Did you know...
In 2010, 25% of residential care facilities had full-time registered nurses on staff as compared to 40% in 1999?

About the data:
Data on residential facilities in 1999 is based on a survey conducted by Catherine Hawes and colleagues for the U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. To be included in this survey, facilities had to identify themselves as assisted living facilities, or provide at least 24-hour supervision, 2 meals a day and help with ADLs. This survey included facilities with 11 or more beds.

Data on residential care facilities in 2010 is based on the National Survey of Residential Care Facilities (NSRCF), published by the National Center for Health Statistics. The NSRCF collects information on the services provided by facilities, and their level of nurse staffing. To be in the NSRCF, facilities had to provide at least 24-hour supervision of residents, 2 meals a day and help with ADLs, and have 4 or more beds. Facilities with 4 to 10 beds were removed for comparison with the 1999 survey.

Avalere Health would like to acknowledge Catherine Hawes’ invaluable assistance with interpreting the results of the 1999 survey.

Key Characteristics of Residential Care Facilities (RCFs), 1999 and 2010

- Residents w/ 3+ ADL impairments: 24% in 1999 vs. 55% in 2010
- had a full-time registered Nurse: 25% in 1999 vs. 44% in 2010
- offered medication reminders: 40% in 1999 vs. 77% in 2010
- would admit if needing regular nursing: 72% in 1999 vs. 83% in 2010
- would admit w/ cognitive impairment: 38% in 1999 vs. 53% in 2010
- would discharge if needing regular nursing: 72% in 1999 vs. 67% in 2010
- would discharge w/ cognitive impairment: 49% in 1999 vs. 76% in 2010

Facilities in 2010 May Offer Fewer Services and Lower Nurse Staffing Than in 1999

- Residential care facilities serve a population that is older and has a higher need for ADL assistance than individuals who reside in their own homes. The average level of functional impairment among residential care consumers grew from 1999 to 2010.3 At the same time, fewer facilities currently offer medication management and therapy services than they did 20 years ago.

Furthermore, in 2010, facilities were less willing to admit and retain residents who need regular skilled nursing care than in 1999, and the percentage of residential facilities with a full-time registered nurse decreased. The more stringent admission and discharge policies as well as shifts in the staffing mix over time may affect the extent to which people with certain medical or functional support needs can access residential care and remain in that setting over time.

Residential care facilities are an important part of the continuum of long-term services and supports. The opportunity exists now to examine workforce issues and admission/discharge policies to create a viable option for older adults who want to remain connected to the community but are not able to live independently. The residential care industry is regulated at the state level. State policymakers should consider if regulation is necessary to ensure that residential care aligns with the new paradigm of care integration and coordination.

A Clear Policy Connection