ASSISTED *Living*

2025 RESIDENT PROFILE SURVEY RESULTS

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

July 2026

To health! NJHA New Jersey Hospital Association

HCANJ Health Care Association of New Jersey

LeadingAge® New Jersey & Delaware

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Introduction Memo

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

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

DATE: July 2026

SUBJECT: Assisted Living Resident Profile Survey Results for 2025

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the calendar year 2025. This report contains information concerning New Jersey licensed assisted living facility organizations and the individuals they serve. The report summarizes the results of the ALRPS focusing on general characteristics, facility characteristics, and resident characteristics across four primary categories: Assisted Living Residence, Comprehensive Personal Care Home, Assisted Living Program, and Respite. We believe you will find this information very useful in determining how your facility compares with the statewide average for each of the measures.

The Department of Health (Department) would like to thank staff members from the facilities for completing and submitting the survey for 2025. In addition, the Department appreciates the collaborative efforts of the New Jersey Hospital Association, the Health Care Association of New Jersey, and LeadingAge New Jersey & Delaware for their assistance to facilities in the completion process. If you have questions, concerns or comments regarding the survey, you may contact the Department at (609) 376-7760.

Purpose

The Assisted Living Resident Profile Survey (ALRPS) is an annual survey of assisted living facility organizations in New Jersey. The purpose of the ALRPS is to identify key characteristics of assisted living facility organizations and the residents they serve. This information helps the New Jersey Department of Health (Department) better understand how the provider community is supporting the goal of promoting "aging in place."

The survey is conducted by the Department in collaboration with the New Jersey Hospital Association (NJHA), the Health Care Association of New Jersey (HCANJ), and LeadingAge New Jersey and Delaware (LANJDE). NJHA serves as the lead administrative agency and is responsible for hosting and maintaining the web-based survey system.

This report presents the results of the 2025 Assisted Living Resident Profile Survey (ALRPS) and may be used by administrators to compare their organizations with statewide averages.

Definitions

New Jersey Administrative Code 8:36-1.3 defines assisted living as a coordinated array of supportive personal and health services, available 24 hours per day, to residents who have been assessed to need these services including persons who require a nursing home level of care. Assisted living promotes resident self-direction and participation in decisions that emphasize independence, individuality, privacy, dignity, and homelike surroundings. There are three types of licensed settings which provide assisted living services:

1. **Assisted Living Residence (ALR)** means a facility that is licensed by the Department of Health to provide apartment-style housing and congregate dining and to assure that assisted living services are available when needed, for four or more adult persons unrelated to the proprietor. Apartment units offer, at a minimum, one unfurnished room, a private bathroom, a kitchenette, and a lockable door on the unit entrance.
2. **Comprehensive Personal Care Home (CPCH)** means a facility that is licensed by the Department of Health to provide room and board and to assure that assisted living services are available when needed, to four or more adults unrelated to the proprietor. Residential units in comprehensive personal care homes house no more than two residents and have a lockable door on the unit entrance.
3. **Assisted Living Program (ALP)** means the provision of or arrangement for meals and assisted living services, when needed, to the tenants/residents of publicly subsidized housing which cannot become licensed as an assisted living residence.

For the purposes of the ALRPS reporting, resident types are defined as follows:

1. **In-house:** Residents residing in the facility as of 12/31/25. Excludes respite.
2. **Discharged:** Residents discharged from the facility during the reporting period with no expectation to return. Excludes respite.
3. **Respite:** Residents admitted to the facility for a period of time specified in advance for the purpose of providing a caregiver respite from caregiving responsibilities. A respite resident who requests a transition to a permanent resident without physical discharge is "discharged" and then "readmitted" as non-respite for ALRPS reporting purposes. Respite includes both in-house and discharged categories.

Methodology

The data is collected via an electronic survey that consists of standardized data elements. The data is self-reported by the facilities.

The ALRPS data collects and reports on the following general characteristics:

1) Medicaid participation
2) Census
3) Length of stay

The ALRPS collects and reports on the following facility characteristics:

1) Administrator's credentials
2) Special services
3) Staffing information
4) Certified medication aide (CMA) program information

The ALRPS collects and reports on the following resident characteristics for in-house, discharged, and respite residents.

1) Age and Gender
2) Length of Stay
3) Mental Health and Substance Use Disorder Diagnosis
4) Health Service Plan
5) Admission and Discharge Destinations
6) Need for assistance with activities of daily living (ADLs), medication administration, and cognitive status

Most data are displayed in the following four primary categories:

1. Assisted Living Residence (ALR)
    a. Includes in-house and discharged residents
2. Comprehensive Personal Care Home (CPCH)
    a. Includes in-house and discharged residents
3. Assisted Living Program (ALP)
    a. Includes in-house and discharged residents
4. Respite (Respite)
    a. Includes in-house and discharged residents

Data Collection

The 2025 ALRPS was administered electronically from March 19 through May 7, 2026. New Jersey licensed ALRs, CPCHs, and ALPs were required to submit their data for the 2025 calendar year. Eligible providers are defined as those in operation in the 2025 calendar year and deemed as having statistically sufficient data. Providers without sufficient data include those in operation for less than 6 months during the reporting period and those exclusively providing hospice services. For the 2025 report, the number of eligible facilities by type and reporting status were as follows:

2025 FACILITY PARTICIPATION AND RESPONSE RATES BY TYPE

Facility Type		Number of Facilities	Number of Eligible	Number of Participating	Response Rate
ALR		251	250	243	97%
CPCH		24	24	22	92%
ALP		14	10	10	100%
TOTAL		**289**	**284**	**275**	**97%**

The number of participating facilities and response rates since 2012 is as follows:

HISTORICAL FACILITY PARTICIPATION AND RESPONSE RATES

YEAR	2012	2013	2014	2015	2016	2017	2018
PARTICIPATING	207	203	213	228	232	236	243
RESPONSE RATE	96%	98%	95%	99%	100%	100%	99%
YEAR	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
PARTICIPATING	250	256	261	272	279	282	275
RESPONSE RATE	99%	98%	100%	99%	99%	99%	97%

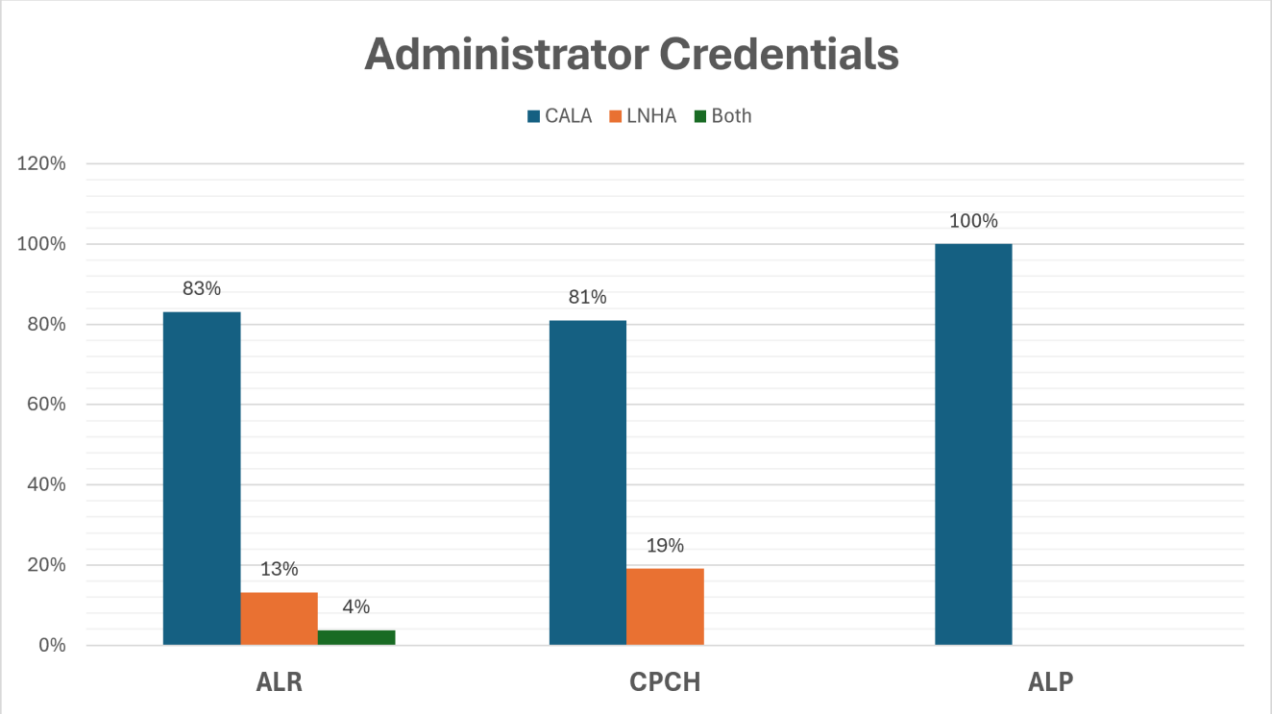
Data Analysis for Assisted Living Residences (ALR) and Comprehensive Personal Care Homes (CPCH) and Assisted Living Program (ALP)

Administrator Credentials

Administrators of assisted living are required to hold one of the following credentials:

- Certified Assisted Living Administrator (CALA)
- Licensed Nursing Home Administrator (LNHA)

Most administrator staff in all settings, 83% overall, reported a certified assisted living administrator (CALA) credential; 13% overall reported a licensed nursing home administrator (LNHA); and 4% reported dual credentials of both CALA and LNHA.

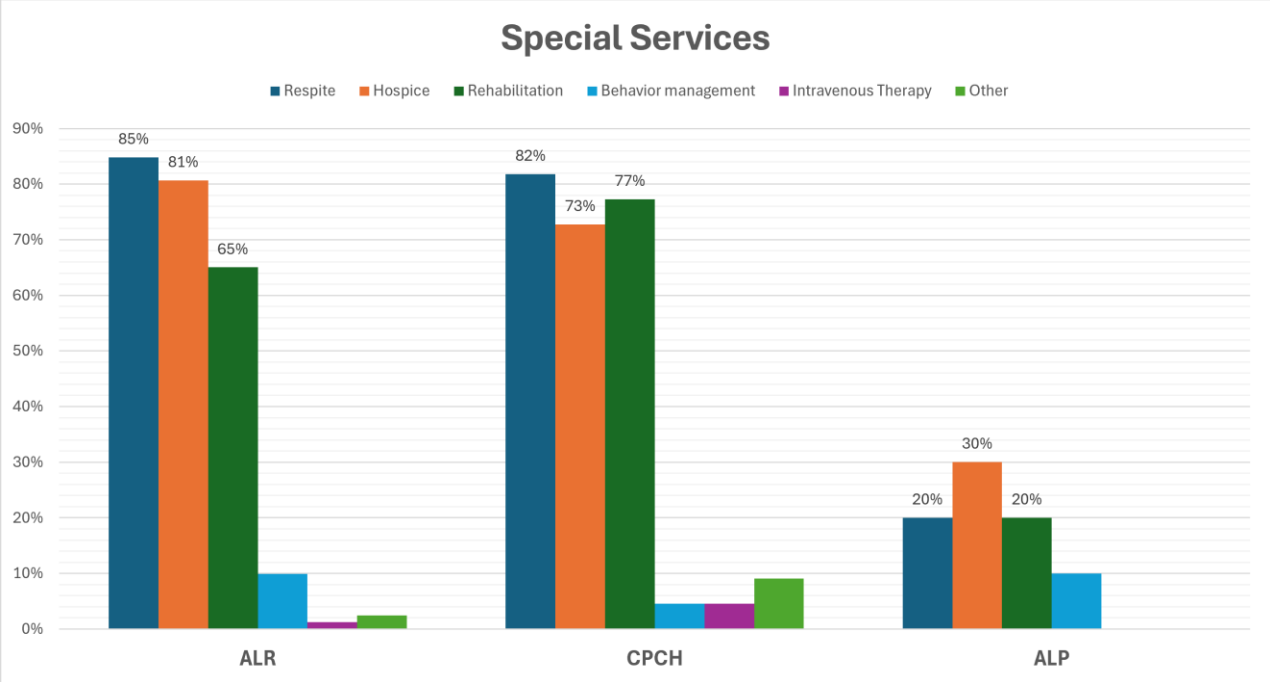


Special Services

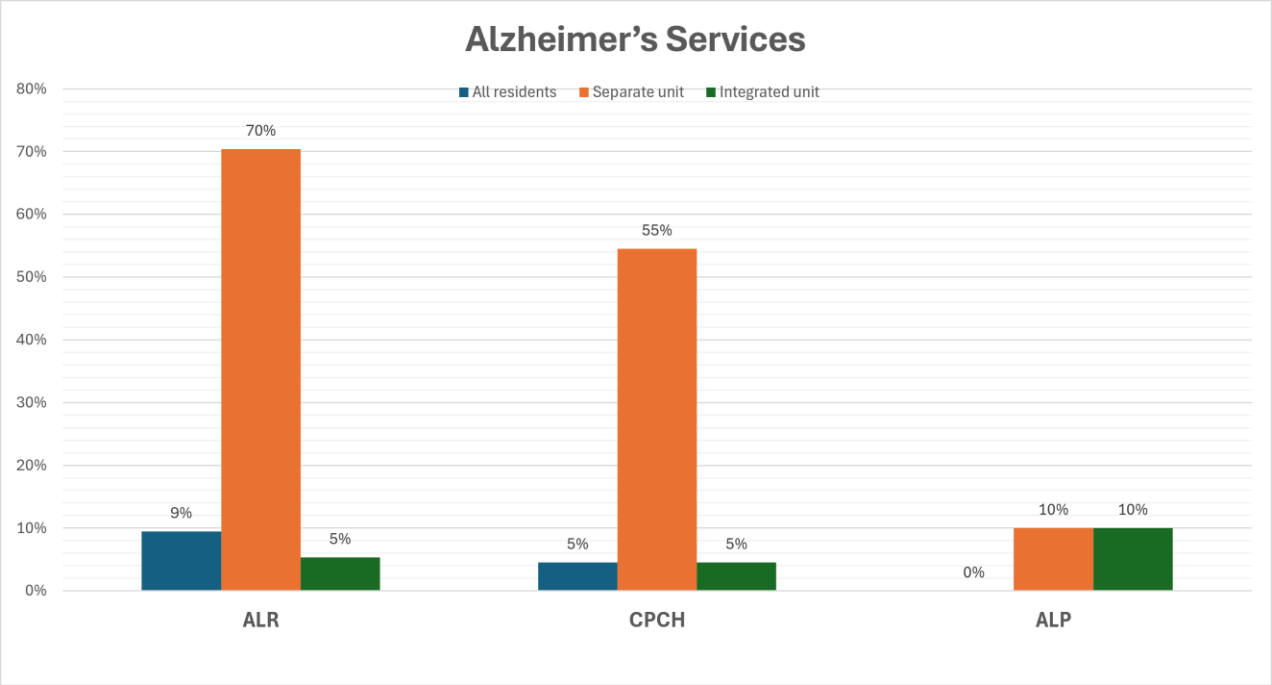
Special services are optional services beyond the core health care services provided to all assisted living residents.

Ninety-five percent of facilities reported the provision of special services. The breakdown of special services is as follows:

- Respite – 226 facilities (82%)
- Hospice – 215 facilities (78%)
- Rehabilitation Therapies including physical, occupational, and speech – 177 facilities (64%)
- Behavior Management – 26 facilities (9%)
- Intravenous therapy – 4 facilities (1%)
- Other – 8 facilities (3%)



- Alzheimer's – 223 facilities (81%)
  - 24 facilities (11%) serve all residents operating solely as a memory care facility
  - 184 facilities (82%) offer separate units within the larger community
  - 15 facilities (7%) provide an integrated memory unit



Medicaid Participation

As per N.J.A.C. 8:33H-1.7, facilities newly licensed on or after 8/31/01 shall reserve 10 percent of its total bed complement for use by Medicaid-eligible persons. Eighty-seven percent of facilities reported participating in the Medicaid program. The five-year average participation rate is 85%. Sixteen percent of all residents were covered by Medicaid. The five-year Medicaid resident rate is 17.85%. Thirteen percent of discharged residents were covered by Medicaid. The five-year average is 14%.

Staffing

NJ assisted living facility organizations must employ sufficient staff to meet resident care needs. The average number of full-time equivalents (FTEs) in ALR/CPCH was 55 with a five-year average of 53.

The average number of FTEs in ALP was 30 with a five-year average of 20. This number has been steadily increasing each year and is at its highest level as displayed in the table below.

Historical Assisted Living Program Full Time Employee Averages

YEAR	2021	2022	2023	2024	2025
ALP Average FTEs	13.42	17.69	15.83	23.15	29.50

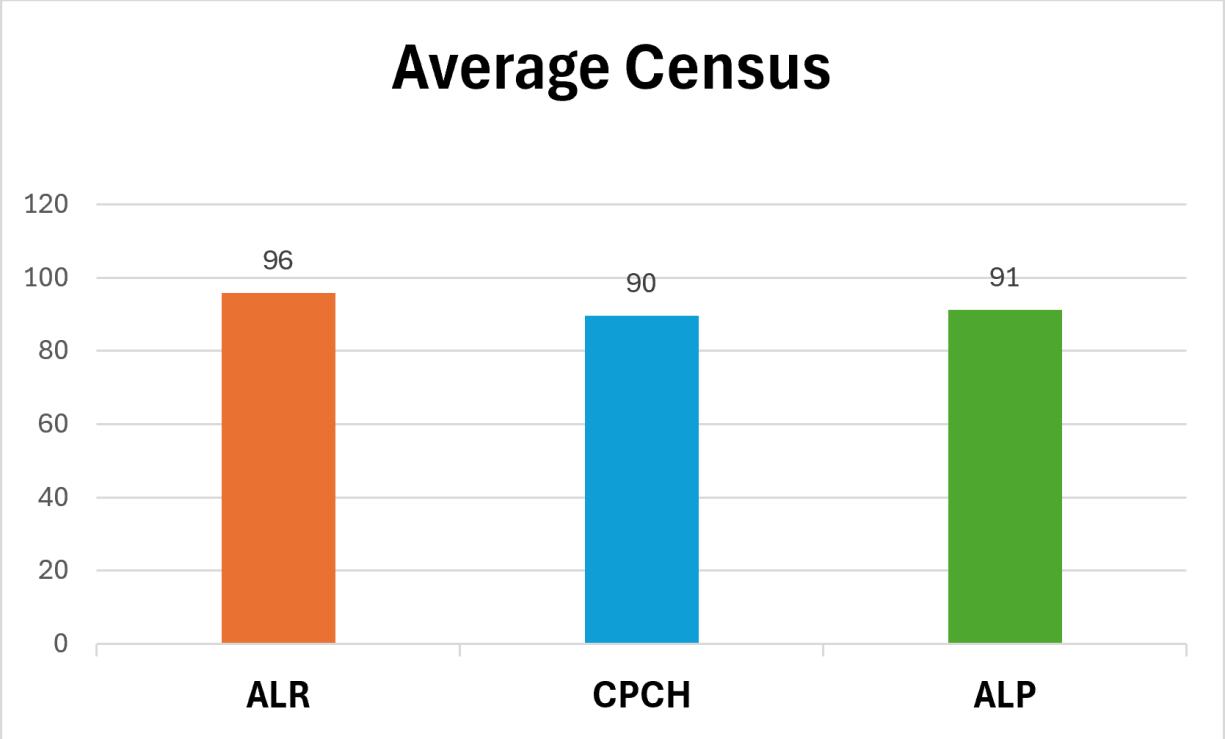
Census

During 2025, there were 26,691 residents served in assisted living which is an increase of 548 from the prior year despite 7 fewer facilities reporting. The total number of in-house residents as of 12/31/25 was 19,732 and discharged residents totaled 6,959. Average occupancy rate is calculated as 66.40%. The five-year occupancy rate average is 62.87%.

Resident count and average census per facility type are shown in the table and chart below:

Resident Count in ALRPS

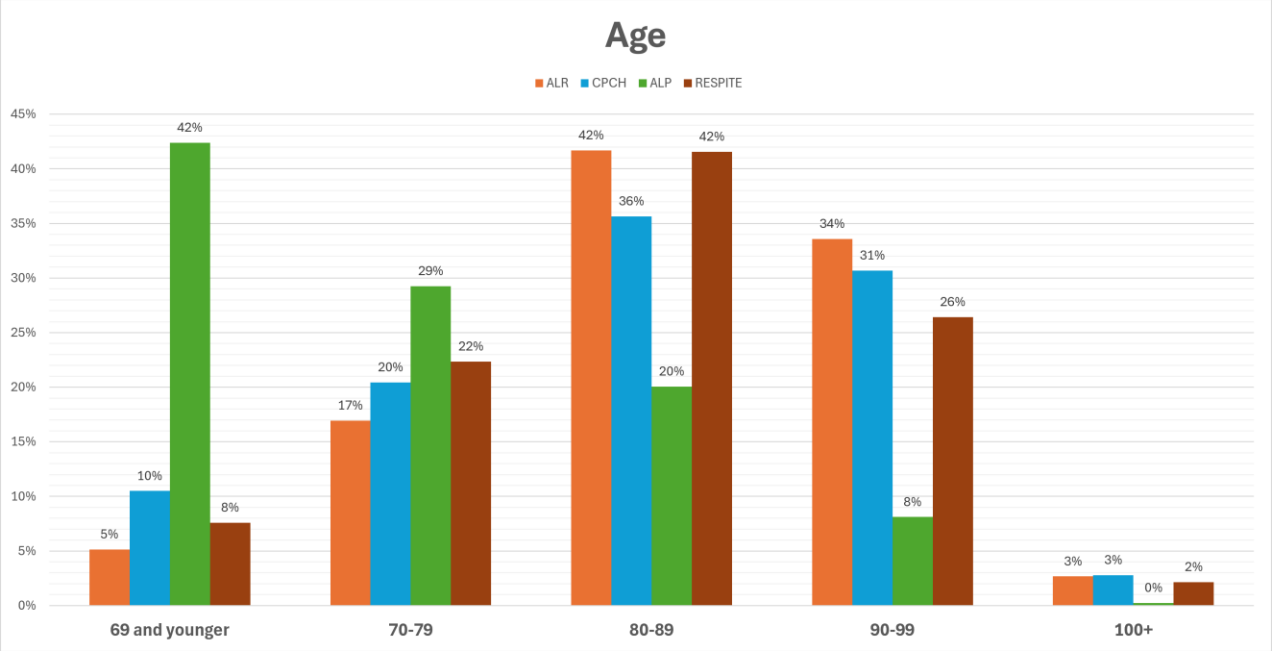
YEAR	2012	2013	2014	2015	2016	2017	2018
Count	20,246	20,272	20,603	22,407	23,293	23,938	24,421
YEAR	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**
Count	24,469	22,058	22,063	23,642	25,199	26,143	26,691



Age, Gender, and Spouse

The mean resident age for in-house residents was 83 years. Overall, 18% were in their 70's; 40% were in their 80's, and 32% were in their 90's. As displayed in the age chart below, ALP predominantly serves those aged 69 and younger. Seventy-five percent of respite residents were served in the ALR setting; the ages of these residents are consistent with in-house residents.

Seventy percent of residents were female and 30% were male. For respite residents, these numbers shift to 64% female and 36% male. Eight percent of residents lived with their spouses.



Length of Stay (LOS)

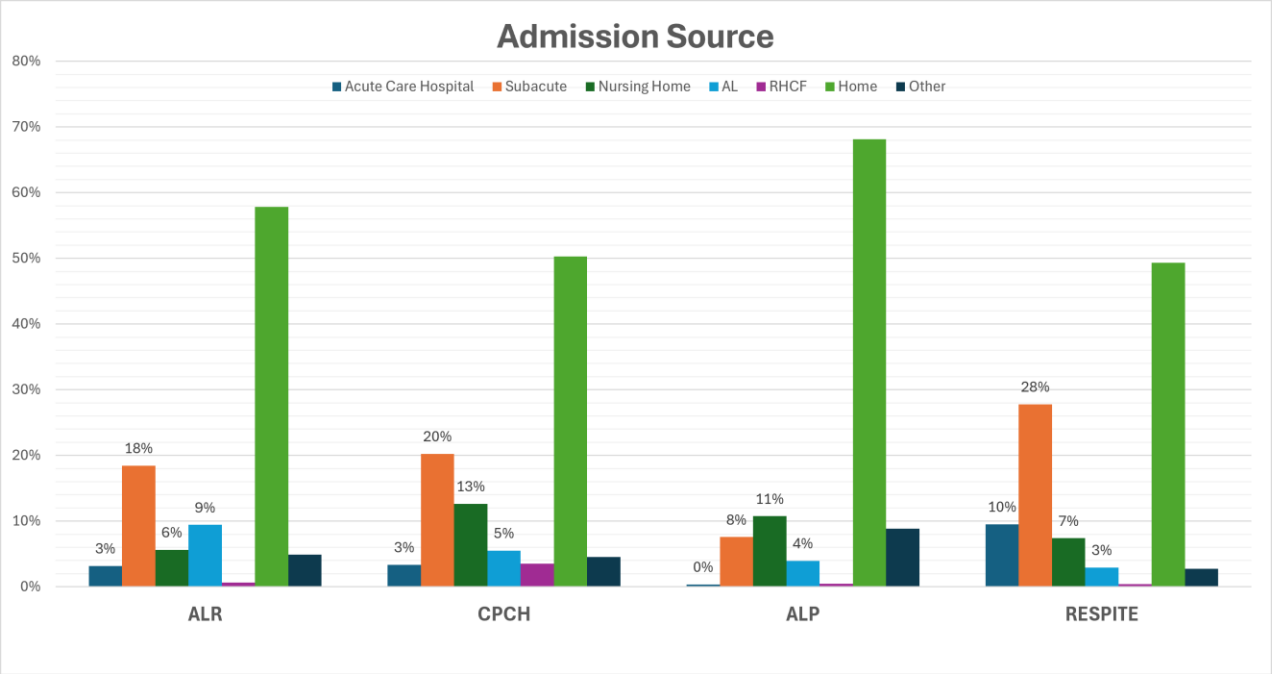
The mean length of stay (LOS) for in-house residents was 28 months with a five-year average of 29 months. In-house respite residents had a mean LOS of 113 days with a five-year average of 105 days. Discharged respite residents had a mean LOS of 34 days with a five-year average of 49 days.

IN-HOUSE RESIDENTS' MEAN LOS IN MONTHS

YEAR	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Months	31	31	30	30	31	32	30	29	28	28	28

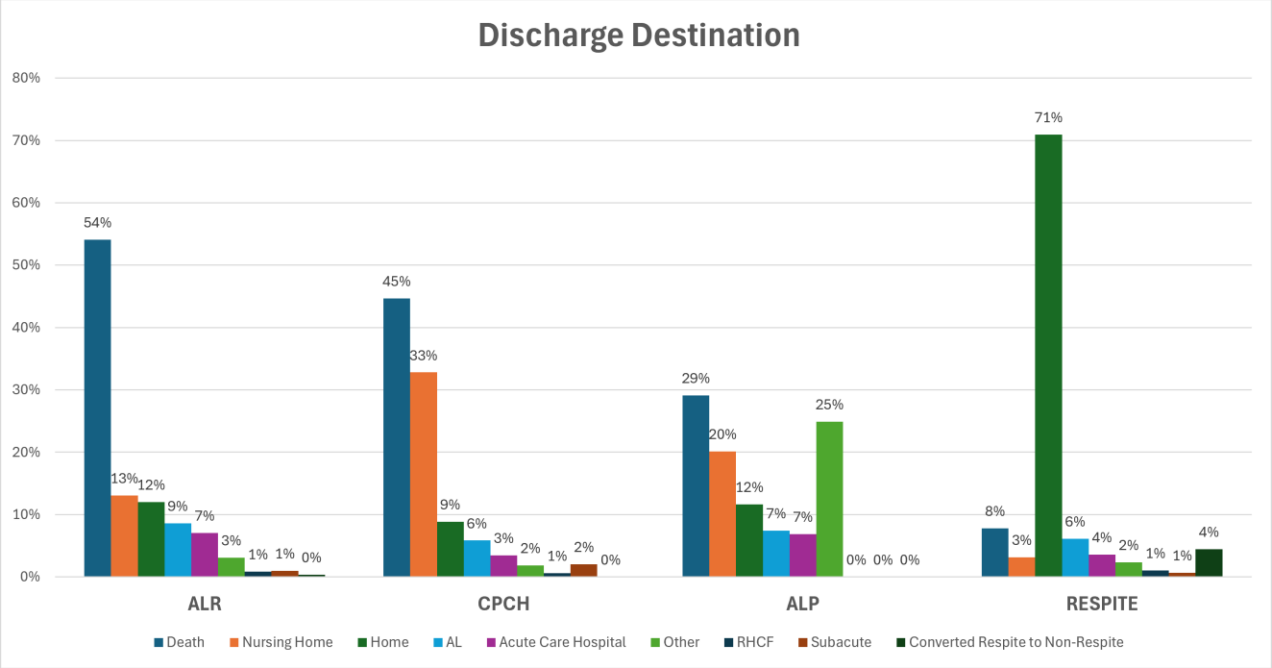
Admissions and Discharges

The most common admission source was from home followed by a subacute unit. This trend applies to all settings with some slight differences for ALP. ALP admissions were predominantly from home (68%) followed by nursing home, other, and sub-acute. The majority of respite admissions were from home followed by a subacute unit, acute care hospital, and nursing home. The data is consistent with reporting in the past five years.



There were 6,959 residents discharged from AL. The most common discharge destination overall was death (53%) followed by nursing home (15%), home (12%) and another AL facility (8%). Specific to ALP facilities, the most common discharge destination was death followed by other and nursing home. The data is consistent with reporting in the past five years.

For respite residents, the most common discharge destination overall was home (71%) followed by nursing home (3%), and another AL facility (6%). Twelve percent of discharged non-respite residents went home with a five-year average of 12%. Seventy-one percent of discharged respite residents went home with a five-year average of 69%.



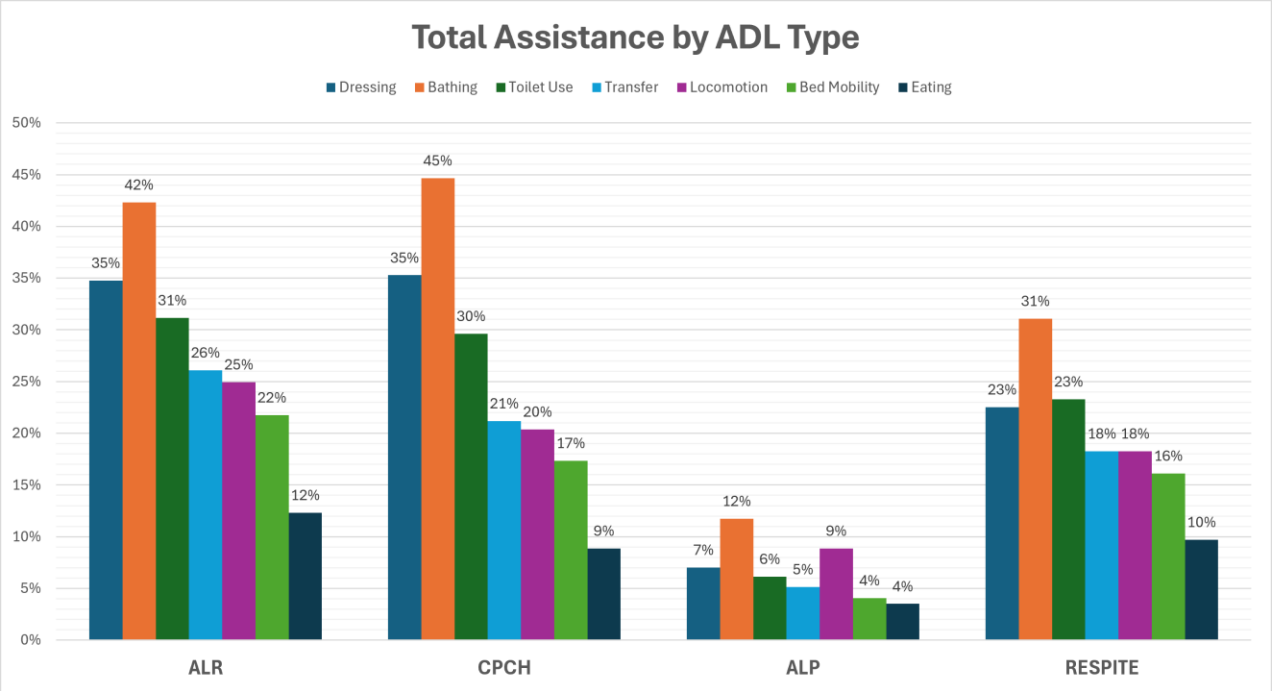
Activities of Daily Living

As shown in the table below, 7% of in-house residents required no assistance with their activities of daily living. Eight to nine percent required assistance with one, two or three ADLs. The majority of residents, 65%, required assistance with 4 or more ADLs. This is consistent with the five-year averages.

ADL Assistance for In-House Residents 2021-2025

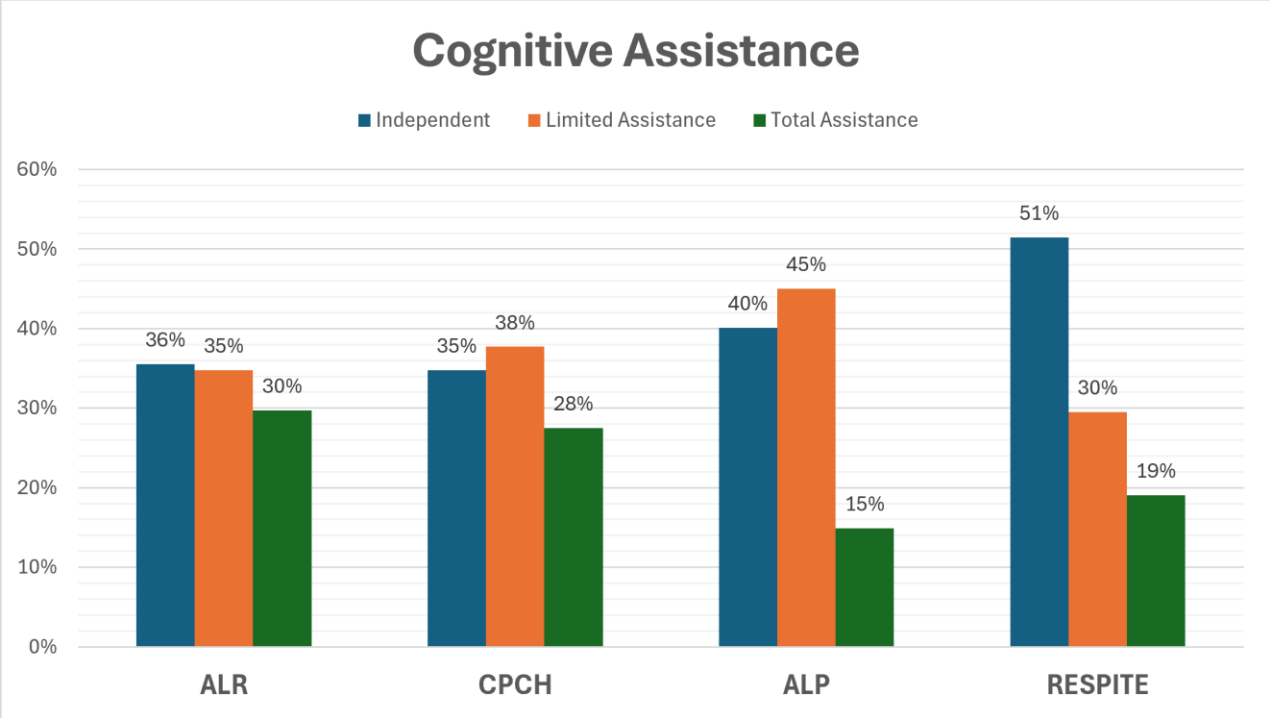
	Independent	Assistance with 1 ADL	Assistance with 2 ADLs	Assistance with 3 ADLs	Assistance with 4 or More ADLs
2021	6%	7%	9%	9%	68%
2022	6%	8%	9%	9%	67%
2023	7%	8%	9%	10%	67%
2024	7%	9%	10%	9%	65%
2025	7%	9%	10%	9%	65%
5-year average	**7%**	**8%**	**9%**	**9%**	**66%**

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



Cognitive Assistance

As shown in the chart that follows, an average of 40% of all residents were cognitively independent. An average of 37% of all residents required limited cognitive assistance. Twenty-three percent of all residents required total cognitive assistance. ALR and CPCH report a higher percentage of non-respite residents requiring total cognitive assistance. Fifty-one percent of respite residents in all settings were cognitively independent.



Mental Health and Substance Use Disorder Diagnoses

7,171 residents were reported with a mental health diagnosis other than dementia which represents 36% of the in-house population. The three-year average is 34%; this metric was initiated in 2023. 420 residents were reported with a substance use disorder diagnosis which represents 2% of the in-house population. The three-year average is 2%; this metric was initiated in 2023.

Certified Medication Aide (CMA) Program

As per N.J.A.C. 8:36-11.5, the Certified Medication Aide (CMA) Program allows an assisted living facility registered professional nurse to delegate the task of administering medications to certified medication aides. Eighty-two percent of facilities reported an active CMA program; the five-year average is 76%. This rate increases each year and is at its highest. Sixty-six facilities reported an in-house CMA training program which represents 24%. The five-year average rate is 21.5%.

Medication Administration

Thirteen percent of in-house residents were independent in medication administration. In-house residents requiring limited assistance with medication administration was 14%. Total medication administration assistance represented 73% of in-house residents. The five-year average was equal to the current period metric rate for each of these categories.

Resident Health Service Plan

As per N.J.A.C. 8:36-7.2, the health service plan shall be developed based on the health care assessment and shall include, but not be limited to, the following:

- Orders for treatment or services, medications, and diet, if needed;
- The resident's needs and preferences;
- The specific goals of treatment or services, if appropriate;
- The time intervals at which the resident's response to treatment will be reviewed;
- The measures to be used to assess the effects of treatment.

The percentage of residents with a health service plan was 65.86% percent; the five-year average is 60%. This number has steadily increased each year as displayed below.

RESIDENT HEALTH SERVICE PLAN 2021-2025

	2021	2022	2023	2024	2025
All residents	58.95	59.67	61.34	63.80	65.86
In-house non-respite	57.15	58.08	59.24	62.45	64.86
In-house respite	45.45	62.50	52.46	59.26	57.50

58% percent of respite residents had a health service plan; the five-year average is 55%.

Managed Risk Agreement

As per N.J.A.C. 8:36-5.18, a managed risk agreement is used when a resident's individual choice, preference and/or actions are identified as placing the resident or others at risk, lead to adverse outcome and/or violate the norms of the facility or program or the majority of the residents. Facilities may negotiate a managed risk agreement with the resident that documents the specific cause(s) for concern; the probable consequences, the resident's preferences, possible alternatives, and the final agreement reached by all parties involved.

The percentage of in-house residents with a managed risk agreement was 5.49%; the five-year average is 5.55%.