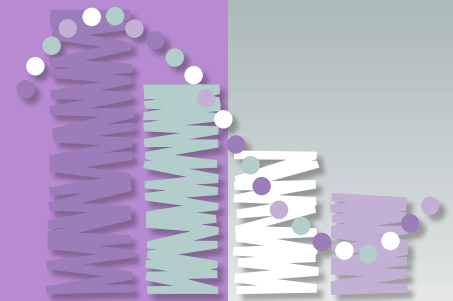




Residential Care Communities and Their Residents in 2010: A National Portrait

March 2016

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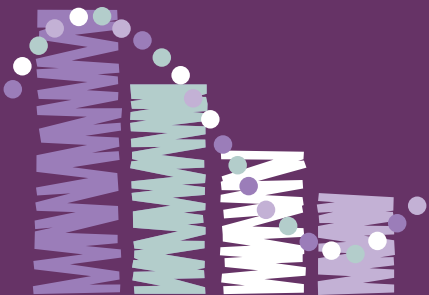
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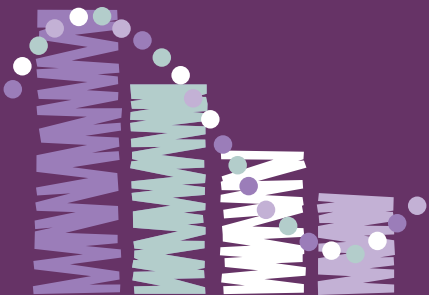
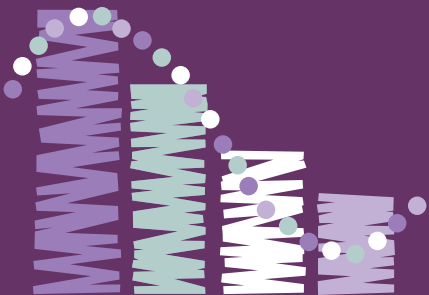


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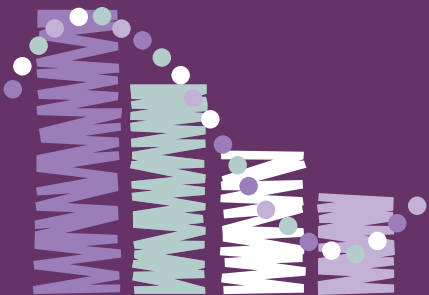


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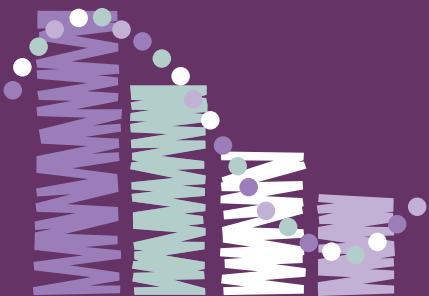
Executive Summary

Residential Care Communities and Their Residents in 2010: A National Portrait

Assisted living and similar residential care communities provide services to individuals who cannot live independently but generally do not require the skilled level of care provided by nursing homes. With the aging of the population, the number of individuals needing this type of care is expected to increase in the future. Residential care communities will likely continue to be an important part of the long-term care system as their numbers increase to meet the growing demand. Using data from the first-ever national study of residential care communities with four or more beds, the National Survey of Residential Care Facilities (NSRCF), this chartbook presents national findings on residential care communities and residents in the United States in 2010.

Chapter 2. Basic Community Characteristics

- There were 733,300 current residents living in 31,100 residential care communities in 2010 ([Figure 2-1](#)).
- Half of all residential care communities (50%) were small (4–10 beds). The rest were medium-sized (11–25 beds; 16%), large (26–100 beds; 28%), and extra-large communities (over 100 beds; 7%) ([Figure 2-1](#)).
- Residents of residential care communities were charged \$28 billion for room, board, and services in 2010 ([Figure 2-6](#)).



Chapter 3. Resident Health and Health Care Services Use

- The 10 most common chronic conditions for residents living in residential care communities included, in descending order, hypertension (57%), Alzheimer's disease and other dementias (42%), heart disease (34%), depression (28%), arthritis (27%), osteoporosis (21%), diabetes (17%), chronic obstructive pulmonary disease (15%), cancer (11%), and stroke (11%) (Figure 3-1).
- Most residential care community residents received assistance with bathing (72%), followed by dressing (52%), toileting (35%), and eating (22%) (Figure 3-4).
- Over one-third of residential care community residents (35%) had had an emergency department visit and almost one-quarter (24%) had had an overnight hospital stay in the 12 months before the survey (Figure 3-9).

Chapter 4. Dementia and Cognitive Impairment among Residents

- Sixty percent of all residents in residential care communities had symptoms indicating some level of cognitive impairment, and almost half of all residents (42%) were diagnosed with Alzheimer's disease or other dementias (Figure 4-1).
- Thirty-five percent of residents with cognitive impairment or dementia lived in residential care communities with dementia care units—14% in the dementia care unit and 21% in a non-dementia care unit within the community (Figure 4-3).
- Thirty-seven percent of residents with cognitive impairment or dementia had a visit to an emergency department in the last 12 months, compared with 32% of residents without cognitive impairment or dementia (Figure 4-5).

- Residents with cognitive impairment or dementia living in the dementia care unit of a community were charged \$52,200. Residents with cognitive impairment or dementia living in residential care communities that exclusively served people with dementia were charged, on average, \$53,700 (Figure 4-8).

Chapter 5. Services Offered by Residential Care Communities and Used by Residents

- Almost all residents lived in residential care communities that offered assistance with activities of daily living (ADLs) (100%), basic health monitoring (97%), and incontinence care (94%). Among the services studied, skilled nursing care (40%) and social services counseling (44%) were least commonly offered (Figure 5-1 and Figure 5-2).
- Nearly all residents lived in residential care communities that provided social and recreational activities (100%); most also provided transportation to medical appointments (84%) and stores (86%) (Figure 5-2).
- Among services offered by residential care communities, basic health monitoring (75%), assistance with ADLs (69%), and incontinence care (38%) were the top services most used by residential care residents (Figure 5-1).
- A majority of residential care residents had been vaccinated against influenza in the 12 months prior to the survey (70%); 32% of all residents had received vaccination against pneumonia in the past 12 months (Figure 5-4).

Chapter 6. Workforce

- More than one-third of all residential care communities (37%) employed at least one RN; almost all communities (94%) employed personal care aides (PCAs) (Figure 6-1).
- On average, residential care community staff provided about 2 hours and 19 minutes of total direct care, but only about 14 minutes of licensed nursing care, per resident per day (Figure 6-2).
- Almost all residential care communities (96%) required formal PCA training prior to working at the community; almost two-thirds of communities (64%) required training of less than 75 hours (Figure 6-4).
- Turnover rates in residential care communities were highest for PCAs (38%) and lowest for directors (16%) (Figure 6-7).

Chapter 7. Access and Affordability

- Residential care communities on average provided 177 beds per 1,000 persons aged 85 and over (Figure 7-1).
- Overall, 43% of all residential care communities had at least one resident whose long-term care services were partially or fully paid for by Medicaid. Nineteen percent of all residents used Medicaid to pay for long-term care services (Figure 7-3).
- In 2010, the mean total charge per residential community resident nationally was \$38,000 per year (Figure 7-4).
- The mean total charge per Medicaid resident was approximately \$26,200 per year, which was \$14,600 less than charges to non-Medicaid residents. Charges were not the amounts paid by Medicaid (Figure 7-4).

Chapter 8. Environment

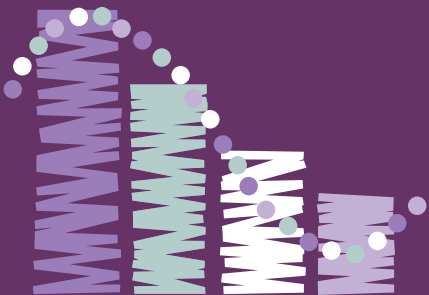
- About three-quarters of all residents in residential care communities (74%) lived in apartments or single rooms. The percentage of residents living in apartments was greater in communities with more than 25 beds (49%) than in communities with fewer beds (10%) (Figure 8-1).
- Overall, 87% of all residents in residential care communities had a bathroom located inside their room or apartment; 77% of all residents had doors that could be locked from the inside; and 44% had any cooktop, hot plate, oven, or microwave in their room or apartment (Figure 8-3).
- In the 30 days prior to the survey, 42% of residents living in residential care communities received visitors at least several times a week, about one-fourth (26%) had visitors weekly, and one-third (33%) were visited less frequently, including almost one-tenth (9%) who had no visitors (Figure 8-6).

1

Introduction

Residential care communities are an important and largely underexamined component of the long-term services and support system, in part because the federal government provides only a modest proportion of direct funding via Medicaid and few federal regulations since regulation is mainly at the state level. Residential care communities may be especially appropriate for people with disabilities who need supervision, but not necessarily a lot of hands-on and skilled care, such as people with mid-stage Alzheimer’s disease. In 2010, the nation’s 31,100 residential care communities served primarily older people, as well as younger persons with physical disabilities—733,300 residents in all ([Caffrey et al., 2012](#); [Park-Lee et al., 2011](#)). By comparison, in 2010, 15,682 nursing facilities provided services to 1,396,448 residents ([American Health Care Association, 2010](#)). As the population ages and the need for long-term services and supports grows ([Johnson, Toohey, & Wiener, 2007](#)), the demand for residential care communities is likely to increase.

To provide information about this critical component of the long-term services and supports system, this chartbook presents data from the 2010 National Survey of Residential Care Facilities (NSRCF) ([Moss, Harris-Kojetin, & Sengupta, 2011](#)). Findings from this report will be of interest to providers, consumer advocates, researchers, and federal and state policymakers. The NSRCF, a nationally representative survey of licensed or otherwise regulated residential care providers in the United States, collected a broad array of data on residential care communities and residents.



Common names for these settings include assisted living facilities, residential care homes, personal care homes, residential care facilities, and adult family homes. The survey was conducted by the National Center for Health Statistics (NCHS) with support from the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services, the Agency for Healthcare Research and Quality, the Department of Veterans Affairs, and other federal agencies. Although the term “residential care facilities” was used in the name of the survey, many providers now prefer the term “residential care communities,” which is used in this chartbook. For more information on the 2010 NSRCF, see <http://www.cdc.gov/nchs/nsrcf.htm>. There is currently no plan to repeat the 2010 NSRCF in future years, but NCHS will continue to monitor residential care communities as part of the National Study of Long-Term Care Providers (NSLTCP) (Harris-Kojetin, Sengupta, Park-Lee, and Valverde, 2013). For more information on the NSLTCP, see <http://www.cdc.gov/nchs/nsltcp.htm>.

2

Basic Community Characteristics

This chapter describes characteristics of residential care communities and presents a demographic profile of the residents who live in them. It examines the size, geographical variation, operating characteristics, co-location with other settings, and annual industry charges of residential care communities. It also examines selected characteristics and length of stay of residents living there.

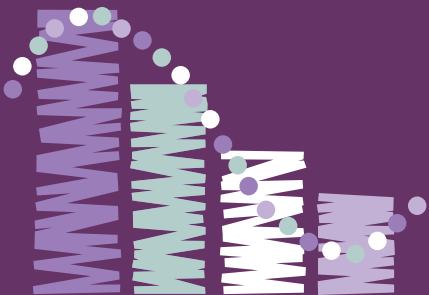
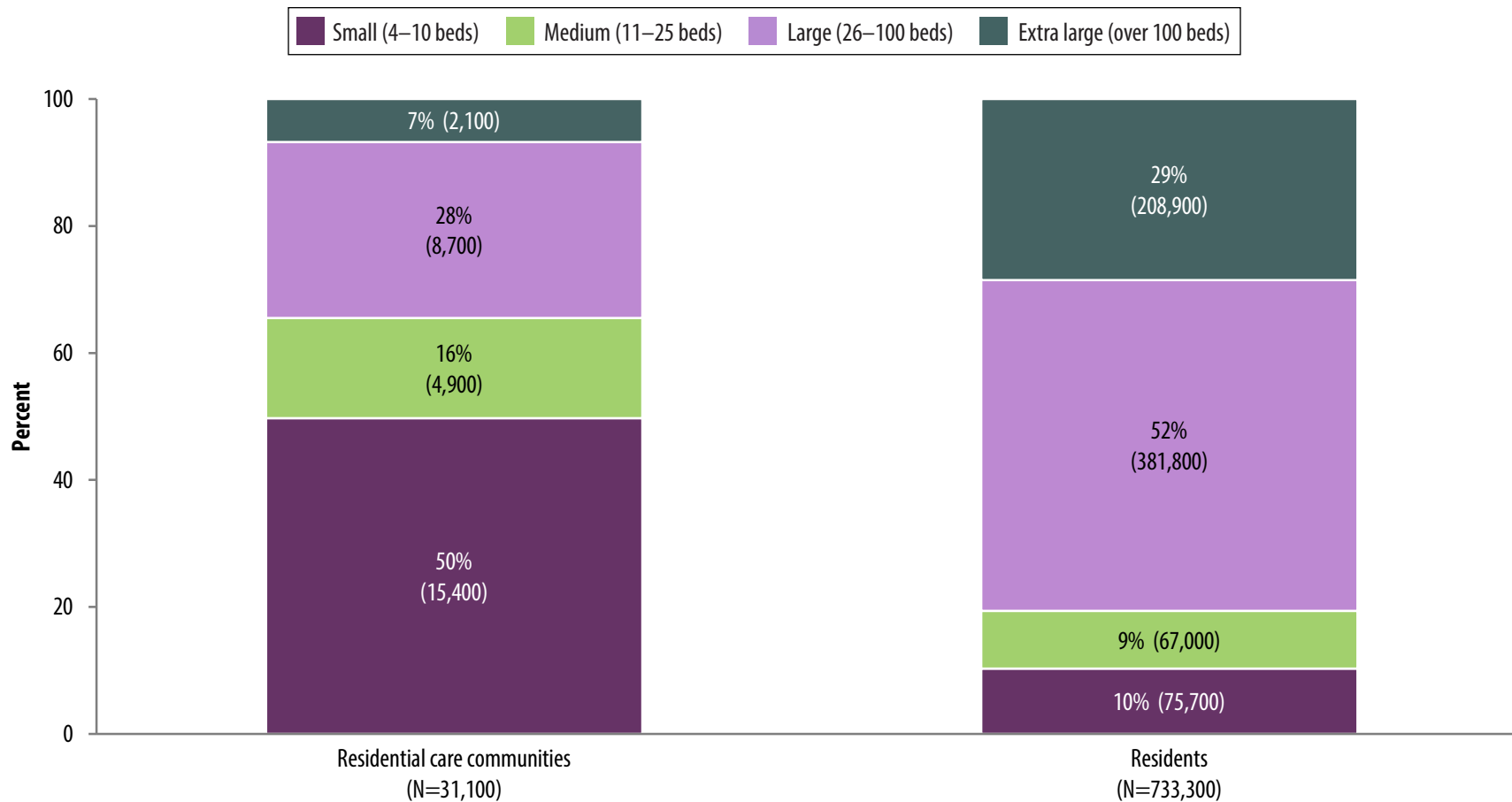


FIGURE 2-1 Percent distribution and number of residential care communities and residents, by bed size: United States, 2010

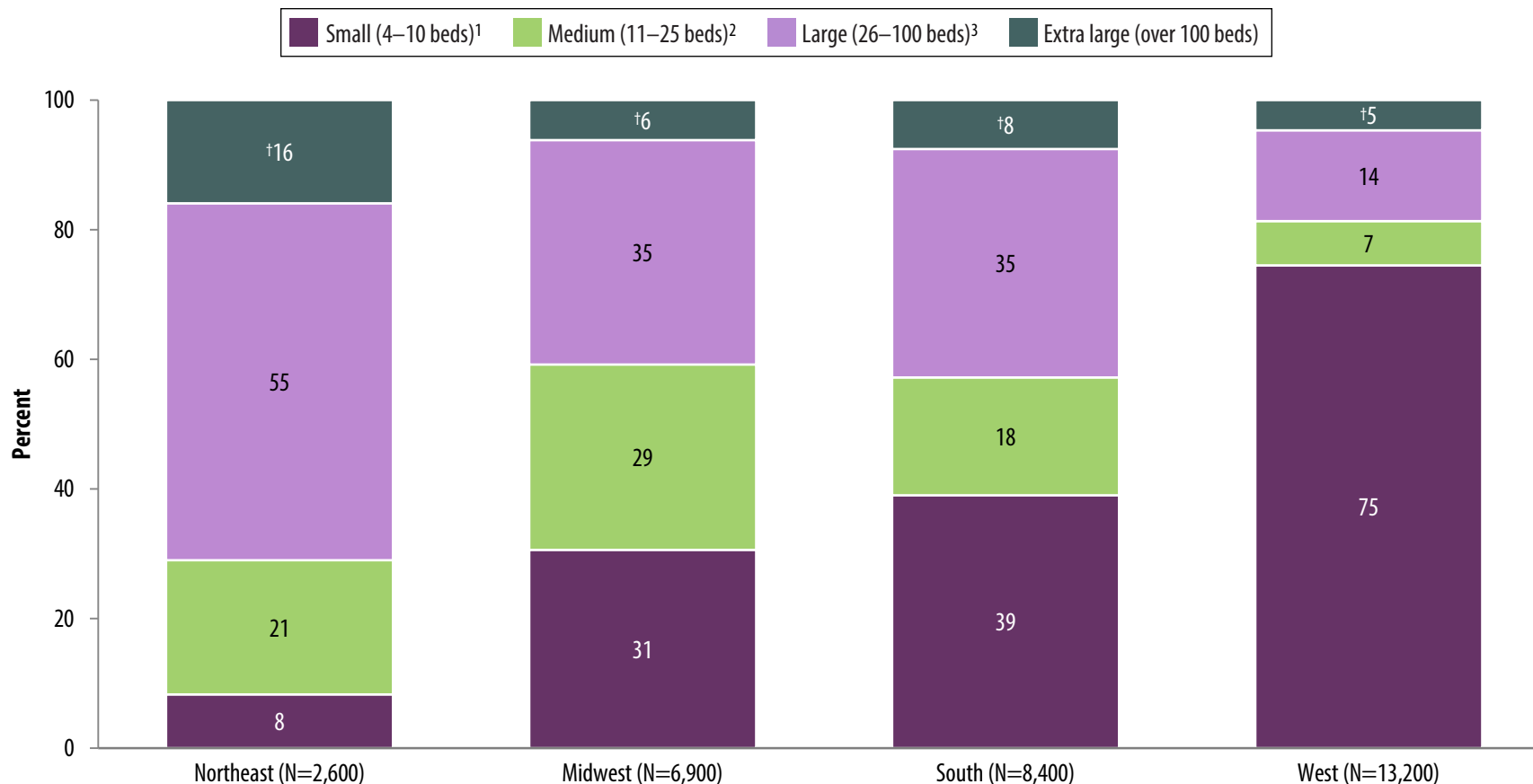


NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- There were 733,300 residents living in 31,100 residential care communities in 2010. Half of all communities were small, with 4–10 beds. The rest were medium-sized (16%), large (28%), and extra large communities (7%).
- More than half of all residents (52%) lived in large communities, and 29% lived in extra large communities. Only 10% of all residents lived in small communities; 9% lived in medium-sized communities.

FIGURE 2-2 Percent distribution of residential care communities, by Census region and bed size: United States, 2010



¹ Regions are significantly different from each other in the percentage of small facilities at $p < .05$.

² Regions are significantly different from each other in the percentage of medium facilities at $p < .05$.

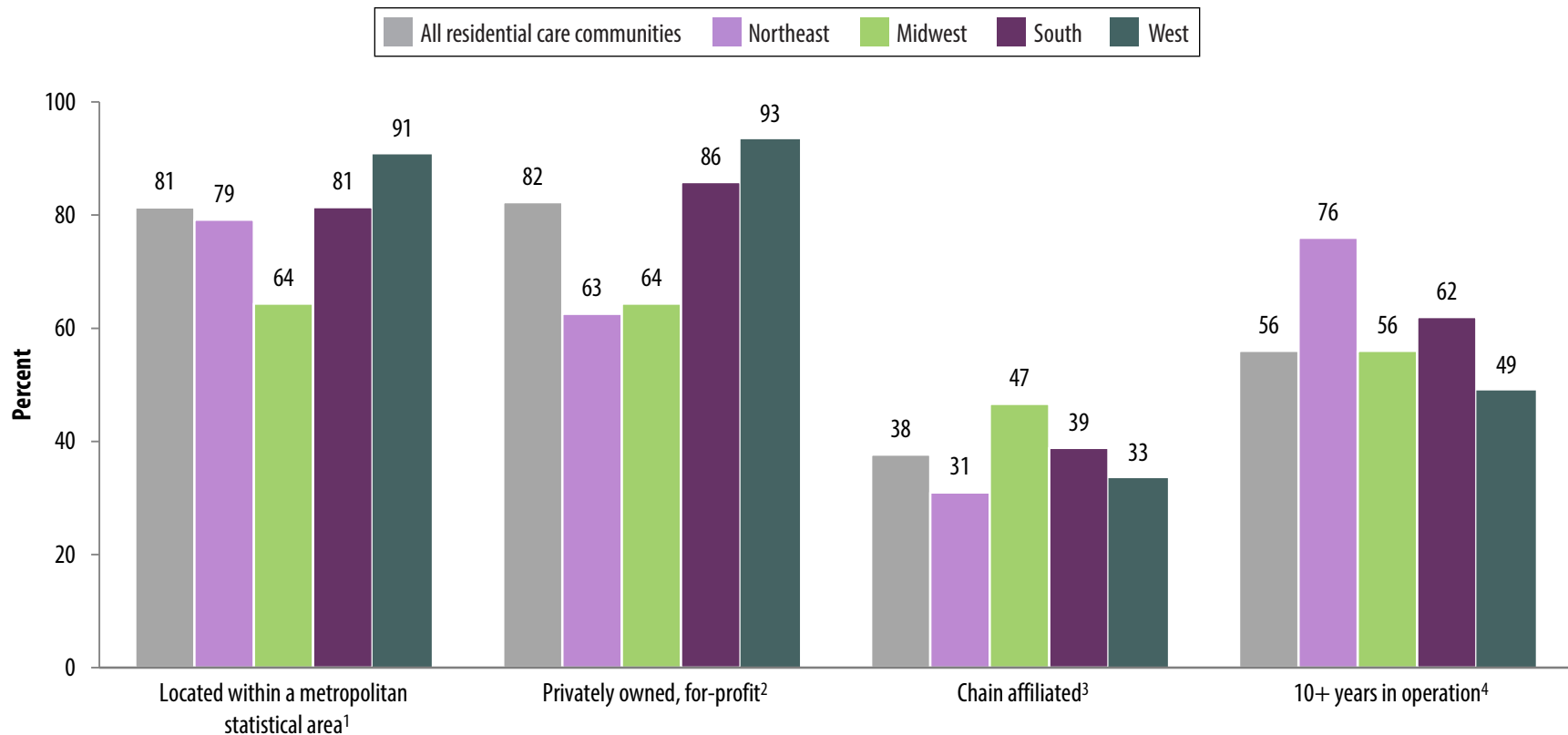
³ The Northeast and the West are significantly different from all other regions in the percentage of large facilities at $p < .05$.

† Estimate does not meet standard of reliability or precision because the sample size is 30–59, or the sample size is greater than 59 but has a relative standard error of 30 percent or more.

NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- There were 2,600 residential care communities in the Northeast, 6,900 in the Midwest, 8,400 in the South, and 13,200 in the West.
- The Northeast had the highest percentage of large communities (55%) compared with other regions.
- The West had the highest percentage of small communities (75%) compared with other regions.

FIGURE 2-3 Percentage of residential care communities, by location, ownership, chain affiliation, years in operation, and Census region: United States, 2010

¹ Differences between regions are significant at $p < .05$, except between Northeast and South.

² Differences between regions are significant at $p < .05$, except between Northeast and Midwest.

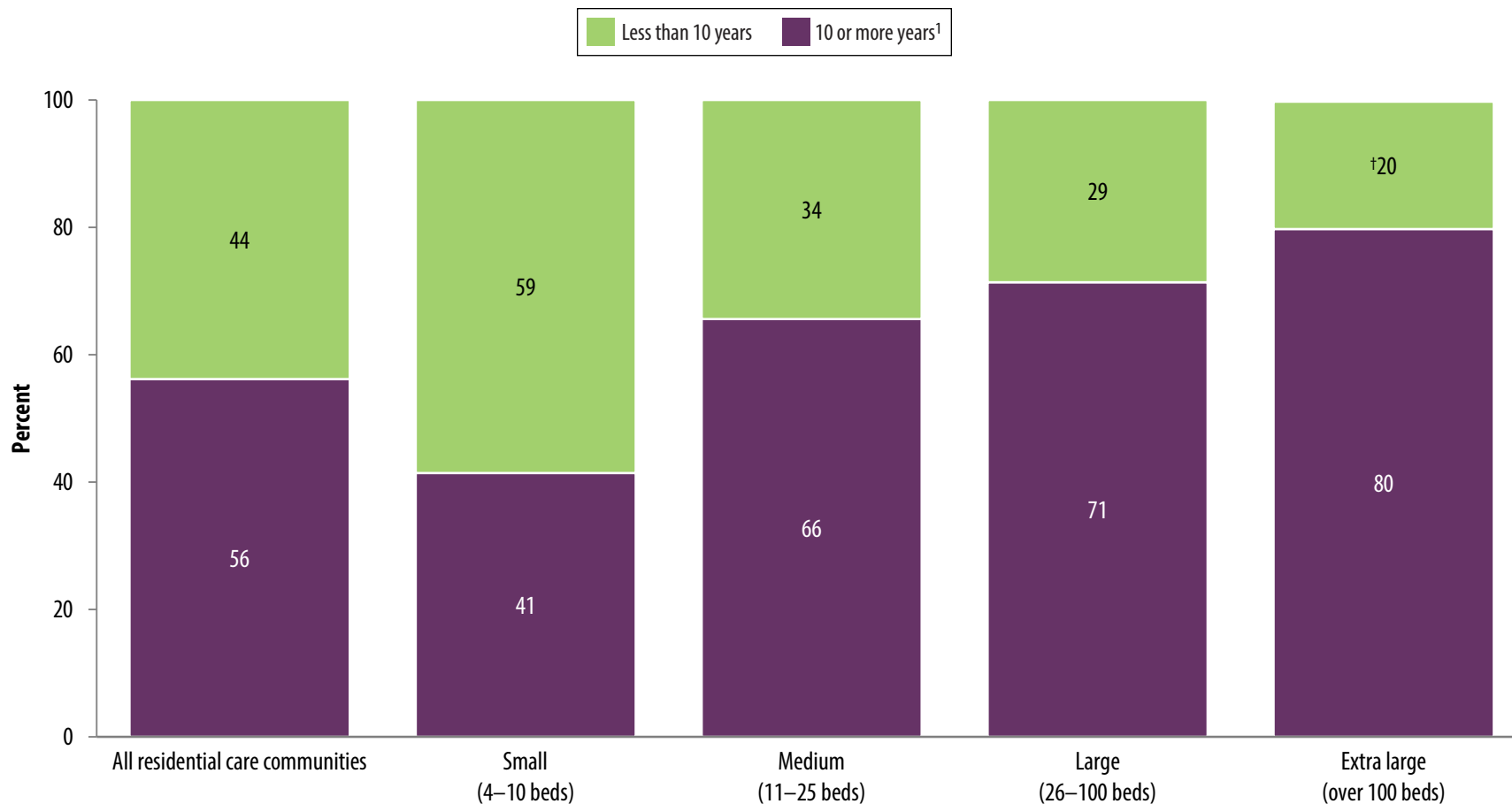
³ Differences between regions are significant at $p < .05$, except between Northeast and West.

⁴ Differences between regions are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- The majority of all residential care communities (81%) were located in metropolitan statistical areas. This pattern was more common in the West (91%) and less common in the Midwest (64%).
- Eighty-two percent of all communities were owned by private, for-profit organizations. A lower percentage of communities in the Northeast and Midwest were for-profit (63% and 64%, respectively) than in the South and West (86% and 93%, respectively).
- Overall, 38% of all communities were owned by chains, with ownership highest in the Midwest. Almost half of all communities in the Midwest were owned by chains; in the Northeast and the West, chains owned about a third of residential care communities.
- Seventy-six percent of communities in the Northeast had been operating for 10 or more years, which was higher than in other regions. The West had the lowest percentage of communities (49%) that had been operating for 10 or more years.

FIGURE 2-4 Percent distribution of residential care communities, by bed size and years in operation: United States, 2010



¹ Differences between small, medium, and large bed size categories are significant at $p < .05$.

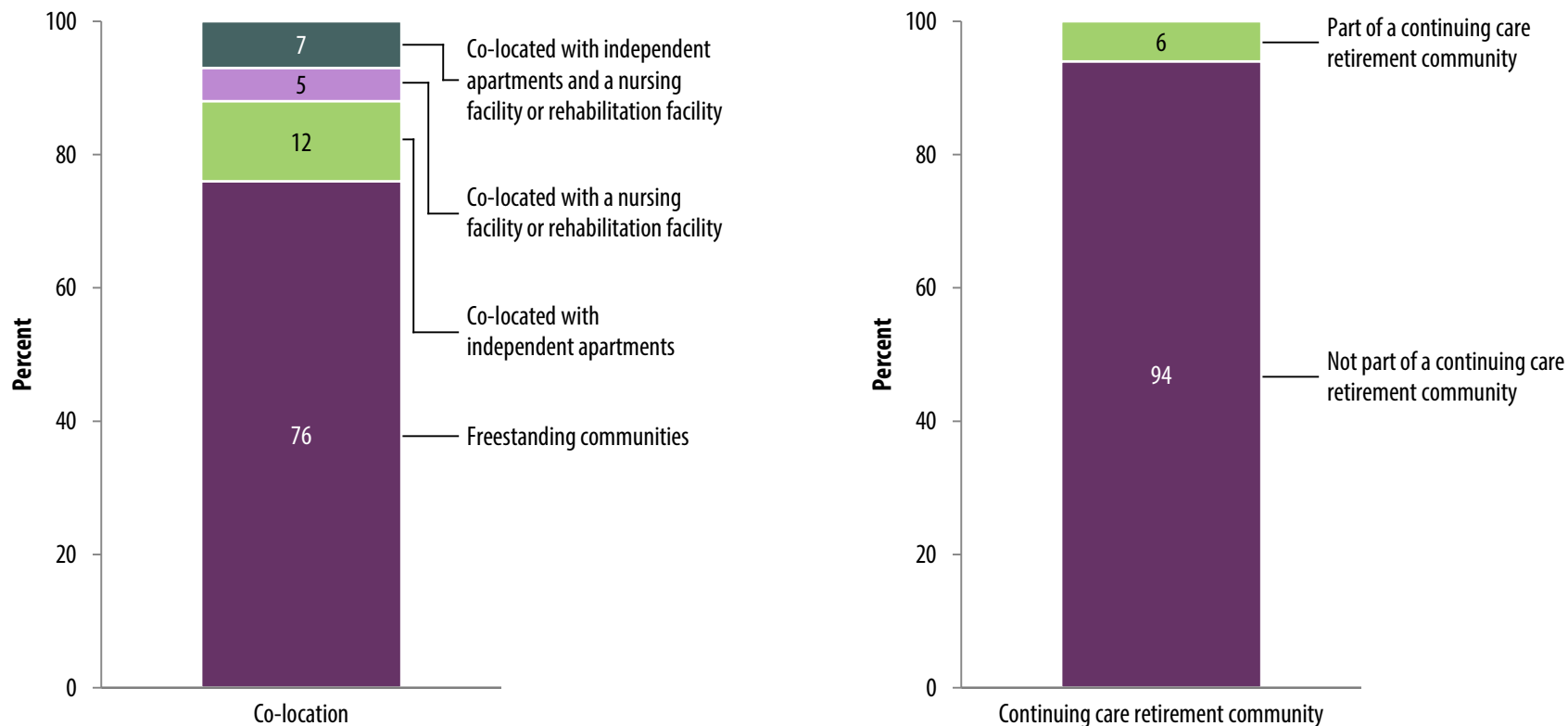
NOTE: Estimates may not add up to totals because of rounding.

† Estimate does not meet standard of reliability or precision because the sample size is 30–59, or the sample size is greater than 59 but has a relative standard error of 30 percent or more.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Overall, 44% of all residential care communities had been operating for fewer than 10 years.
- More than half of the small communities (59%) had been operating fewer than 10 years.

FIGURE 2-5 Percent distribution of residential care communities, by co-location and continuing care community status: United States, 2010

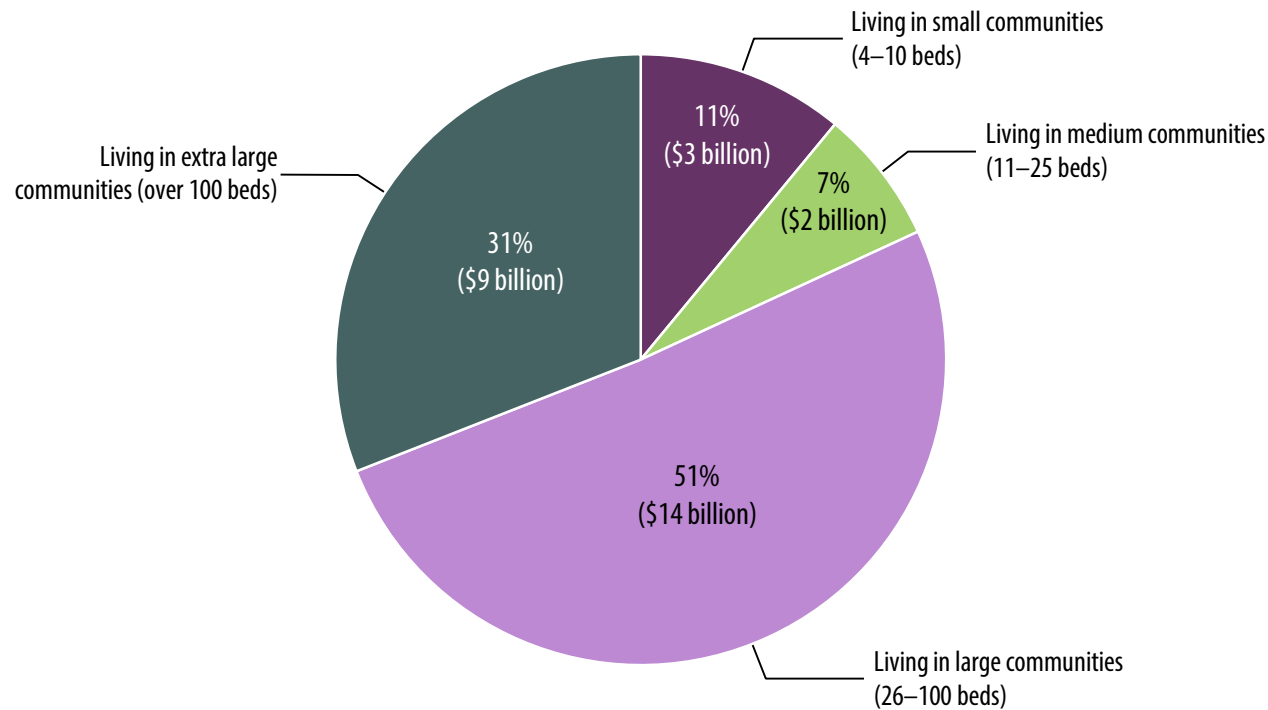


NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Most residential care communities (76%) were freestanding.
- Twelve percent of all communities were co-located on the same grounds with independent living apartments, 5% were co-located with nursing facilities or rehabilitation facilities, and 7% were co-located with independent living apartments and nursing facilities and/or rehabilitation facilities.
- Only 6% of all communities were part of continuing care retirement communities—communities that offer multiple levels of care, such as independent living, residential care, and skilled nursing care, so that residents can remain in the same community as their needs change.

FIGURE 2-6 Percent distribution of total annual industry charges for all residential care residents, by bed size: United States, 2010



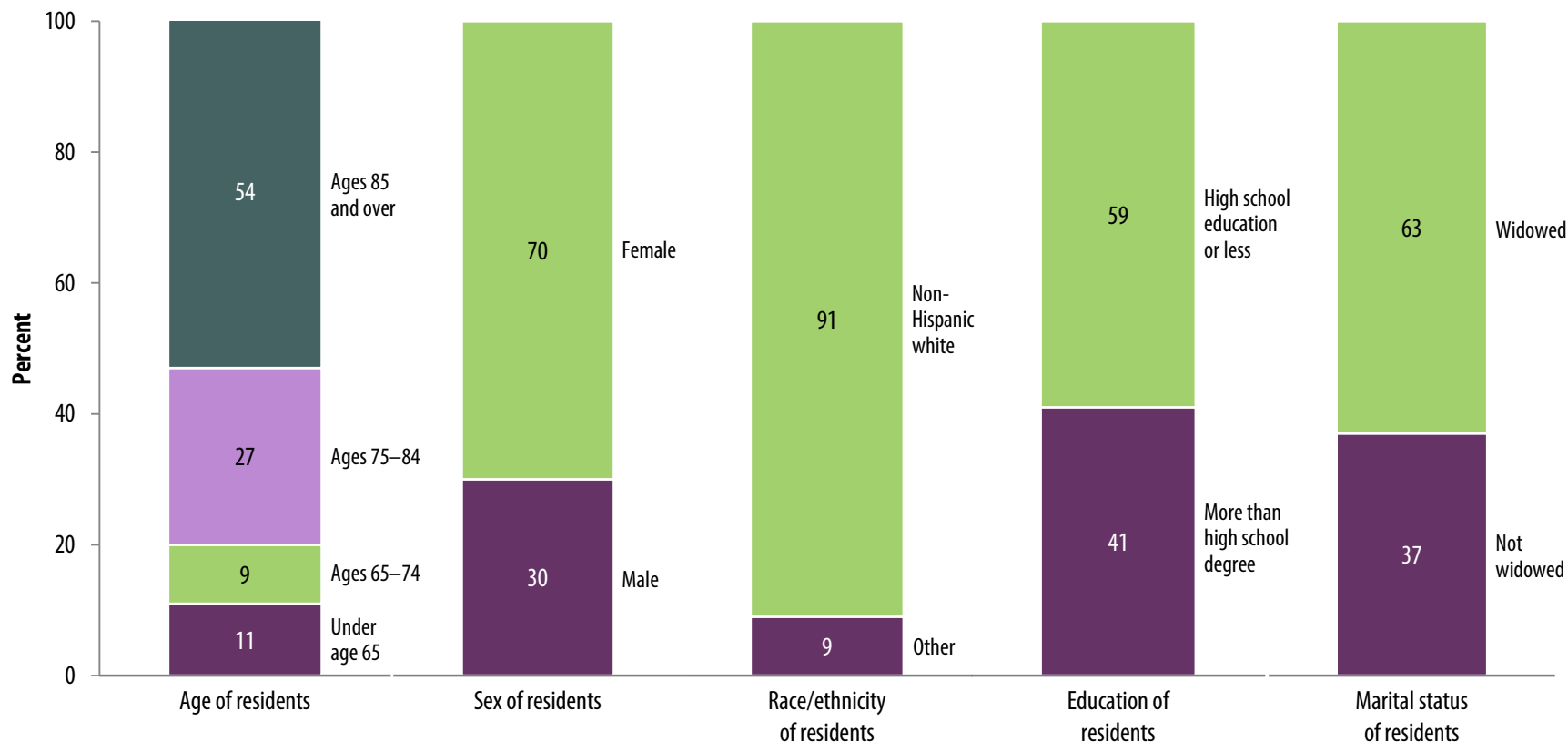
Total annual industry charges for all residents = \$28 billion

NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Residents of residential care communities were charged \$28 billion for room, board, and services in 2010.
- Large communities accounted for 51% of the total annual industry charges (\$14 billion), followed by extra-large communities, which accounted for 31% (\$9 billion).
- Small and medium-sized communities accounted for 11% and 7% of the total annual industry charges, respectively (\$3 billion and \$2 billion).

FIGURE 2-7 Percent distribution of residential care community residents, by age, sex, race/ethnicity, education, and marital status: United States, 2010

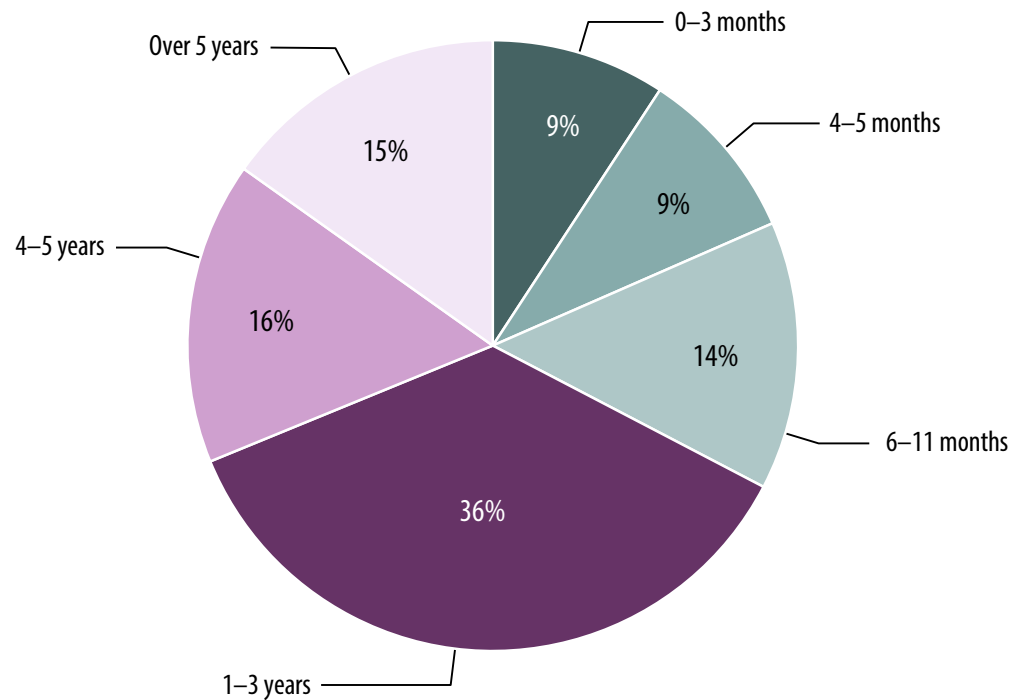


NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- More than half of all residents (54%) were aged 85 or over, and more than one-quarter (27%) were aged 75–84. Of the remainder, 9% were aged 65–74 and 11% were under age 65.
- Nine in 10 residents in residential care communities (91%) were non-Hispanic white, 7 in 10 residents (70%) were female, and about 6 in 10 residents (63%) were widowed. Fifty-nine percent of all residents had a high school education or less.

FIGURE 2-8 Percent distribution of residential care community residents, by length of stay at time of survey: United States, 2010



The average length of stay was 2.7 years

NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- At the time of the survey, residents had lived in their residential care communities an average of 2.7 years.
- About one-third of all residents (32%) had been living in their residential care communities for less than a year.
- More than one-third of all residents (36%) had been in their residential care communities for 1–3 years, 16% had resided there for 4–5 years, and 15% had been living in their communities for more than 5 years.

3

Resident Health and Health Care Services Use

This chapter describes resident health and functional status and the use of health care services for those living in residential care communities. The chapter describes common chronic conditions, functional limitations in basic and instrumental activities of daily living (ADLs and IADLs), use of assistive devices, and hospital and emergency department visits.

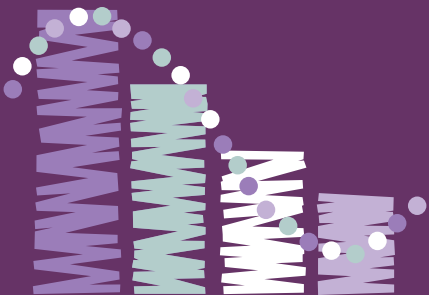
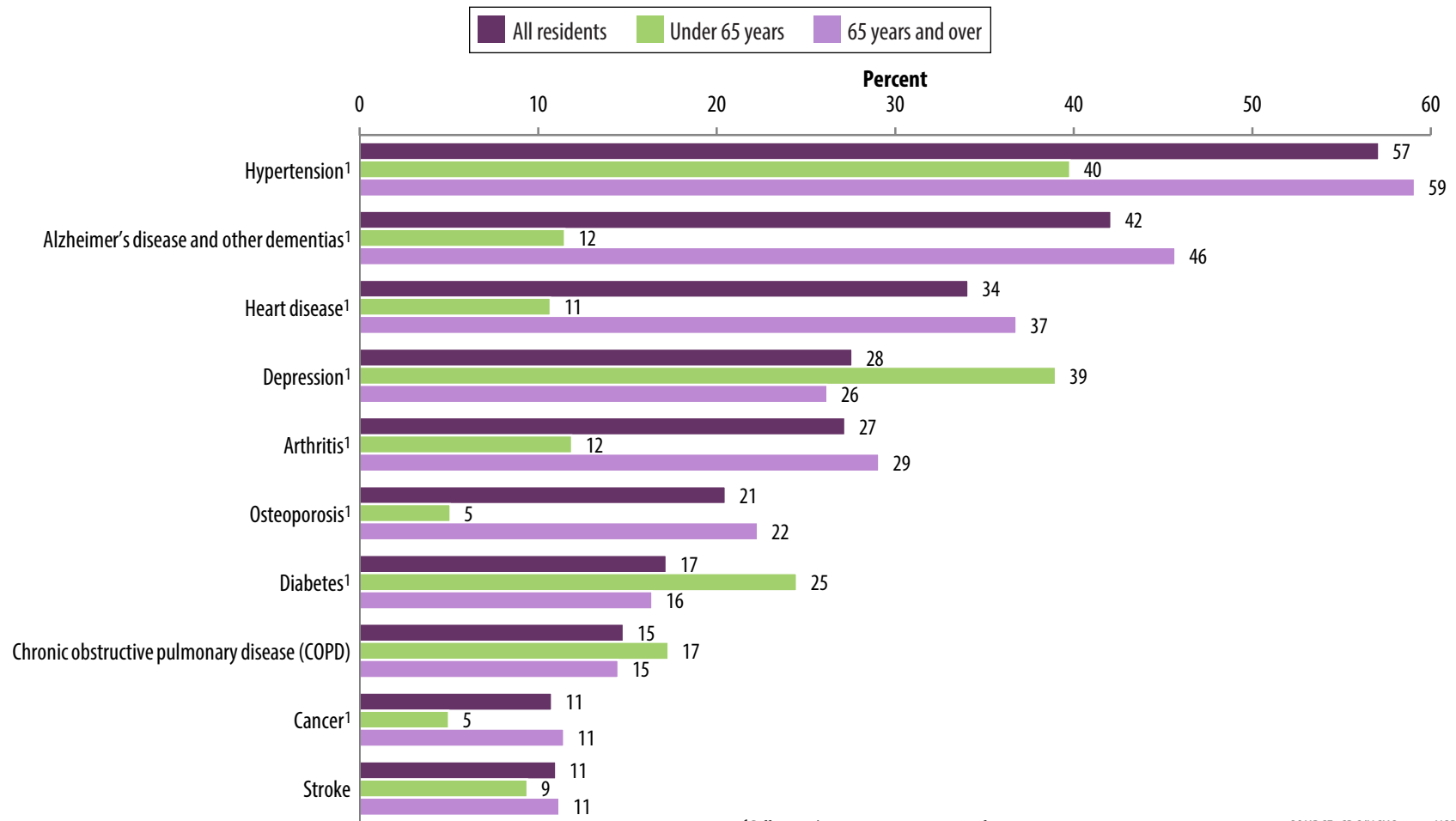


FIGURE 3-1 Percentage of residential care community residents, by the 10 most common chronic conditions and age: United States, 2010

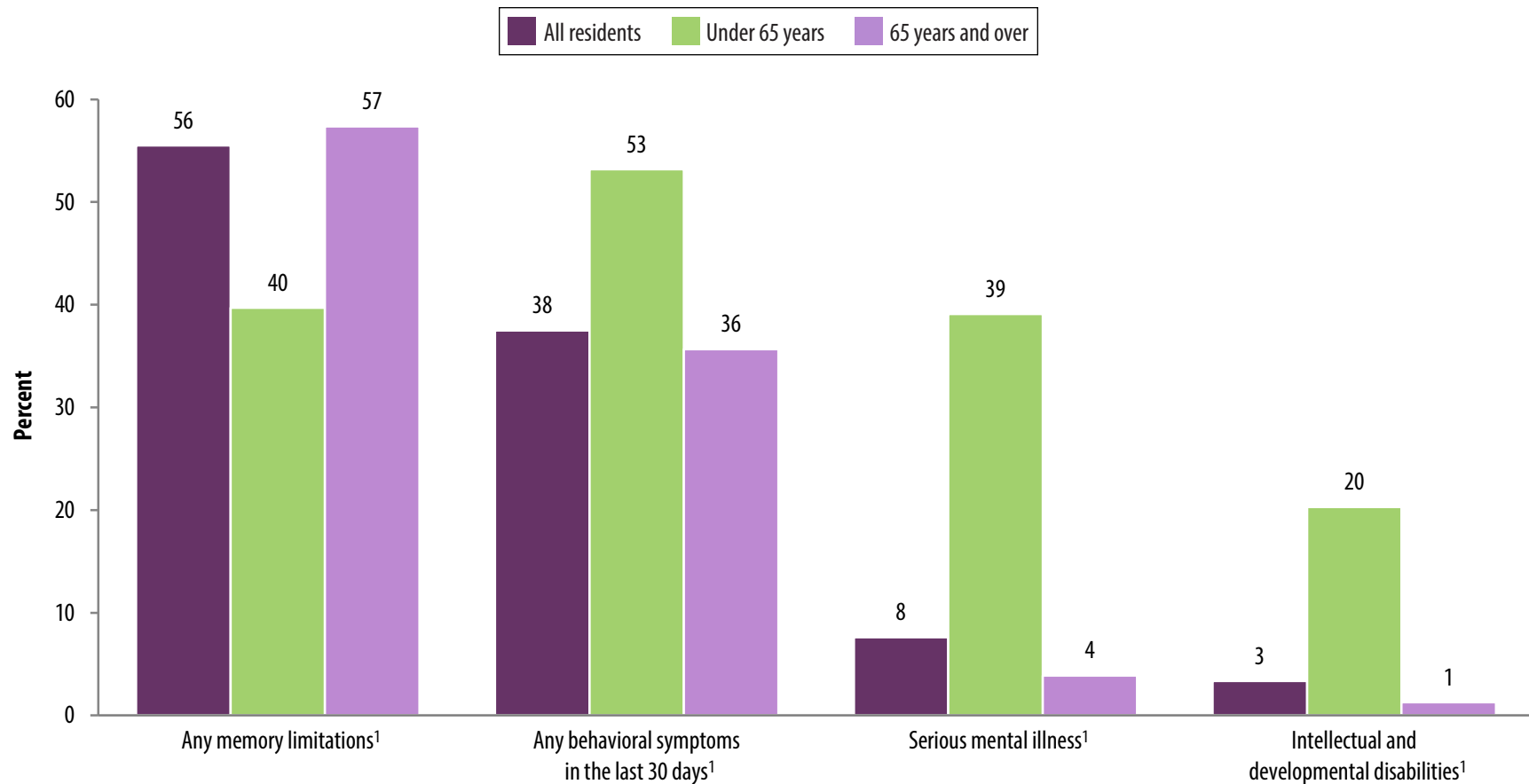


¹ Differences between age groups are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- The 10 most common chronic conditions for all residents included, in descending order, hypertension (57%), Alzheimer's disease and other dementias (42%), heart disease (34%), depression (28%), arthritis (27%), osteoporosis (21%), diabetes (17%), chronic obstructive pulmonary disease (COPD; 15%), cancer (11%), and stroke (11%).
- Hypertension, Alzheimer's disease and other dementias, heart disease, arthritis, osteoporosis, cancer, and stroke were more prevalent among residents aged 65 and over than among residents under age 65.
- A higher percentage of residents under age 65 had depression, diabetes, or COPD than did residents aged 65 and over.

FIGURE 3-2 Percentage of residential care community residents, by memory limitations, behavioral symptoms, serious mental illness, intellectual and developmental disabilities, and age: United States, 2010

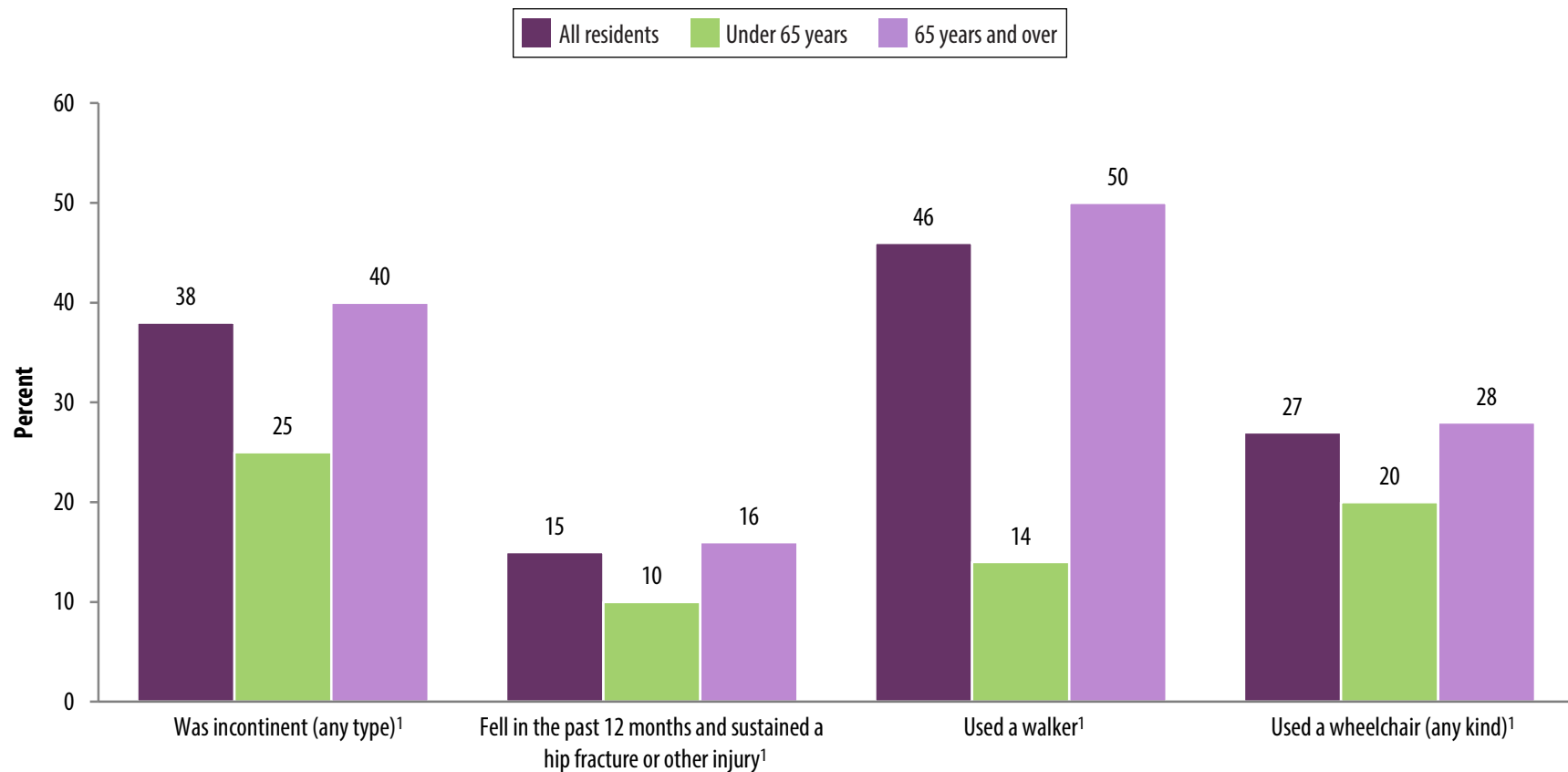


¹ Differences between age groups are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Over half of all residents (56%) suffered from memory limitations; the prevalence of memory limitations was higher for residents aged 65 and over than it was for residents under age 65.
- More than half of all residents under age 65 (53%) exhibited behavioral symptoms in the 30 days before the survey, almost 40% suffered from serious mental illness, and 20% had intellectual or developmental disabilities.
- Among residents aged 65 and over, 36% of residents exhibited behavioral symptoms in the 30 days before the survey, 4% had severe mental illness, and 1% had intellectual or developmental disabilities.

FIGURE 3-3 Percentage of residential care community residents, by incontinence, falls, walker and wheelchair use, and age: United States, 2010

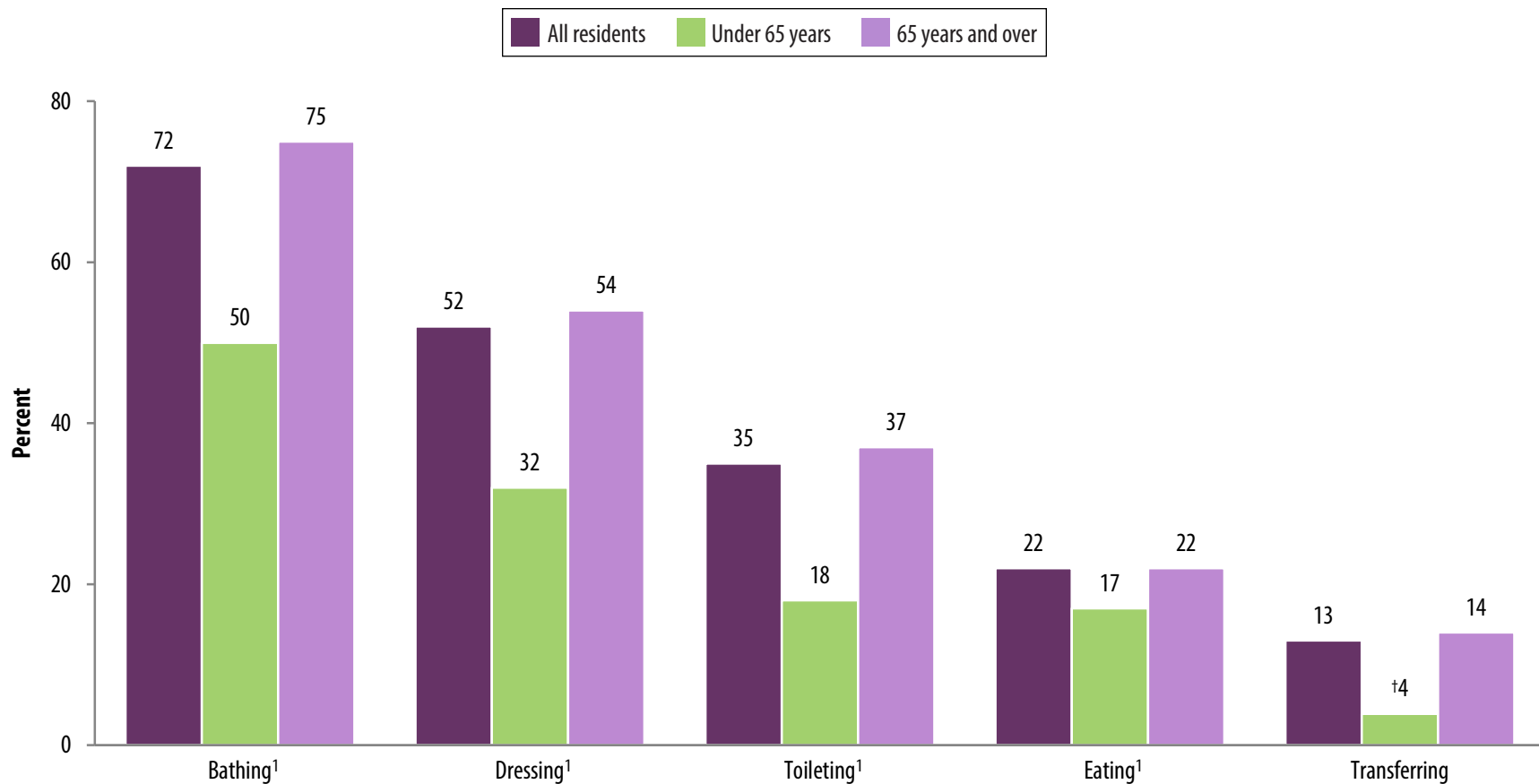


¹ Differences between age groups are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost 40% of all residents had some type of incontinence (urinary or fecal) at the time of the survey. Incontinence rates were higher in residents aged 65 and over (40%) than in younger residents (25%).
- In the 12 months before the survey, about 15% of all residents experienced a fall with an injury. Falls with injuries were higher in residents aged 65 and over (16%) than in younger residents (10%).
- Almost half of all residents (46%) used walkers, and more than a quarter (27%) used wheelchairs.
- Walker and wheelchair use varied by age, with younger residents relying less on these devices than older residents. For example, only 14% of residents under age 65 used a walker, compared with 50% of residents aged 65 and over.

FIGURE 3-4 Percentage of residential care community residents, by assistance with types of activities of daily living (ADLs) and age: United States, 2010



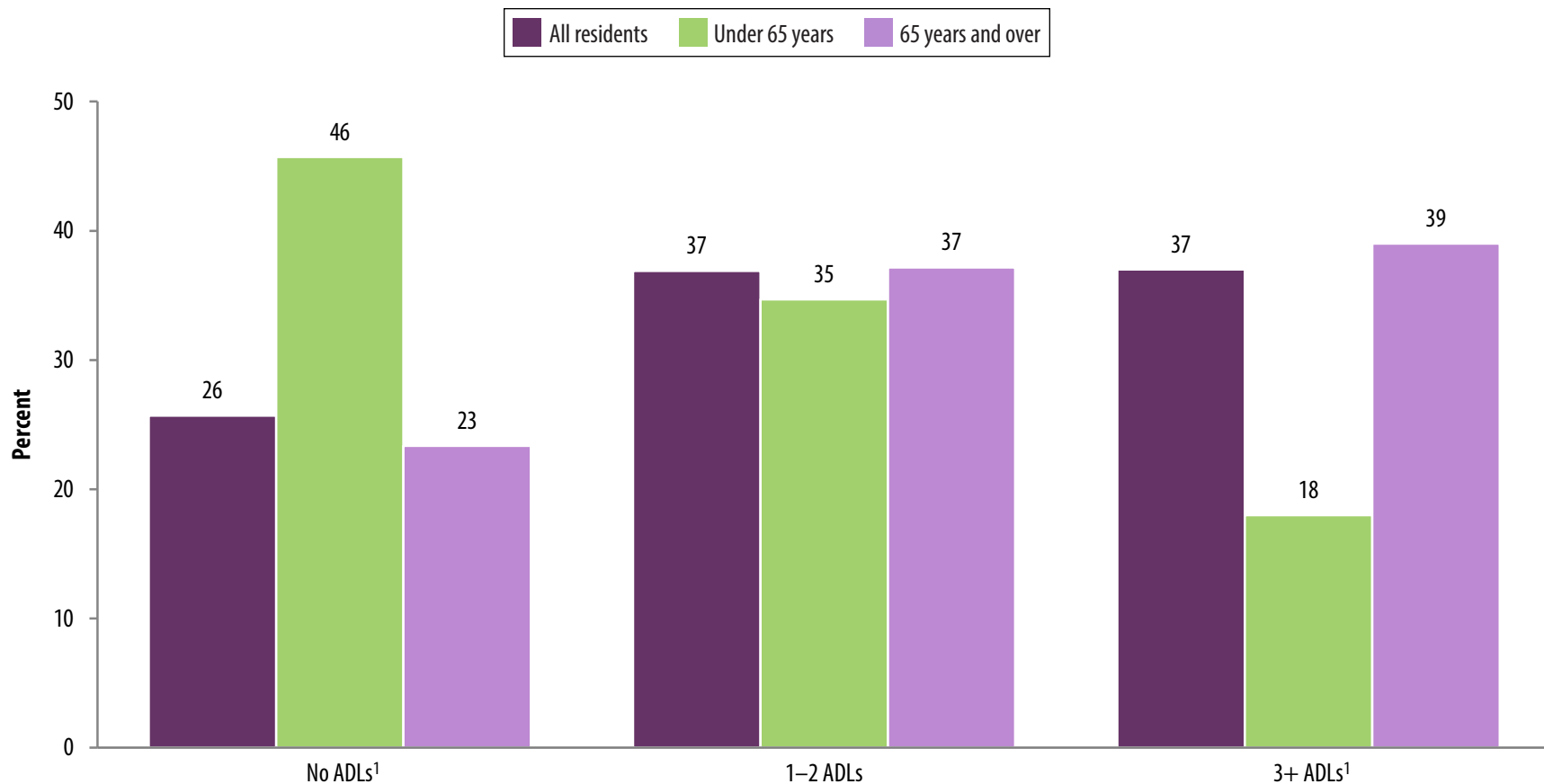
¹ Differences between age groups are significant at $p < .05$.

† Estimate does not meet standard of reliability or precision because the sample size is between 30 and 59, or the sample size is greater than 59 but has a relative standard error of 30 percent or more.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Most residents received assistance with bathing (72%), followed by dressing (52%), toileting (35%), eating (22%), and transferring (13%).
- Compared with younger residents, a higher percentage of residents aged 65 and over received assistance with ADLs: three-quarters of residents aged 65 and over (75%) received assistance with bathing, more than half (54%) received help with dressing, 37% received help with toileting, and 22% received assistance with eating.

FIGURE 3-5 Percentage of residential care community residents, by assistance with number of activities of daily living (ADLs) and age: United States, 2010



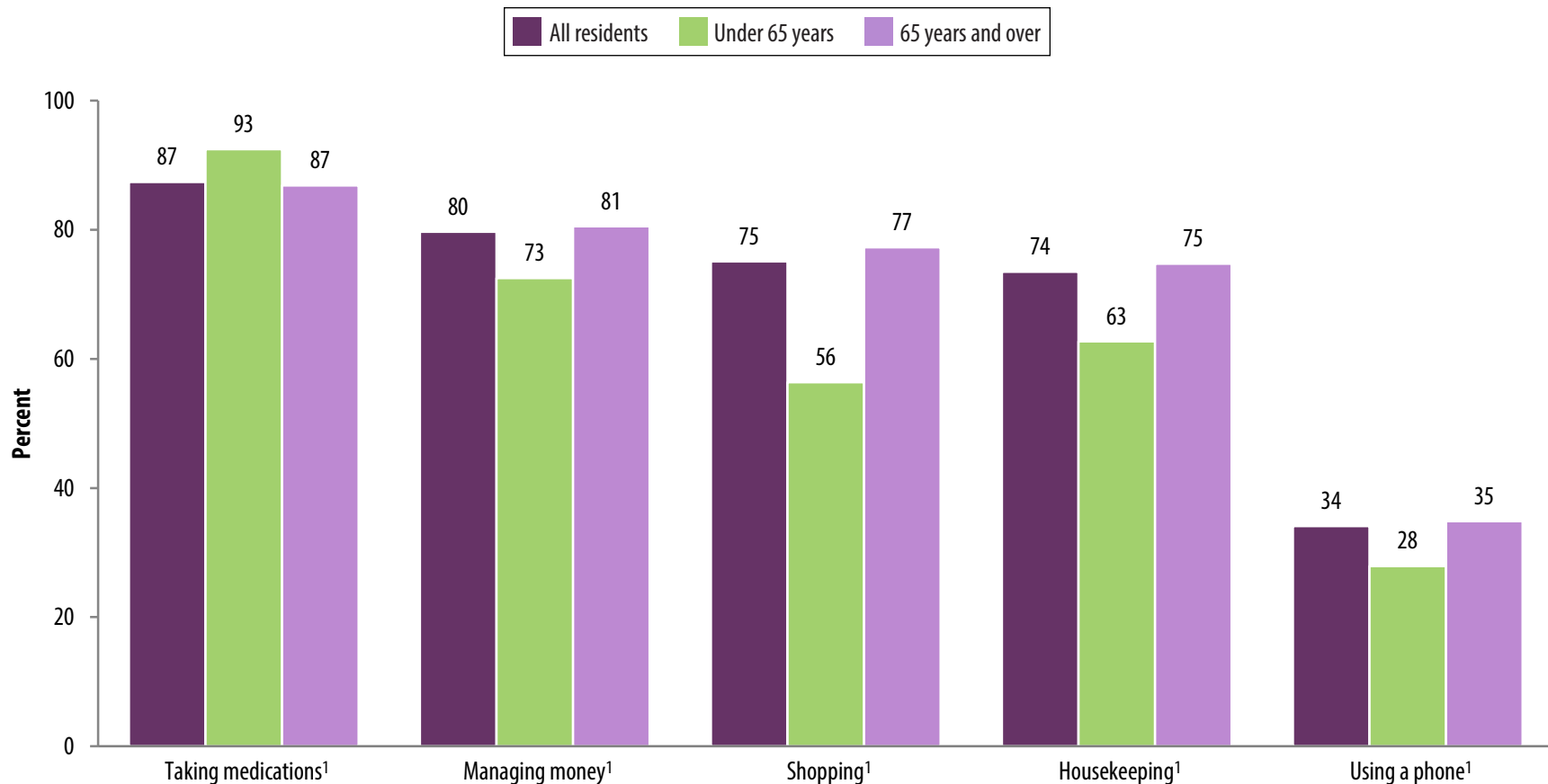
¹ Differences between age groups are significant at $p < .05$.

NOTE: ADLs included were bathing, dressing, toileting, eating, and transferring. On average, residents received assistance with 1.9 ADLs; residential care community residents under age 65 years received help with fewer ADLs (1.2 ADLs) than residents 65 years and over (2.0 ADLs).

SOURCE: CDC/NCHS, 2010 NSRCE.

- About three-quarters of all residents (74%) received assistance with at least one ADL; about one-third of all residents (37%) received assistance with three or more ADLs.
- Almost 40% of residents aged 65 and over (39%) received assistance with three or more ADLs, compared with 18% of residents under age 65.

FIGURE 3-6 Percentage of residential care community residents, by need for help with types of instrumental activities of daily living (IADLs) and age: United States, 2010

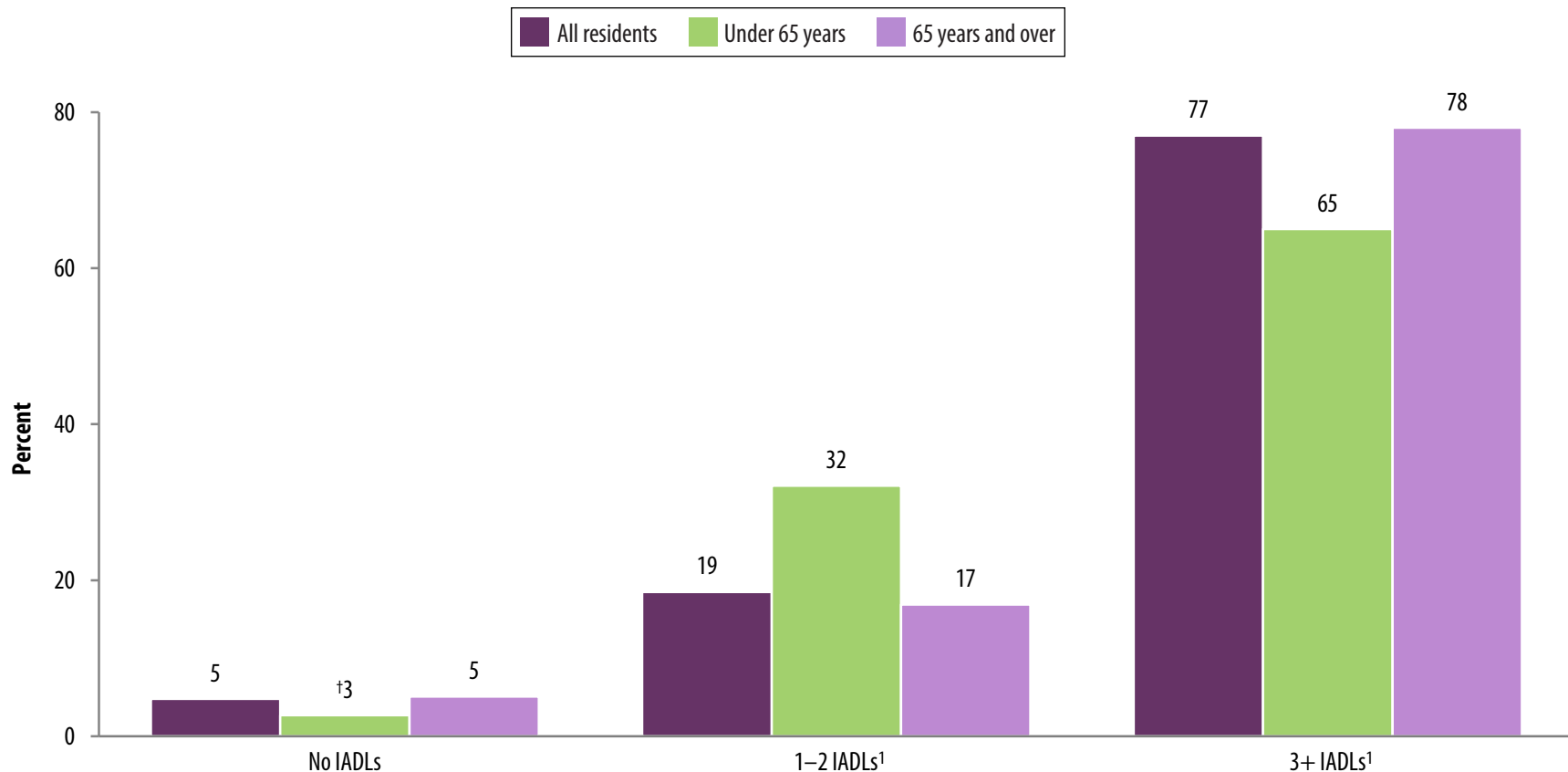


¹ Differences between age groups are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Most residents needed help with taking medications (87%), managing money (80%), shopping (75%), and housekeeping (74%); about one-third (34%) needed help using a phone.
- Compared with residents under age 65, more residents aged 65 and over needed help with all IADLs, except taking medications.

FIGURE 3-7 Percentage of residential care community residents, by need for help with number of instrumental activities of daily living (IADLs) and age: United States, 2010



¹ Differences between age groups are significant at $p < .05$.

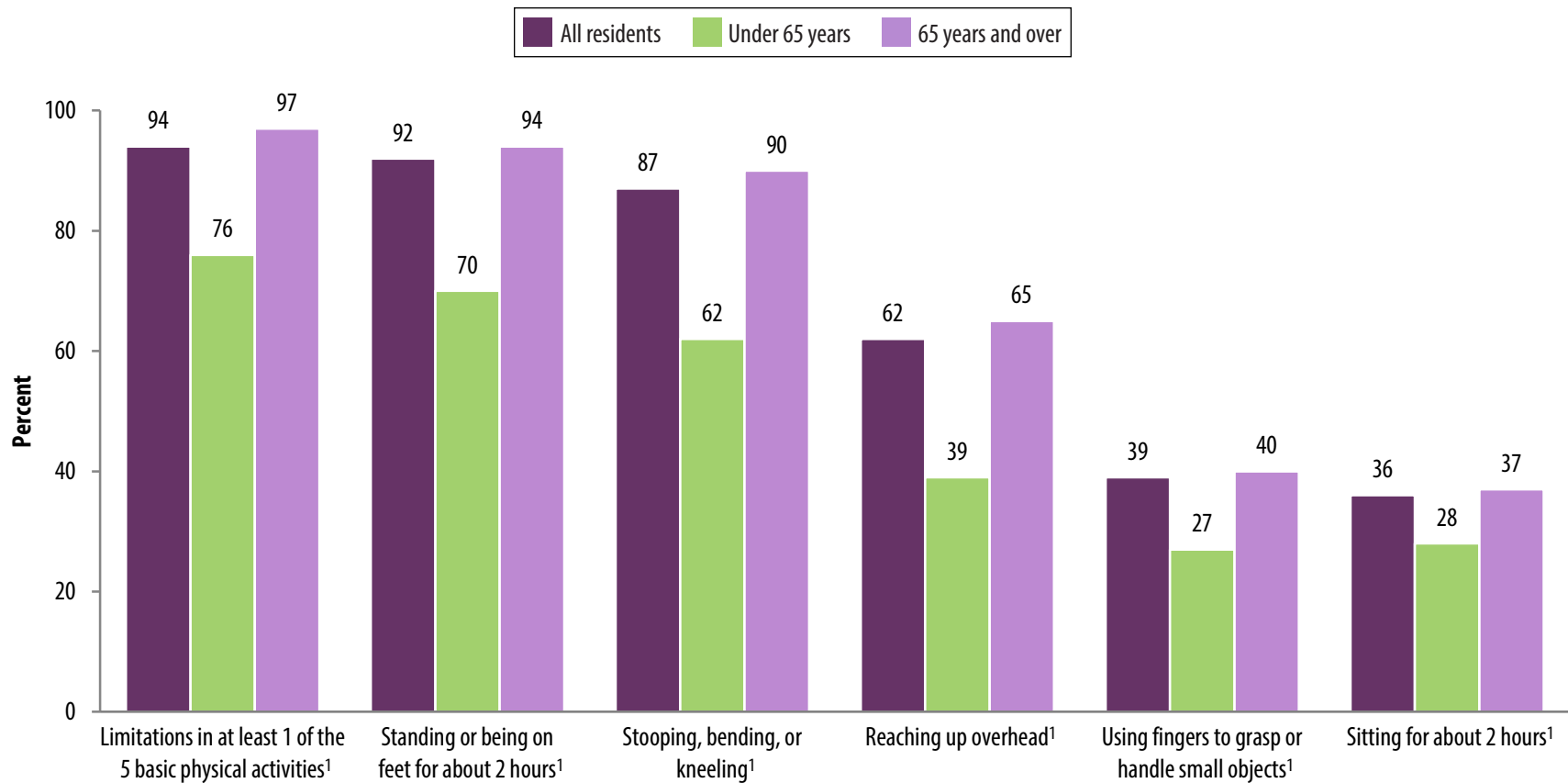
† Estimate does not meet standard of reliability or precision because the sample size is between 30 and 59, or the sample size is greater than 59 but has a relative standard error of 30 percent or more.

NOTE: IADLs included taking medications, managing money, shopping, housekeeping, and using a phone. On average, residents needed help with 2.2 IADLs; residential care community residents under age 65 years needed help with more IADLs (2.3 IADLs) than residents 65 years and over (2.2 IADLs).

SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost all residents had at least one IADL impairment; 5% of all residents reportedly had no IADL limitations.
- More than three-fourths of all residents (77%) had needs in three or more IADLs.
- Almost 80% of residents aged 65 and over (78%) received assistance with three or more IADLs, compared with 65% of residents under age 65.

FIGURE 3-8 Percentage of residential care community residents, by limitations in basic physical activities and age: United States, 2010

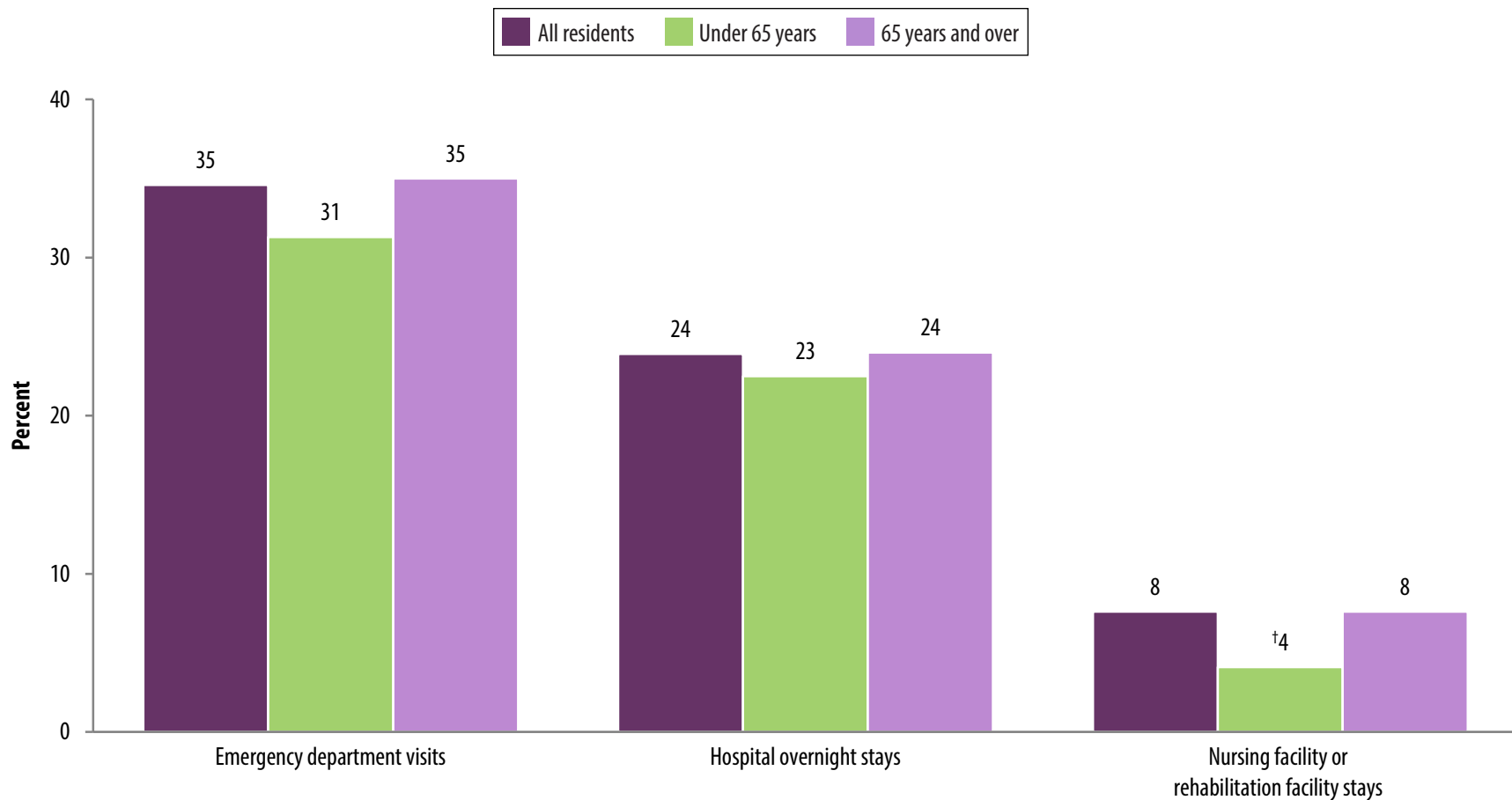


¹ Differences between age groups are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost 95% of all residents had limitations in at least one of five basic physical activities.
- Most residents had difficulty with standing or being on their feet for about 2 hours (92%); stooping, bending, or kneeling (87%); and reaching up overhead (62%).
- Almost 40% of residents had difficulty using their fingers to grasp or handle small objects (39%) and sitting for about 2 hours (36%).
- Compared with residents under age 65, a greater percentage of residents aged 65 and over had limitations in each of the five basic physical activities studied.

FIGURE 3-9 Percentage of residential care community residents, by use of emergency department, hospital overnight, and nursing facility or rehabilitation facility in the past 12 months and age: United States, 2010



† Estimate does not meet standard of reliability or precision because the sample size is between 30 and 59, or the sample size is greater than 59 but has a relative standard error of 30 percent or more.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Over one-third of residents (35%) had had an emergency department visit in the 12 months prior to the survey.
- Almost one-quarter of residents (24%) had had an overnight hospital stay in the 12 months prior to the survey.
- Eight percent of residents had had a nursing or rehabilitation facility stay in the 12 months prior to the survey.
- Differences in emergency department, hospital overnight, and nursing or rehabilitation facility use in the 12 months prior to the survey did not vary by age.

4

Dementia and Cognitive Impairment among Residents

This chapter includes information about residents with cognitive impairment or dementia living in residential care communities and the admission and discharge policies that affect them, the services they receive, and the charges for their care.

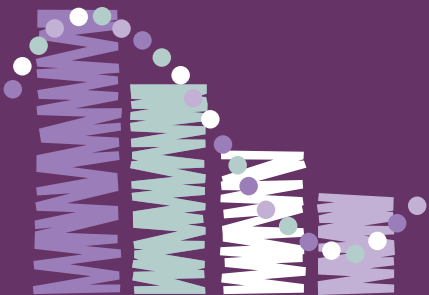
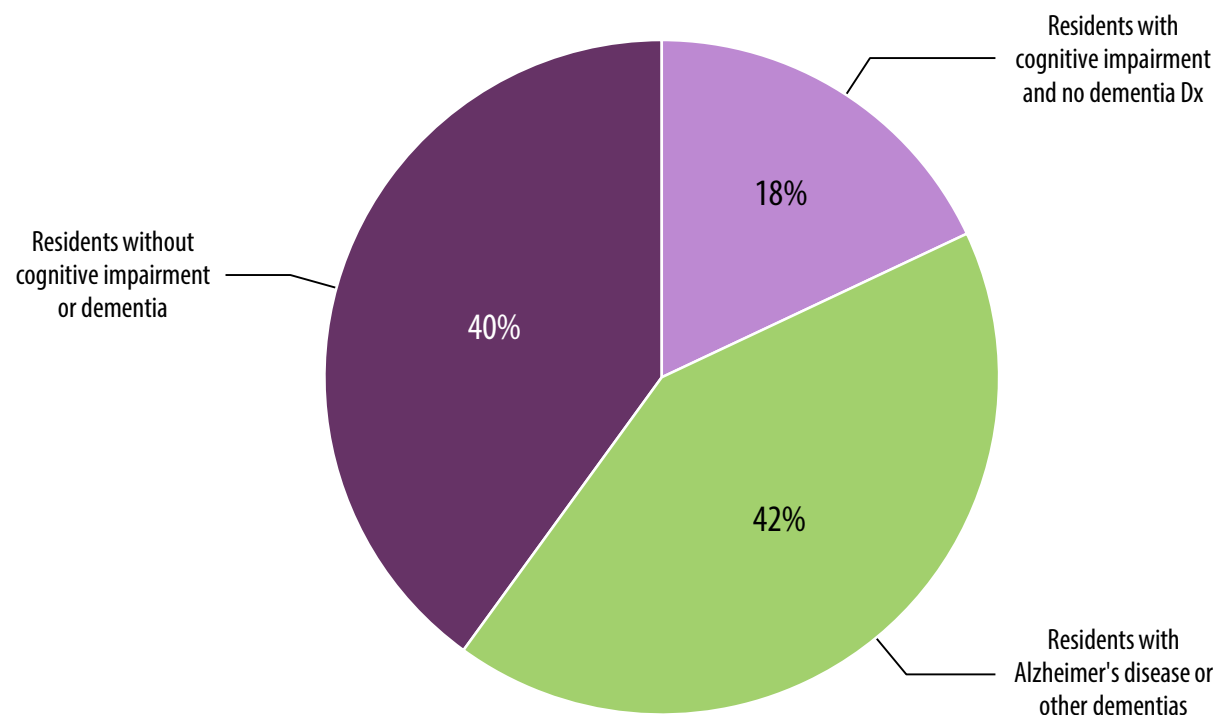


FIGURE 4-1 Percent distribution of residential care community residents, by cognitive impairment or dementia status: United States, 2010

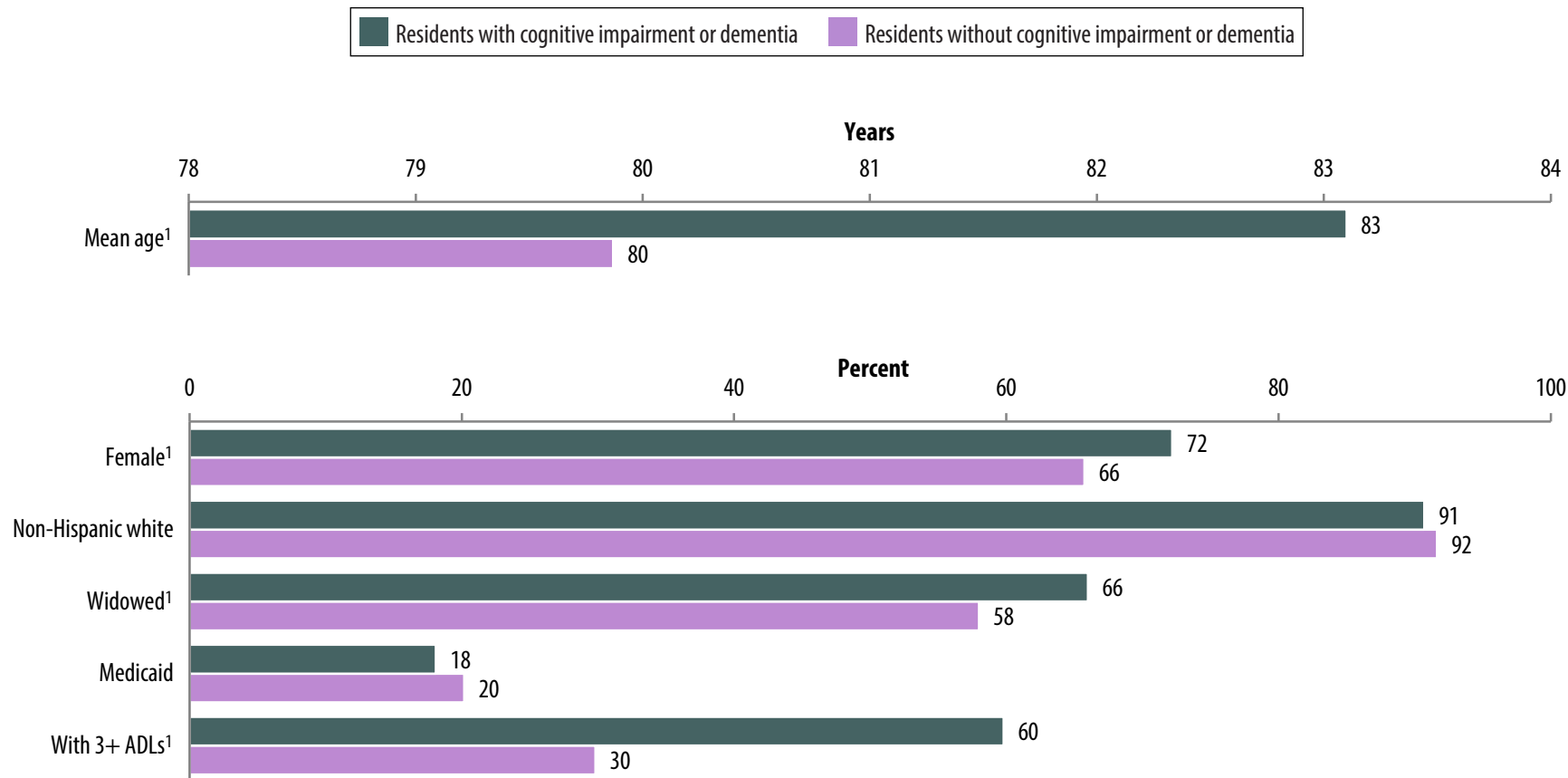


NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Eighteen percent of all residents in residential care communities had symptoms indicating various levels of cognitive impairment, but they had not been diagnosed with dementia by a physician or other health care provider.
- Forty-two percent of all residents had been diagnosed with Alzheimer's disease or other dementias by a physician or other health care provider.
- Forty percent of all residents had neither symptoms of cognitive impairment nor a diagnosis of dementia.

FIGURE 4-2 Mean age and percentage of residential care community residents, by cognitive impairment or dementia status and resident characteristics: United States, 2010

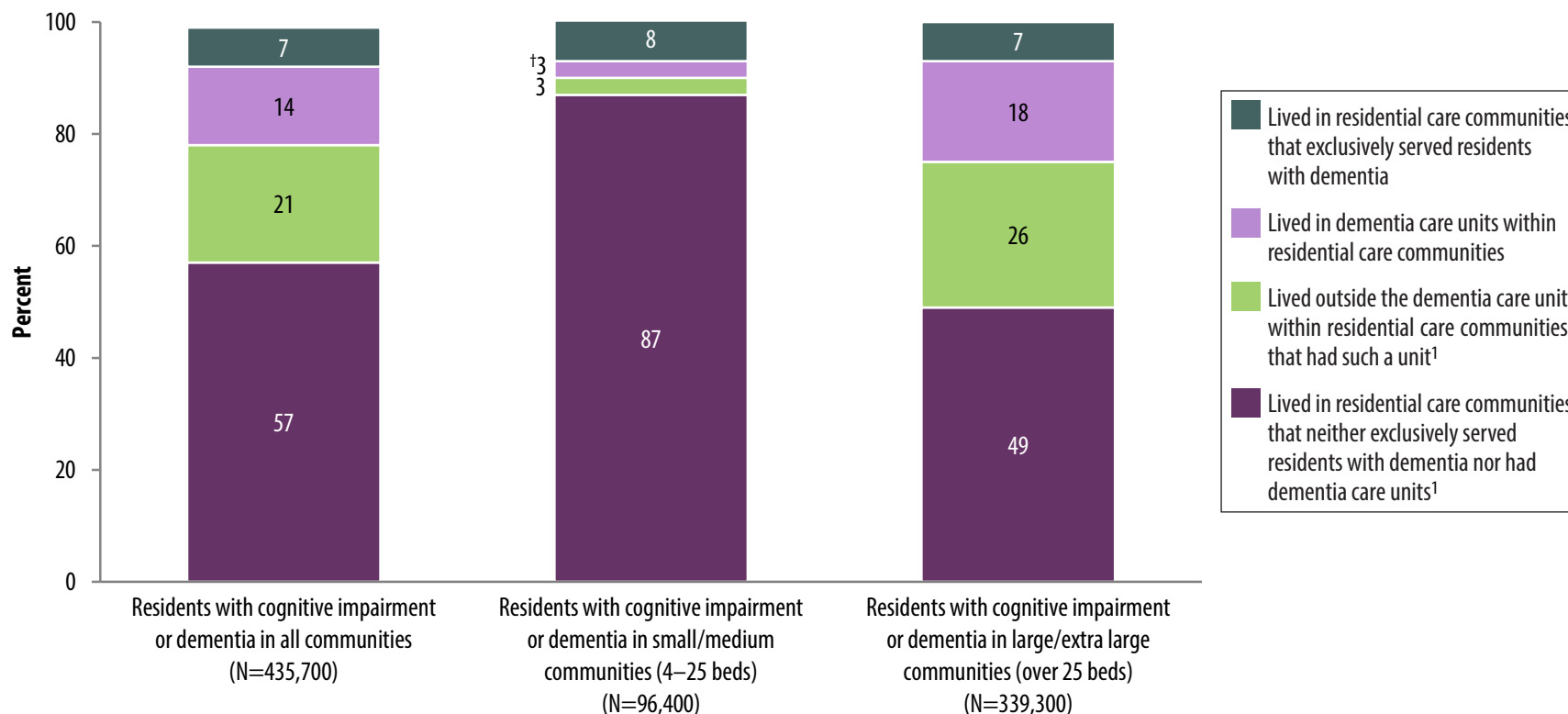


¹ Differences between residents with and without cognitive impairment or dementia are significant at $p < .05$.

NOTE: ADL= activities of daily living. Estimates may not add up to totals because of rounding. SOURCE: CDC/NCHS, 2010 NSRCE.

- The mean age of residents with cognitive impairment or dementia (83 years) was greater than the mean age of residents without cognitive impairment or dementia (80 years) in the residential care communities.
- Compared with residents without cognitive impairment or dementia, a higher percentage of residents with cognitive impairment or dementia were female, widowed, and in need of assistance with three or more ADLs.

FIGURE 4-3 Percent distribution of residential care community residents with cognitive impairment or dementia, by dementia care setting and community bed size: United States, 2010



¹ Differences between residents with cognitive impairment or dementia living in residential care communities with 4–25 beds and communities with over 25 beds are significant at $p < .05$.

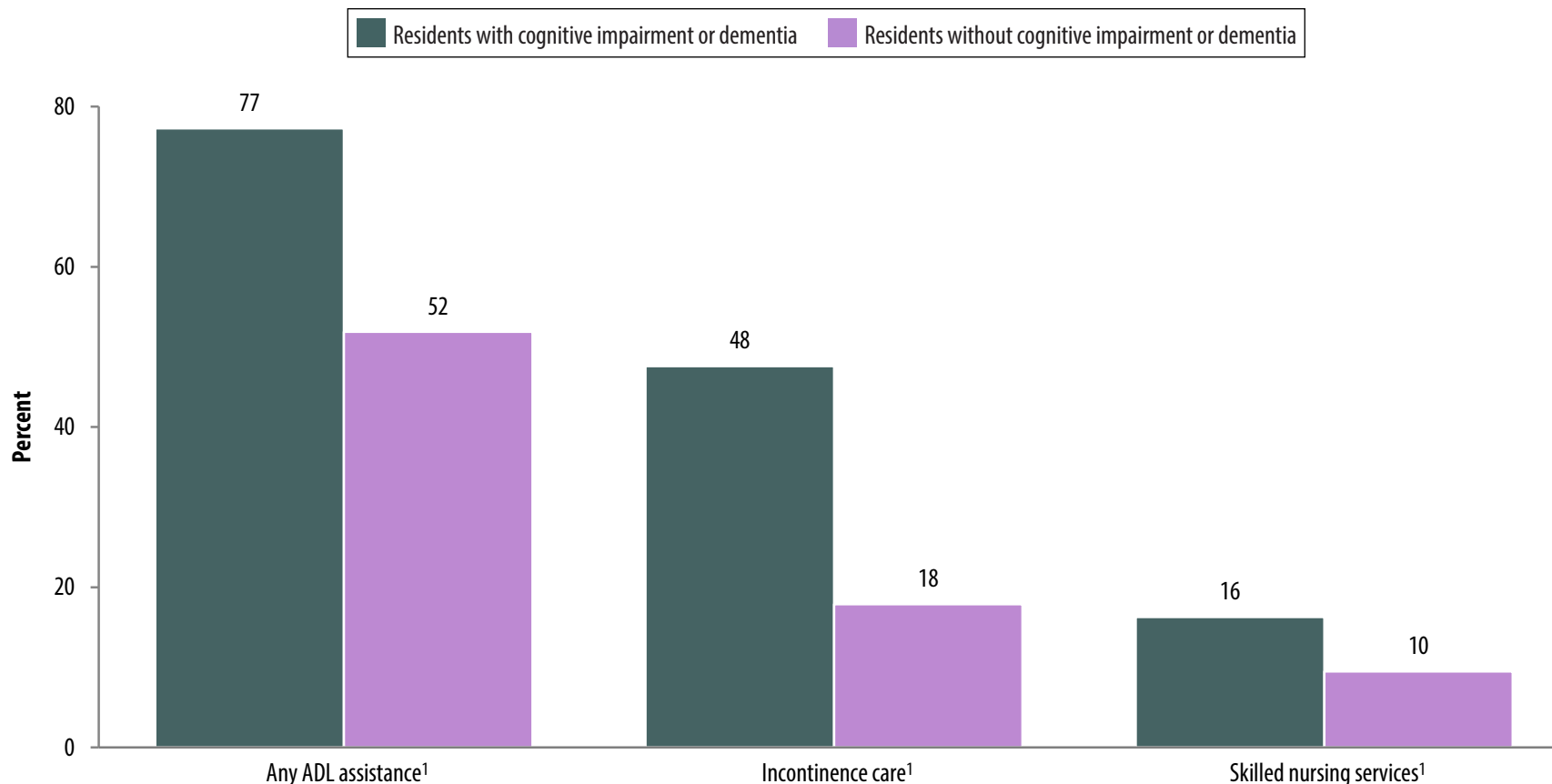
† Estimate does not meet standard of reliability or precision because the sample size is between 30 and 59, or the sample size is greater than 59 but has a relative standard error of 30 percent or more.

NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Overall, 57% of residents with cognitive impairment or dementia lived in residential care communities that did not exclusively serve people with dementia or have a dementia care unit.
- Thirty-five percent of residents with cognitive impairment or dementia lived in residential care communities with dementia care units—14% in the dementia care unit and 21% in a non-dementia care unit within the community.
- Only 7% of residents with cognitive impairment or dementia lived in communities that exclusively served residents with dementia.
- Among residents with cognitive impairment or dementia in communities with 4–25 beds, 87% lived in communities that neither exclusively served residents with dementia nor had a dementia care unit, compared with 49% of such residents in larger communities.

FIGURE 4-4 Percentage of residential care community residents, by cognitive impairment or dementia status and use of ADL assistance, incontinence care, and skilled nursing services: United States, 2010



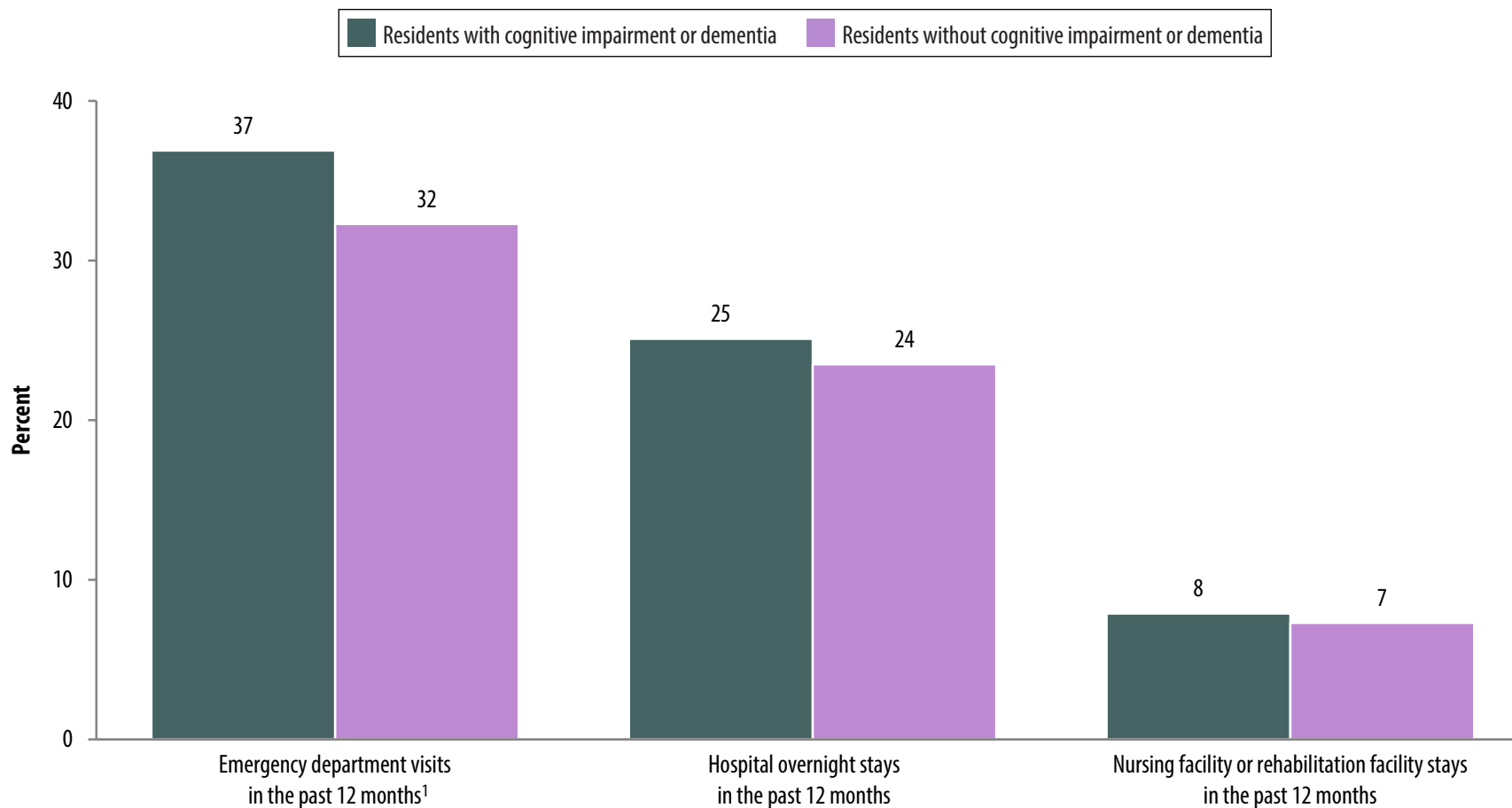
¹ Differences between residents with and without cognitive impairment or dementia are significant at $p < .05$.

NOTE: ADL= activities of daily living.

SOURCE: CDC/NCHS, 2010 NSRCE.

- More than three-quarters of residents in residential care communities with cognitive impairment or dementia (77%) received any ADL assistance, compared to 52% of residents without cognitive impairment or dementia.
- Almost half of residents with cognitive impairment or dementia (48%) received incontinence care, compared to 18% of residents without cognitive impairment or dementia.
- Sixteen percent of residents with cognitive impairment or dementia received skilled nursing services, compared to 10% of residents without cognitive impairment or dementia.

FIGURE 4-5 Percentage of residential care community residents, by cognitive impairment or dementia status and use of emergency department, hospital overnight, and nursing or rehabilitation facility in the past 12 months: United States, 2010

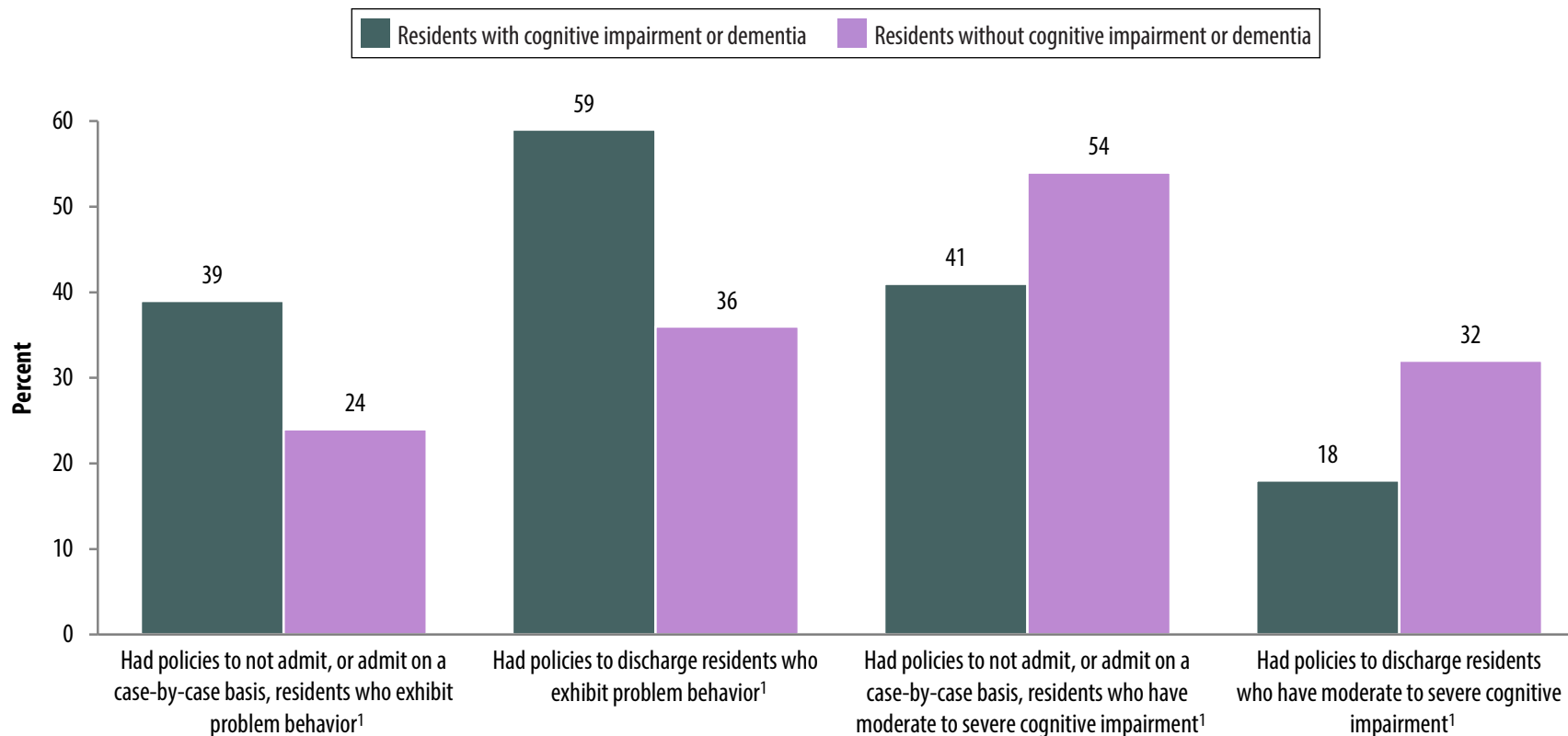


¹ Differences between residents with and without cognitive impairment or dementia are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Thirty-seven percent of residents with cognitive impairment or dementia had had a visit to an emergency department in the last 12 months, compared with 32% of residents without cognitive impairment or dementia.
- There were no significant differences by resident cognitive impairment or dementia status in hospital overnight stays and nursing facility or rehabilitation facility stays in the last 12 months.

FIGURE 4-6 Percentage of residential care community residents, by cognitive impairment or dementia status, living in facilities with various admission and discharge policies: United States, 2010

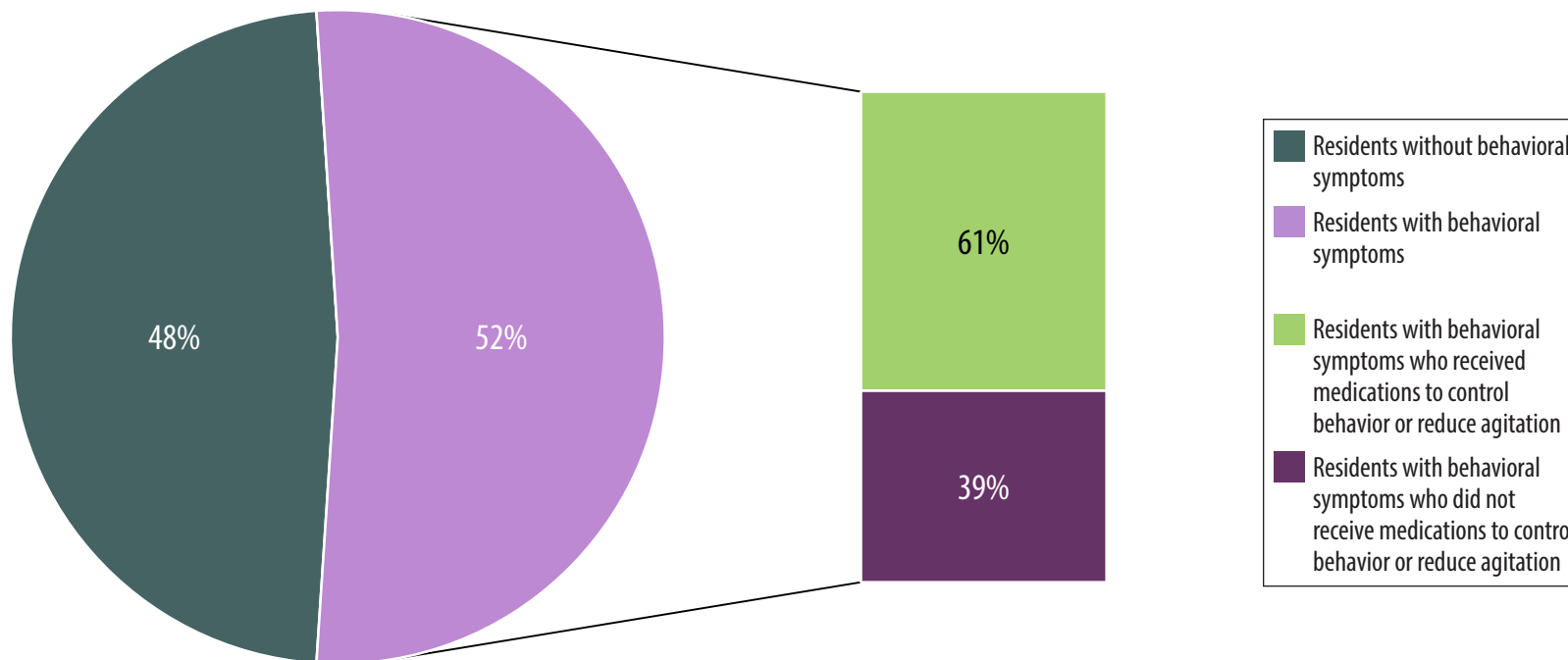


¹ Differences between residents with and without cognitive impairment or dementia are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Thirty-nine percent of residents with cognitive impairment or dementia lived in residential care communities that had policies not to admit residents who exhibited problem behavior, compared to 24% of residents without cognitive impairment or dementia.
- Fifty-nine percent of residents with cognitive impairment or dementia lived in communities that had discharge policies for residents exhibiting problem behavior, compared to 36% of residents without cognitive impairment or dementia.
- Forty-one percent of residents with cognitive impairment or dementia lived in communities with policies not to admit residents who had moderate to severe cognitive impairment, compared to 54% of residents without cognitive impairment or dementia.
- Eighteen percent of residents with cognitive impairment or dementia lived in communities with policies to discharge residents with moderate to severe cognitive impairment, compared to 32% of residents without cognitive impairment or dementia.

FIGURE 4-7 Percent distribution of residential care community residents with cognitive impairment or dementia, by behavioral symptom status in the last 30 days and treatment status: United States, 2010

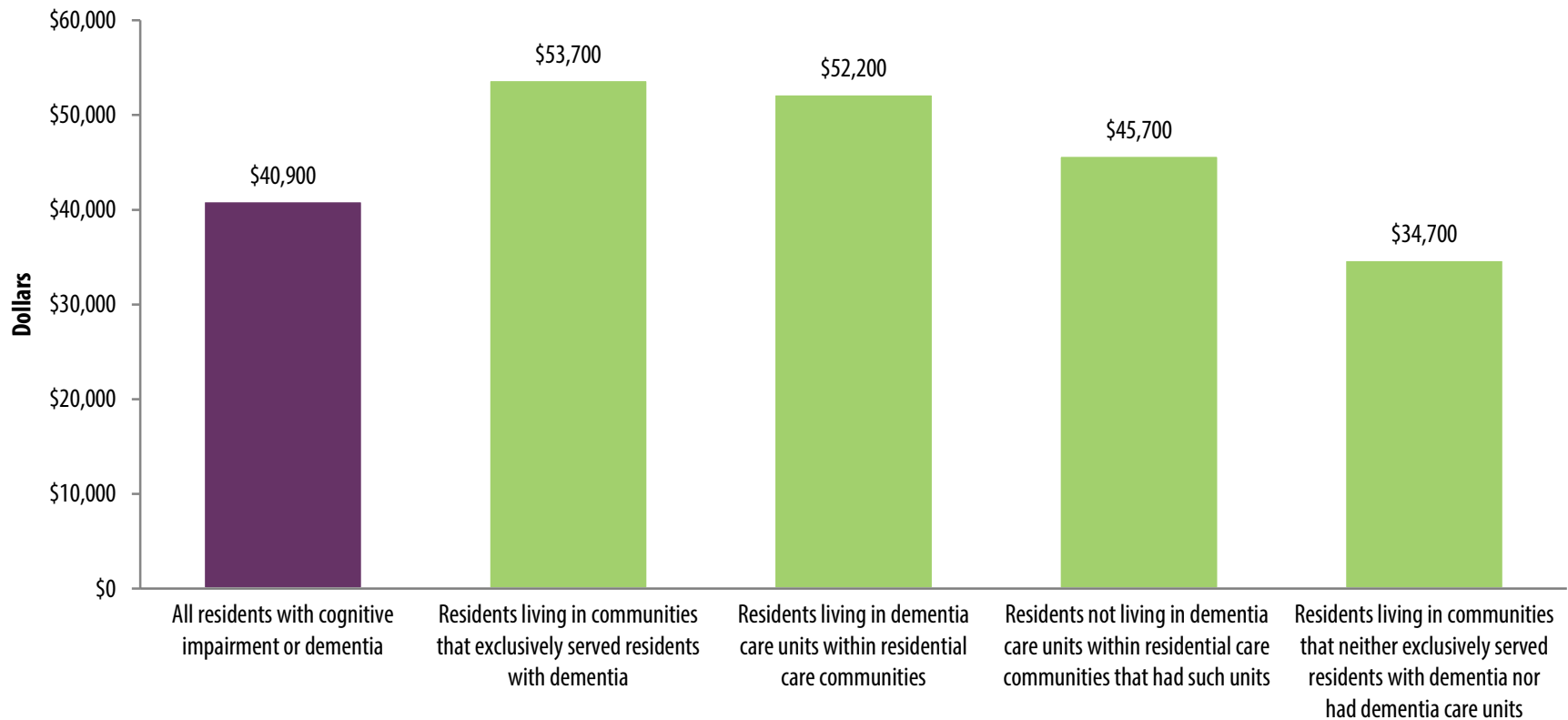


NOTE: The denominator for this figure is the 60% of all residential care community residents with cognitive impairment or dementia. Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Among the 60% of residential care community residents with cognitive impairment or dementia, 52% had exhibited behavioral symptoms in the 30 days before the survey.
- Of residents who had cognitive impairment or dementia and had had behavioral symptoms in the 30 days before the survey, 61% had been prescribed medications to help control behavior or to reduce agitation.

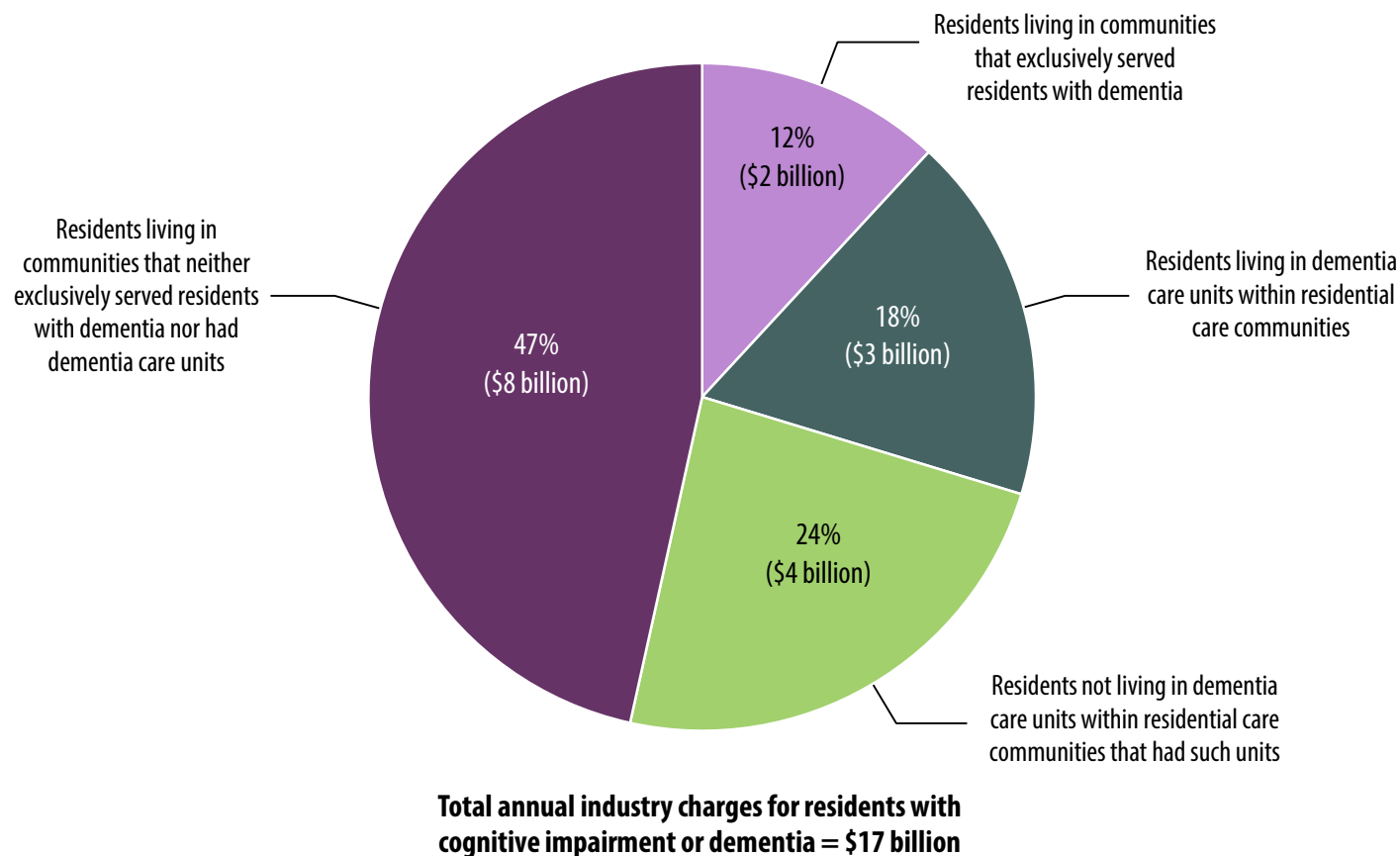
FIGURE 4-8 Mean annual charges for residential care community residents with cognitive impairment or dementia, by dementia care setting: United States, 2010



SOURCE: CDC/NCHS, 2010 NSRCE.

- In 2010, all residents with cognitive impairment or dementia living in residential care communities were charged, on average, \$40,900.
- Residents with cognitive impairment or dementia living in communities that exclusively served people with dementia were charged, on average, \$53,700, and residents with cognitive impairment or dementia living in the dementia care unit of a community were charged, on average, \$52,200.
- Residents with cognitive impairment or dementia not living in the dementia care unit of a community that had such units were charged, on average, \$45,700, and residents with cognitive impairment or dementia living in communities that neither exclusively served residents with dementia nor had dementia care units were charged, on average, \$34,700.

FIGURE 4-9 Percent distribution of total annual industry charges for residential care community residents with cognitive impairment or dementia, by dementia care setting: United States, 2010



NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Of the total annual industry charges for residents with cognitive impairment or dementia, equaling \$17 billion, 12% of the charges were for residents living in residential care communities that exclusively served residents with dementia.
- Residents with cognitive impairment or dementia living in a community with a dementia care unit—either in the dementia care unit (18%) or outside the unit (24%)—made up 42% of the total annual industry charges.
- Forty-seven percent of the total annual industry charges were for residents with cognitive impairment or dementia living in residential care communities that neither exclusively served residents with dementia nor had dementia care units.

5

Services Offered by Residential Care Communities and Used by Residents

This chapter describes the health and long-term care services offered by residential care communities and used by residents.

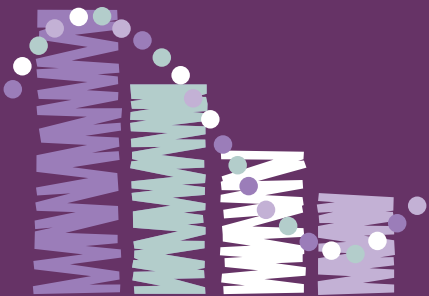
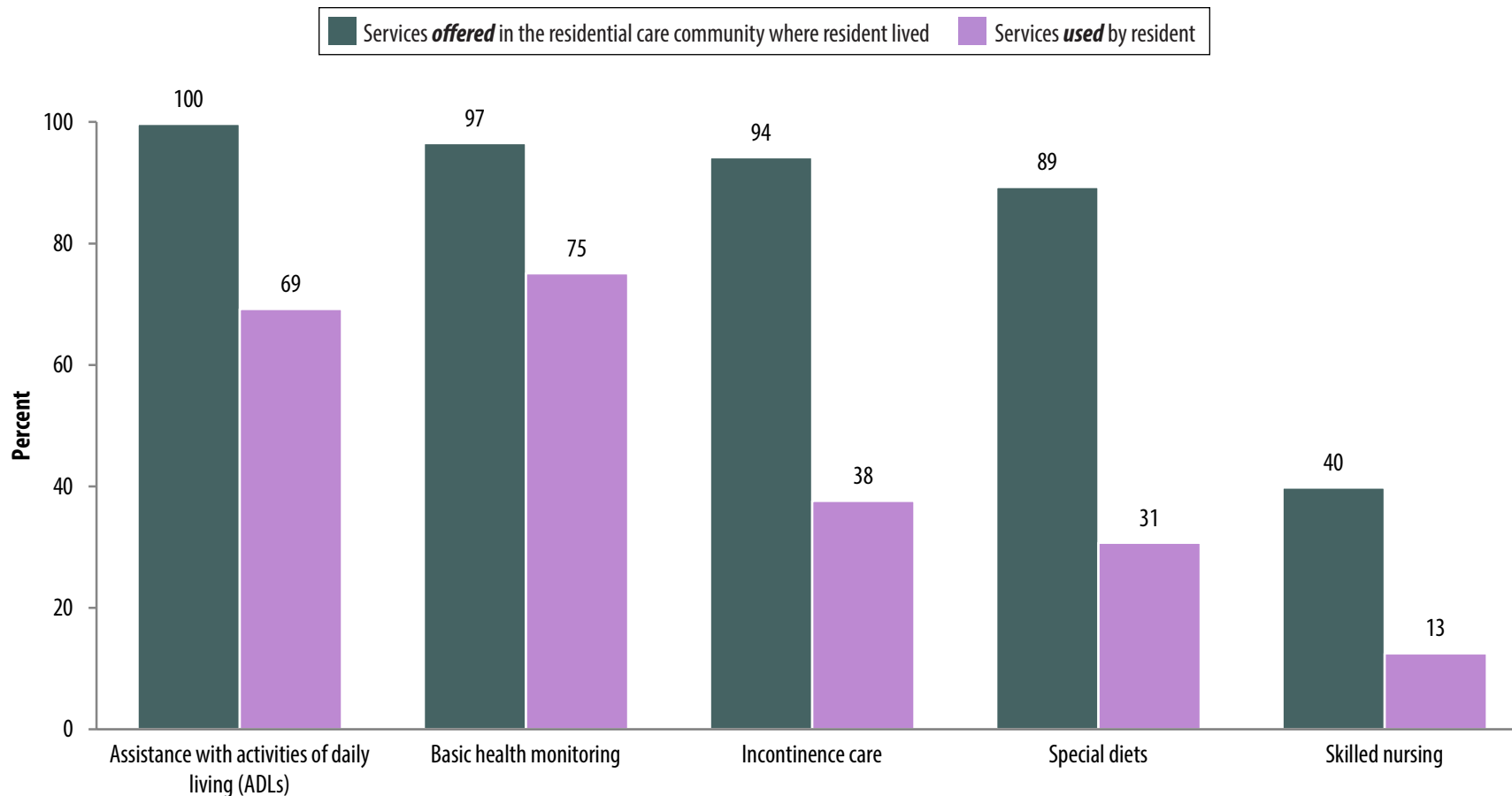


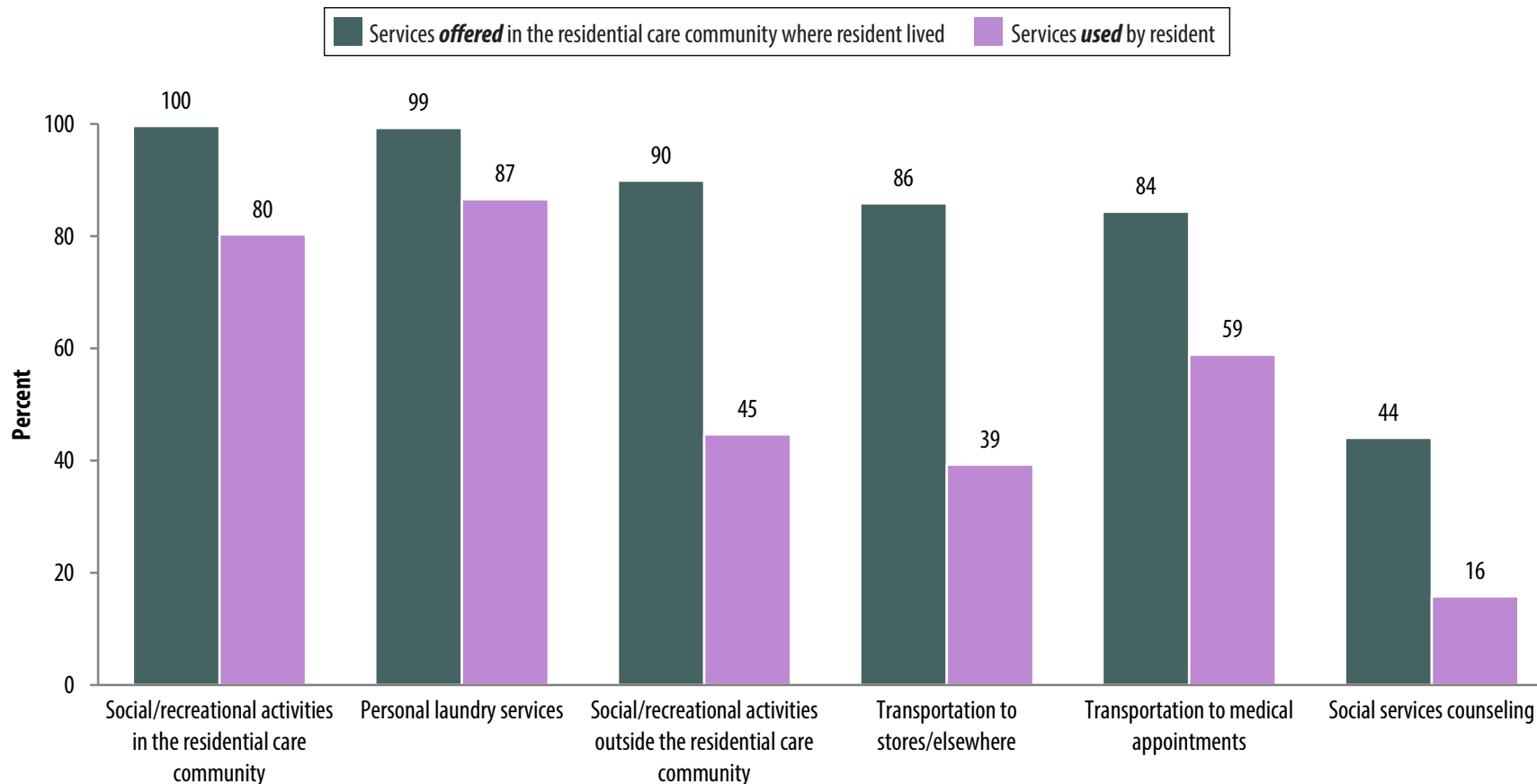
FIGURE 5-1 Percentage of residential care community residents, by availability and use of selected health and long-term care services: United States, 2010



SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost all residents lived in residential care communities that offered assistance with ADLs (100%) and basic health monitoring (97%). These services were also the ones that were most used by residents (69% and 75%, respectively).
- Around 90% of all residents lived in residential care communities that offered incontinence care (94%) and special diets (89%), with about one-third of all residents having used these services (38% and 31%, respectively).
- Forty percent of all residents lived in residential care communities that offered skilled nursing care, and 13% of all residents used these services.

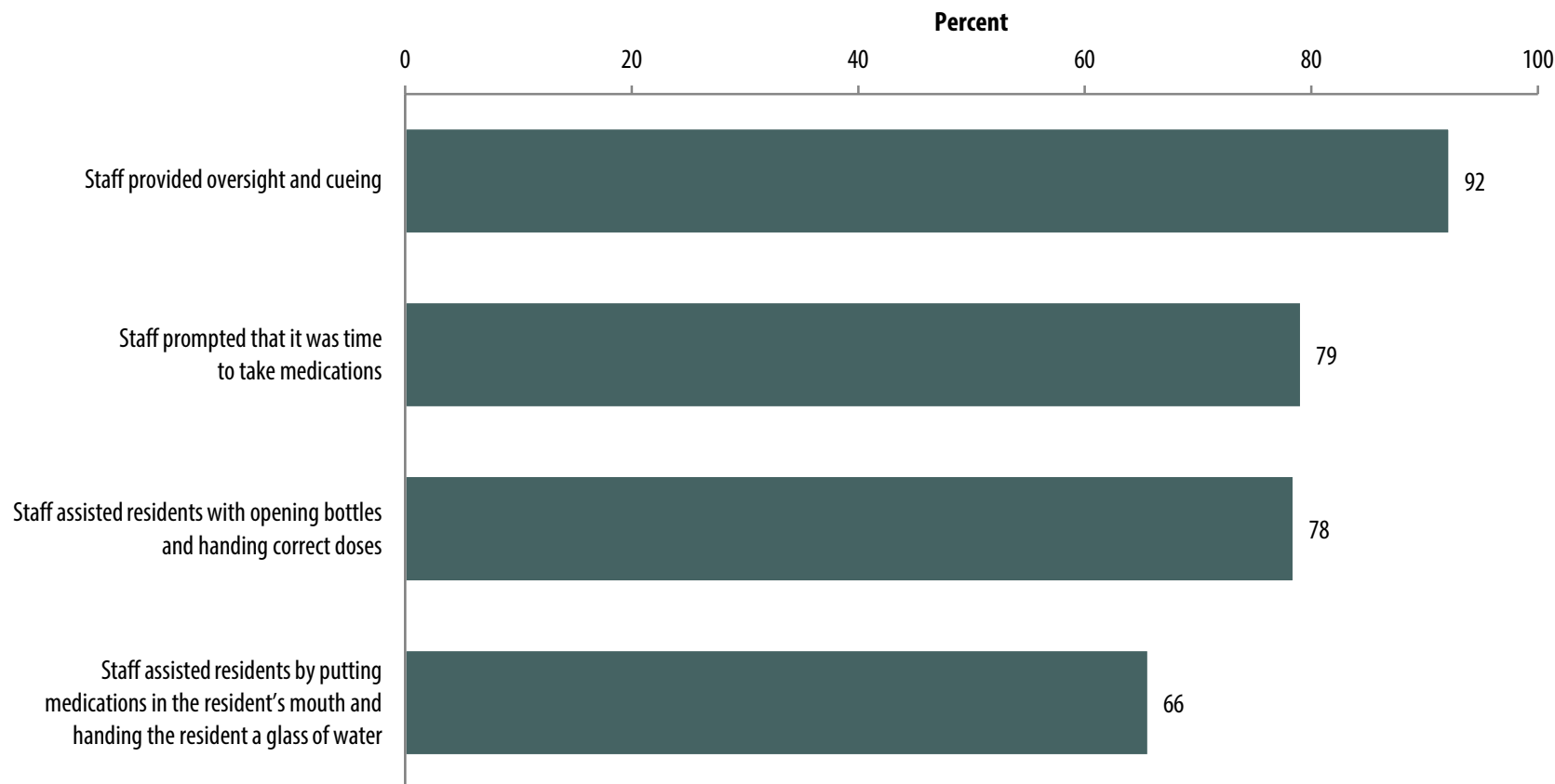
FIGURE 5-2 Percentage of residential care community residents, by availability and use of selected supportive services: United States, 2010



SOURCE: CDC/NCHS, 2010 NSRCF.

- Almost all residents lived in residential care communities that offered personal laundry services (99%) and social and recreational activities in (100%) and outside (90%) the community; 87%, 80%, and 45% of all residents used these services, respectively.
- Most residents lived in residential care communities that offered transportation services to stores (86%) and medical appointments (84%); 39% and 59% of all residents used these services, respectively.
- Forty-four percent of all residents lived in residential care communities that offered social services counseling, and 16% of all residents used the service.

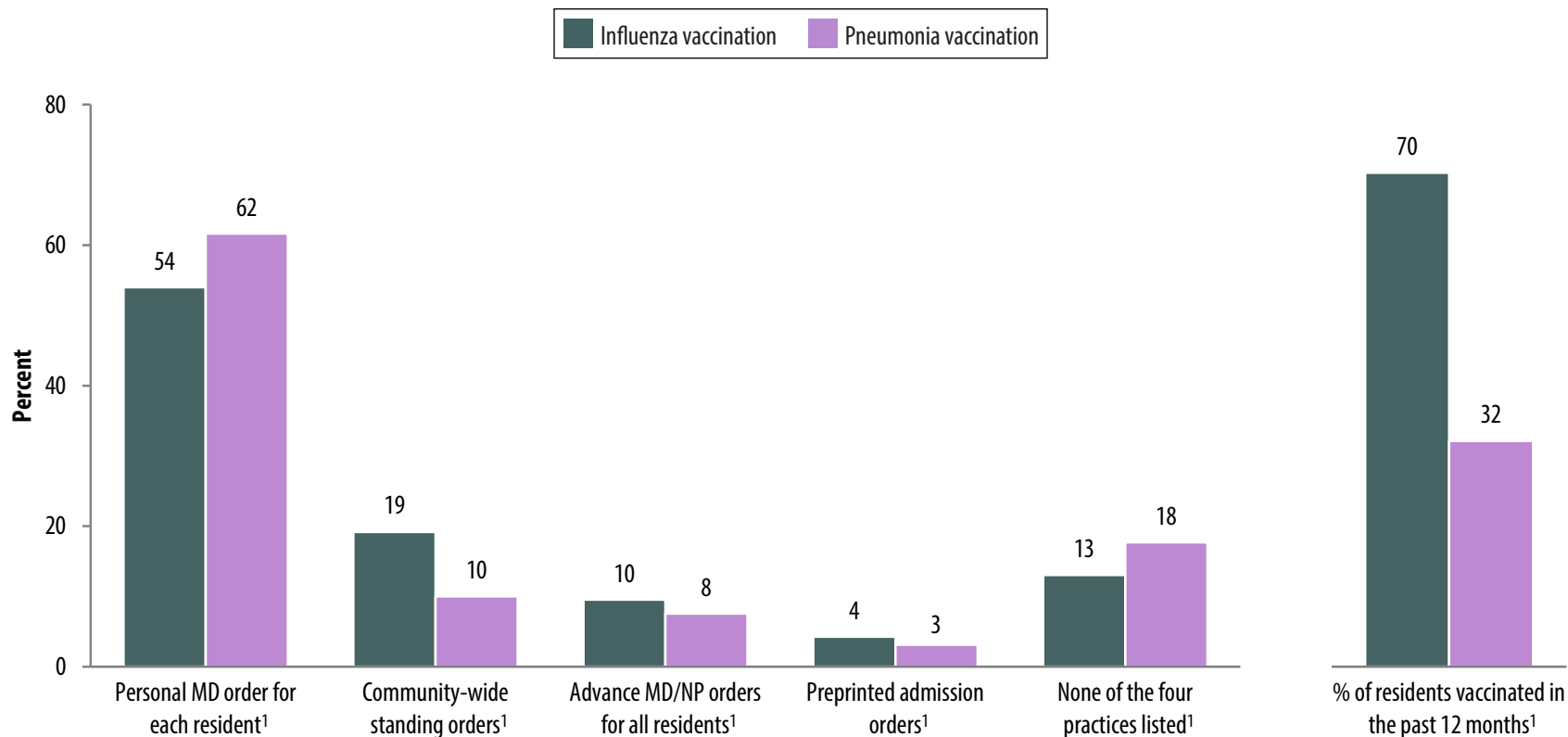
FIGURE 5-3 Percentage of residential care communities, by availability of medication management services: United States, 2010



SOURCE: CDC/NCHS, 2010 NSRCE.

- Most residential care communities provided oversight and cueing of medications (92%); 79% prompted residents to take medications, and 78% helped with opening bottles and handing correct doses.
- Two-thirds of all communities (66%) helped residents take medications by putting medications in residents' mouths and handing them water.

FIGURE 5-4 Percent distribution of residential care communities, by vaccination practices and types, and percentage of vaccinated residents in residential care communities, by vaccination type: United States, 2010



¹ Differences between influenza vaccination and pneumonia vaccination are significant at $p < .05$.

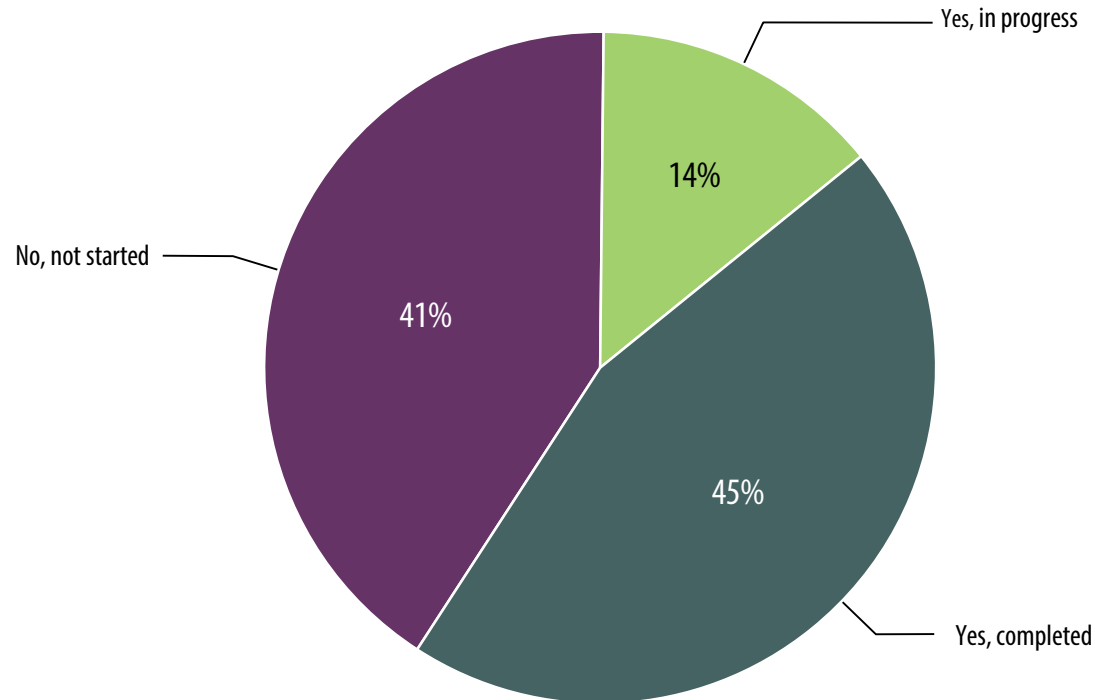
NOTES: MD=medical doctor; NP=nurse practitioner.

Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- For influenza, more than half of all residential care communities (54%) had a personal physician order on file for each resident, 19% had community-wide standing orders, 10% had advance medical doctor or nurse practitioner orders for all residents, and 4% had preprinted admission orders.
- For pneumonia, almost two-thirds (62%) of residential care communities had a personal physician order for each resident, 10% had community-wide standing orders, 8% had advance medical doctor or nurse practitioner orders for all residents, and 3% had preprinted admission orders.
- Seventy percent of all residents had been vaccinated for influenza and 32% of all residents had been vaccinated for pneumonia in the past 12 months.

FIGURE 5-5 Percent distribution of residential care communities, by stage of written plan for management of residents during an influenza pandemic: United States, 2010



NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost 60% of all residential care communities had started (14%) or completed (45%) a written plan to manage residents during an influenza pandemic.
- Forty-one percent of all residential care communities had not started a written plan to manage residents during an influenza pandemic.

6

Workforce

This chapter includes information on the types of staff working in residential care settings, staffing ratios in residential care communities (measured in hours per resident per day), staff turnover, and training required of and fringe benefits offered to personal care aides (PCAs). The chapter also provides information on residential care community directors' backgrounds and qualifications.

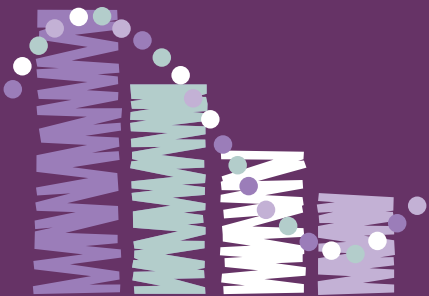
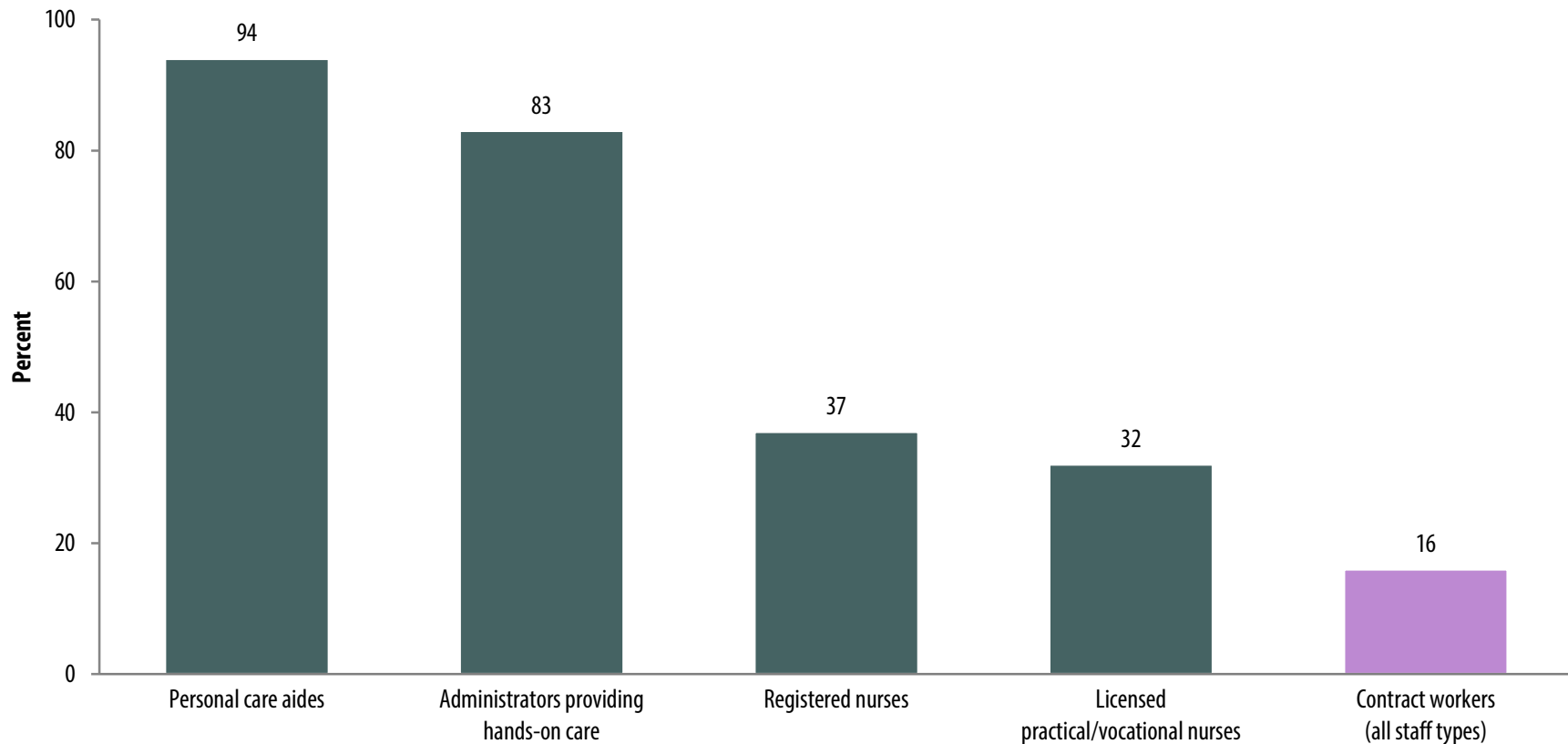
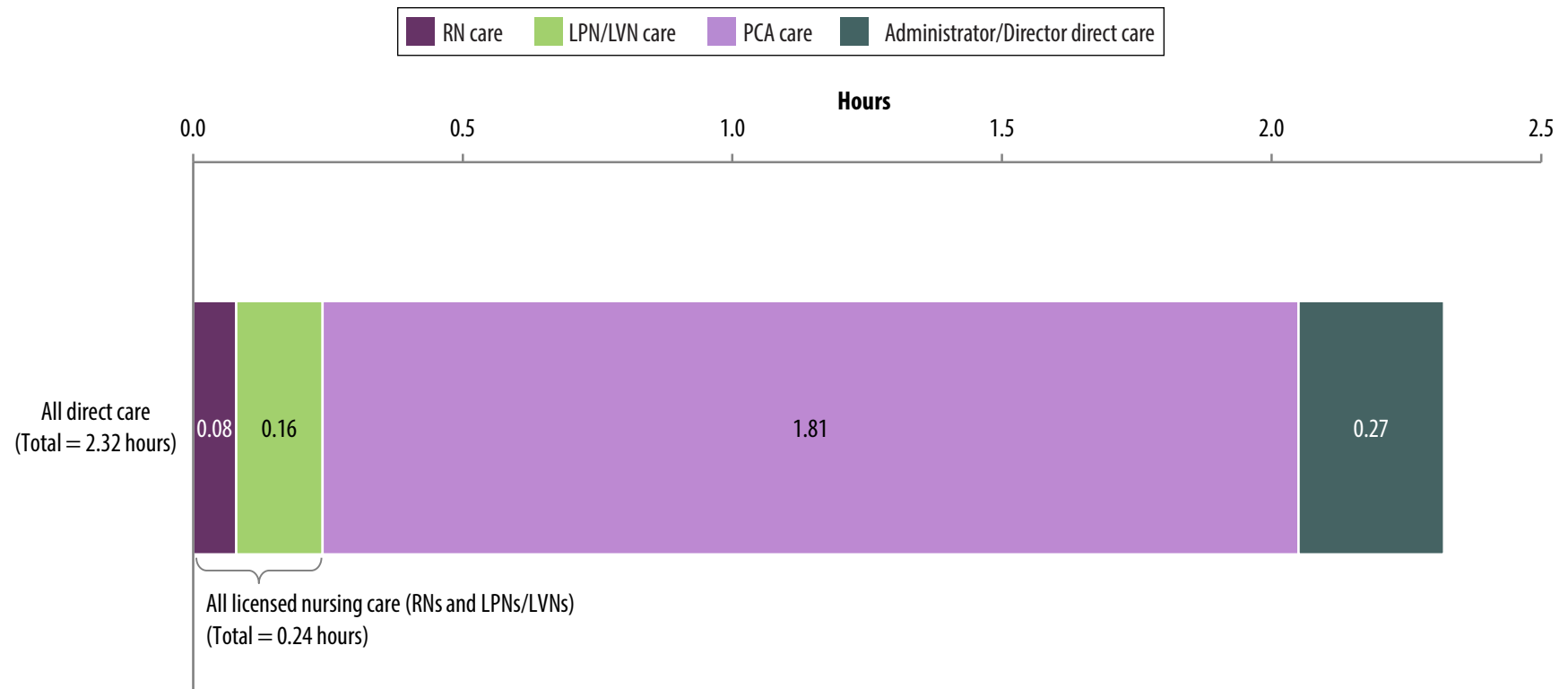


FIGURE 6-1 Percentage of residential care communities employing staff, by staff type and use of contract workers: United States, 2010



SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost all residential care communities (94%) employed PCAs.
- In 83% of all communities, administrators, directors, assistant administrators, or assistant directors provided some hands-on direct care (ADL and IADL assistance) to residents.
- More than one-third of all communities (37%) employed at least one RN; 32% of all communities employed any LPNs or vocational nurses.
- About 16% of all communities used contract staff to supplement their regular employees.

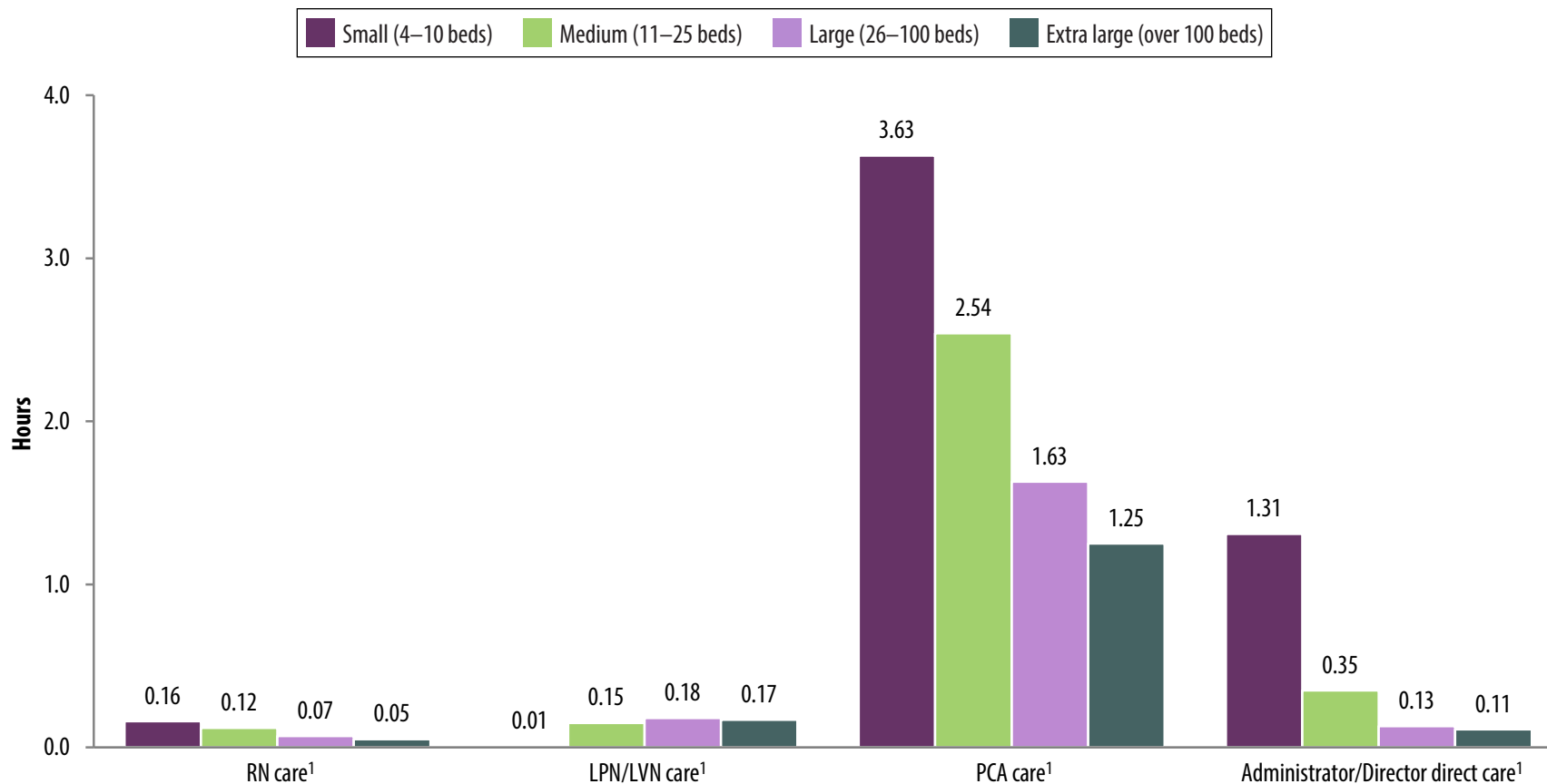
FIGURE 6-2 Mean hours per resident per day, by staff type: United States, 2010

NOTE: RN=registered nurse; LPN=licensed practical nurse; LVN=licensed vocational nurse; PCA=personal care aide.

SOURCE: CDC/NCHS, 2010 NSRCF.

- On average, residents received nearly 2.32 hours (about 2 hours and 19 minutes) of total direct care per resident per day—including nursing and personal care.
- Averaging across all residents, regardless of whether RNs, LPNs, or vocational nurses were on staff, communities delivered an average of 0.24 hours (14.4 minutes) of total licensed nursing care per resident per day. The average resident received 0.08 hours of RN care (about 5 minutes) and 0.16 hours (about 10 minutes) of LPN or vocational nurse care.
- The large majority of care provided was delivered by PCAs, who provided an average of 1.81 hours (about 1 hour and 49 minutes) per resident per day.
- On average, community administrators provided 0.27 hours (about 16 minutes) of direct care per resident per day.

FIGURE 6-3 Mean hours per resident per day, by staff type and bed size: United States, 2010



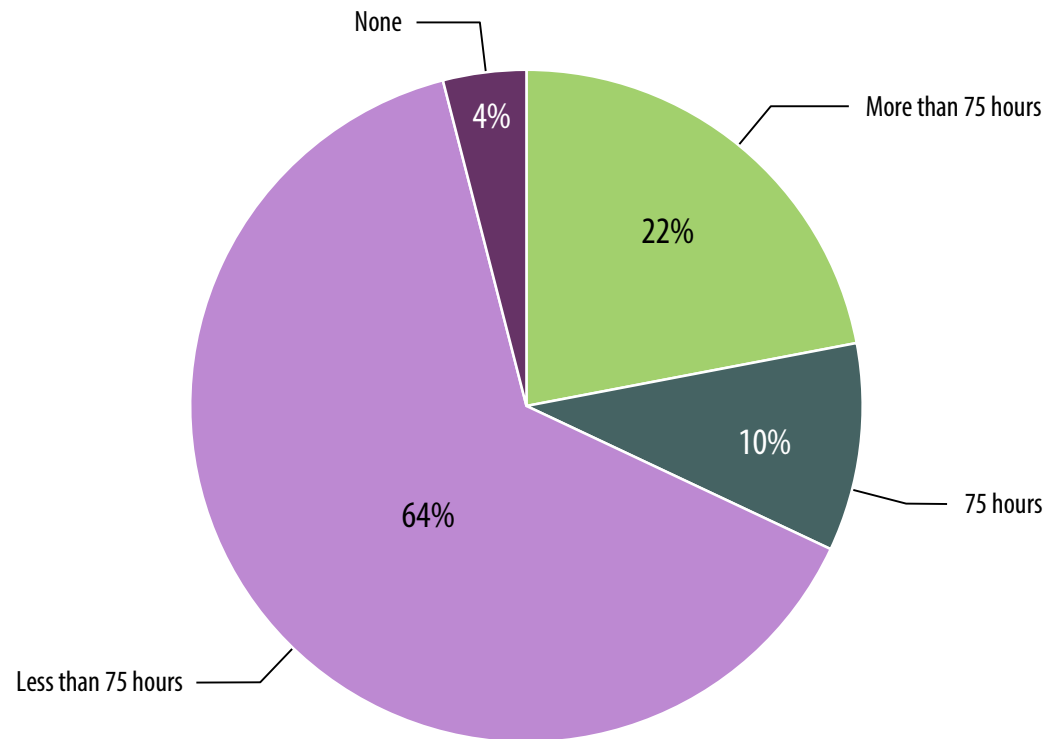
¹ Differences between bed size categories are significant at $p < .05$.

NOTE: RN=registered nurse; LPN=licensed practical nurse; LVN=licensed vocational nurse; PCA=personal care aide.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Each resident in residential care communities with 4–10 beds received, on average, 0.16 hours of RN care per day, compared with 0.05 hours in communities with over 100 beds.
- PCAs provided 3.63 hours of personal assistance to each resident per day in communities with 4–10 beds, compared with 1.25 hours in communities with over 100 beds.
- Administrators and directors provided 1.31 hours of direct care to each resident per day in communities with 4–10 beds, compared with 0.11 hour in communities with over 100 beds.

FIGURE 6-4 Percent distribution of residential care communities, by hours of initial formal training required of personal care aides: United States, 2010

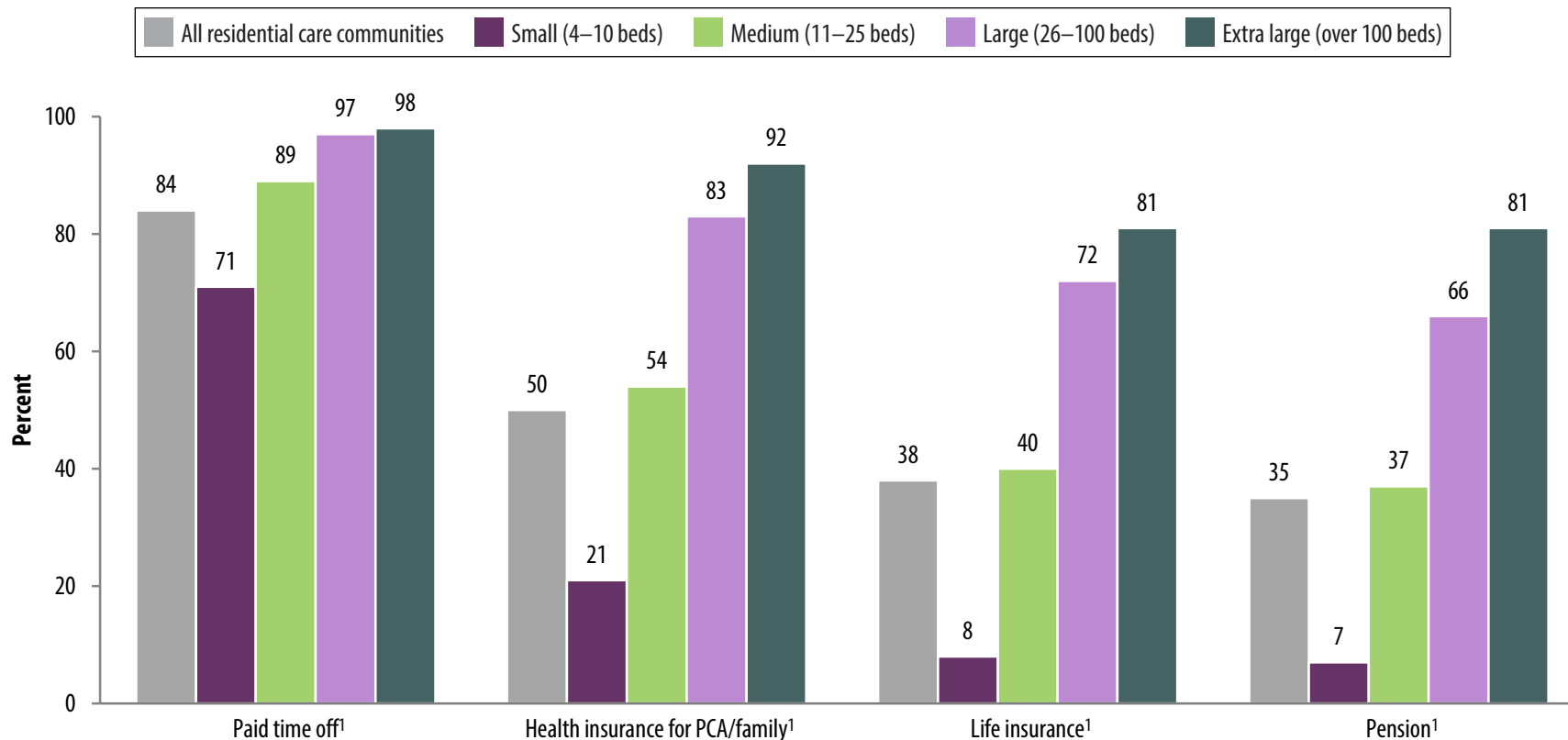


NOTE: The denominator for this figure is the 94% of all residential care communities that employ personal care aides. Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Almost all residential care communities (96%) required at least some initial formal training of personal care workers.
- Initial formal training requirements for PCAs were less than 75 hours in almost two-thirds of residential care communities (64%); another 10% required 75 hours of training. Twenty-two percent of all communities required more than 75 hours of formal training.
- Most communities (90%) provided ongoing in-service training for their PCAs (data not shown).

FIGURE 6-5 Percentage of residential care communities, by fringe benefits offered to personal care aides and bed size: United States, 2010



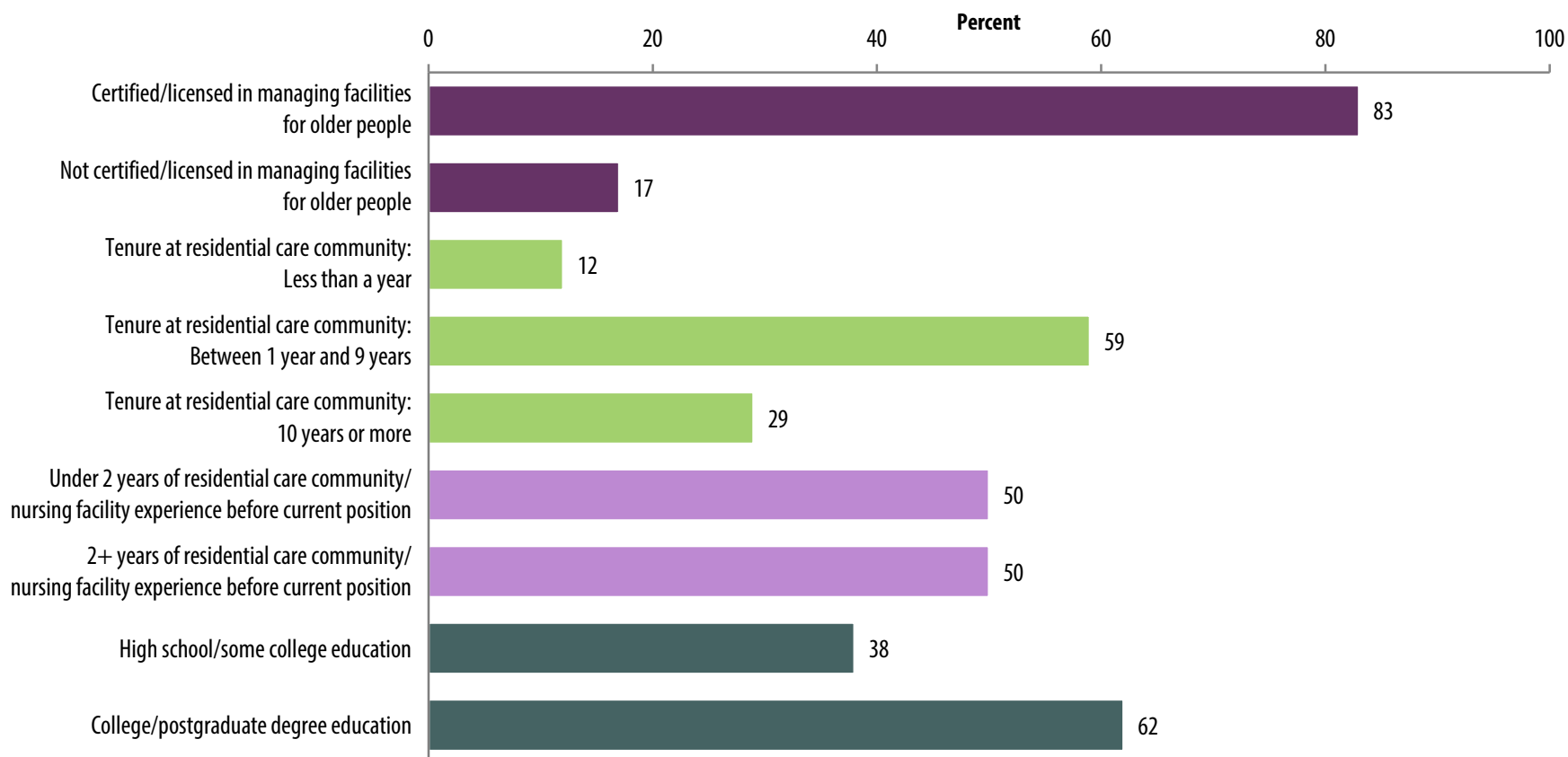
¹ Differences between bed size categories are significant at $p < .05$.

NOTE: Figure indicates only the 94% of residential care communities that employ any personal care aides.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Paid time off was the most common fringe benefit (84%) offered to PCAs in all residential care communities. It was offered in 71% of communities with 4–10 beds and in almost all communities with 26–100 beds (97%) and over 100 beds (98%).
- Half of all communities that employed PCAs offered health insurance to their PCAs. About one-fifth (21%) of communities with 4–10 beds, 54% of communities with 11–25 beds, 83% with 26–100 beds, and 92% with over 100 beds offered health insurance.
- The percentage of communities that offered life insurance or pension benefits to PCAs increased with bed size, from 7–8% of communities with 4–10 beds to 81% of communities with over 100 beds.

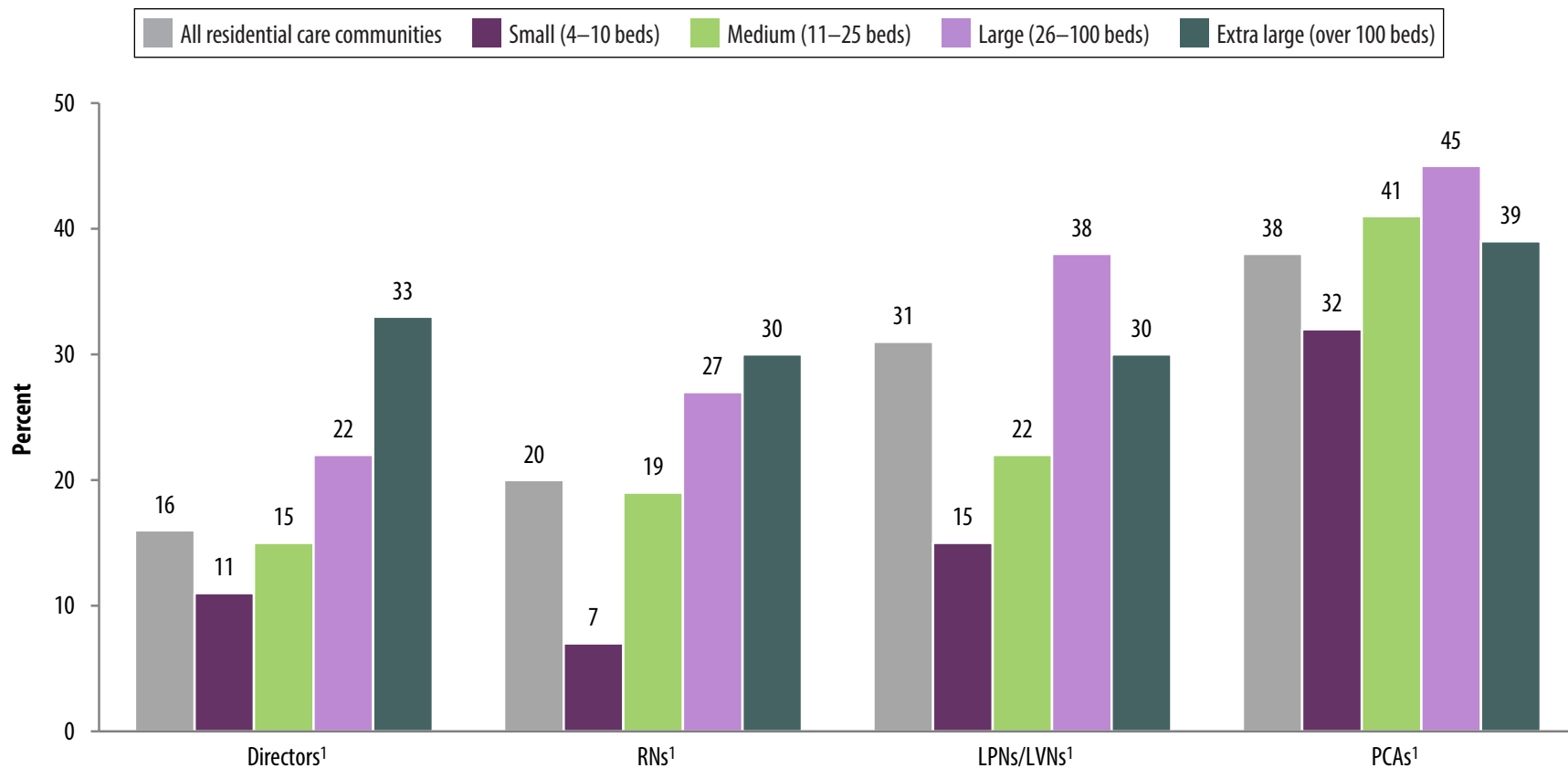
FIGURE 6-6 Percent distribution of residential care communities, by qualifications and background of residential care community directors: United States, 2010



NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- More than 80% of all residential care community directors had certificates or licenses related to managing facilities for older people.
- Twelve percent of all community directors had been in their position for less than a year, 59% had been in their current position for 1 to less than 10 years, and 29% had been in their position for 10 years or more.
- Half of all community directors had had at least 2 years of experience working in residential care or in nursing facilities before their current position.
- Most community directors (62%) had college or postgraduate degrees.

FIGURE 6-7 Annual turnover rates of residential care communities, by staff type and bed size: United States, 2010

¹ Differences between bed size categories are significant at $p < .05$.

NOTE: RN=registered nurse; LPN=licensed practical nurse; LVN=licensed vocational nurse; PCA=personal care aide.

Turnover rate is calculated across all residential care communities that employ a particular staff type.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Turnover rates in residential care communities were highest for PCAs (38%) and lowest for directors (16%).
- Annual turnover rates among PCAs were the highest of all staff types regardless of residential care community size; the rates ranged from 32% in communities with 4–10 beds to 45% in communities with 26–100 beds.
- Director annual turnover rates ranged from 11% in communities with 4–10 beds to 33% in communities with over 100 beds.
- RN annual turnover rates ranged from 7% in communities with 4–10 beds to 30% in communities with over 100 beds.

7

Access and Affordability

This chapter provides information on accessibility and affordability, such as adequate bed supply and reasonable waiting list times, admission and discharge policies, and prices.

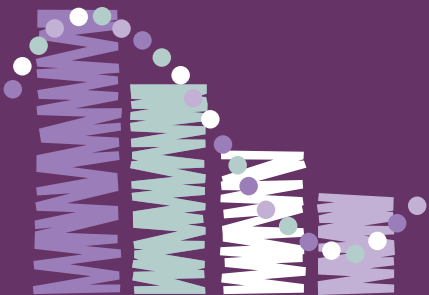
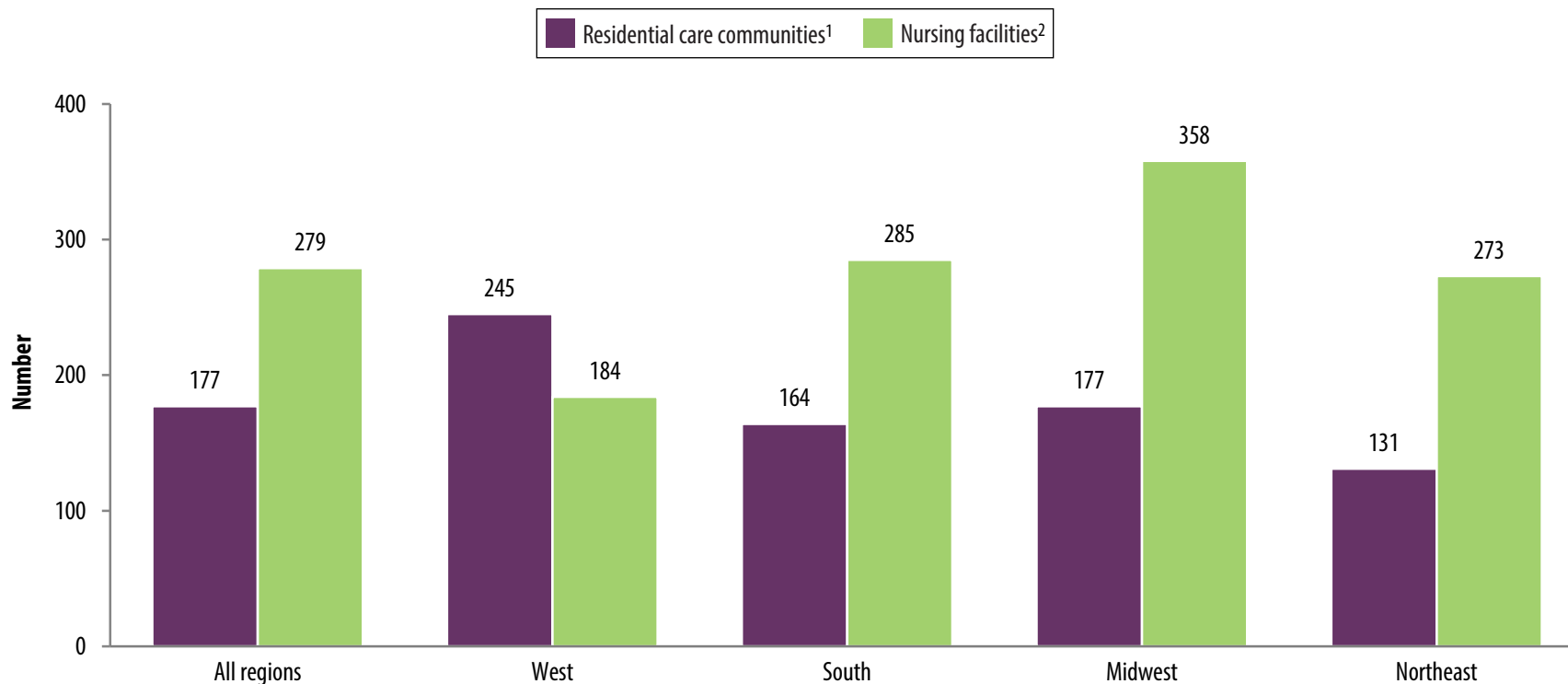


FIGURE 7-1 Number of beds per 1,000 persons aged 85 and over, by setting and Census region: United States, 2010



¹ Differences between regions in residential care community bed supply are significant at $p < .05$.

² Differences between regions in nursing facility bed supply are significant at $p < .05$.

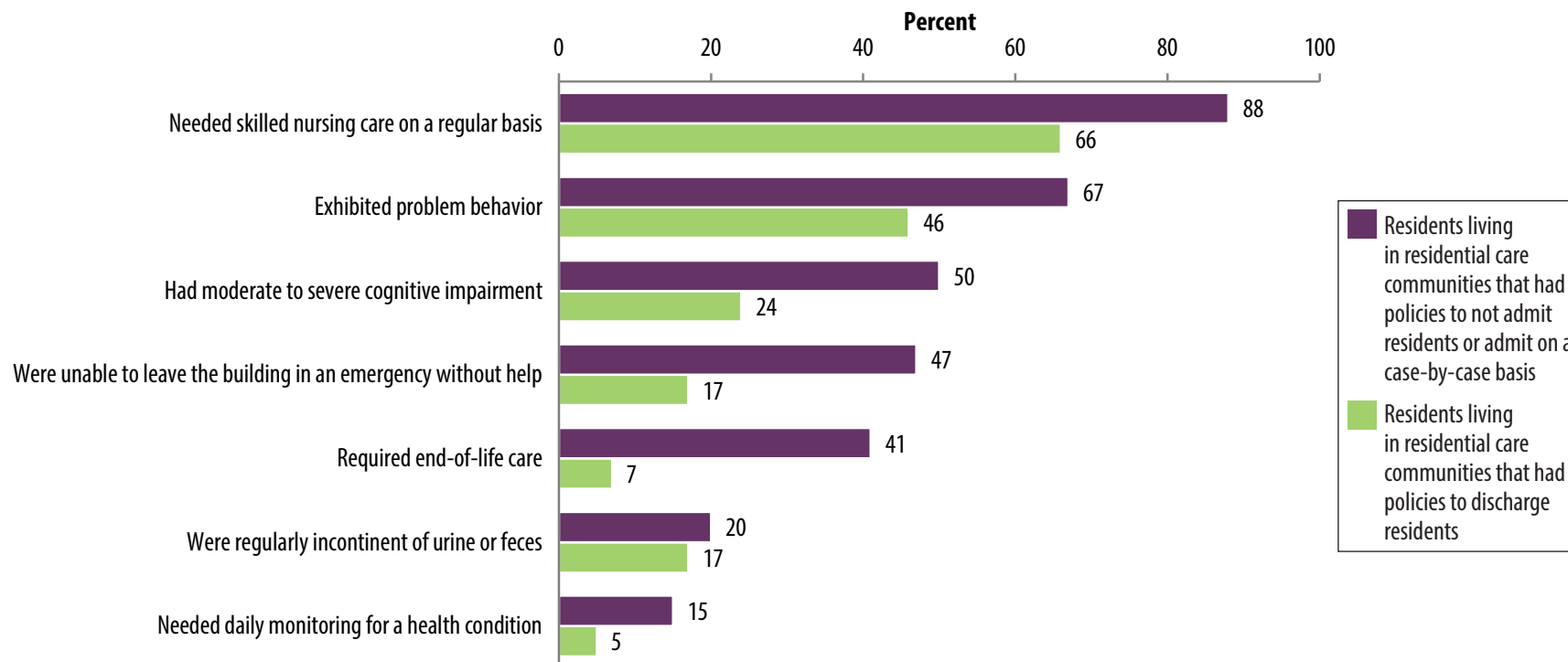
NOTE: In each region, differences between residential care community bed supply and nursing facility bed supply are significant at $p < .05$.

Data on number of nursing facility beds obtained from the American Health Care Association: http://www.ahcancal.org/research_data/trends_statistics/Documents/ST_rpt_STStats2011_20110906_FINAL_web.pdf

SOURCE: CDC/NCHS, 2010 NSRCE.

- In 2010, residential care communities, on average, provided 177 beds per 1,000 persons aged 85 and over, ranging from 131 beds in the Northeast to 245 beds in the West.
- Nationally, there was an average of 279 nursing home beds per 1,000 persons aged 85 and over, ranging from 184 beds in the West to 358 beds in the Midwest (American Health Care Association, 2010).
- The supply of nursing home beds outnumbered residential care community beds in all regions except the West.
- Among the 29% of all residential care communities that reported having a waiting list, on average, 7 people were waiting for beds, and the average waiting time for admission was 153 days (data not shown).

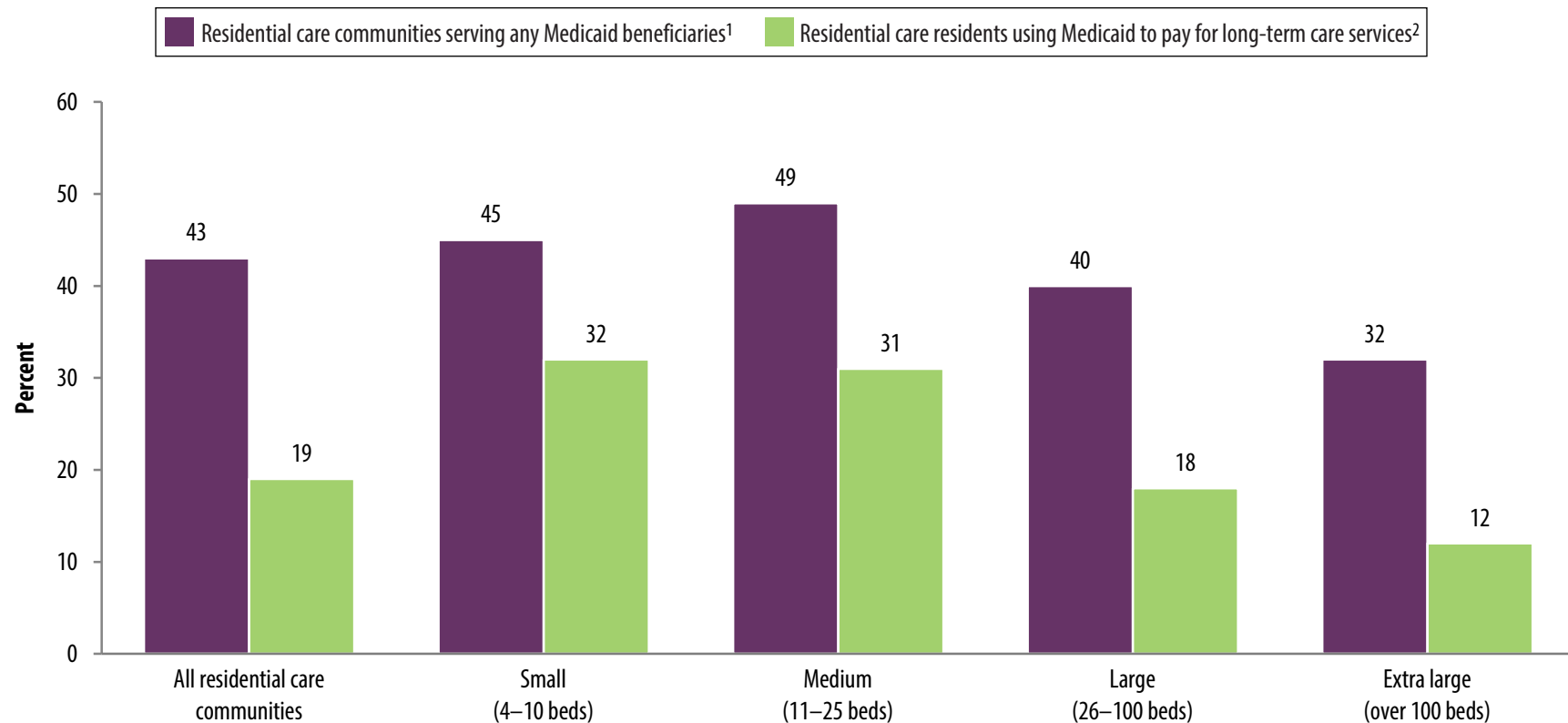
FIGURE 7-2 Percentage of residents living in residential care communities, by admission and discharge policies: United States, 2010



SOURCE: CDC/NCHS, 2010 NSRCF.

- Eighty-eight percent of all residents lived in residential care communities that had policies not to admit, or to admit on a case-by-case basis, people who needed skilled nursing care on a regular basis, 67% of all residents lived in communities with admission policies for problem behavior, 50% of all residents lived in communities with admission policies for those with moderate to severe cognitive impairment, 47% of all residents lived in communities with admission policies for those unable to leave the building in an emergency without help, 41% of all residents lived in communities with admission policies for those requiring end-of-life care, 20% of all residents lived in communities with admission policies for those regularly incontinent of urine or feces, and 15% of all residents lived in communities with admission policies for those needing daily monitoring for health conditions.
- About two-thirds of all residents (66%) lived in residential care communities that had a policy to discharge individuals if they developed a need for skilled nursing care on a regular basis, 46% of all residents lived in communities with discharge policies for problem behavior, 24% of all residents lived in communities with discharge policies for those with moderate to severe cognitive impairment, 17% of all residents lived in communities with discharge policies for those unable to leave the building in an emergency without help, 7% of all residents lived in communities with discharge policies for those requiring end-of-life care, 17% of all residents lived in communities with discharge policies for those regularly incontinent of urine or feces, and 5% of all residents lived in communities with discharge policies for those needing daily monitoring for health conditions.

FIGURE 7-3 Percentage of residential care communities serving Medicaid beneficiaries and percentage of residents using Medicaid to pay for long-term care services, by bed size: United States, 2010



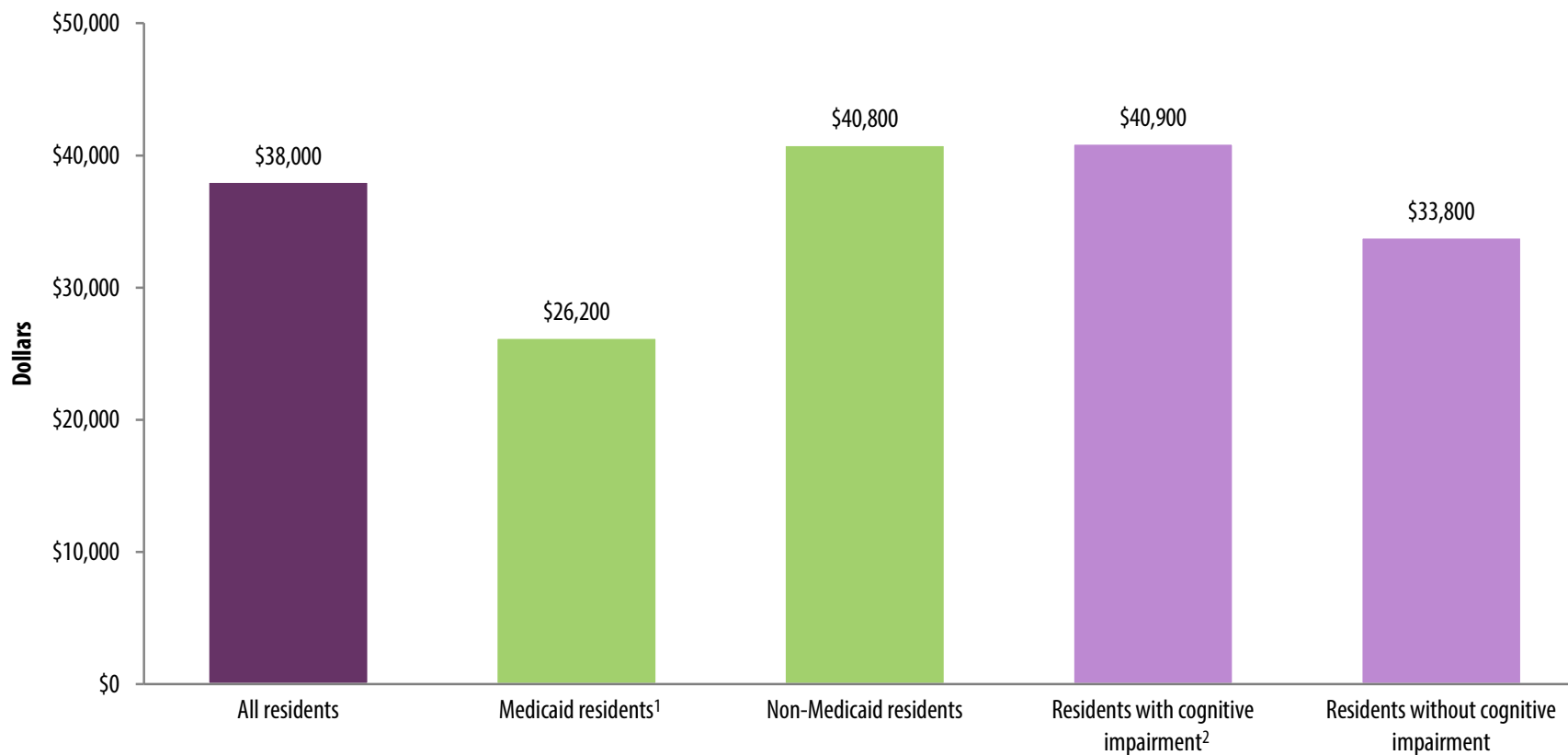
¹ Differences between bed size categories are significant at $p < .05$.

² Differences between bed size categories are significant at $p < .05$, except between small and medium bed size categories.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Overall, 43% of all residential care communities had at least one resident whose long-term care services were partially or fully paid for by Medicaid. Nineteen percent of all residents used Medicaid to pay for long-term care services.
- Almost half of communities with 4–10 beds (45%) and 11–25 beds (49%) served at least one resident whose long-term care services were paid for by Medicaid. Forty percent of communities with 26–100 beds and about one-third of communities with over 100 beds (32%) served at least one resident whose long-term care services were paid for by Medicaid.
- About a third of all residents in residential care communities with 4–10 beds (32%) and 11–25 beds (31%) used Medicaid to pay for long-term care services; 18% and 12% of residents used Medicaid in communities with 26–100 beds and communities with over 100 beds, respectively.

FIGURE 7-4 Annual mean charges for residential care community residents, by Medicaid enrollment and cognitive status: United States, 2010

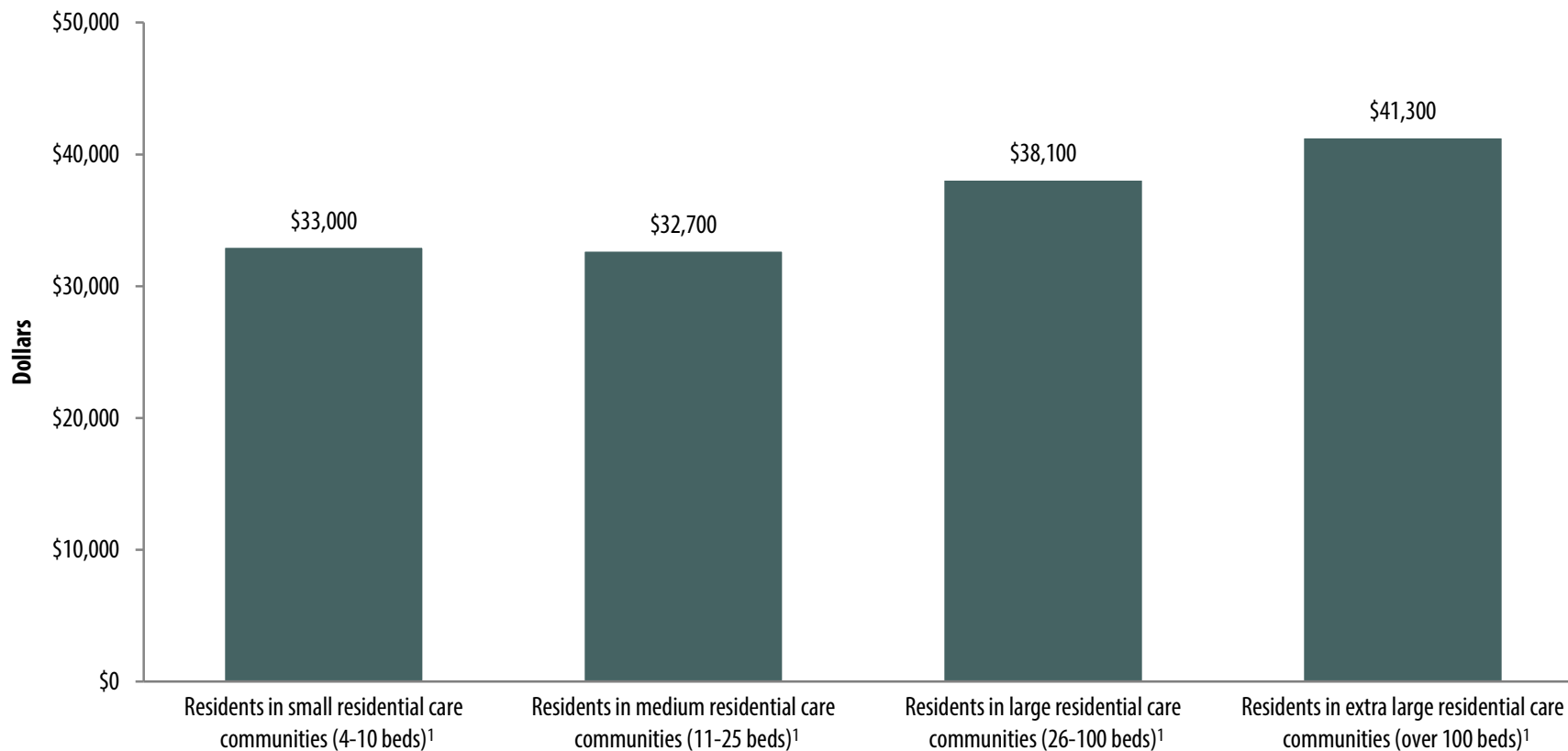


¹ Differences between Medicaid and non-Medicaid residents are significant at $p < .05$.

² Differences between residents with and without cognitive impairment are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- In 2010, the mean total charge per residential care community resident nationally was \$38,000 per year.
- The mean total charge per Medicaid resident was approximately \$26,200 per year, which was \$14,600 less than the mean total charge for non-Medicaid residents. Charges were not the amounts paid by Medicaid.
- On average, individuals with cognitive impairment were charged \$40,900, which was \$7,100 more than individuals without cognitive impairment.

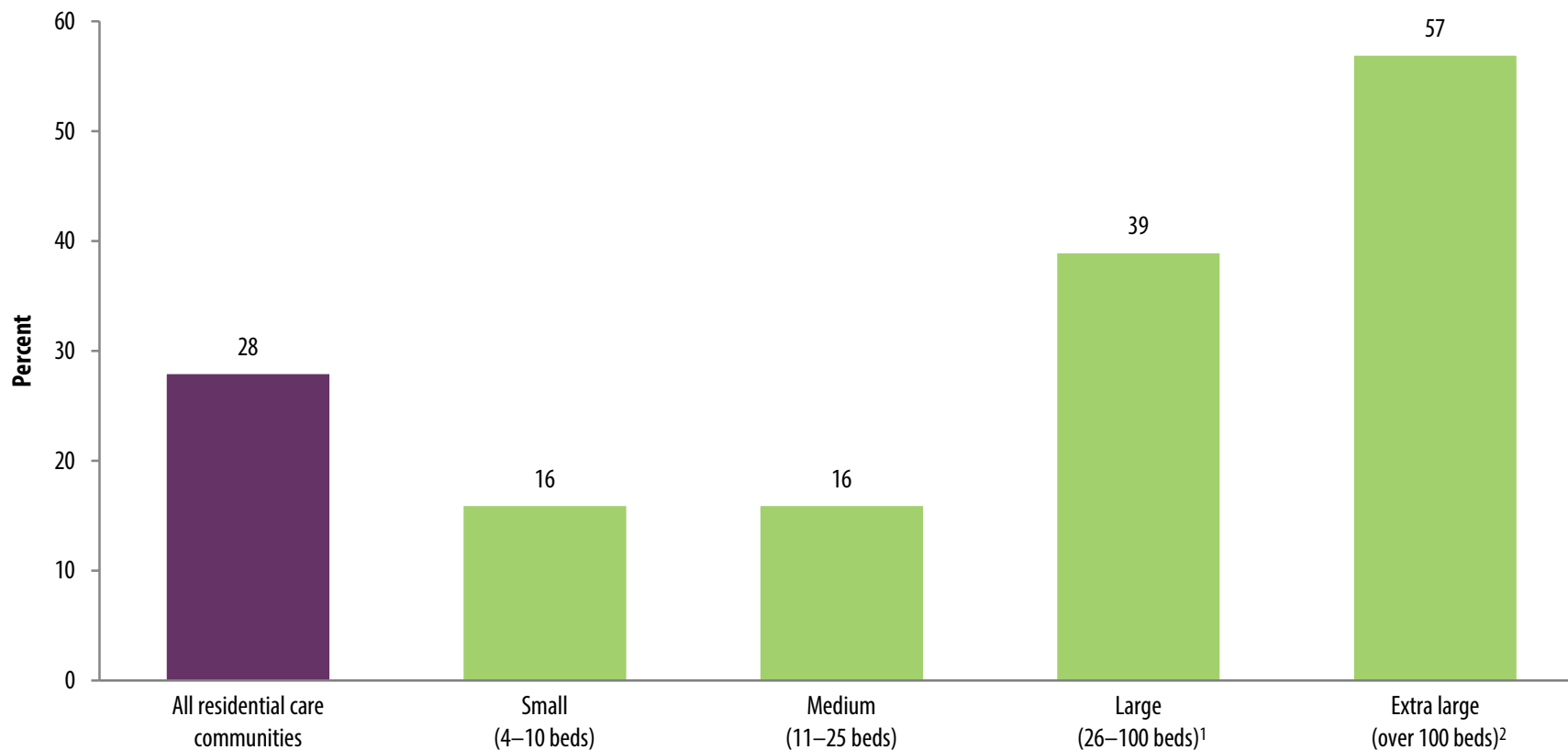
FIGURE 7-5 Annual mean charge for residential care community residents, by bed size: United States, 2010

¹ Differences between bed size categories are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- In 2010, the annual total mean charge was about \$33,000 for residents in residential care communities with 4–10 beds (\$33,000) and for residents in residential care communities with 11–25 beds (\$32,700).
- Charges increased to \$38,100 for residents in residential care communities with 26–100 beds and to \$41,300 for residents in residential care communities with over 100 beds.

FIGURE 7-6 Percentage of residential care communities where at least one resident moved out because of cost, by bed size: United States, 2010



¹ Differences between large and all other bed size categories are significant at $p < .05$.

² Differences between extra large and all other bed size categories are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- In 2010, over a quarter of all residential care communities (28%) reported that at least one resident moved out because of cost.
- Almost three-fifths of communities with over 100 beds (57%) reported that at least one resident moved out because of cost, compared to 39% of communities with 26–100 beds and 16% of communities with 4–10 and 11–25 beds.

8

Environment

This chapter focuses on features of residential care communities that support a homelike, rather than an institutional, environment and offer access to the larger community beyond the residential care community.

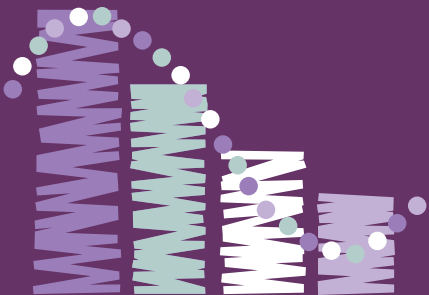
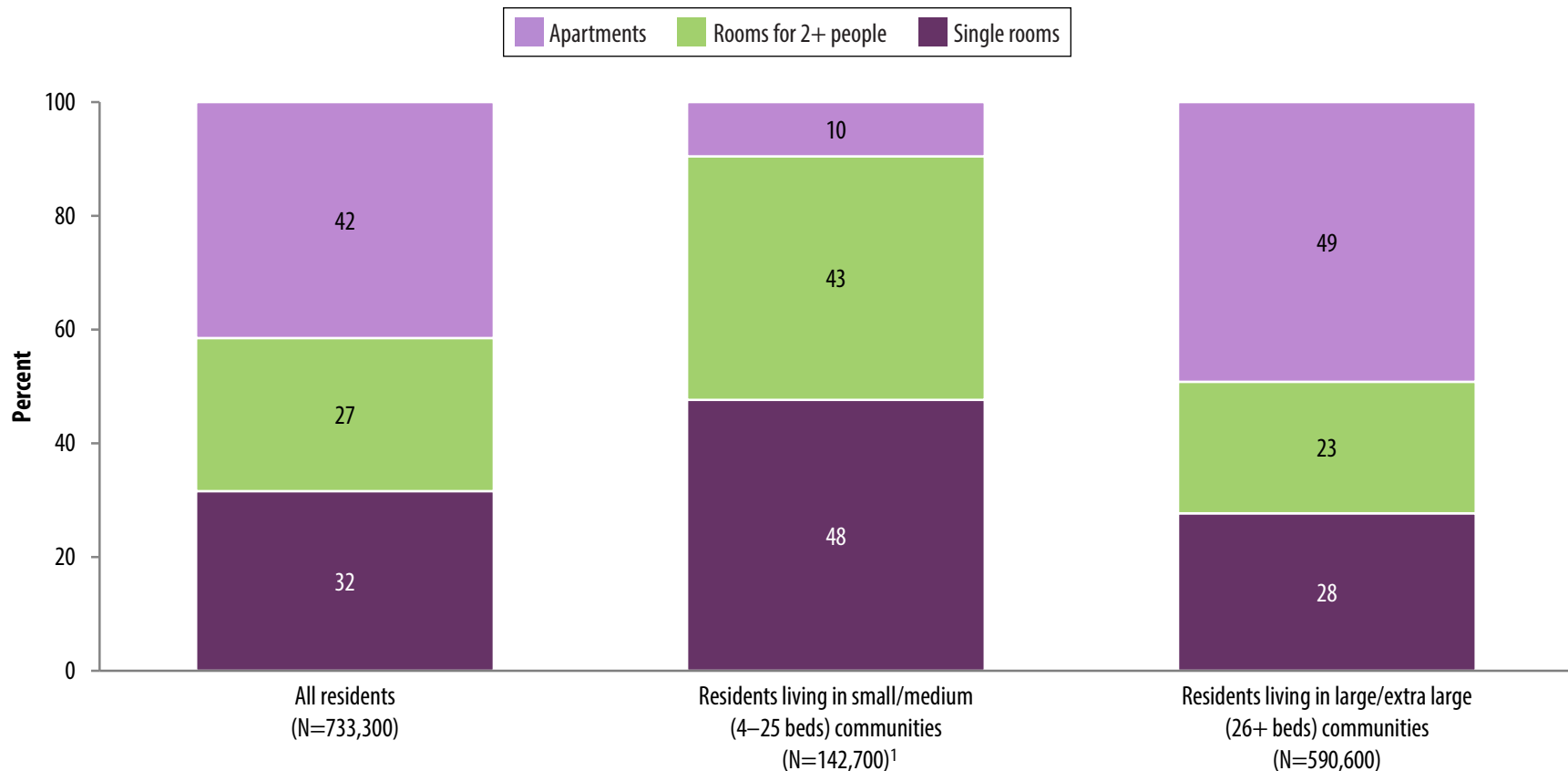


FIGURE 8-1 Percent distribution of residential care community residents, by living arrangements and bed size: United States, 2010



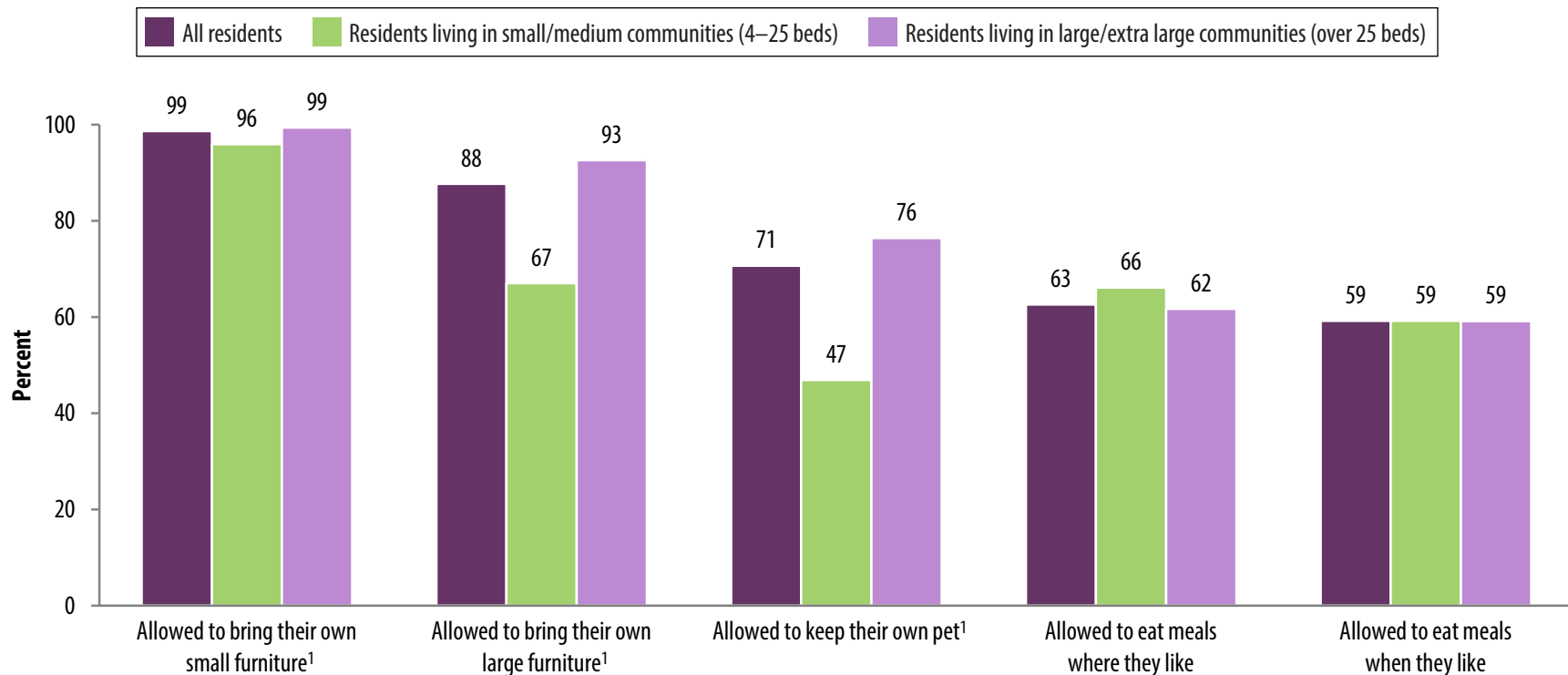
¹ Differences between residents living in residential care communities with 4-25 beds and those in communities with over 25 beds are significant at $p < .05$.

NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Overall, 42% of all residents in residential care communities lived in apartments. More than one-quarter of all residents (27%) lived in rooms designed for two or more people, and nearly a third (32%) lived in single rooms.
- The percentage of residents living in apartments was greater in communities with over 25 beds (49%) than in smaller communities (10%).
- Of the residents who lived in communities with 4-25 beds, about half (48%) lived in single rooms and 43% lived in rooms designed for two or more people.

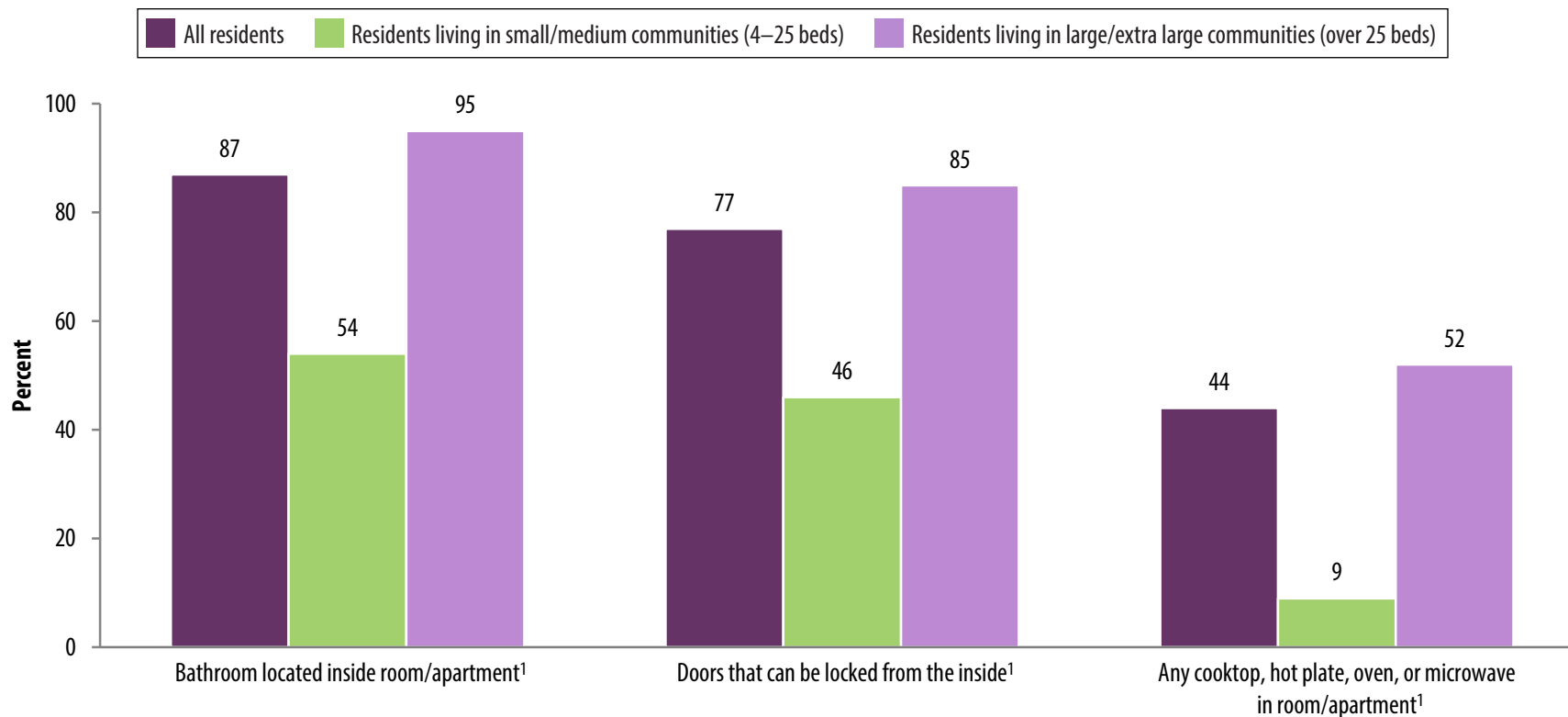
FIGURE 8-2 Percentage of residential care community residents, by policies supporting a homelike environment and bed size: United States, 2010



¹ Differences between residents living in residential care communities with 4–25 beds and those in communities with over 25 beds are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Almost all residents (99%) lived in residential care communities that allowed them to bring their own small furniture, 88% of all residents were allowed to bring their own large furniture, 71% of all residents were allowed to keep their own pets, and about 6 in 10 residents lived in communities in which they could eat their meals where they liked (63%) or when they liked (59%).
- Nearly all residents living in communities with over 25 beds were allowed to furnish their rooms or apartments with their own small furniture (99%) or own large furniture (93%), compared to 96% and 67% of residents in smaller communities, respectively.
- More than three-fourths of residents in communities with over 25 beds (76%) were allowed to keep their own pets, compared to 47% of residents in smaller communities.

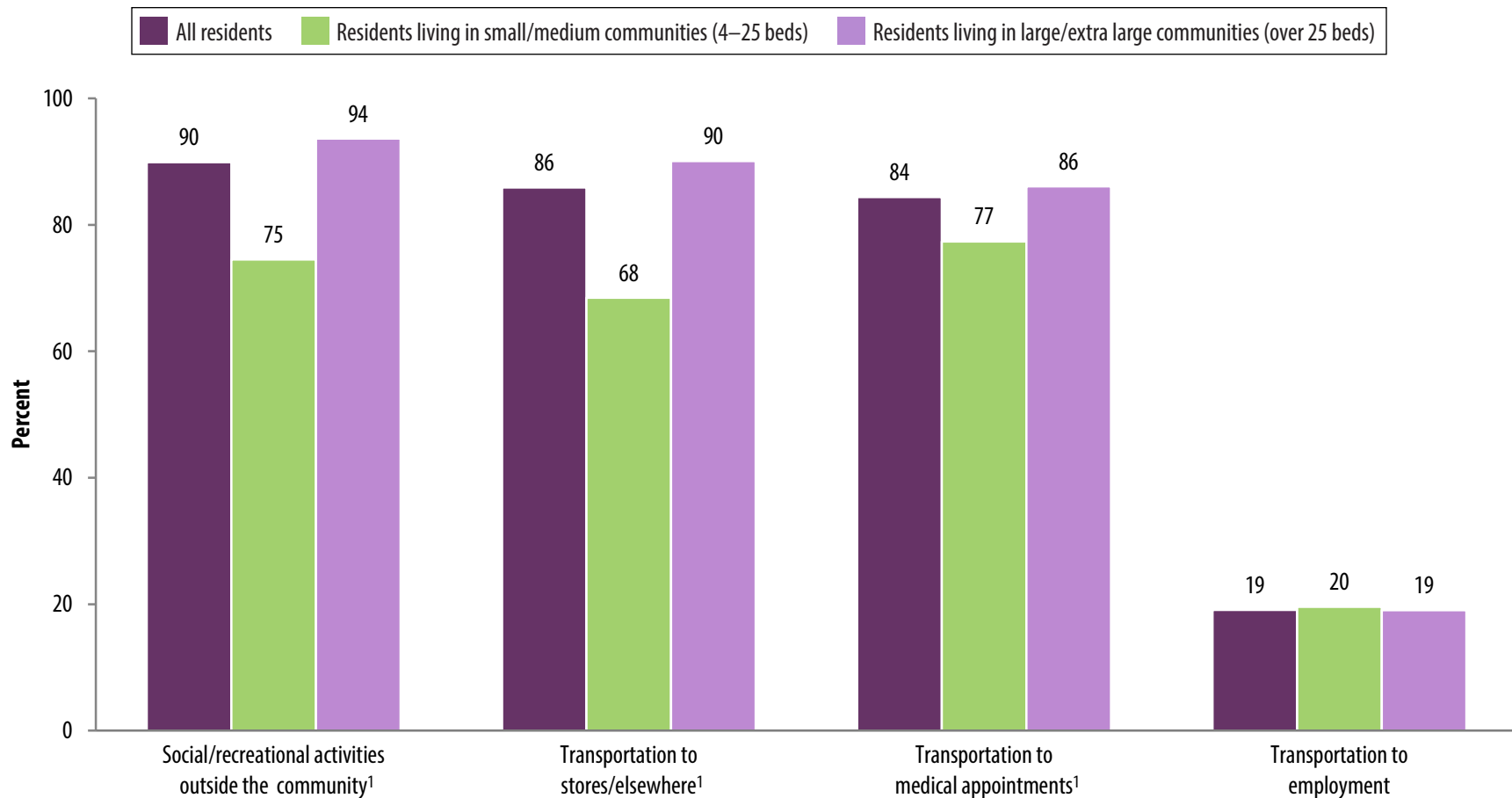
FIGURE 8-3 Percentage of residential care community residents, by features of rooms and apartments and community bed size: United States, 2010

¹Differences between residents living in residential care communities with 4–25 beds and those in communities with over 25 beds are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Overall, 87% of all residents in residential care communities had a bathroom located inside their room or apartment; 77% of all residents had doors that could be locked from the inside; and 44% had any cooktop, hot plate, oven, or microwave in their room or apartment.
- Almost all residents in communities with over 25 beds (95%) had rooms or apartments with bathrooms located inside their units, compared to over half of residents (54%) in smaller communities.
- Eighty-five percent of residents in communities with over 25 beds lived in rooms or apartments with doors that could be locked from the inside, compared to fewer than half of residents (46%) in smaller communities.
- Over half of residents in communities with over 25 beds (52%) had any cooktop, hot plate, oven, or microwave in their room or apartment, compared to 9% of residents in smaller communities.

FIGURE 8-4 Percentage of residential care community residents, by services offered that support a homelike environment and bed size: United States, 2010

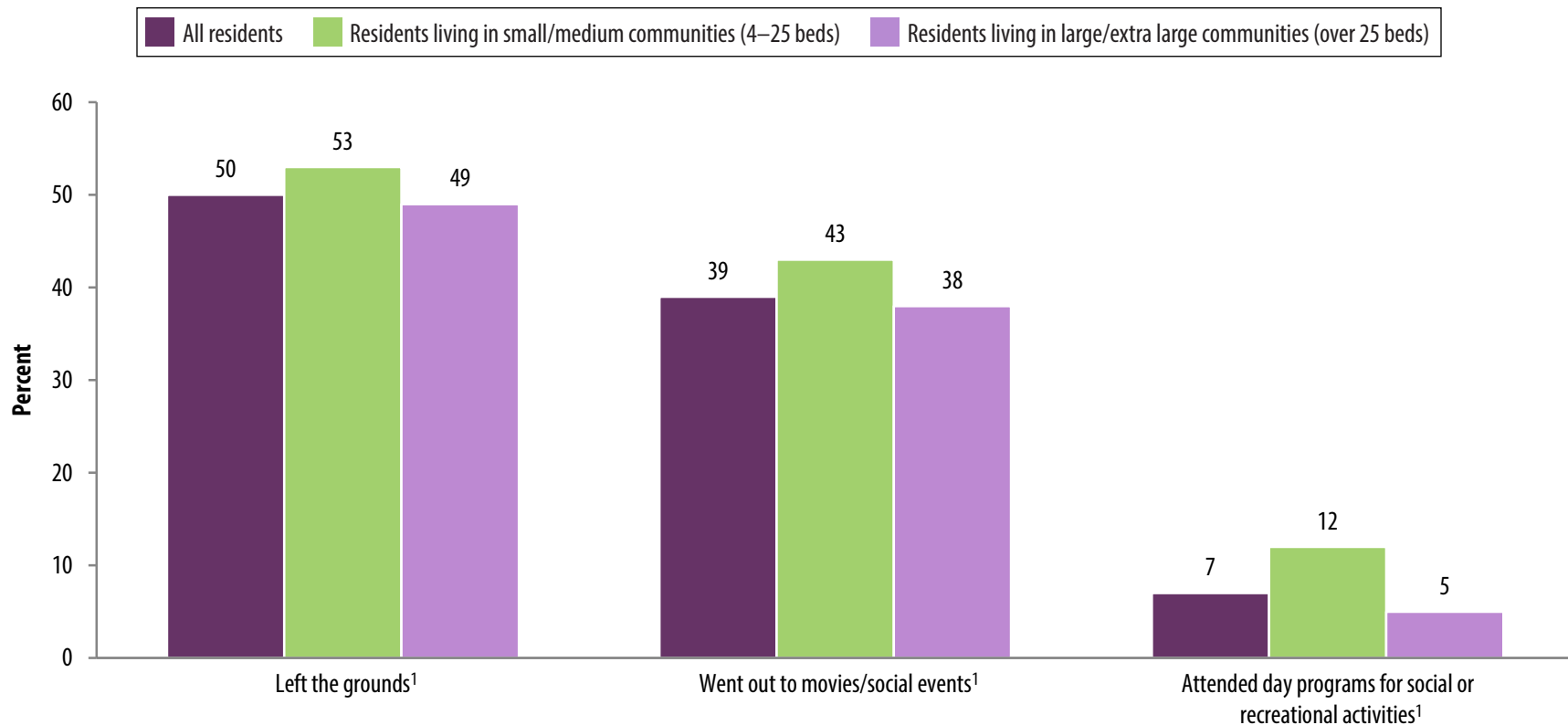


¹ Differences between residents living in residential care communities with 4–25 beds and those in communities with over 25 beds are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Almost all residents (94%) living in residential care communities with over 25 beds had access to social and recreational activities outside of the residential care community, compared to 75% of residents living in smaller communities.
- Most residents living in communities with over 25 beds had access to transportation to stores (90%) and medical appointments (86%), compared to 68% and 77%, respectively, of residents living in smaller communities.

FIGURE 8-5 Percentage of residential care community residents, by participation in social activities at least twice a month and bed size: United States, 2010

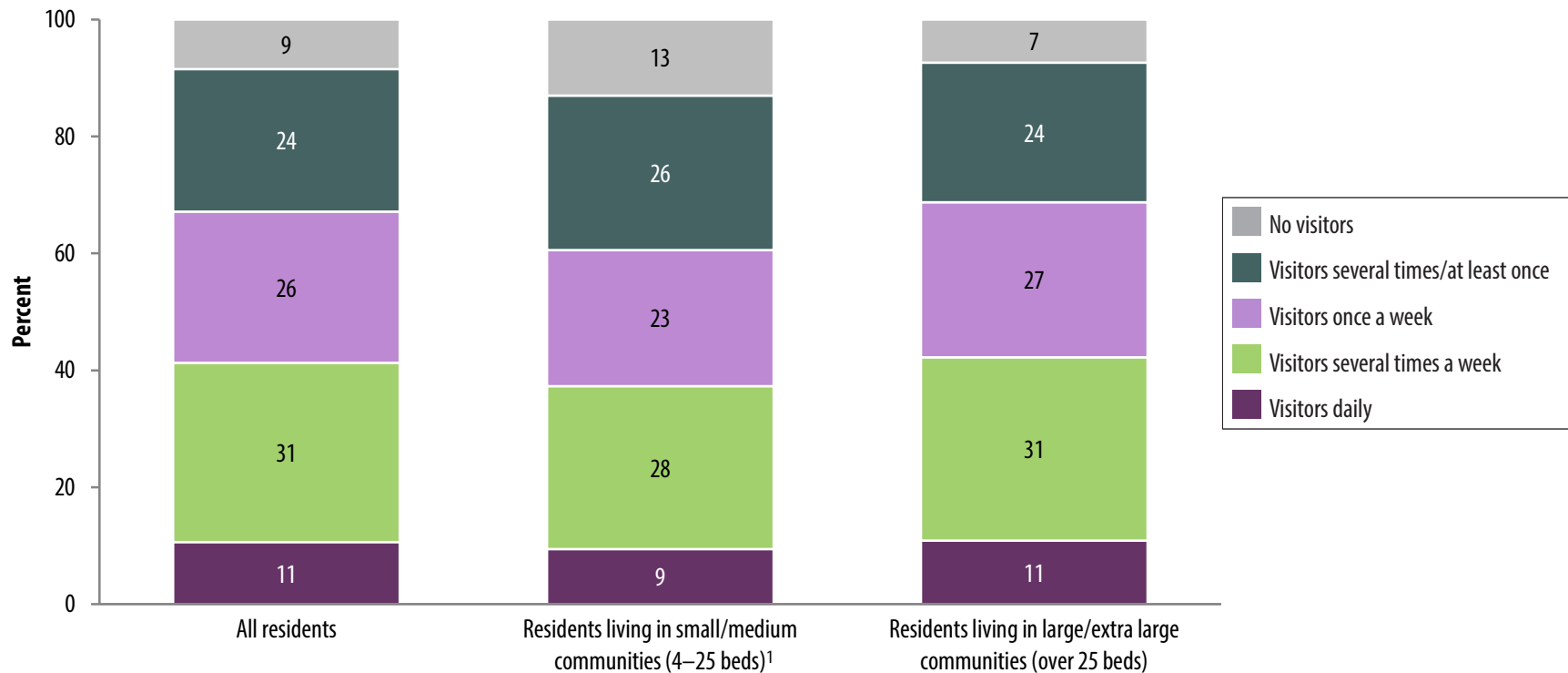


¹Differences between residents living in residential care communities with 4–25 beds and those in communities with over 25 beds are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCE.

- Overall, 50% of all residents living in residential care communities left the grounds, 39% went out to movies or social events, and 7% attended day programs for social and recreational activities at least twice a month.
- Fifty-three percent of residents living in communities with 4–25 beds had left the grounds, compared to 49% of residents living in communities with over 25 beds.
- Forty-three percent of residents living in communities with 4–25 beds went out to movies or social events, compared to 38% of residents living in communities with over 25 beds.
- Twelve percent of residents living in communities with 4–25 beds had attended day programs for recreational or social activities, compared to 5% of residents living in larger communities.

FIGURE 8-6 Percent distribution of residential care community residents, by visitors in the past 30 days and bed size: United States, 2010



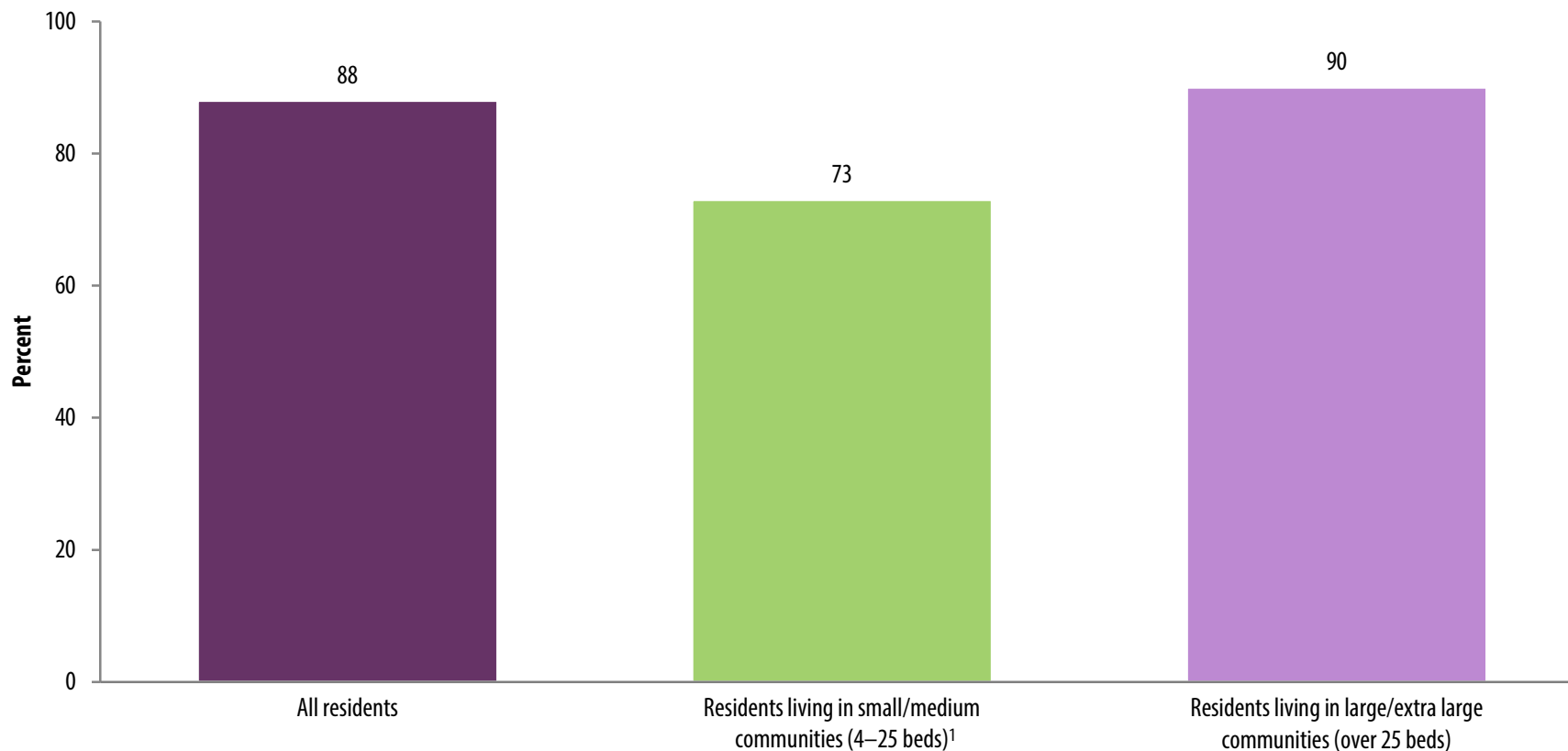
¹ Differences between residents living in residential care communities with 4–25 beds and those in communities with over 25 beds are significant at $p < .05$, except for visitors daily.

NOTE: Estimates may not add up to totals because of rounding.

SOURCE: CDC/NCHS, 2010 NSRCE.

- In the 30 days prior to the survey, 42% of residents living in residential care communities had received visitors at least several times a week, about one-fourth (26%) had had visitors weekly, and one-third (33%) were visited less frequently, including almost one-tenth (9%) who had had no visitors.
- A higher percentage of residents living in communities with over 25 beds had had visitors several times a week (31%) and visitors once a week (27%) compared to residents living in communities with 4–25 beds (28% and 23%, respectively).
- Among residents living in communities with 4–25 beds, 26% of them had had visitors several times or at least once in the past 30 days and 13% had had no visitors in that time period, compared to 24% and 7%, respectively, of residents living in communities with over 25 beds.

FIGURE 8-7 Percentage of residential care community residents living where volunteers provided social/religious activities, by community bed size: United States, 2010



¹ Differences between residents living in residential care communities with 4–25 beds and those in communities with over 25 beds are significant at $p < .05$.

SOURCE: CDC/NCHS, 2010 NSRCF.

- Overall, 88% of residents lived in residential care communities where volunteers provided social or religious activities.
- Ninety percent of residents living in communities with over 25 beds had volunteers who regularly provided social or religious activities, compared to 73% of residents living in smaller communities.

Definitions

Activities of daily living (ADLs): Receiving any assistance in five ADLs (bathing, dressing, transferring, using the toilet, and eating) that reflect a resident's capacity for self-care. A summary variable was created with four categories: no limitations, 1–2 limitations, and 3–5 limitations. For residents confined to a bed or chair, the question about whether or not the resident received assistance with transferring was not asked in the survey. For these analyses, the 12% of residents who were chair- or bedridden were defined as receiving assistance in the transferring and summary ADL variables. The 2% of residents who had a toileting device, like an ostomy or catheter, or who were chairfast were defined as receiving assistance in the toileting and summary ADL variables.

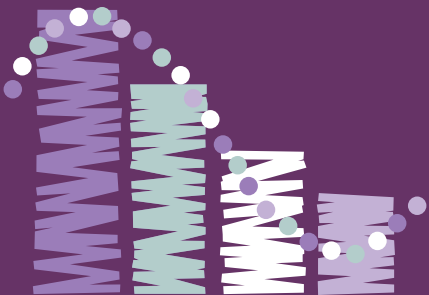
Behavioral symptoms: Exhibiting any of the following behaviors in the past 30 days: refusing to take prescribed medicines at the appropriate time or in the prescribed dosage; creating disturbances or being excessively noisy by knocking on doors, yelling, or being verbally abusive; wandering or moving aimlessly about in the building or on the grounds; refusing to bathe or clean himself/herself; rummaging through or taking other people's belongings; damaging or destroying property;

verbally threatening other persons, including staff or other residents; being physically aggressive toward other persons, including staff or other residents; removing clothing in public; and making unwanted sexual advances toward staff or other residents.

Bed supply: Beds per 1,000 persons were calculated by dividing the number of residential care beds by the number of persons aged 85 and over, multiplied by 1,000.

Chain affiliation: Communities owned by a chain, group, or multi-community system. A chain is more than one residential care community under common ownership or management; it may include residential care communities within a state or across multiple states.

Charges: Total charge for the month before the survey interview, including the basic monthly charge and any charges for additional services. Annual total mean charge was calculated by multiplying the monthly mean charge by 12. Total industry charges were derived from the weighted number of residents multiplied by the annual total mean charge.



Chronic conditions: Ten most common chronic conditions that residents were ever diagnosed as having by a doctor or other health professional, based on the survey respondent's reference to the resident's medical record or personal knowledge of the resident.

Cognitive impairment: Based on the survey respondent's reference to the resident's medical record or personal knowledge of the resident, this includes residents who experienced problems in any of the following areas in the 7 days before the interview: short-term memory, long-term memory, or orientation (not knowing the location of room, not recognizing staff names or faces, not knowing that he/she is in a residential care community, or not knowing the season of the year). Limitations in any way, because of difficulty remembering or having periods of confusion, were also included.

Co-location with another care setting: Determined on the basis of provider self-report in response to the question, "Are any of the following types of places on the same property or at this same location?" Four types of places were included: independent living; nursing home; rehabilitation, sub-acute, or post-acute unit in a nursing home; and hospital. Residential care communities were considered to be co-located with another care setting if one or more of these places was on the same property or at the same location.

Dementia: Ever been diagnosed as having Alzheimer's disease or other dementia by a doctor or other health professional, based on the survey respondent's reference to the resident's medical record or personal knowledge of the resident.

Dementia special care units: A distinct unit, wing, or floor designated as a dementia or Alzheimer's special care unit within the residential care community. These are distinguished from residential care communities that exclusively serve adults with Alzheimer's disease or other dementias.

Health care services use: Includes nursing home or rehabilitation facility stays, overnight hospital stays, and emergency department visits during the 12 months before the interview (or since the resident had moved into the residential care community if he or she had been there less than 12 months).

Instrumental activities of daily living (IADLs): Receiving any assistance in five IADLs (shopping, managing money, using a phone, housekeeping, and taking medications). A summary variable was created with four categories: no limitations, 1–2 limitations, and 3–5 limitations.

Length of stay: Derived from the month and year the resident first moved into the residential care community and the month and year of the survey.

Limitations in basic physical activities: Whether a resident can perform the following five activities without assistance and without equipment: standing or being on one's feet for about 2 hours; sitting for about 2 hours; stooping, bending, or kneeling; reaching up over one's head; and using one's fingers to grasp or handle small objects.

Medicaid participation among residential care communities and residents: Residential care communities that were certified or registered to participate in Medicaid and residents who had had some or all of their long-term care services paid by Medicaid during the past 30 days. If a community reported not having any residents having their long-term care paid by Medicaid in the past 30 days, then the community was considered a non-Medicaid community. In residential care, Medicaid covers residential care services but does not cover room and board charges. There is no information in the National Survey of Residential Care Facilities (NSRCF) on what the Medicaid program paid for each individual resident. The survey includes only information on total charges to individual residents.

Medication management: Ranges from general oversight and cueing to actively putting medications in residents' mouths and handing them water.

Memory limitations: Problems with short-term or long-term memory in the 7 days before the interview.

Metropolitan statistical area (MSA): A county or group of contiguous counties that contains at least one urbanized area of 50,000 or more population. An MSA may contain other counties that are economically and socially integrated with the central county, as measured by commuting.

Ownership type: Either of two types: (1) private, for-profit, and (2) other, which includes private nonprofit and state, county, or local government ownership. The private, for-profit category includes publicly traded corporations.

Region: Grouping conterminous states into geographic areas corresponding to groups used by the U.S. Census Bureau. A listing of states included in each of the four Census regions is available from http://www2.census.gov/geo/docs/maps-data/maps/reg_div.txt.

Residential care bed: Licensed, registered, or certified residential care beds.

Residential care communities: Assisted living facilities and similar residential care communities (e.g., personal care homes, adult care homes, board care homes, adult foster care) that meet the study eligibility criteria provided in Data Sources and Methods.

Size: Number of licensed, registered, or certified residential care beds (both occupied and unoccupied) in a residential care community: small (4–10 beds), medium (11–25 beds), large (26–100 beds), and extra large (more than 100 beds).

Skilled nursing services: Services essential to the maintenance or restoration of health, provided to sick or disabled persons by a registered nurse (RN) or a licensed practical nurse (LPN).

Social services counseling: Counseling related to obtaining and keeping benefits provided by programs such as Supplemental Security Income, Social Security, and Medicaid.

Staffing ratios: Measured by hours per resident per day, ratios separately by staff type (registered nurses, licensed practical or vocational nurses, and personal care aides) and in total, when all direct care staff hours are combined. All staffing time estimates were calculated at the resident level and included only employed workers (not contract staff). Staffing ratios were calculated as the number of full-time equivalent employees for a given staff type \times 35 hours/7 days/number of current residents.

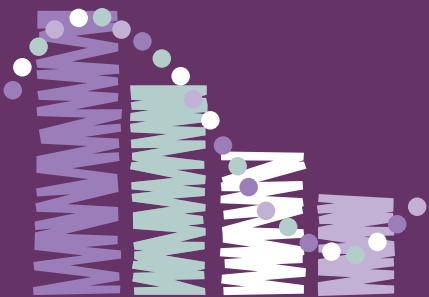
Staff turnover: Calculated only for communities that employed that staff type. The turnover rate for each type of staff was calculated as the number of staff that left in the past 12 months divided by the number of that type of staff currently employed at the community.

Data Sources and Methods

Resident and residential care community data for these analyses were from the 2010 National Survey of Residential Care Facilities (NSRCF). To be eligible for the NSRCF, residential care communities must be licensed, registered, listed, certified, or otherwise regulated by the state; have four or more licensed, certified, or registered beds; provide room and board with at least two meals a day; provide around-the-clock on-site supervision; and help with personal care such as bathing and dressing or health-related services such as medication management. These residential care communities also must serve a predominantly adult population. Residential care communities licensed to exclusively serve the mentally ill or developmentally disabled populations were excluded. Nursing homes also were excluded unless they had a unit or wing meeting the above definition and their residents could be separately enumerated.

The 2010 NSRCF used a stratified two-stage probability sample design. The first stage was the selection of residential care communities from the sampling frame representing the universe

of residential care communities. For the 2010 NSRCF, 3,605 residential care communities were sampled with probability proportional to community size. Interviews were completed with 2,302 residential care communities, for a first-stage, community-level weighted response rate of 81%, which was weighted for differential probabilities of selection. In the second stage of sampling, three to six current residents of each community, depending on residential care community bed size, were randomly selected. All data collected on sampled residents came from interviews with residential care community staff who answered questions by referring to the residents' records or their own knowledge of the residents; residents were never interviewed. The second-stage, resident-level weighted response rate was 99%. A detailed description of NSRCF sampling design, data collection, and procedures is provided both in a previous report (*Design and Operation of the 2010 National Survey of Residential Care Facilities*, November 2011) and on the NSRCF Web site: http://www.cdc.gov/nchs/nsrcf/nsrcf_questionnaires.htm.



Residential care communities are characterized by a large number of small communities (4–10 beds) that serve a relatively small proportion of residents. More specifically, 50% of residential care communities are small, but they serve only 10% of residents. Most residential care community residents live in larger communities. To obtain a full understanding of residential care communities and their residents, we present data from two perspectives with different units of analysis. We show a limited number of residential care community characteristics with the residential care community as the unit of analysis, such as Figures 2-1 and 5-5. The rest of the charts are more closely aligned with the number of residents served. For these analyses, we match residents with the characteristics of the residential care communities in which they live and present the residential care community characteristics with the resident as the unit of analysis. For these types of analyses, we refer to “the communities in which residents live.” This type of analysis can be thought of as community analyses weighted by the number and type of residents. The unit of analysis (residential care community or residential care community resident) is noted in all figure titles and text bullets.

Differences among subgroups were evaluated using chi-square tests for categorical variables and t-tests for continuous variables. If chi-square tests indicated statistical significance, a post hoc chi-square procedure was used to make pairwise comparisons. Significant results from the post hoc procedure are reported here. All significance tests were two-sided using $p < .05$ as the level of significance. The difference between any two estimates is reported only if it is statistically significant. Data analyses were performed using the SAS-callable version of the statistical package SUDAAN 11.0.1 (RTI 2012). Cases with missing data were excluded from the analyses on a variable-by-variable basis. The percentage of weighted cases with missing data varied between 0.01% and 2.5%.

Because estimates were rounded, individual weighted estimates may not sum to totals and percentages may not sum to 100%.

The NSRCF has some limitations. The survey was designed primarily to gather information on residential care communities serving older people, as well as younger persons with physical disabilities. As a result, the NSRCF excluded communities licensed to serve the mentally ill or the developmentally disabled populations exclusively. The detailed inclusion criteria also meant that other communities that may have met part of the definition but not all of the inclusion criteria were also excluded. Because the NSRCF was designed to provide national estimates, these data do not allow for state-level estimates. Although residential care is regulated by the states, and differences in provider and resident characteristics may be similar by state, the survey is not able to address these differences. The NSRCF collected information on the characteristics of providers as well as residents. However, residents were not interviewed and all resident data were based on proxy responses provided by community administrators or designated staff. Thus, information on residents is subject to errors in reporting by the administrators or designated staff.

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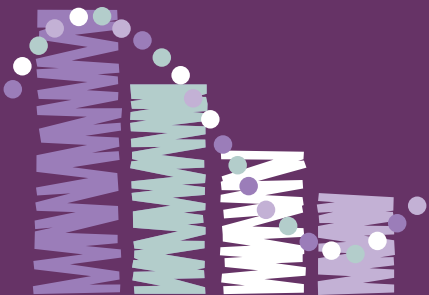
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Kane, R. A., & Cutler, L. J. (2009). Promoting home-like characteristics and eliminating institutional characteristics in community-based residential care settings. *Seniors Housing & Care Journal*, 17(1), 15–37.

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Useful Links

National Survey of Residential Care Facilities (NSRCF)

<http://www.cdc.gov/nchs/nsrcf.htm>

NSRCF Data Products

Survey methodology, documentation, data dictionaries, and data files for the 2010 NSRCF survey can be accessed here: http://www.cdc.gov/nchs/nsrcf/nsrcf_questionnaires.htm

NCHS datasets for the 2010 NSRCF survey, in SAS, SPSS, and STATA languages, can be found here: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NSRCF/2010

NSRCF Publications

Data Briefs from the National Center for Health Statistics

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Wiener, J. M., Feng, Z., Coots, L. A., & Johnson, R. (2014). *What is the effect of dementia on hospitalization and emergency department use in residential care facilities?* Washington, DC: Department of Health and Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy. Retrieved from: <https://aspe.hhs.gov/sites/default/files/pdf/138371/RCFdementia.pdf>

National Study of Long-Term Care Providers Resources

For more information on NSLTCP data products and publications, see <http://www.cdc.gov/nchs/nsltcp.htm>



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