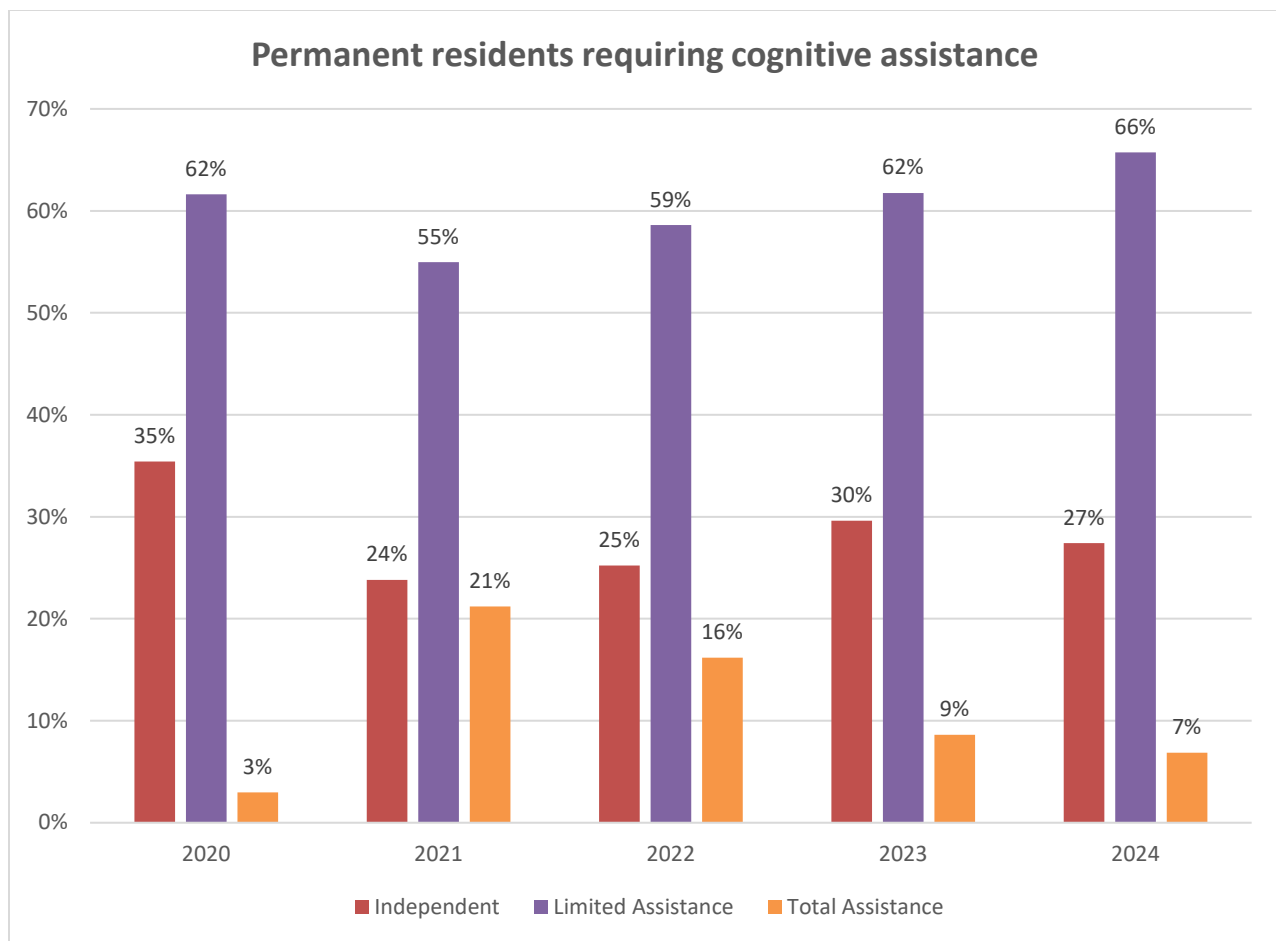




Forty percent of ALP residents required total assistance with medication administration in 2024, which is comparable to 2023 and continuing a downward trend from 50 percent in 2019-2022. Forty-seven percent required limited assistance, which is comparable to 2023 and higher than 36 percent in 2022, 34 percent in 2021 and 30 percent in 2020, 18 percent in 2019 and 37 percent in 2018; and 13 percent required no assistance, about the same as in 2022-2023. This was higher than the 9 percent reported in 2021, but lower than 15 percent reported in 2019-2020.



Approximately 27 percent of ALP residents were cognitively independent, slightly lower than in 2023 when it was 30 percent and about 2 percent higher than in 2022, but the same as in 2021. This data point fluctuates year over year. Another 66 percent required limited assistance, similar to 2023 and an increase compared to 59 percent in 2022 and 55 percent in 2021. Seven percent were totally dependent, similar to 2023 and a decrease from 16 percent in 2022 and 21 percent in 2021. This is still higher than the 3 percent reported in 2020 and the 4 percent indicated for 2019.



For residents discharged from the ALP, the most frequent discharge destination was to a nursing home (30 percent in 2024; 23 percent in 2023; 32 percent in 2022, 31 percent in 2021 and 2020, compared to 35 percent in 2019 and 25 percent in 2018), followed by 23 percent who died in 2024. In 2023, 15 percent died. Another 20 percent discharged to home, which is similar to 2023 and higher than the 15 percent reported in 2022 and the 10 percent reported in 2020, but still much lower than the 31 percent reported in 2019. Seven percent were discharged to an acute care hospital, comparable to the 4 percent in 2023, 5 percent in 2022 and down from 11 percent in 2021 and 15 percent in 2020. This number has fluctuated over the last few years and was likely influenced by the COVID-19 pandemic. Twelve percent have been discharged to other settings, down from 2023 and comparable to 17 percent reported in 2022 and the 11 percent reported in 2021. Approximately one percent were discharged to subacute care, which is similar to 2021-2023, and still lower than the 4 percent reported in 2020. Another 7 percent went to another assisted living setting, which is slightly higher than prior years' data.

