

Assisted

Living



2018 RESIDENT PROFILE SURVEY RESULTS

State of New Jersey
Department of Health

Division of Certificate of
Need and Licensing

July 2019





State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

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

FROM: Lesley M. Clelland, MHS
Program Specialist 3, Division of Certificate of Need and Licensing
Gary Spiewak, Research Scientist II

DATE: July 2019

SUBJECT: The Assisted Living Resident Profile Survey Results for 2018

Enclosed is a copy of a report containing the results of the Assisted Living Resident Profile Survey (ALRPS) for the year 2018. 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 residential 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 2018. The response rate for 2018 was 99.6%. 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 in working with the facilities to complete the survey. If you have any questions, concerns or comments regarding the survey, you may contact Mr. Gary Spiewak, Research Scientist II at (609) 376-7793. 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 2018 *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 2018 ALRPS was administered electronically from March 15 through April 30, 2019. 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 2018 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	2017	2018
207	203	213	228	232	236	243

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

For the 2018 report, all but 1 of the 244 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 2018 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 2018

2012	2013	2014	2015	2016	2017	2018
96%	98%	95%	99%	100%	100%	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. 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, 2019 to April 30, 2019). The form is also used by providers to communicate changes in registered information.

Beginning in January 2019, 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.

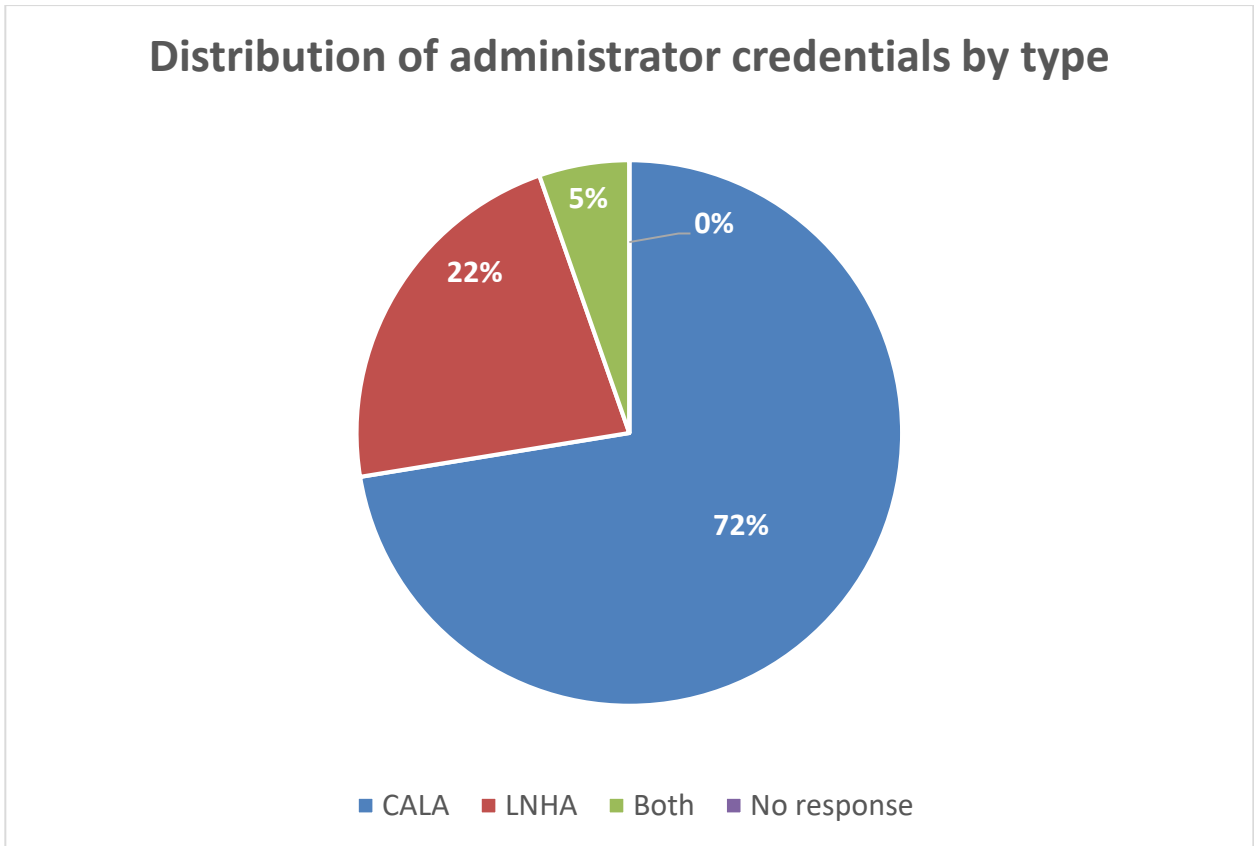
Data Analysis

Facility Characteristics Profile

1. Administrator Credentials

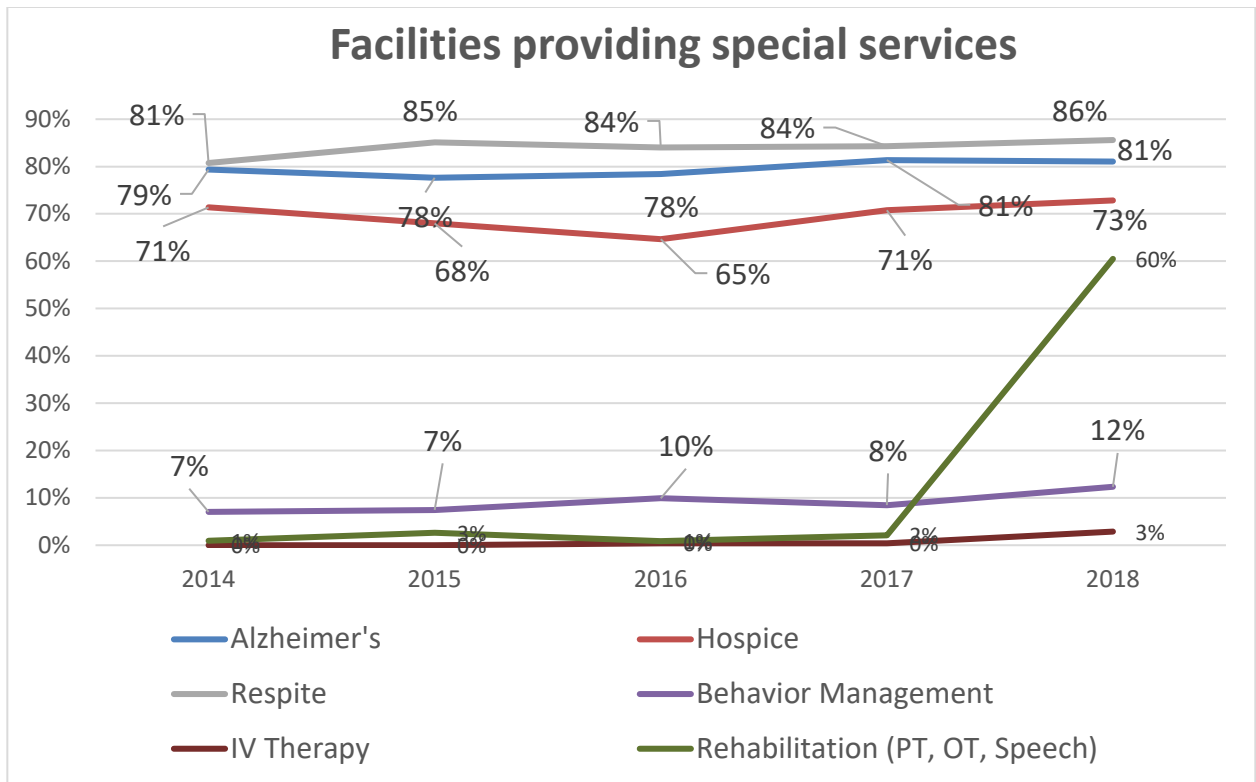
A total of 243 administrators responded to the question related to their credentials. Of those who responded, 176 administrators reported their credential to be certified assisted living administrator (CALA) only; 54 reported their credential to be licensed nursing home administrator (LNHA) only; 13 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, partially due to this item being made mandatory for response beginning in 2017.



2. Special Services

Out of 243 respondents, 231 (95%) reported providing special services. 86 percent provide respite (up from 84% in 2016 and 2017), 73 percent provide hospice (up from 65 percent in 2016 and 71 percent in 2017), 81 percent provide Alzheimer’s services (the same as in 2017) and 12 percent offer behavior management services (up from 8 percent in 2017 and nearly 10 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. 11 percent reported that their community was entirely dedicated to Alzheimer’s care, up from 9 percent in 2017, but comparable to 13 percent in 2016 and 11 percent in 2015.

New in 2018, the survey asked about rehabilitation services and intravenous therapy services. 147 respondents indicated they provide PT, OT and or SLP (60 percent) while 7 stated they provide IV therapy (3 percent).

3. Staffing

In 2018, the average number of full-time equivalents (FTEs) in assisted living, excluding ALPs, was 56, up from 51 in 2016 and 2017. The average number of FTEs in assisted living programs was 15, consistent with 16 in 2017.

4. Certified Medication Aide (CMA) Program Information

In 2018, 74 percent (n=179) had an active CMA program (up from 70 percent in 2017) and 23 percent (n=57) had an in-house training CMA program. This is consistent with data reported for the last three years. In prior years there had been a steady increase in assisted living communities with CMA programs.

Resident Characteristics Profile

Permanent Residents Currently Living in Assisted Living

The total number of permanent residents included in the 2018 survey was 17,360, up from 17,035 in 2017 and 16,709 in 2016. The number has risen annually since 2012. In 2018 there were 77 residents identified as respite, compared to 59 in 2017 and 80 in 2016. Data describing the respite residents appears later in this report.

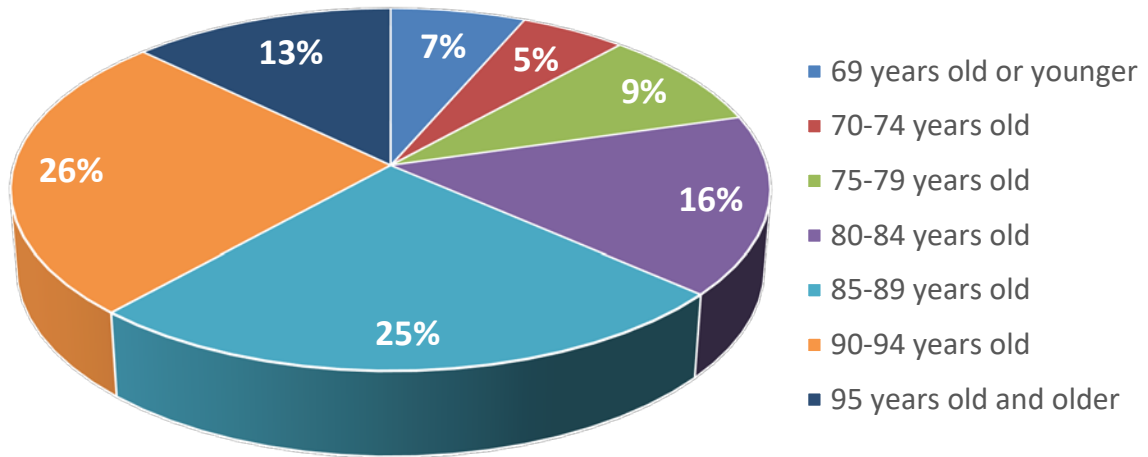
Resident Age and Gender

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 2018 was 85, the same as in 2012-2017. As in previous years, most residents were between 80 and 94 years of age. In 2018, 67 percent of permanent residents were in this age group compared to 67 percent in 2017 and 68 percent in 2016. In 2018, another 13 percent were older than 95 – the same as in 2017 and 2016. The youngest resident was 26 years old.

Distribution of permanent residents by age group

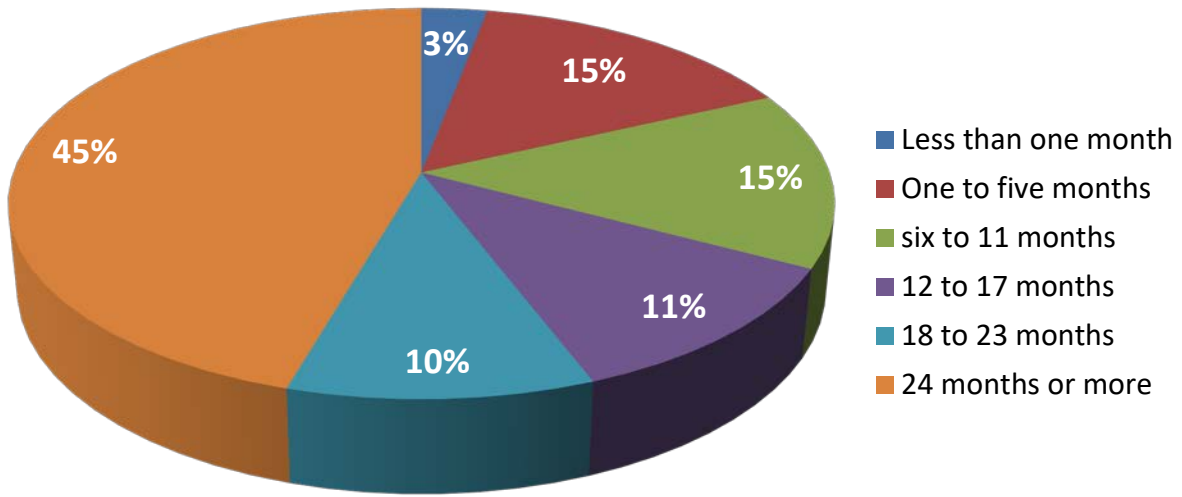


In 2018, 73 percent of permanent residents were female and 27 percent were male. These percentages are consistent with data collected for calendar years 2012 through 2017.

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

Resident Length of Stay (LOS)



In 2018, the mean LOS for permanent residents was 30 months, the same as 2017, and one month lower than in 2012 through 2016.

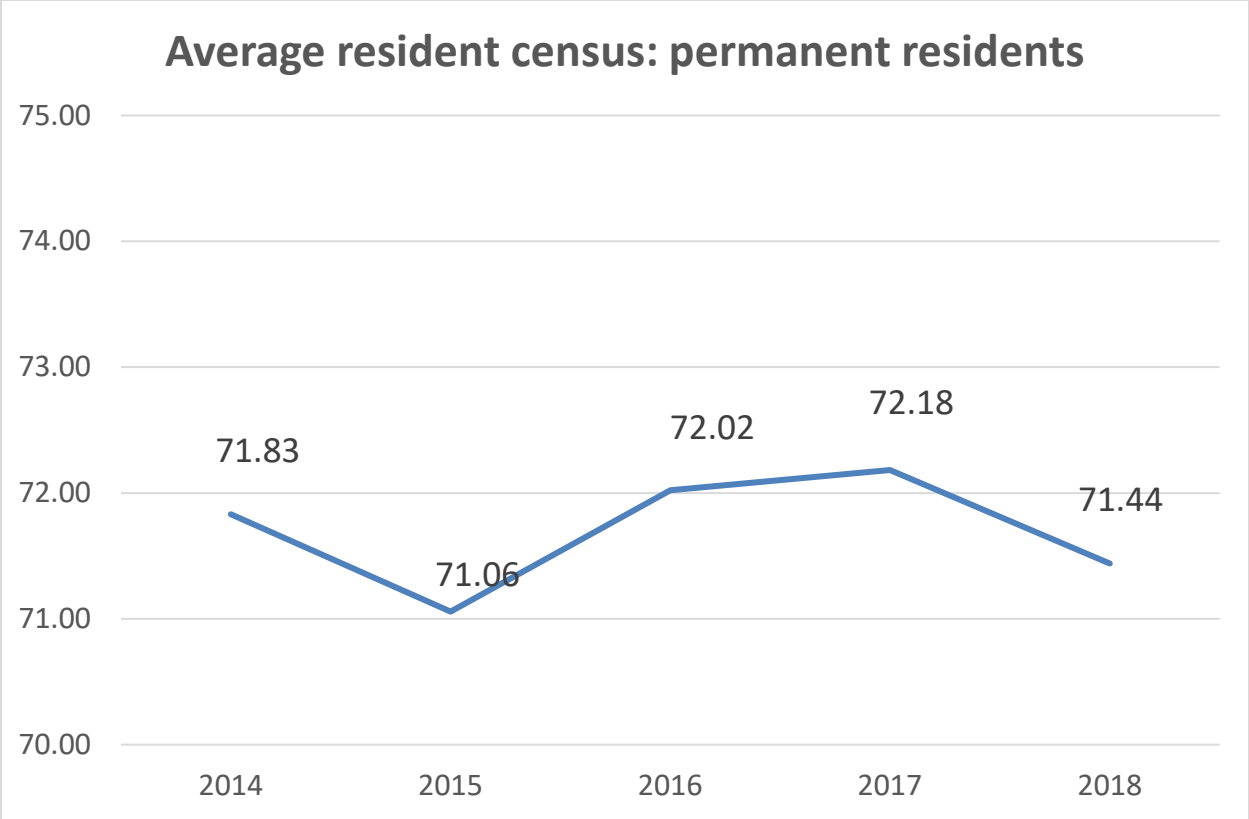
Permanent Residents' Mean LOS in months from 2012 through 2018

Mean LOS in Months							
Permanent Residents	2012	2013	2014	2015	2016	2017	2018
	31	31	31	31	31	30	30

In 2018, almost 8 percent of residents (1,335) were living in an ALR or CPCH with their spouse – the same as in 2016 and 2017. This has been consistent since 2013.

Average Resident Census per Facility

The average number of permanent residents per facility as of Dec. 31 was 71 for 2018, down slightly from 72 in 2017 and 2016. This number has been consistent since 2012.



Medicaid Status

In 2018, 84 percent of facilities reported participating in the Medicaid program compared to almost 86 percent of facilities in 2017 and 85 percent in 2016. In addition, 20 percent of permanent residents were covered by Medicaid in 2018, comparable to 2012-2017.

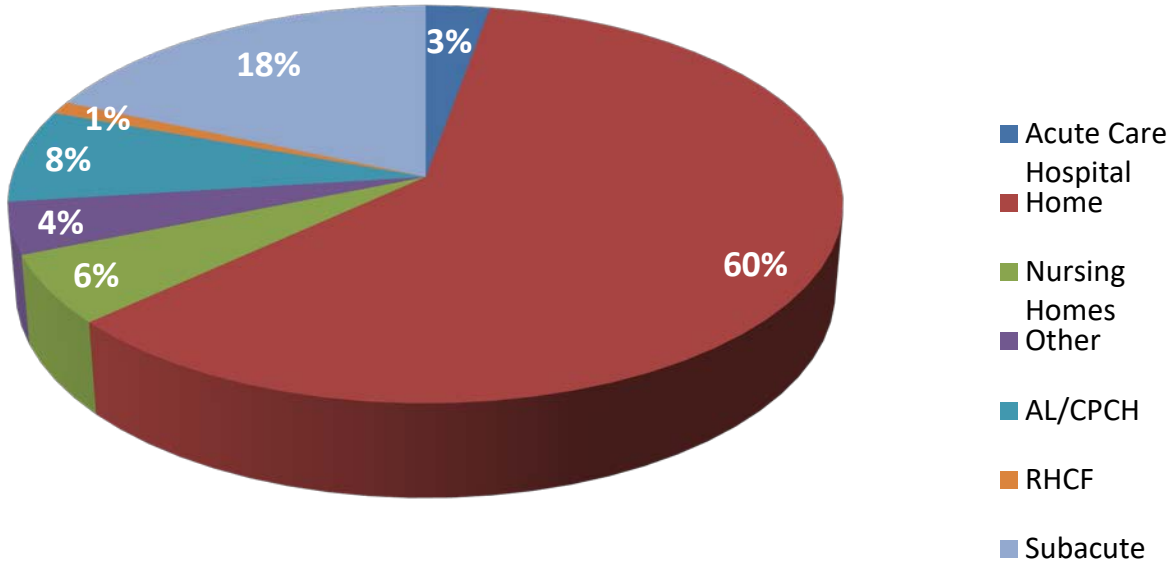
Resident Health Service Plan

The percentage of permanent residents with a health service plan in 2018 was 50 percent, similar to 2017. This continues a steady increase from 48 percent in 2016; 46 percent in 2015; 43 percent in 2014; 39 percent in 2013 and 39 percent in 2012.

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 – 2017.

Admission source for all permanent residents



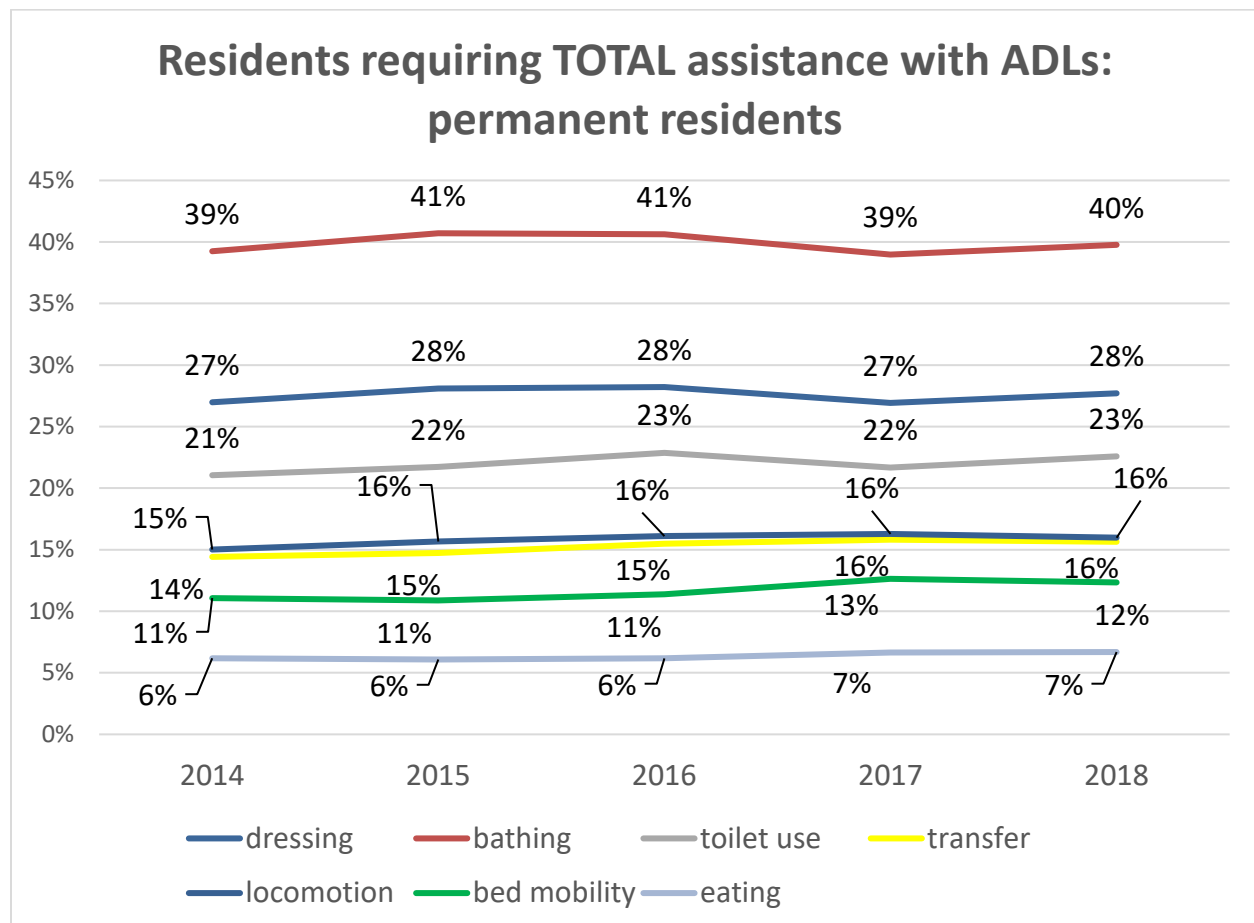
Activities of Daily Living

As shown by the table below, in 2018, 7.3 percent of permanent residents required no assistance with their activities of daily living, slightly higher than in 2017 and approximately the same as in 2016. This is still lower than 8 percent in 2013-2015 and 9 percent in 2012. Approximately 7.5 percent required assistance with one ADL and 9.6 percent required help with 2 ADLs. These are comparable to 2017 as shown in the table below. In 2018, 11 percent required assistance with three ADLs and almost 65 percent needed help with 4 or more ADLs. These are consistent with prior years' data.

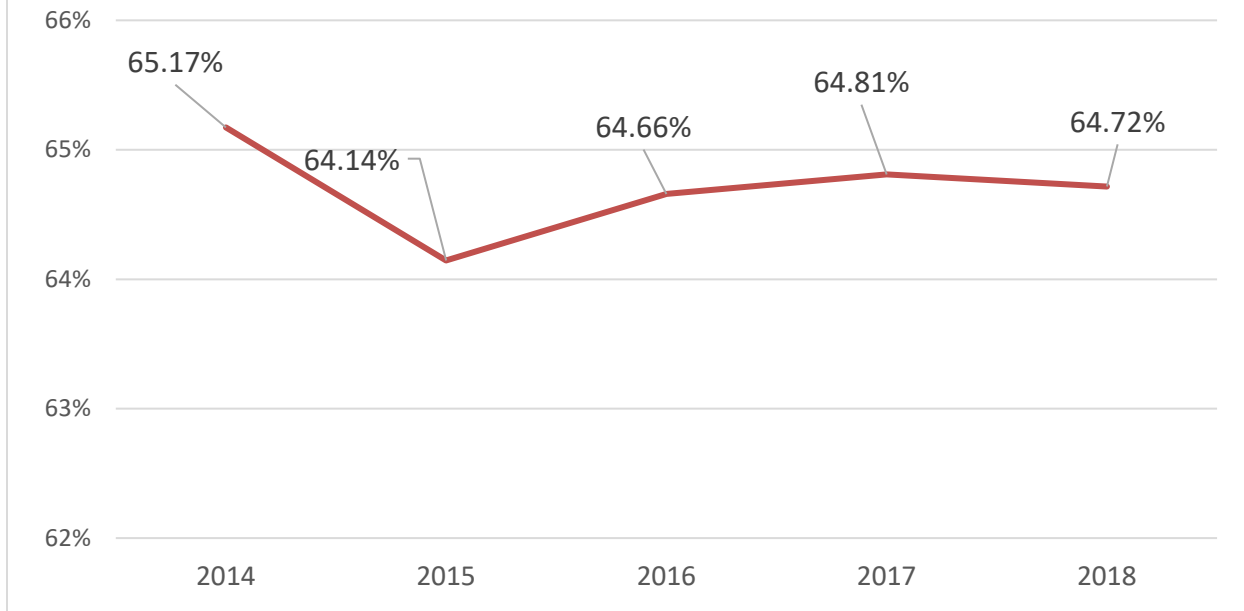
**Percent of permanent residents' independent and requiring assistance with one or more ADLs
-- 2012 through 2018**

	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%

The breakdown of total assistance by ADL appears below.

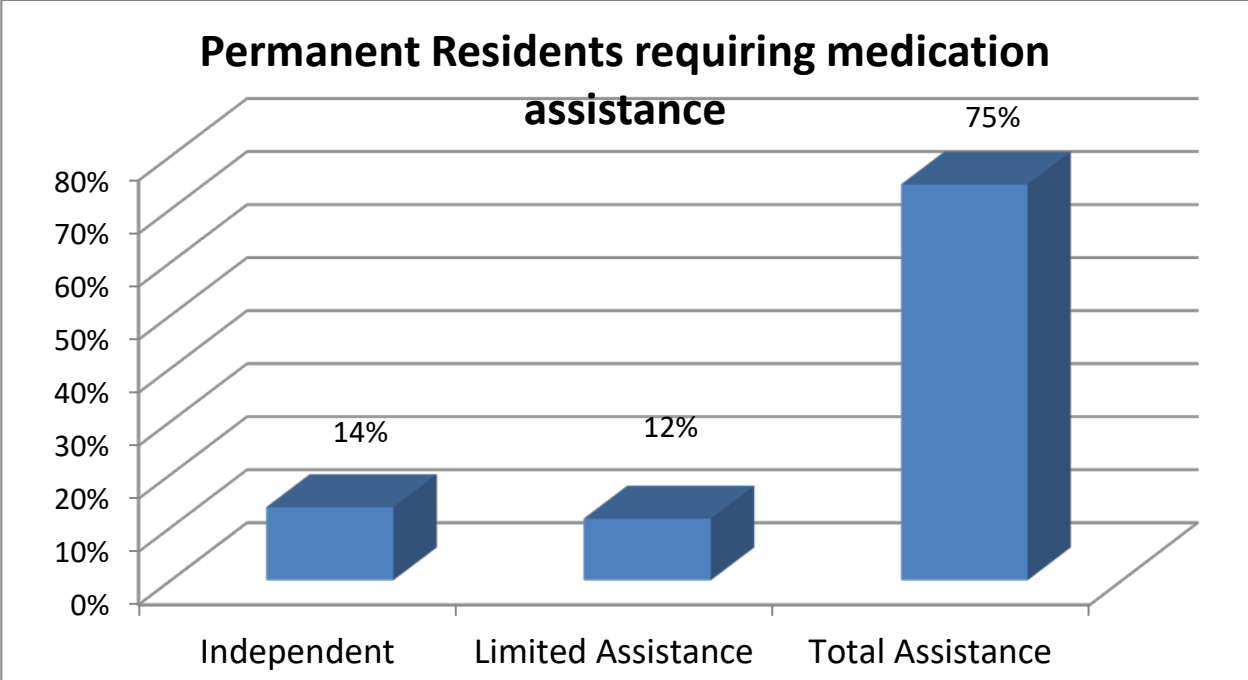


Requiring assistance with 4 more ADLs: permanent residents

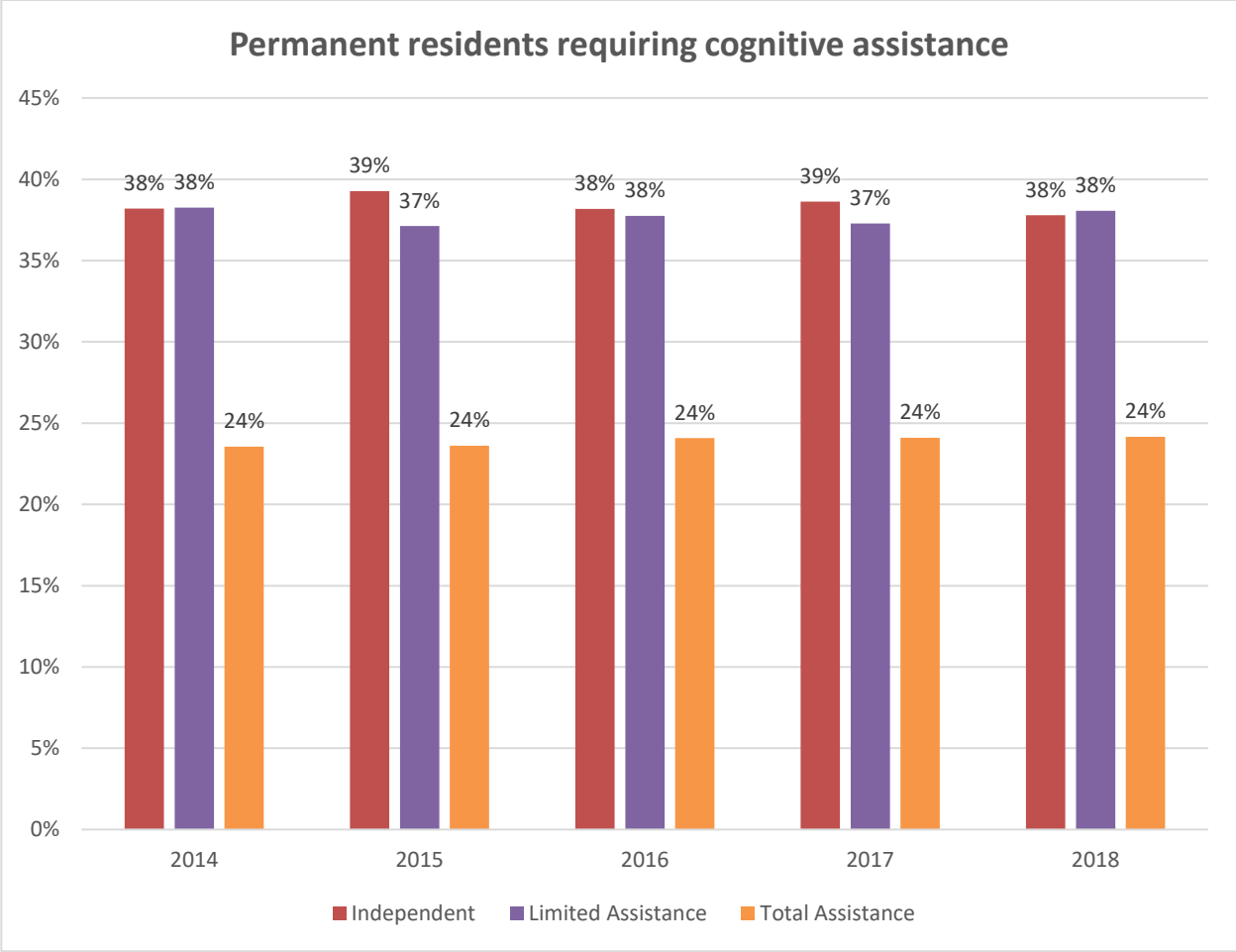


Other Needs

Approximately fourteen percent of permanent residents were independent in medication administration in 2018, similar to 2015 through 2017. Permanent residents requiring limited assistance with medication administration decreased to 11.5 percent in 2018 after reaching a high of 14 percent in 2017. This metric had been increasing since 2015 (9 percent in 2015 to 12 percent in 2016 to 14 percent in 2017). Total medication administration assistance increased to almost 75 percent after having decreased to 72 percent in 2017 (from 73 percent in 2016 and 76 percent in 2015).



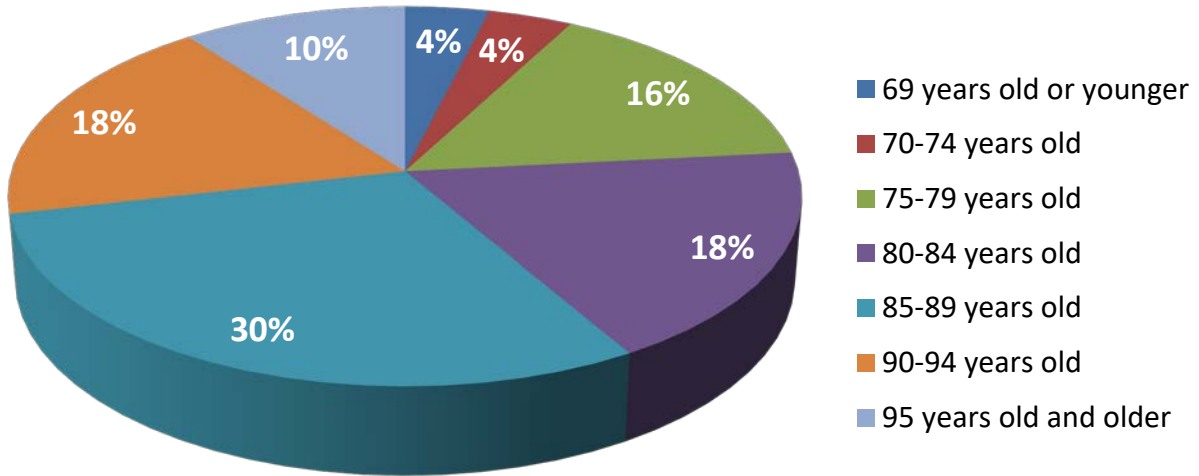
As shown in the chart that follows, 38 percent of permanent residents were cognitively independent in 2018, the same as in 2016 and 2017. This is slightly less than the 39 percent reported in 2015. Thirty-seven percent required limited cognitive assistance and 24 percent required total cognitive assistance in 2018. Over time these data have been consistent.



Respite Residents in Assisted Living in 2018

The mean respite resident age in 2018 was 85, the same as in 2017 and consistent with 84 in 2016, 83 in 2015 and 86 in 2014.

Distribution of respite residents by age group



In 2018, 65 percent of respite residents were female and 35 percent were male. This is slightly different from 2017 when 68 percent of respite residents were female and 32 percent were male. Overall, these proportions are consistent with 2015 and 2016.

The mean length of stay for respite residents in 2018 was 156 days, much higher than in 2017 when it was 77 days. The trend in respite length of stay had been decreasing between 2015 and 2017.

For discharged respite residents, the mean length of stay in 2018 was 32 days, similar to 2012 through 2017.

Most respite residents were admitted from home (52 percent) in 2018, up from 49 percent in 2016 and 2017. The trend has been upward since 2015 after it had been decreasing since 2014. Sub-acute units were the next most frequent source of admission for respite residents with 36 percent in 2018, up from 34 percent in 2017. This percentage has fluctuated by a few percentage points each year since 2015.

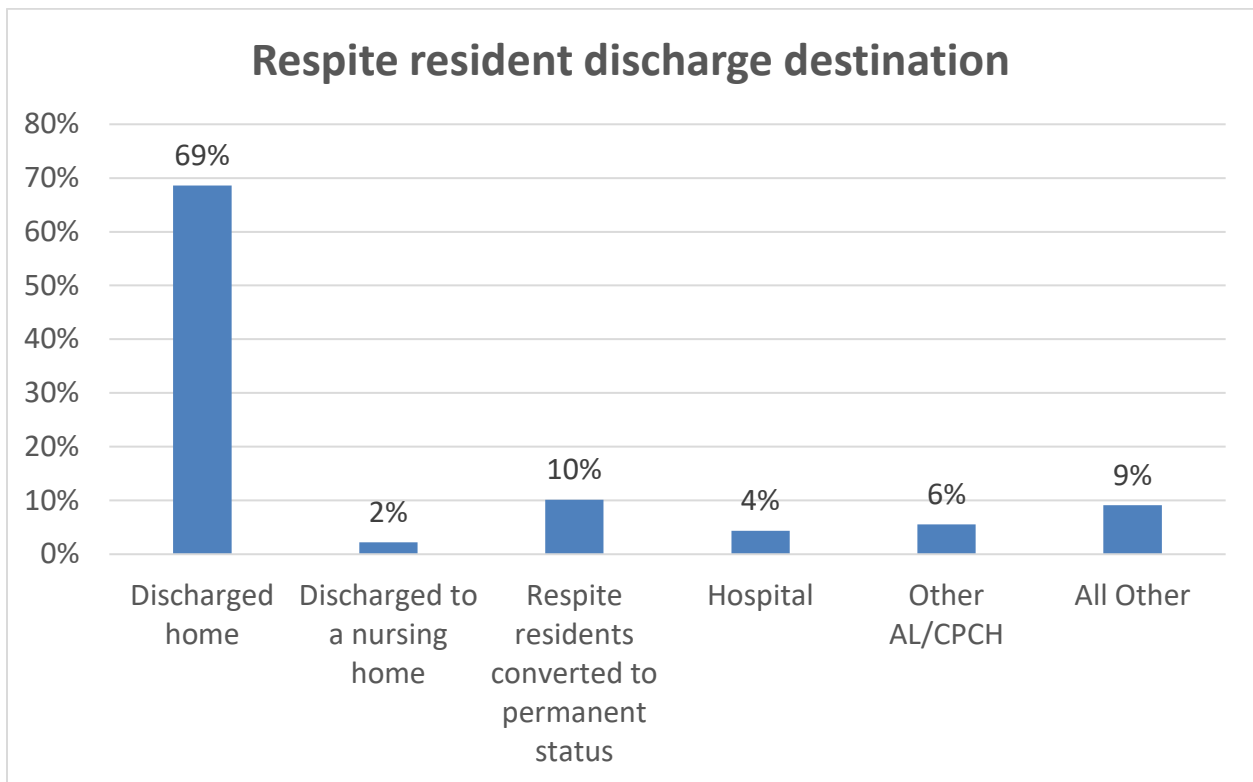
Consistent with the last few years of data, the length of stay increase coupled with the shift in the source of admission to include more residents coming from subacute care suggests

that some assisted living respite residents are staying in assisted living as part of their recovery process.

Finally, there were three respite residents covered by Medicaid in 2018, up from previous years when there was either one or none.

In 2018, 50 percent of respite residents had a health service plan, down from 54 percent in 2017, but still higher the 39 percent reported in 2016. In 2015 it was 45 percent. 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.

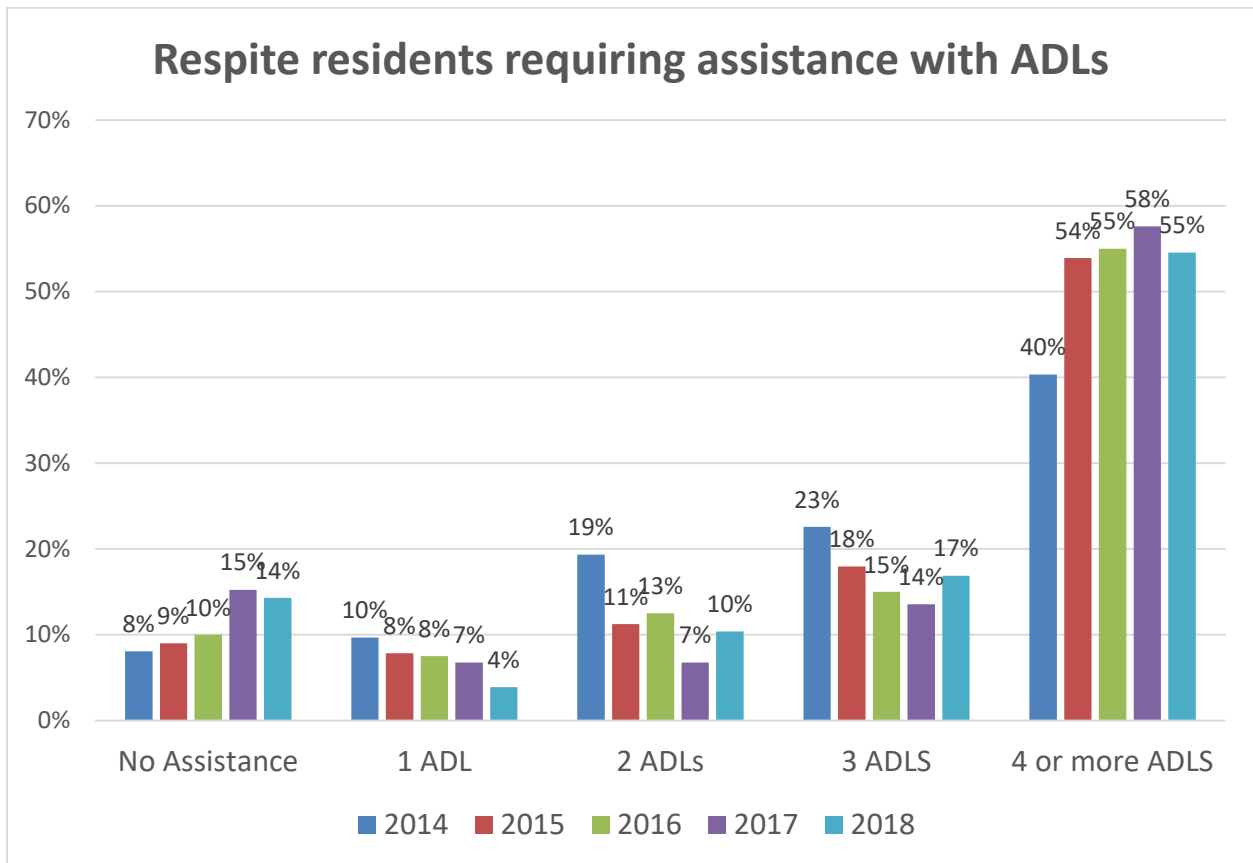
As shown in the chart, 69 percent of discharged respite residents went home in 2018, down from 72 percent in 2017, which was similar to 2015-2016 and down from 2014 (77%). In 2018 2.2 percent of respite residents were discharged to a nursing home, down from 3 percent in 2017 and prior years. The survey showed that in 2018 10 percent of discharged respite residents converted to permanent assisted living resident status, up from 7 percent in 2017 and 6 percent in 2016 and higher than in all prior years.



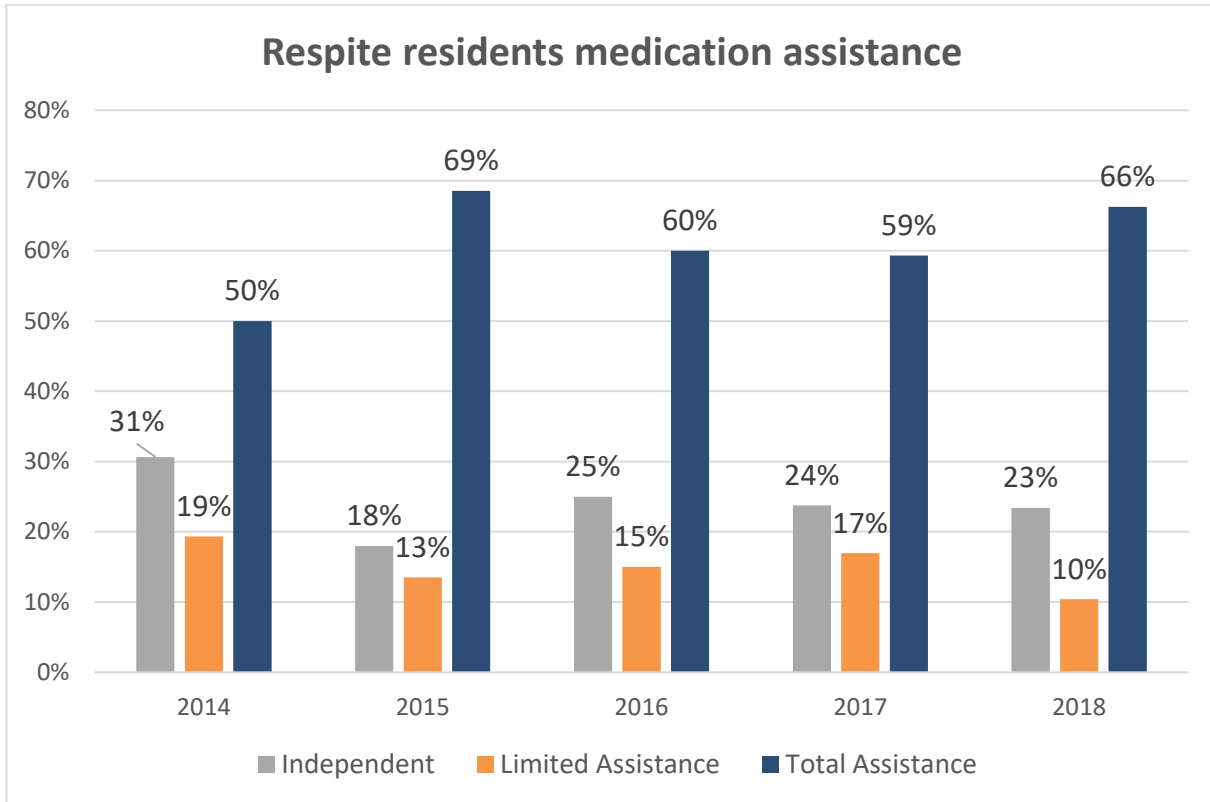
The chart that follows shows that of respite residents who were in-house on Dec. 31, 2018, 14 percent required no assistance with ADLs, down from 15 percent in 2017 but still

higher than the ten percent reported in 2016. In 2014-2015 the percentage was 8% and 9%, respectively.

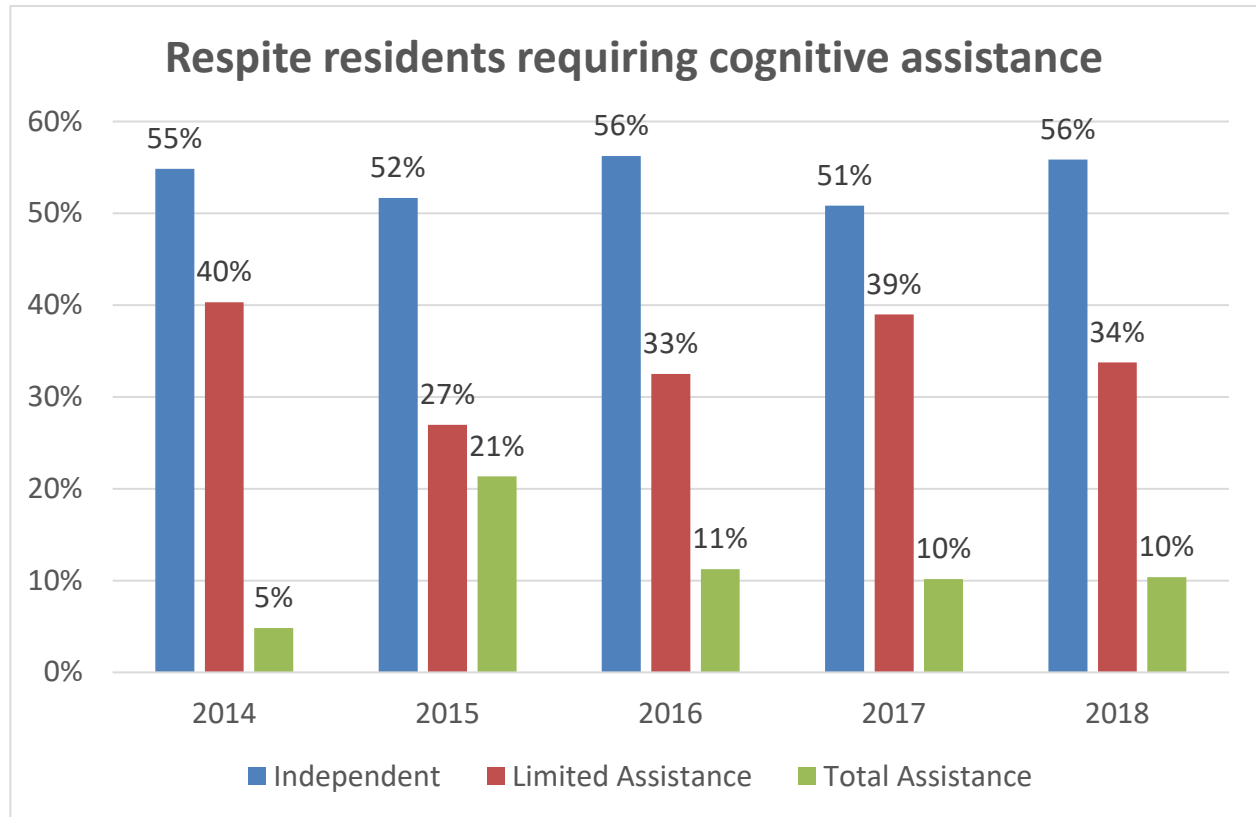
Those that required assistance with one ADL was 4 percent in 2018, down from 7 percent in 2017 and 8 percent in 2016. Individuals needing help with two ADLs comprised 10 percent of respite residents in 2018, up from 7 percent in 2017, but still lower than the 13 percent reported in 2016. Seventeen percent needed help with three ADLs, up from 13 percent in 2017, and 55 percent needed help with four or more ADLs, down from 58 percent in 2017, but consistent with 55 percent in 2016.



In 2018, 23 percent of respite residents were independent in medication administration, similar to 2016 and 2017, but higher than the 18 percent reported in 2015. In 2018, 10 percent required limited assistance in taking medications, down from 17 percent in 2017 and the 15 reported in 2016. Sixty-six percent required total medication assistance in 2018, up from fifty-nine percent required in 2016 and 2017, but lower than the 69 percent reported in 2015.



In 2018, 56 percent of respite residents were cognitively independent, up from 51 percent in 2017, but comparable to 2016. In 2018, 34 percent required limited assistance, down from, 39 percent in 2017 but comparable to 33 percent in 2016. Ten percent required total assistance, similar to 2016-2017, but much lower than the 21 percent reported in 2015.



Residents Discharged from Assisted Living in 2018

The percentage of discharged residents who were female in 2018 was 68 percent, similar to 2014-2017. The percentage of discharged residents that were male in 2018 was 32.

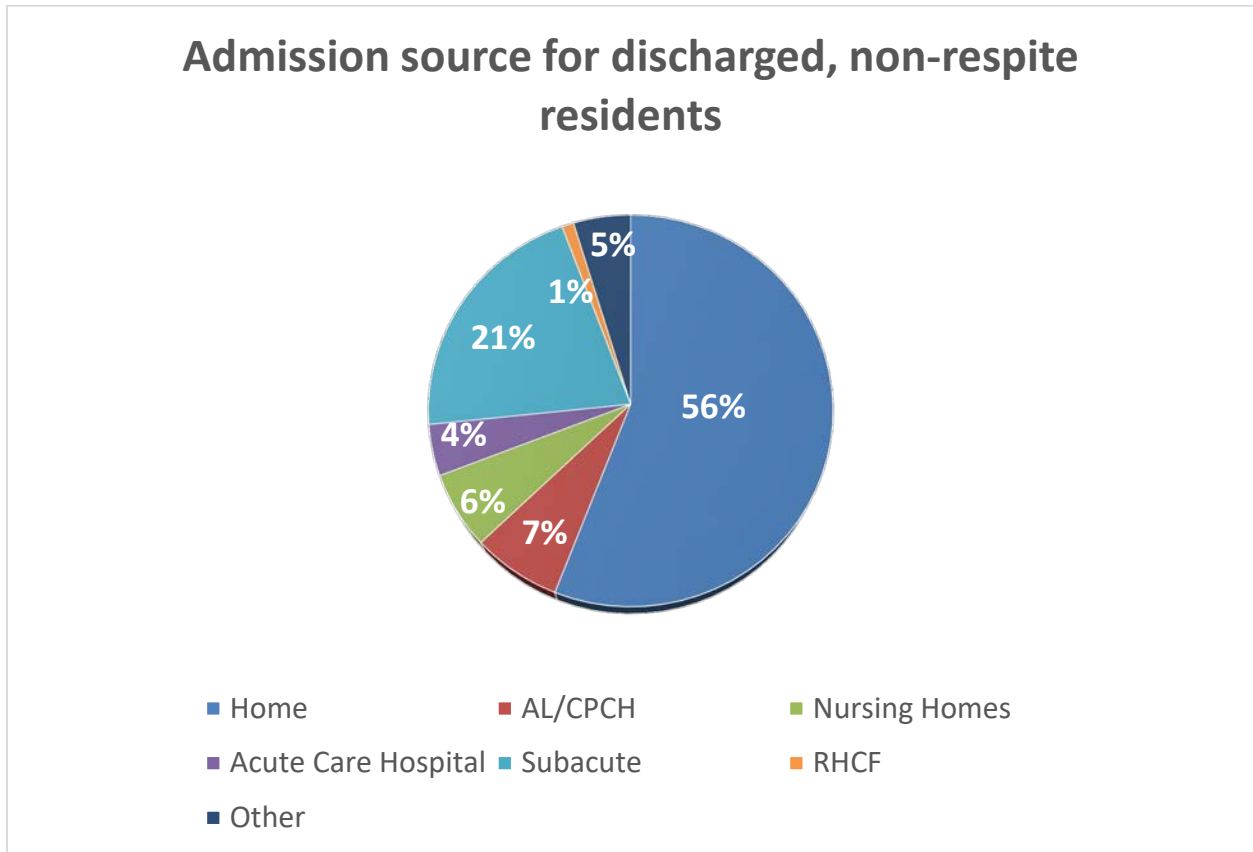
The mean LOS for discharged, non-respite residents was 28 months in 2018, consistent with the 2015 through 2017.

Discharged, Non-Respite Residents' Mean Length of Stay – 2012 through 2018

Mean LOS in Months							
Discharged, Non-Respite	2012	2013	2014	2015	2016	2017	2018
	28	29	30	29	29	29	28

In 2018, 1,011 discharged residents were covered by Medicaid, or 14 percent. This is comparable to 2016-2017, as well as to prior years.

The chart below shows the admission source for discharged, non-respite residents in 2018.



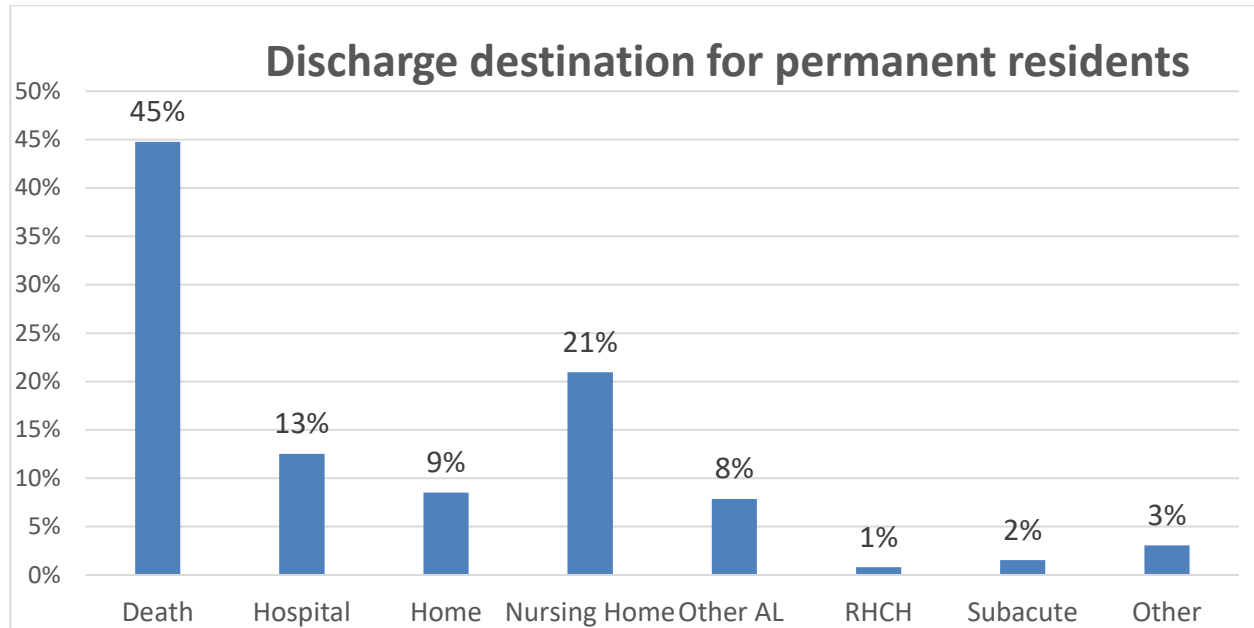
Fifty-six percent of discharged, non-respite residents had been admitted from home in 2018, consistent with 2017, and 21 percent were from the subacute setting, consistent with 2017 and prior years.

Discharged Residents Destination

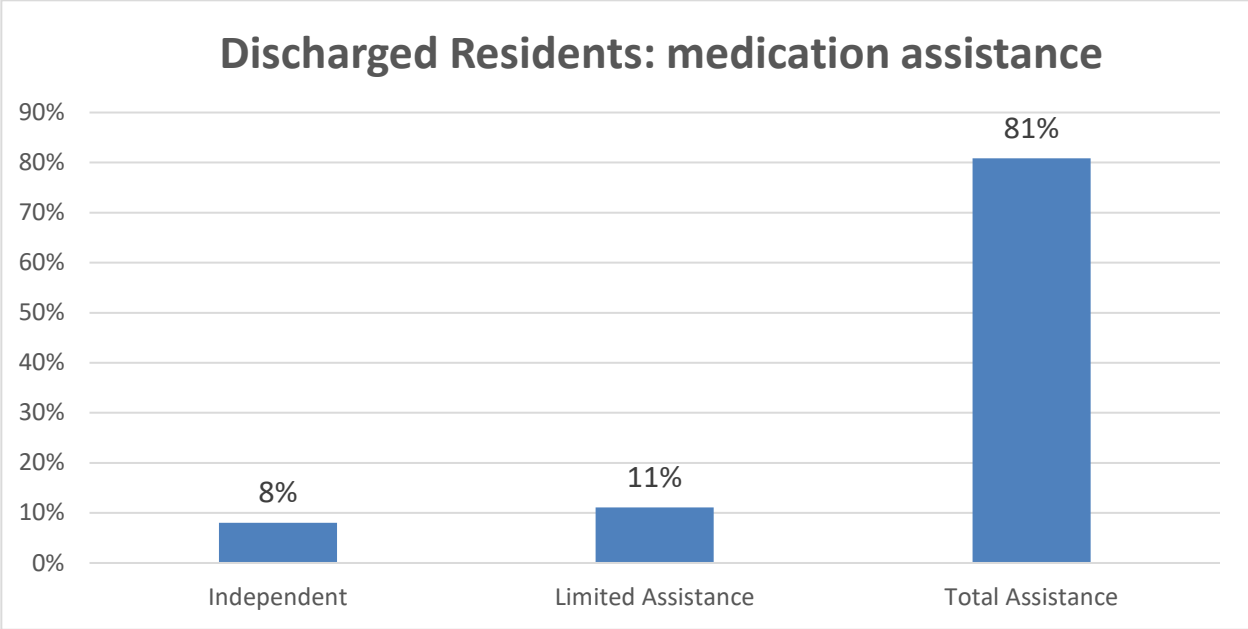
The top two discharge categories for residents since 2012 were death (45 percent in 2018 and 2017; 43 percent in 2016, 44 percent in 2015, 43 percent in 2014, 39 percent in 2013 and 35 percent in 2012) and nursing home placement (21 percent in 2018, 24 percent in 2017; 26 percent in 2016, 24 percent 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, followed by acute care hospitals (13 percent in 2018, 10 percent in 2017; 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 (almost 8 percent in 2018, 7 percent in 2017, 8 percent in 2014-2016 and 7 percent in 2012-2014).

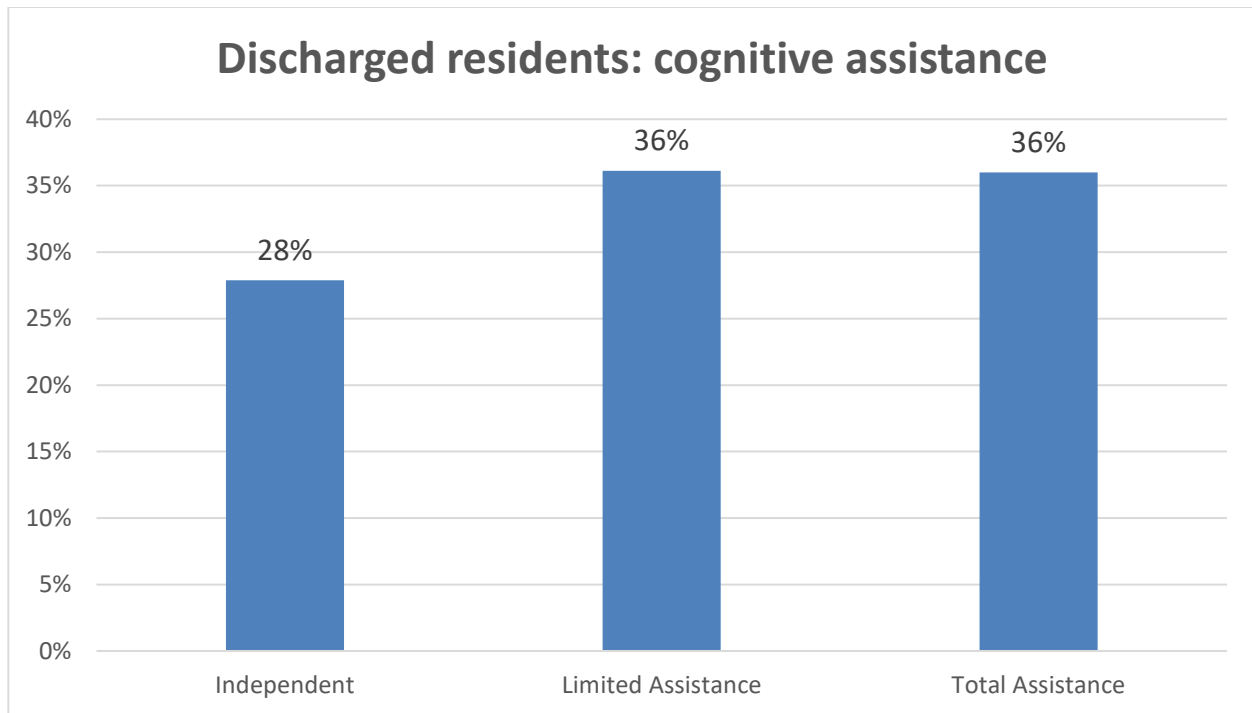
This data continues to suggest the increasing medical frailty of the residents served by the state’s ALRs and CPCHs, as well as the ability of assisted living facilities to fulfill the goal of having residents age in place.



In 2018, 8 percent of discharged residents were independent in medication administration, the same as in 2016 and 2017, but lower than 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 and in 2017 was 11 percent, compared to 13 percent in 2016, 10 percent in 2015, 11 percent in 2014 and 10 percent in 2013. The percentage of discharged residents requiring total medication administration assistance was 81 percent this year and in 2017, compared to 79 percent in 2016, 81 percent in 2015, 79 percent in 2014 and 81 percent in 2013.



The percentage of discharged residents who were cognitively independent was 28 percent in 2018, higher than the 26 percent reported in 2017 but comparable to 27 percent in 2016 and 29 percent from 2013-2015. The percentage requiring limited cognitive assistance was 36 percent, consistent with prior years. The percentage of discharged residents requiring total assistance was 36 percent compared to 38 percent in 2017, 36 percent in 2016 and 35 percent from 2013-2015.



The percentage of discharged residents requiring no assistance with ADLs was 4.2 percent in 2017, similar to 2017 and 2016 but lower than 5 percent from 2012-2015. The percentage of discharged residents requiring assistance with one ADL was 3.6 percent in 2018, up from 3.4 percent in 2017, but down from 4 percent in 2016, while those requiring assistance with two ADLs was 4.3 percent, down from 5 percent in 2015-2017. In 2018, 5.4 percent required assistance with three ADLs compared to 5.6 percent in 2017, 6 percent in 2014-2016, 8 percent in 2013 and 7 percent in 2012. Eighty-two percent required assistance with four or more ADLs, comparable to 2014 through 2017.

Assisted Living Program Residents’ Characteristics

There are 11 assisted living programs (ALPs) in New Jersey; 91 percent of them responded to this year’s survey. A total of 731 residents were included in the survey – the highest number since 2014. For the first time, this report provides a distinct section that describes the residents served by ALPs.

All of the administrators of ALPs are certified assisted living administrators. The average census is 57.5 residents. Ninety percent of ALPs serve Medicaid beneficiaries and in 2018 478 residents, or 83 percent, were Medicaid beneficiaries. This is similar to 2016-2017.

Consistent with past years, approximately 40 percent of ALPs provide special services that include respite, hospice and/or Alzheimer's services. Three ALPs provide rehabilitation services.

The ALPs report that on average there are 14.7 FTEs who work in each program. Seventy percent of ALPs have an active certified medication aide program.

Fifty-seven percent of ALP residents are female and 43 percent are male. Twenty-two (or almost 4 percent) of residents live with a spouse. The average length of stay is 26 months which is consistent with 2016-2017, but lower than prior years.

As expected, 63 percent were admitted from home since the ALP provides services in subsidized senior housing. Another 15 percent were admitted to the ALP following a nursing home stay, while 12 percent were reported to be admitted from another unspecified source.

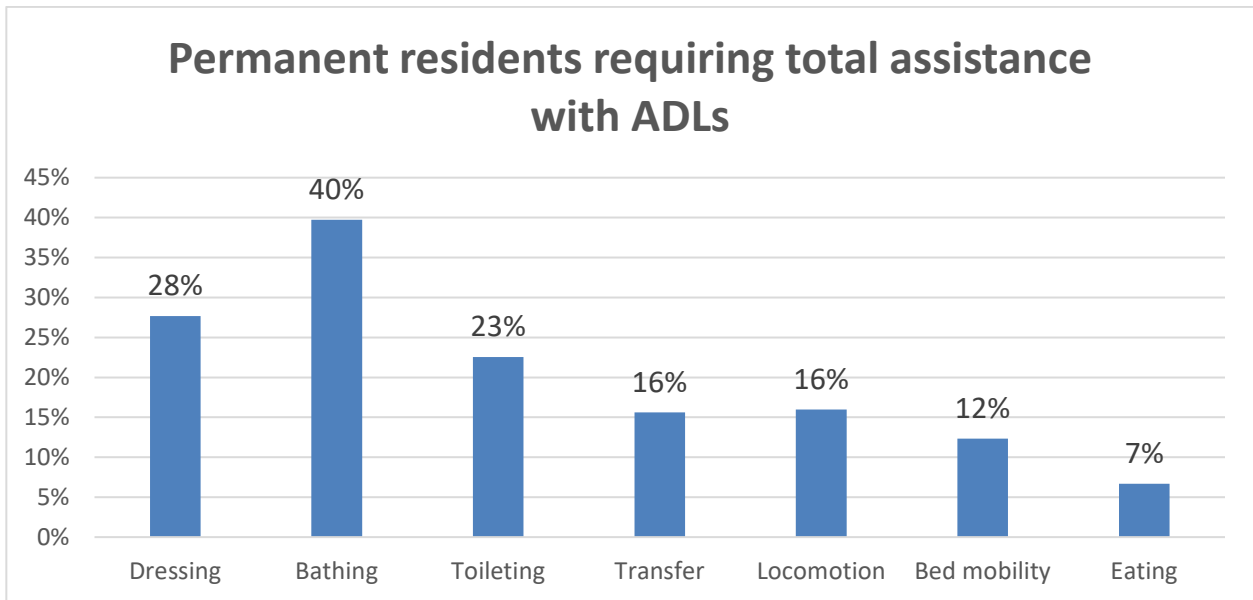
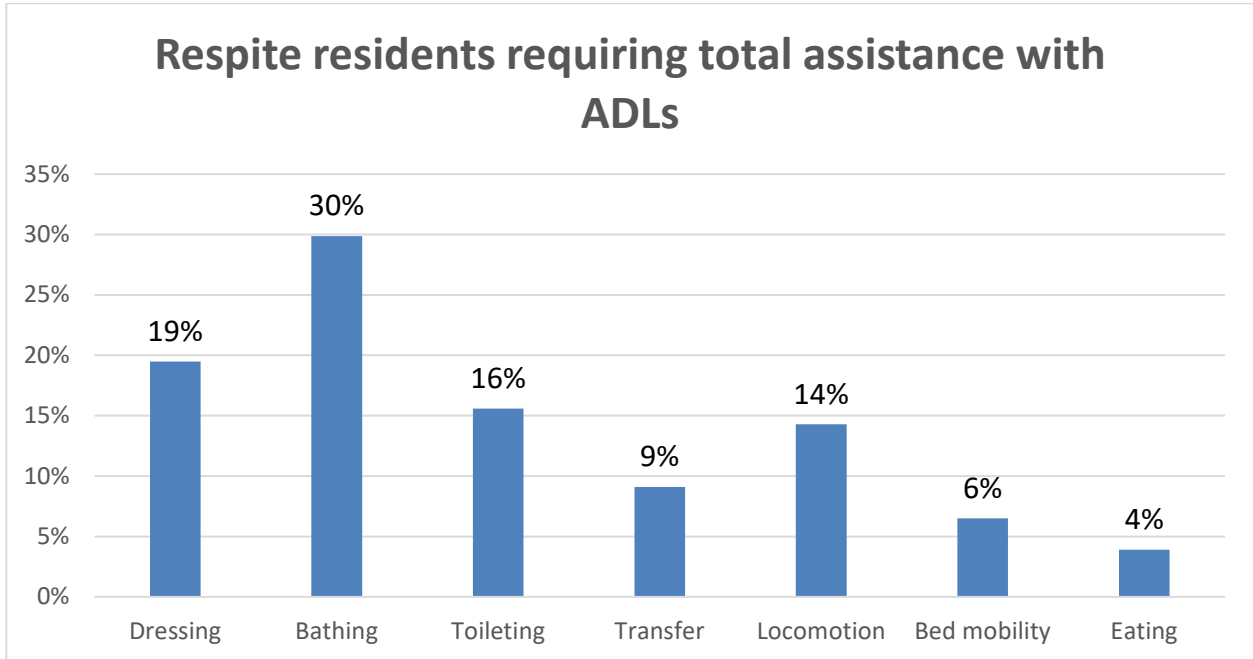
Approximately 30 percent of ALP residents had a health service plan in 2018. This is higher than in 2017, but lower than in previous years when it was approximately 45 percent.

Fifty-nine percent of ALP residents required assistance with 4 or more ADLs while 23 percent required assistance with 3 ADLs; 11 percent with 2 ADLs; 6 percent with 1 ADL and 1 percent was independent in ADL. Similarly, 50 percent of ALP residents require total assistance with medication administration while 37 percent require limited assistance and 13 percent require no assistance. Forty-seven percent of ALP residents were cognitively independent, and another 48 percent required limited assistance related to cognition; only 5 percent were totally dependent in terms of cognition.

For residents discharged from the ALP, the most frequent discharge destination was to a nursing home (25 percent), followed by 21 percent to home, 18 percent to death, 15 percent to an acute care hospital, 14 percent to other settings and 2.5 percent to subacute care and another 2.5 percent to another assisted living setting.

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.



Discharged residents requiring total assistance with ADLs

