

Assisted

Living



2016 RESIDENT PROFILE SURVEY RESULTS

State of New Jersey
Department of Health

Division of Certificate of
Need and Licensing

July 2017





State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
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: Cheri Stephenson, CALA 
Program Specialist 3, Office of Certificate of Need and Healthcare Facility Licensure, Division of Certificate of Need and Licensing

Gary Spiewak, Research Scientist II 

DATE: July, 2017

SUBJECT: The Assisted Living Resident Profile Survey Results for 2016

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2016. 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 100% compliance rate with the requirement to submit the Resident Profile Survey for 2016 was higher than in 2015, when it was 99%. The Department of Health (Department) would like to thank all facilities for completing and submitting the survey for 2016. 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. Gary Spiewak, Research Scientist II at (609) 292-6552. 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 2016 *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 2016 ALRPS was administered electronically from March 15 through April 30, 2017. All New Jersey licensed assisted living residences (ALRs), comprehensive personal care homes (CPCHs) and assisted living programs (ALPs) were required to submit their data for the 2016 calendar year.

The total number of facilities 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
207	203	213	228	232

Residents included in the NJ Assisted Living Resident Profile Survey

2012	2013	2014	2015	2016
20,246	20,272	20,603	22,407	23,293

For the 2016 report, all 232 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 2016 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 2016

2012	2013	2014	2015	2016
96%	98%	95%	99%	100%

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. 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 15, 2017 to April 30, 2017). The form is also used by providers to communicate changes in registered information.

Beginning in January 2017, 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

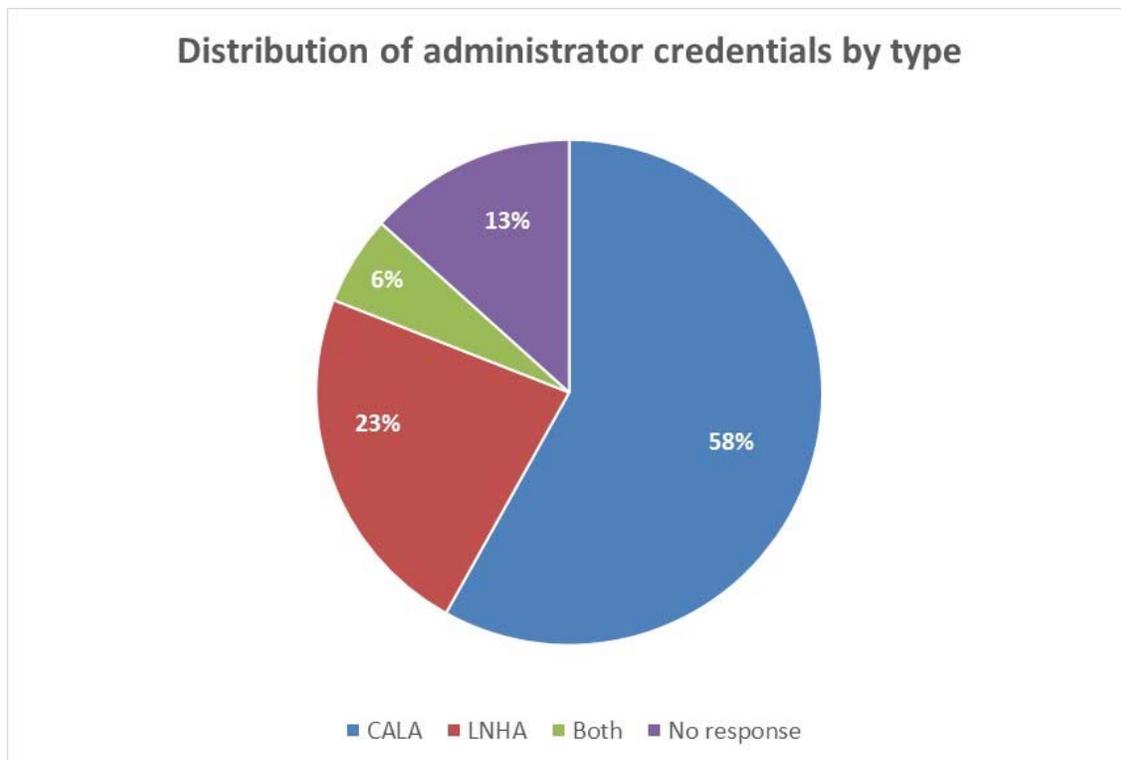
The following data is collected to develop the resident profile: age and gender, Medicaid status, respite status, admission source, discharge destination, length of stay (LOS), need for assistance with activities of daily living (ADLs), medication administration, cognitive status and resident contractual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

Data Analysis

Facility Characteristics Profile

1. Administrator Credentials

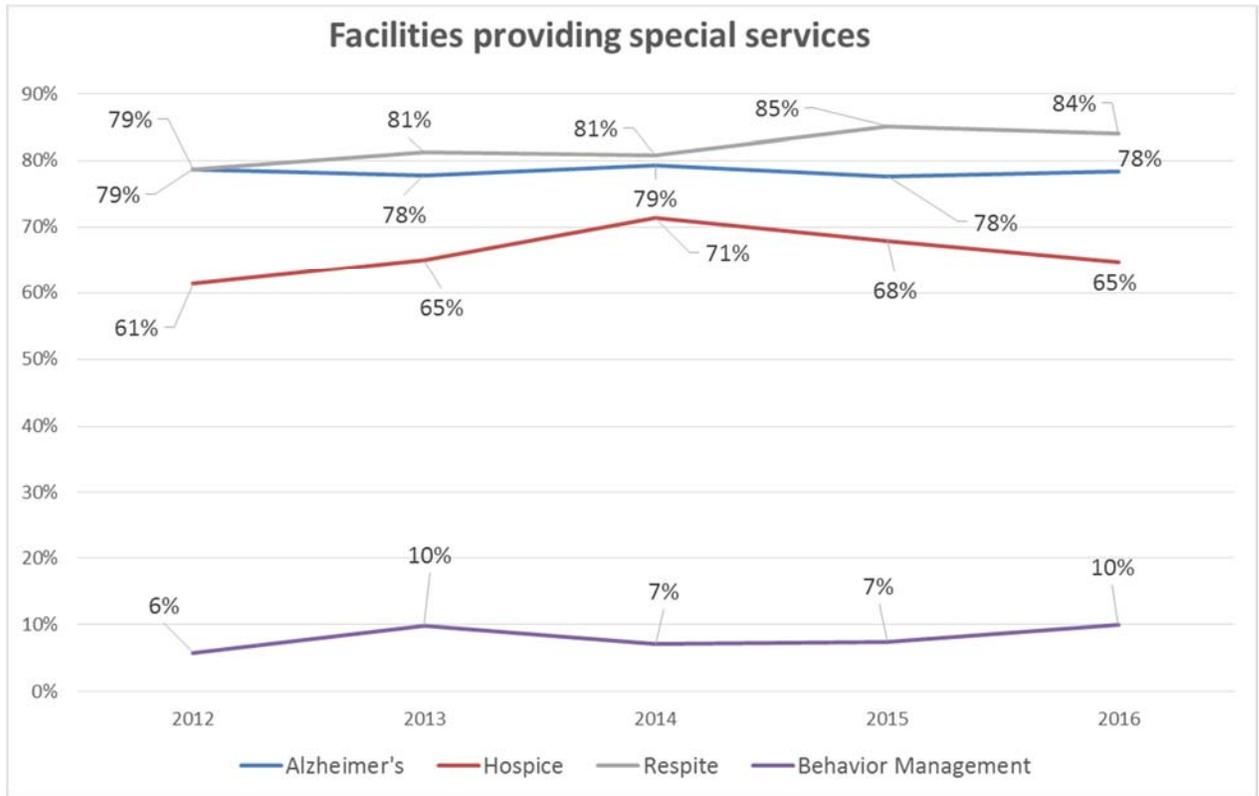
A total of 210 administrators responded to the question related to their credentials; 27 did not respond to the question (13%). Of those who responded, 122 administrators reported their credential to be certified assisted living administrator (CALA) only; 48 reported their credential to be licensed nursing home administrator (LNHA) only; 12 administrators reported their credentials to be both CALA and LNHA. The number of CALA-only administrators increased from 54 percent in 2015 to 58 percent in 2016, while the number of LNHA-only administrators remained flat.



2. Special Services

Out of 232 respondents, 217 (93%) reported providing special services. Out of the 232 total respondents to the survey, 84 percent provide respite, 65 percent provide hospice, 78 percent provide Alzheimer's services and nearly 10 percent offer behavior management services.

Of note is that the number of respondents offering behavior management services increased to 10 percent after staying steady at 7 percent in 2014 and 2015. Hospice services offered continued to decrease from 71 percent in 2014, 68 percent in 2015, and 65 percent in 2016.



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. Only 13 percent of assisted living communities are entirely dedicated to Alzheimer's care, an increase from 11 percent in 2015.

3. Staffing

In 2016, the average number of full-time equivalents (FTEs) in assisted living, excluding ALPs, was 52, slightly more than the 50 reported in 2015. The average number of FTEs in assisted living programs was 10 in 2016 similar to 10 in 2015 - down from 24 in 2014 and 19 in 2013.

4. Certified Medication Aide (CMA) Program Information

In 2016, 71 percent had an active CMA program and 24 percent had an in-house training CMA program. The percentage of facilities with an active CMA program

increased from 69 percent in 2015 to 71 percent in 2016. In previous years there had been a steady increase in assisted living communities with CMA programs (70 percent in 2012, 72 percent in 2013, and 73 percent in 2014).

Resident Characteristics Profile

Permanent Residents Currently Living in Assisted Living

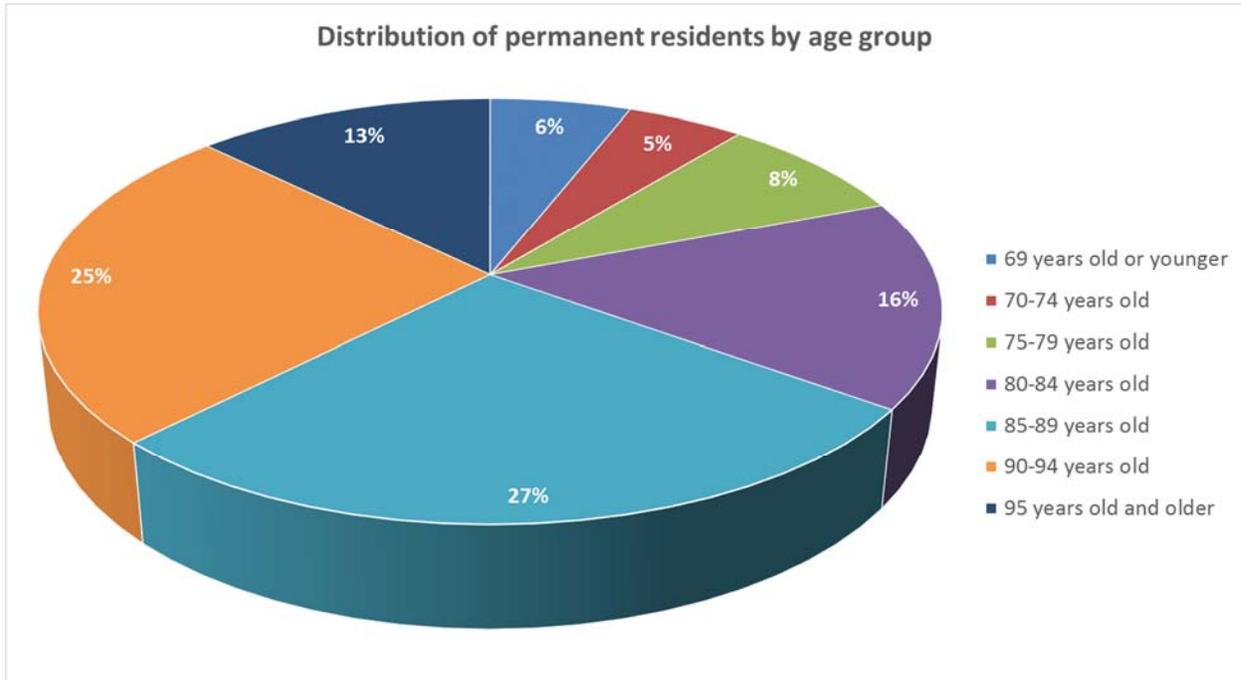
The total number of permanent residents included in the 2016 survey was 16,709 compared to 16,201 in 2015; 15,300 in 2014; 14,900 in 2013 and 14,791 in 2012. In 2016 there were 80 residents who were classified as respite and still in-house as of December 31, 2016; compared to 89 respite residents in-house as of Dec. 31, 2015; 62 respite residents in-house as of Dec. 31, 2014; 57 respite residents in-house as of Dec. 31, 2013 and 88 as of Dec. 31, 2012. Data describing the respite residents 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

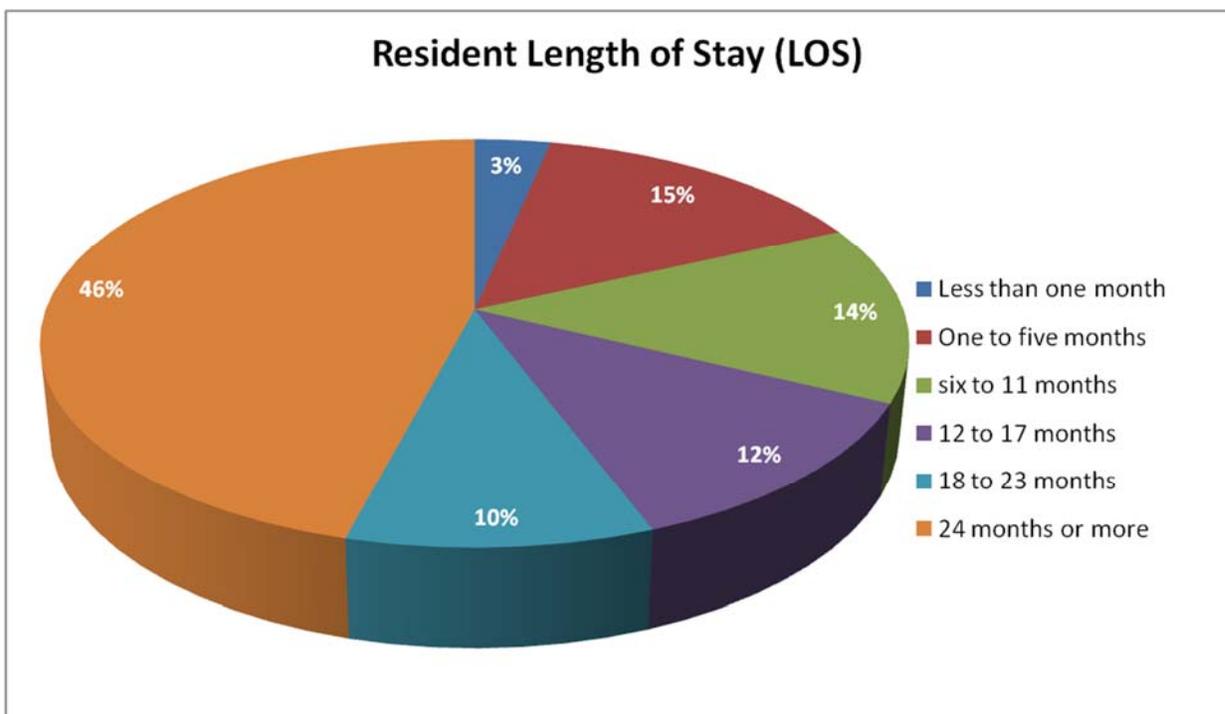
The mean resident age for permanent (non-respite) residents in 2016 was 85, the same as in 2012-2015. As in previous years, most residents were between 80 and 94 years of age. In 2016, 68 percent of permanent residents were in this age range compared to 69 percent in 2015. In 2016, another 13 percent were older than 95; this is slightly higher than in 2014 and 2015, when the percentages were 11 and 12 percent, respectively. The youngest resident was 24 years old.



In 2016, 74 percent of permanent residents were female and 26 percent were male. These percentages are consistent with data collected for calendar years 2012 through 2015.

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 2016, the mean LOS for permanent residents was 31 months, which was the same as from 2012 to 2015. As the table that follows shows, the mean LOS has stabilized since 2012.

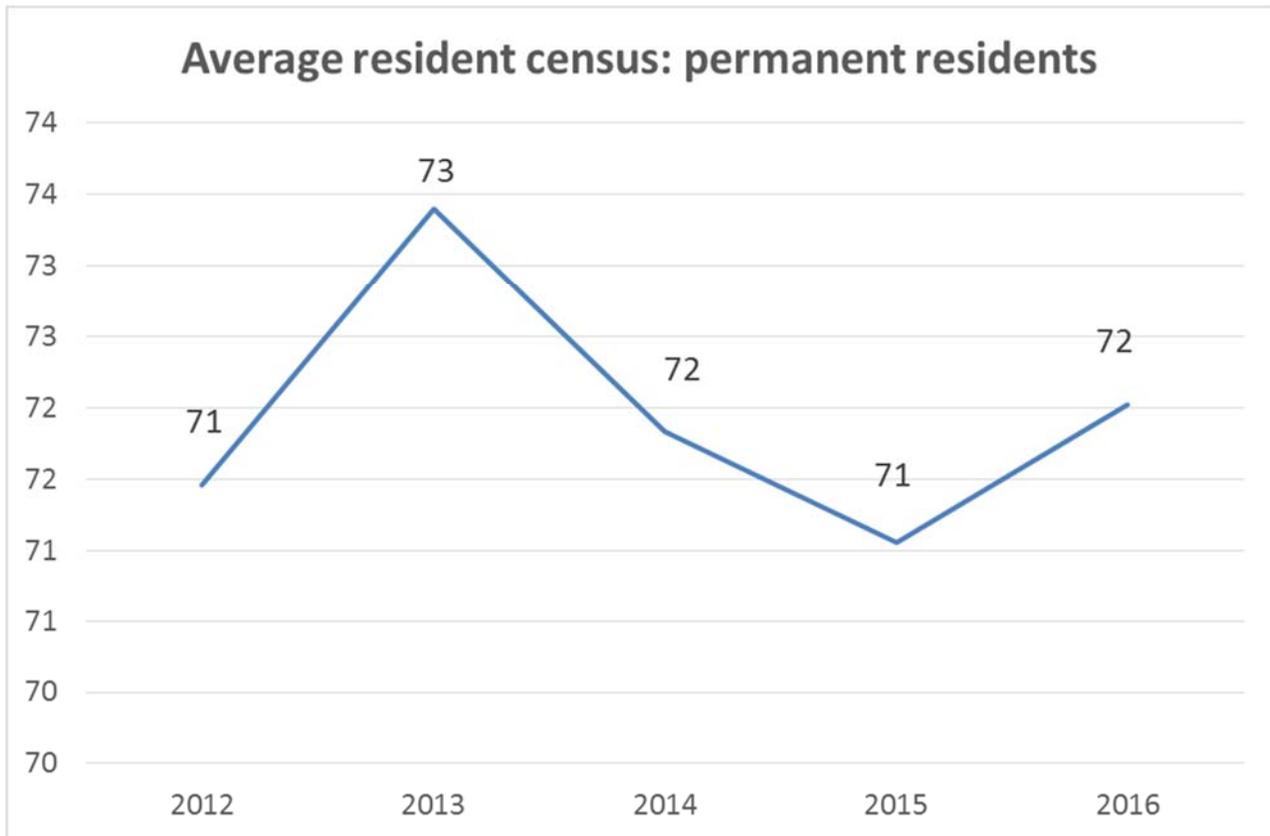
Permanent Residents' Mean LOS in months from 2012 through 2016

Mean LOS in Months					
	2012	2013	2014	2015	2016
Permanent Residents	31	31	31	31	31

In 2016, 8 percent of residents (1,306) were living in an ALR or CPCH with their spouse, compared to 7 percent of residents (1,165) in 2015; 7 percent of residents (1,084) in 2014; 8 percent in 2013 (1,130) and 5 percent in 2012 (1,070).

Average Resident Census per Facility

The average number of permanent residents per facility as of Dec. 31 was 72 for 2016 compared to 71 for 2015; 72 for 2014; 73 for 2013 and 71 for 2012.



Medicaid Status

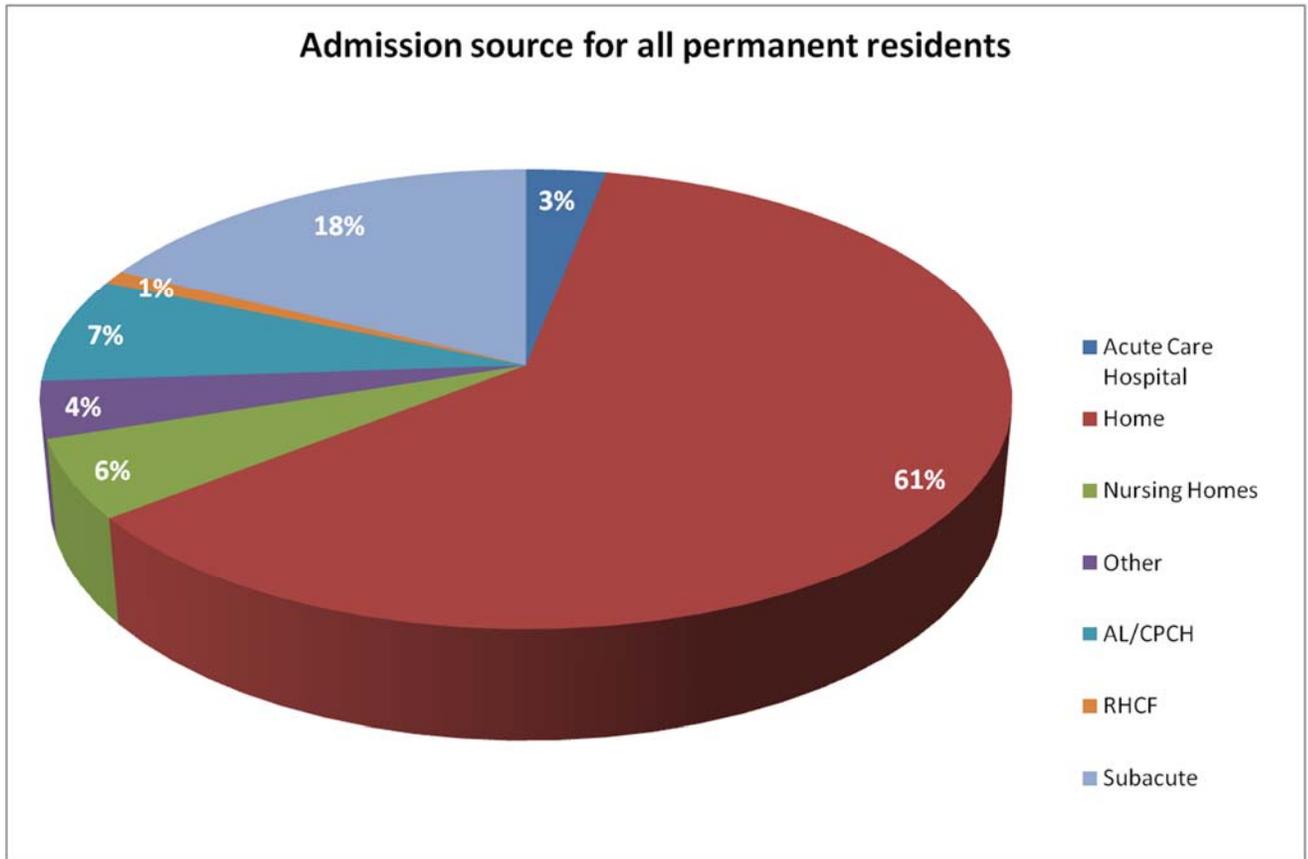
In 2016, 85 percent of facilities reported participating in the Medicaid program compared to 84 percent 2015. In addition, 19 percent of permanent residents were covered by Medicaid in 2016, with comparative levels between 2012-2015.

Resident Health Service Plan

The percentage of permanent residents with a health service plan in 2016 was 48 percent, increasing steadily from 46 percent in 2015; 43 percent in 2014; 39 percent in 2013 and 39 percent in 2012.

Admission & Discharge Destinations

Sixty-one (61) 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 – 2015.



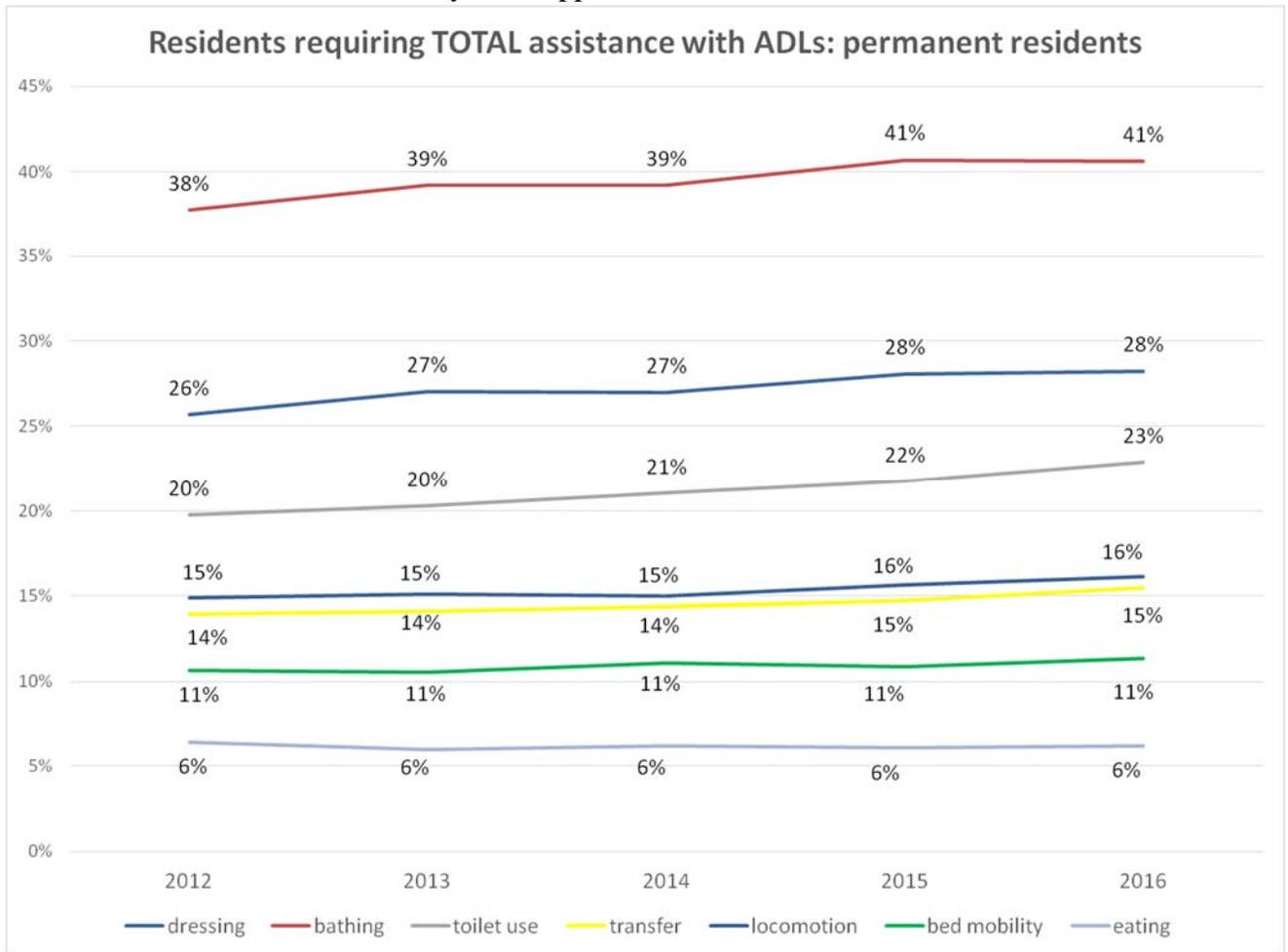
Activities of Daily Living

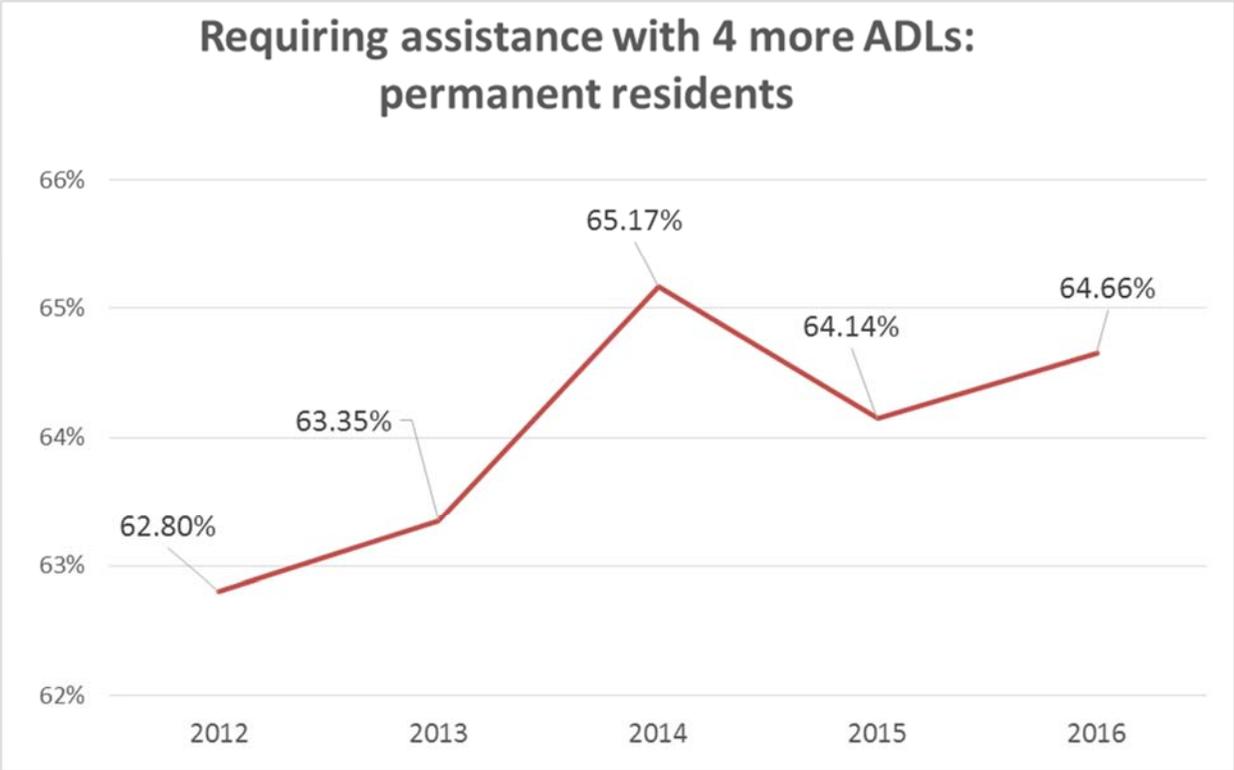
As shown by the table below, in 2016, 7 percent of permanent residents required no assistance with their activities of daily living, compared to 8 percent in 2013-2015 and 9 percent in 2012. Seven (7) percent required assistance with one ADL and 9 percent required help with 2 ADLs. This is consistent with prior years as shown in the table below. In 2016, 11 percent required assistance with three ADLs and 65 percent needed help with 4 or more ADLs. These are also consistent with prior years' data.

Percent of permanent residents' independent and requiring assistance with one or more ADLs -- 2012 through 2016

	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%

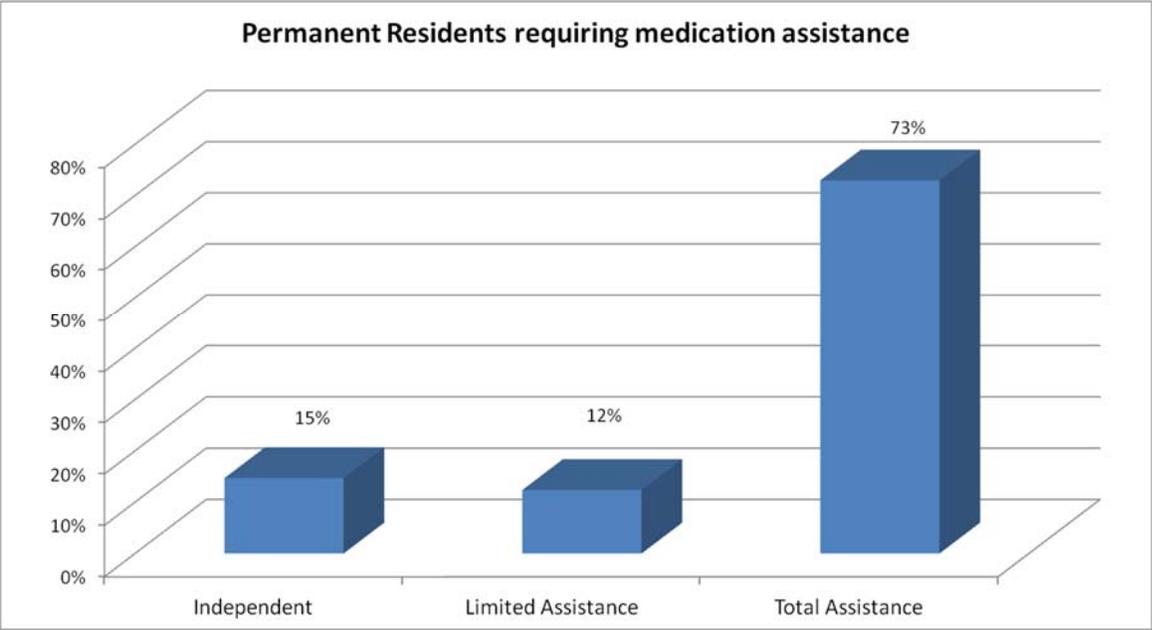
The breakdown of total assistance by ADL appears below.



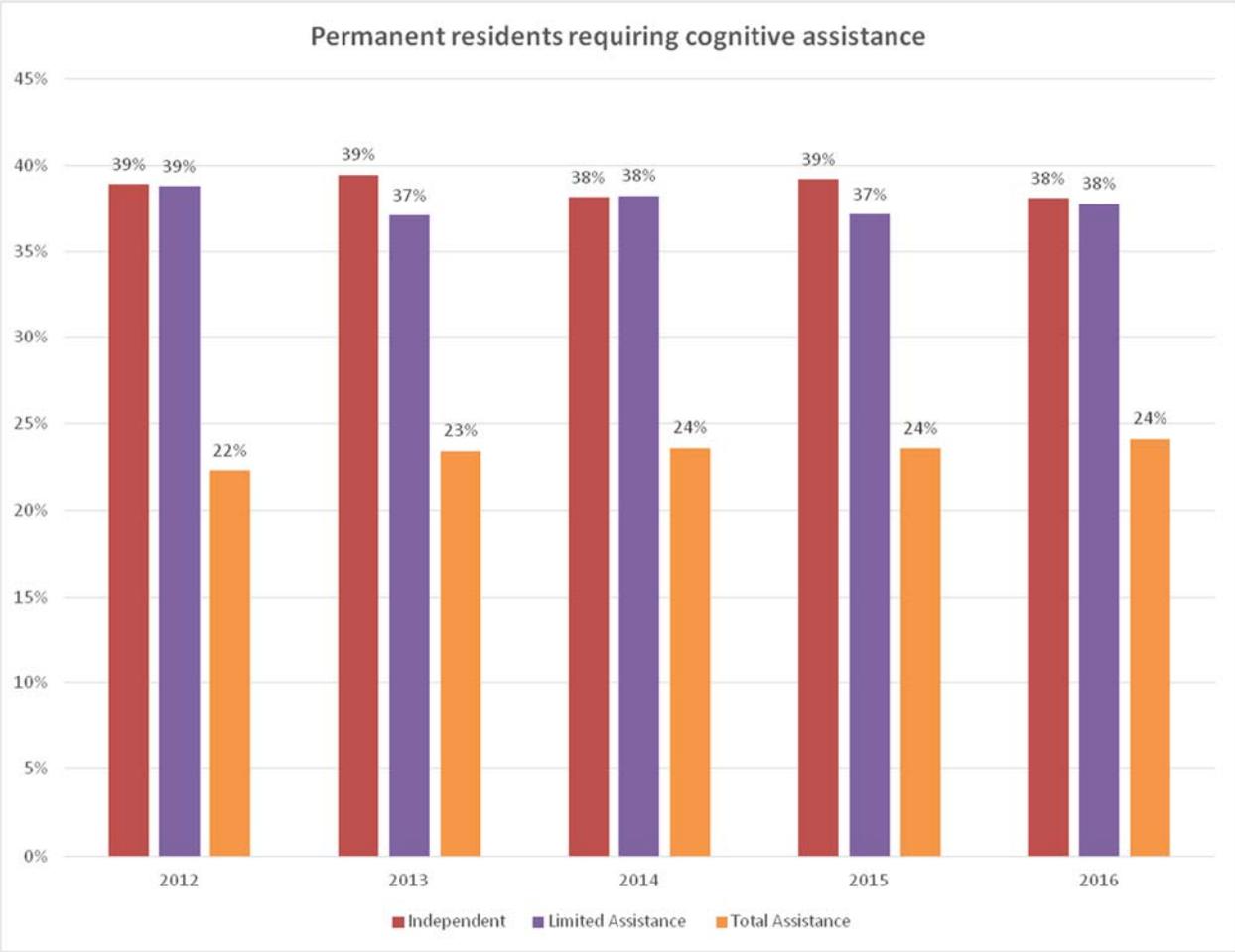


Other Needs

Fifteen (15) percent of permanent residents were independent in medication administration in 2016, compared to 14 percent in 2015. Permanent residents requiring limited assistance with medication administration increased from 9 percent in 2015 to 12 percent in 2016. Total medication administration assistance decreased from 76 percent in 2015 to 73 percent in 2016.

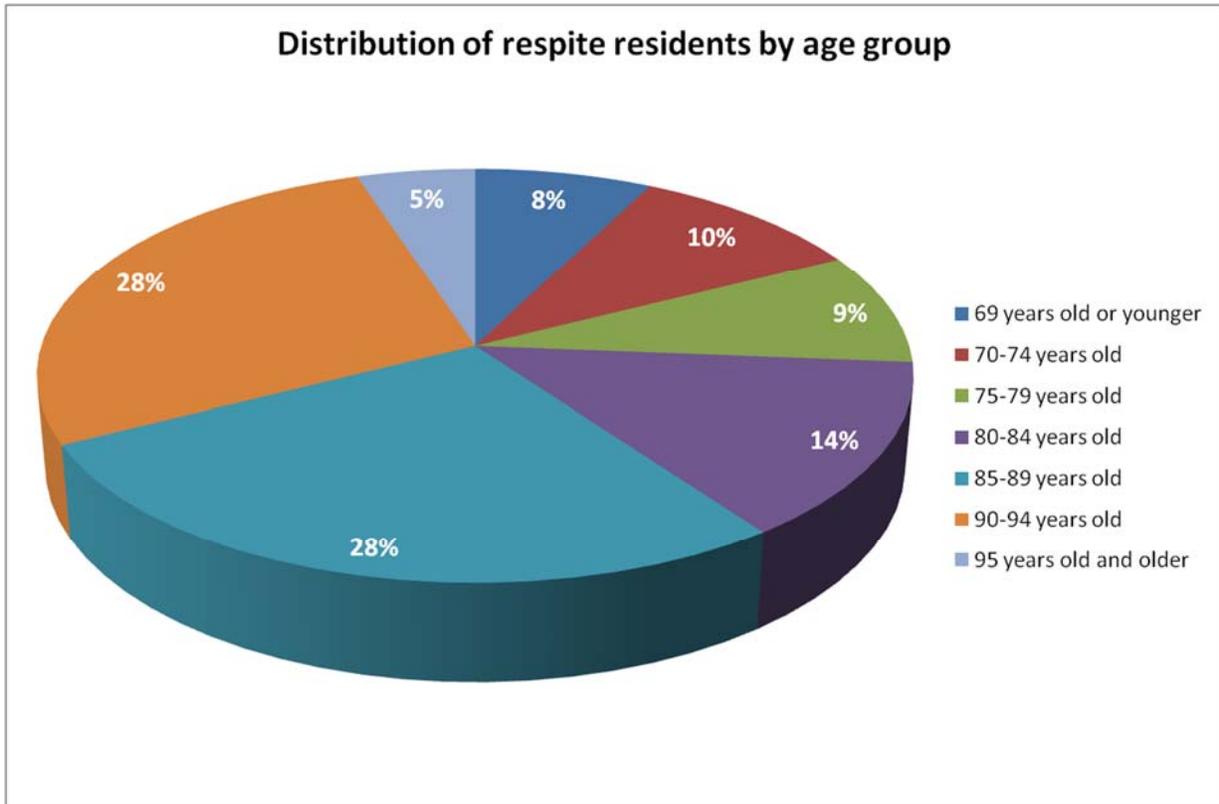


As shown in the next chart, 38 percent of permanent residents were cognitively independent in 2016. This is slightly less than the 39 percent reported in 2015. Thirty-eight percent required limited cognitive assistance and 24 percent required total cognitive assistance in 2016. Over time these data have been consistent.



Respite Residents in Assisted Living in 2016

The mean respite resident age in 2016 was 84, compared to 83 in 2015 and 86 in 2014.



In 2016, 69 percent of respite residents were female and 31 percent were male. These percentages are slightly different from 2015 when 65 percent of respite residents were female and 35 percent were male.

The mean length of stay for respite residents in 2016 was 85 days (2.8 months), up slightly from 82 days (2.7 months) in 2015. In 2014, the respite mean LOS was 34 days (1.1 months). In 2013, the respite mean LOS was 68 days (2.3 months). In 2012 it was 69 days (2.3 months).

For discharged respite residents, the mean length of stay in 2016 was 33 days, compared to 36 days in 2015; 28 days in 2014; 32 days in 2013 and 35 days in 2012.

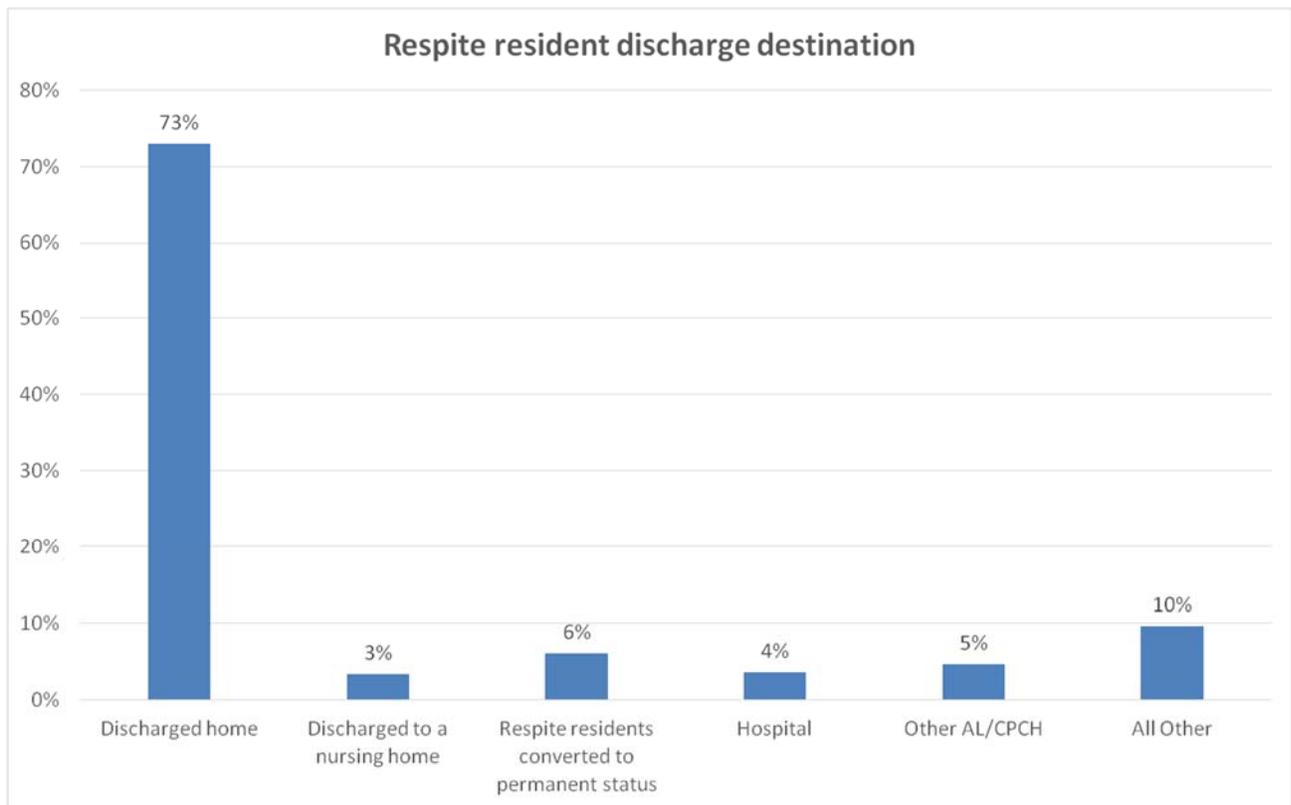
Most respite residents were admitted from home (49 percent) in 2016. In 2015, 47 percent of respite residents were admitted from home, down from 65 percent in 2014. Sub-acute units were the next most frequent source of admission for respite residents with 39 percent in 2016; in 2015 it was 35 percent, and in 2014 it was 29 percent. So, there has been a steady increase in respite residents coming from subacute units.

Consistent with 2015 data, 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 was one respite resident covered by Medicaid in 2016. In 2015, there were 0 respite residents covered by Medicaid and one in 2014.

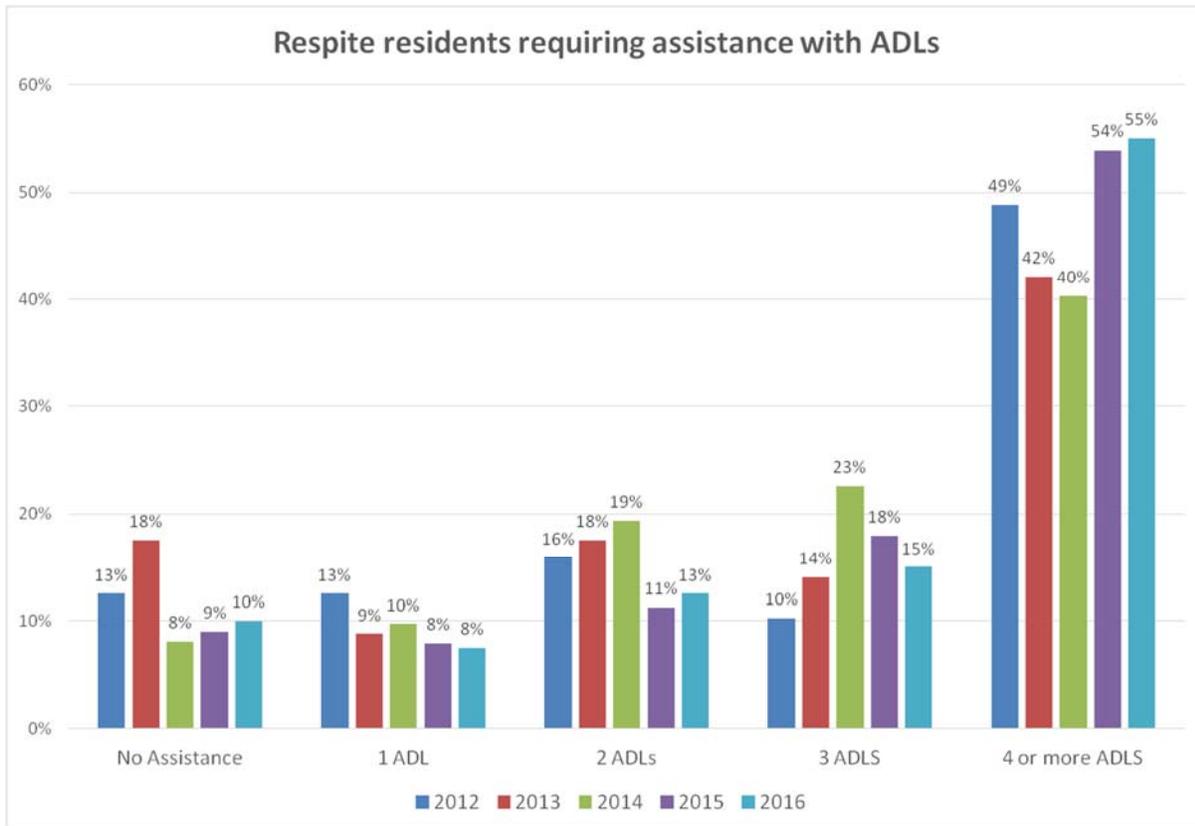
In 2016, 39 percent of respite residents had a health service plan, down from 45 percent in 2015. Prior year percentages of respite residents with health service plans are 40 percent (2014), 32 percent (2013) and 54 percent (2012). The proportion of respite residents with health service plans may be 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 2016, similar to 2015 (73%) and down from 2014 (77%). In 2016, 3 percent of respite residents were discharged to a nursing home – consistent with previous years' data. The survey showed that in 2016, 6 percent of discharged respite residents converted to a permanent status, lower than the 7 percent in 2014-2015, and four percent in 2013.

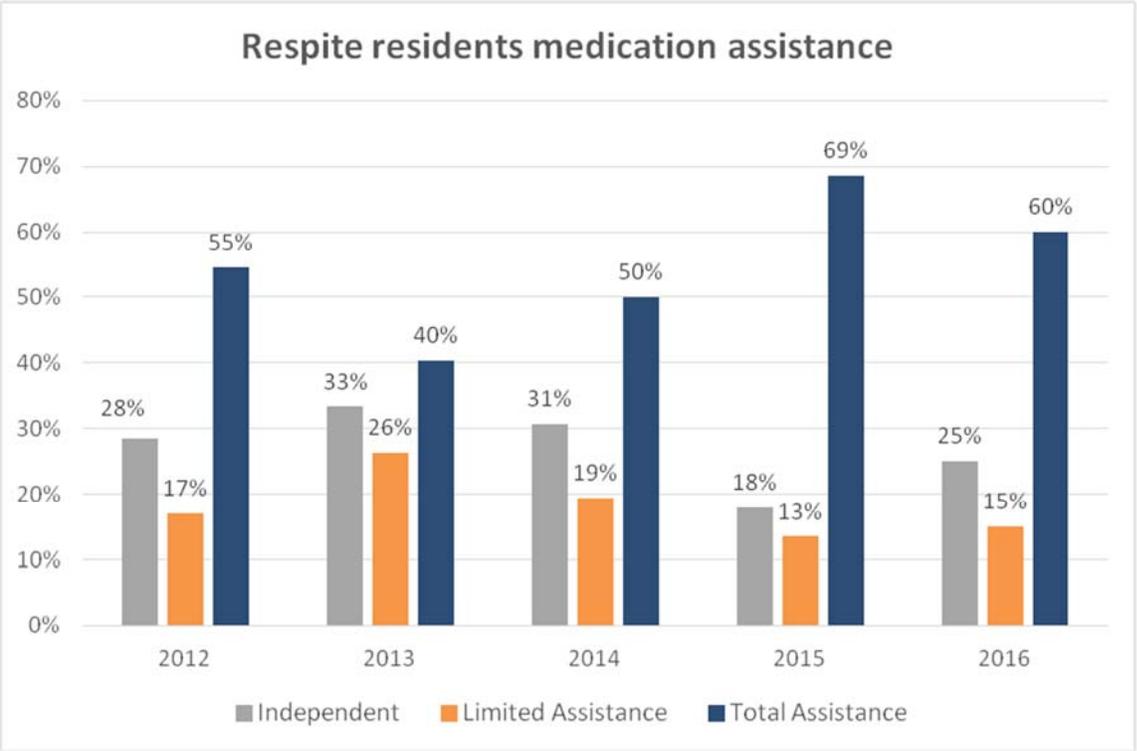


The chart that follows on the next page shows that of respite residents who were in-house on Dec. 31, 2016 ten percent required no assistance with ADLs which is comparable to 2014-2015 (8% and 9%), but much lower than 2013 when 18 percent were reported as requiring no assistance with ADLs.

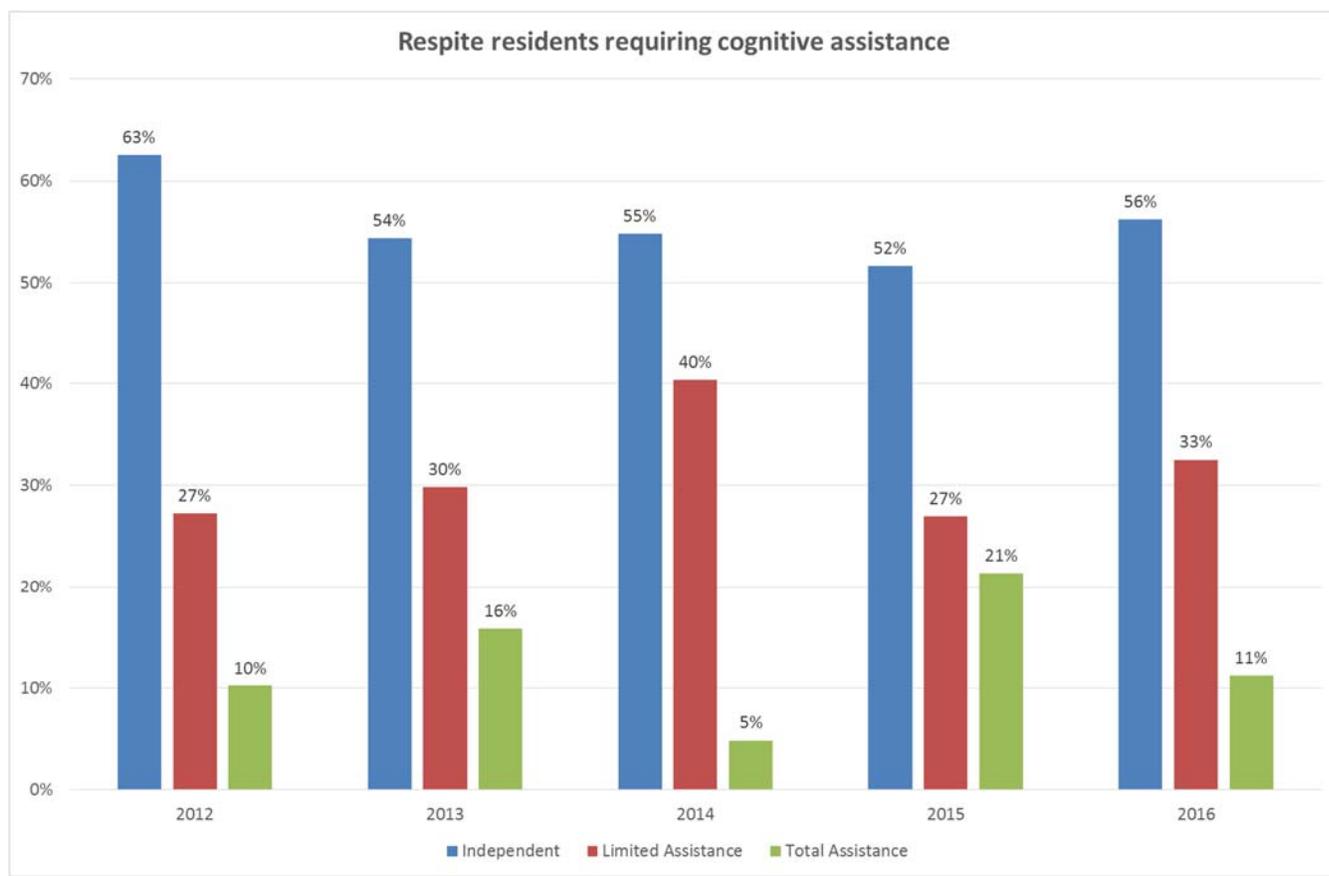
Those that required assistance with one ADL was 8 percent in 2016. Individuals needing help with two ADLs comprised 13 percent of respite residents. Fifteen percent needed help with three ADLs, and 55 percent needed help with four or more ADLs.



As shown on the next page, in 2016, 25 percent of respite residents were independent in medication administration, compared to 18 percent in 2015; 31 percent in 2014; 33 percent in 2013 and 28 percent in 2012. In 2016, 15 percent of respite residents required limited assistance in taking medication compared to 13 percent in 2015. Sixty percent required total medication assistance in 2016, compared to 69 percent in 2015; 50 percent in 2014; and 40 percent in 2013.



In 2016, 56 percent of respite residents were cognitively independent, a four percent increase from the 52 percent in 2015. Fifty-five (55) percent of respite residents were cognitively independent in 2014, 54 percent in 2013 and 63 percent in 2012. However, in 2016, 33 percent required limited assistance, compared to the 27 percent in 2015, 40 percent in 2014, 30 percent in 2013 and 27 percent in 2012. Eleven percent required total assistance compared to 21 percent in 2015, 5 percent in 2014; 16 percent in 2013 and 10 percent in 2012.



Residents Discharged from Assisted Living in 2016

The percentage of discharged residents who were female in 2016 was 70 percent, similar to the 69 percent reported in 2014-2015, and 71 percent in 2012-2013. The percentage of discharged residents that were male in 2016 was 30 percent, 31 percent in 2014-2015, and 29 percent in 2012-2013.

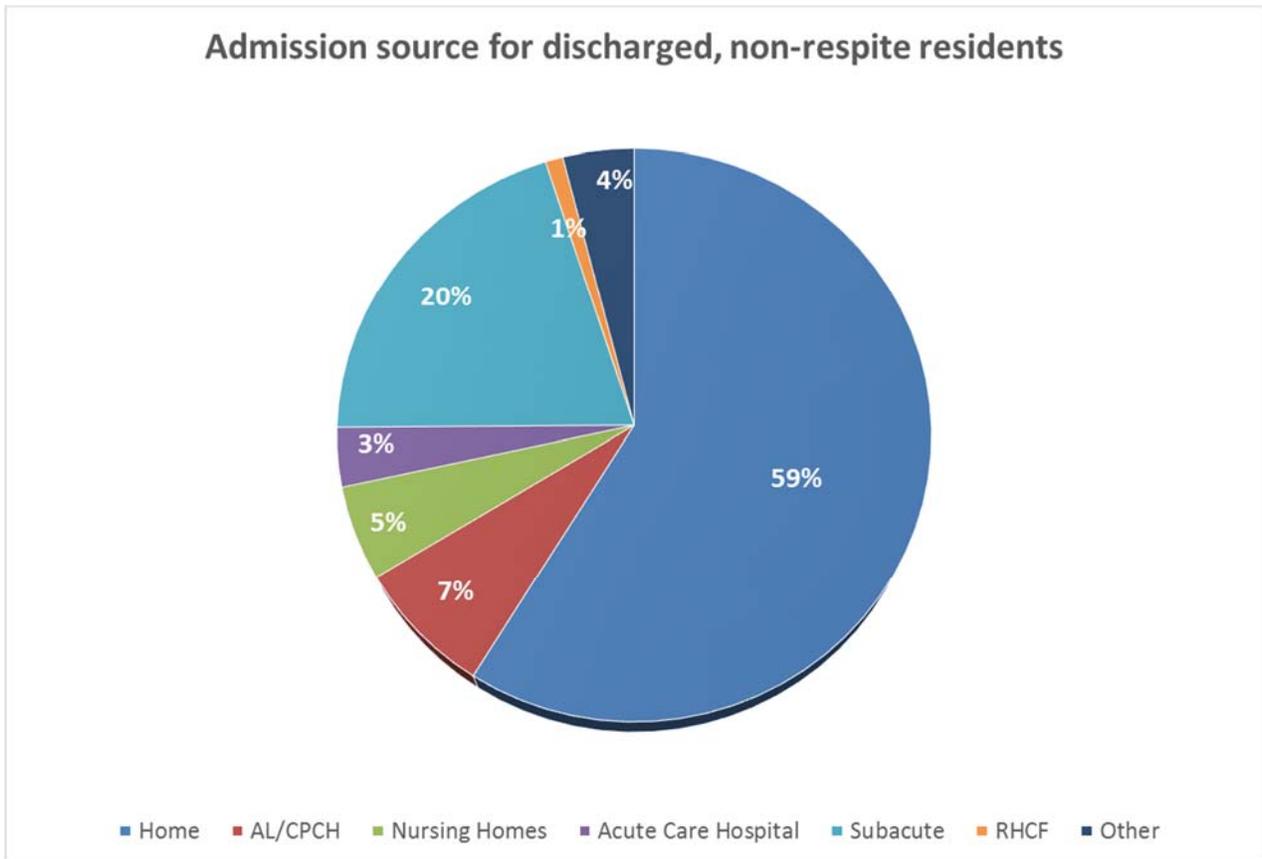
The mean LOS for discharged, non-respite residents was 29 months in 2016, consistent with the 29 months reported in 2015, 30 months in 2014, 29 months in 2013 and 28 months reported in 2012.

Discharged, Non-Respite Residents' Mean Length of Stay – 2012 through 2016

Mean LOS in Months					
	2012	2013	2014	2015	2016
Discharged Non-Respite	28	29	30	29	29

In 2016 of 6,584 residents discharged, 974 were covered by Medicaid, or 15 percent. This is up by 1 percent compared to 2015 when of 6,206 non-respite residents discharged, 886 were covered by Medicaid (14 percent). In 2014, 5,303 non-respite residents were discharged and 765 were covered by Medicaid. In 2013, 5,372 non-respite residents were discharged and 800 were covered by Medicaid, or 15 percent.

The chart below shows the admission source for discharged, non-respite residents in 2016.



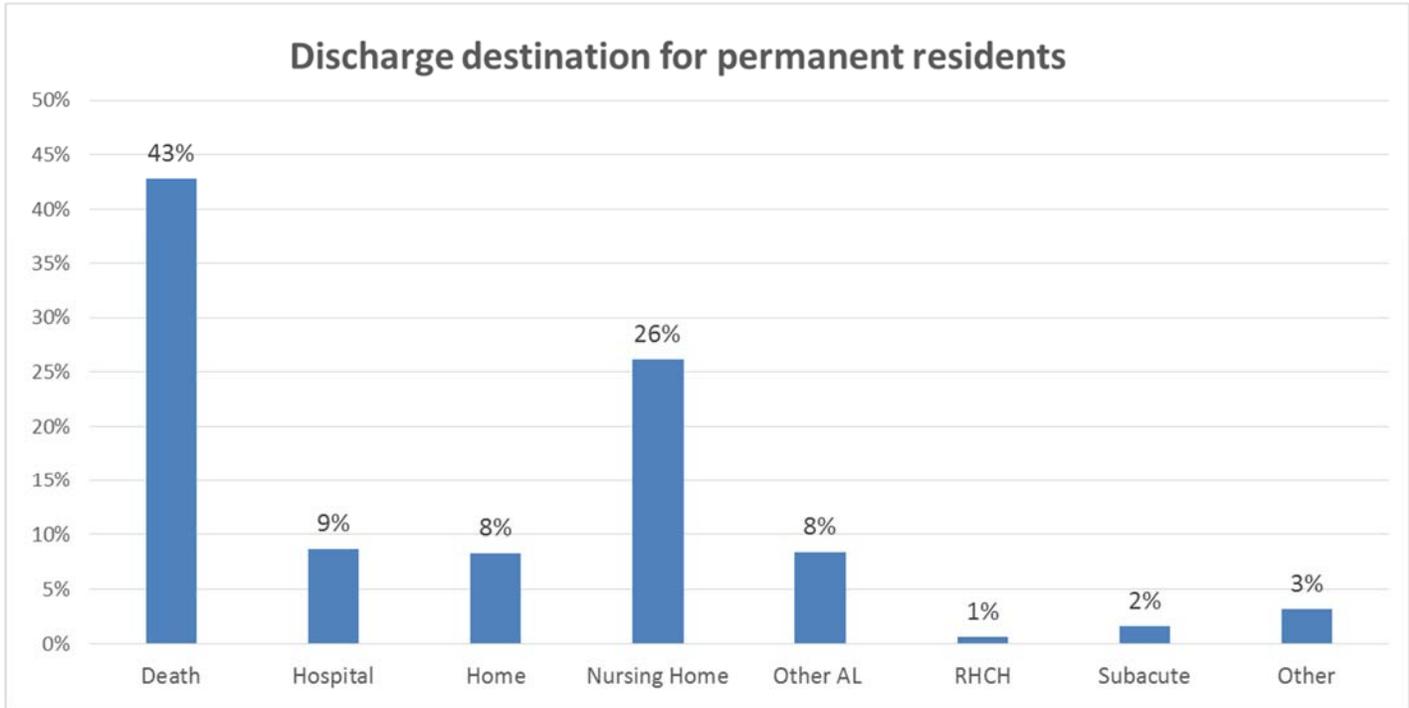
Fifty-nine percent of the admission source for discharged, non-respite residents was from home and 20 percent were from the subacute setting.

Discharged Residents Destination

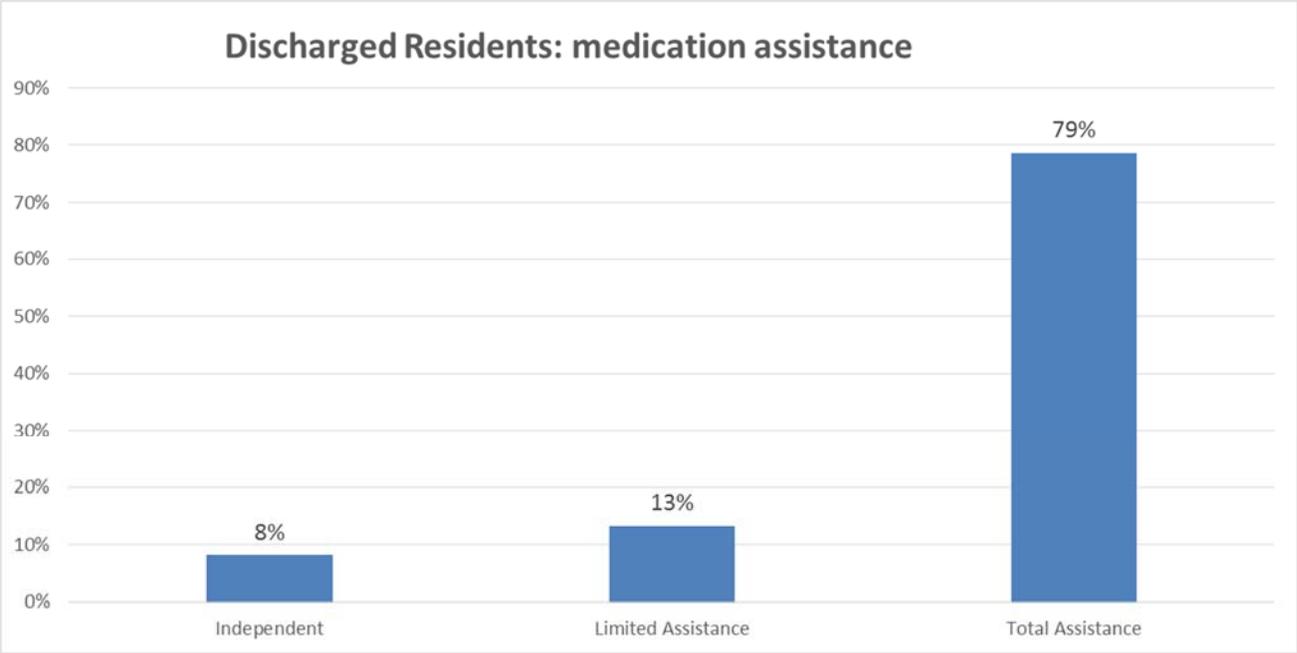
The top two discharge categories for residents since 2012 were death (43 percent in 2016, 44 percent in 2015, 43 percent in 2014, 39 percent in 2013 and 35 percent in 2012) and nursing home placement (26 percent in 2016, 24 percent in 2015, 27 percent in 2014, 27 percent in 2013 and 24 percent in 2012).

When examining the discharged residents discharged to facilities it is clear that most of the residents were discharged to nursing homes (24 percent in 2016, 21 percent in 2015, and 24 percent in 2012-2014) followed by acute care hospitals (8 percent in 2016, 8 percent in 2015, 9 percent in 2014, 10 percent in 2013 and 8 percent in 2012) and AL/CPCH facilities (8 percent in 2014-2015 and 7 percent in 2012-2014).

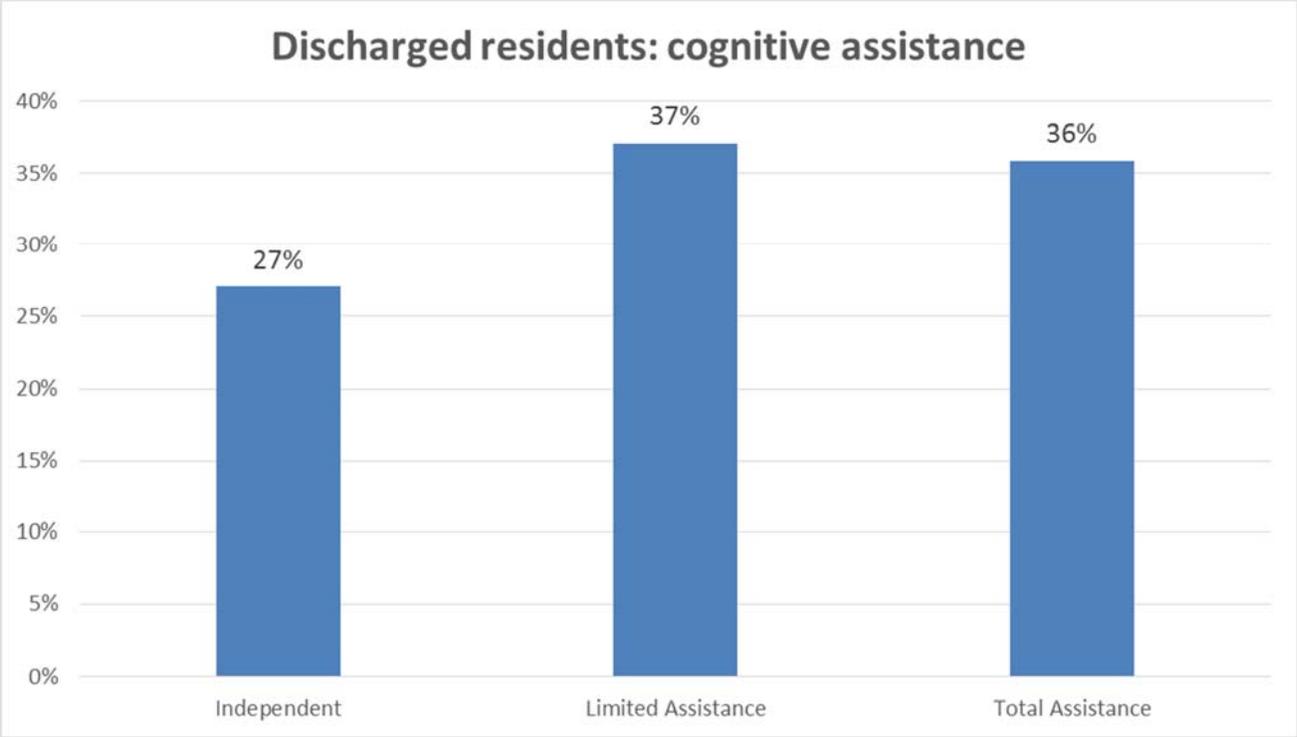
This data continues to suggest the increasing medical frailty of the residents served by the state’s ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.



As shown on the next page, in 2016, 8 percent of discharged residents were independent in medication administration, compared to 9 percent in 2015, 10 percent in 2014, and 9 percent in 2013. The percentage of discharged residents requiring limited medication administration assistance this year was 13 percent, compared to 10 percent in 2015, 11 percent in 2014 and 10 percent in 2013. The percentage of discharged residents requiring total medication administration assistance was 79 percent, compared to 81 percent in 2015, 79 percent in 2014 and 81 percent in 2013.



The percentage of discharged residents who were cognitively independent was 27 percent in 2016 and 29 percent from 2013-2015. The percentage requiring limited cognitive assistance was 37 percent and 36 percent from 2013-2015. The percentage of discharged residents requiring total assistance was 36 percent, and 35 percent from 2013-2015.



The percentage of discharged residents requiring no assistance with ADLs was 4 percent in 2016, and 5 percent from 2012-2015. The percentage of discharged residents requiring assistance with one ADL was 4 percent, while those requiring assistance with two ADLs was 5 percent (similar to 5 percent in 2015), three ADLs was six percent (compared to 6 percent in 2014-2015, 8 percent in 2013 and 7 percent in 2012) and four or more ADLs was 81 percent (compared to 80 percent in 2014-2015, 78 percent in 2013 and 80 percent in 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.

