

### ***Introduction***

The Executive Office of Elder Affairs (EOEA) conducted a survey of Massachusetts Assisted Living Residences (ALRs) during September 2016. All ALRs (241) were given the option to participate in the survey. The primary purpose of the survey was to collect information about the nature of existing ALRs and to identify potential situations that could either promote or prevent residents from aging in place. This information will help inform policy discussions regarding how best to ensure the safety and welfare of ALR residents. Through this Summary Report, the results of the survey are being made available to the public, legislators, policy makers, and the ALR industry.

### ***Participants***

There were a total of 133 distinct Assisted Living Residences that participated in the survey. The survey asked for the name of the ALR to determine the rate of survey participation. However, in the summarized results in this report, the identity of participating ALRs is not associated with their specific responses.

### ***Survey Logic***

In this Summary Report, results from this survey are presented in the order the questions appeared in the survey. However, some questions were not applicable to all respondents, and the online survey utilized skip logic formulation. As a result of utilizing skip logic, the number of total responses to specific questions may be less than the total number of ALRs completing the survey. The number and percentage of respondents is denoted for each question.

### ***Data Cleaning***

Several questions required respondents to manually enter data. For these items, the summarized results exclude invalid entries (e.g., answers exceeding parameters of reasonable responses). Both the rules for inclusion and the responses that were excluded are noted in Appendix A at the end of this Summary Report. Additionally, free text responses and comments are presented as submitted and redacted in compliance Massachusetts Public Records Laws.

### ***Contact & Question Information***

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Executive Office of Elder Affairs



**Executive Office of Elder Affairs**  
Assisted Living Residences Survey Summary Report

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**Total # ALR Respondents**

**133**

All American Assisted Living at Hanson  
All American Assisted Living at Raynham  
Allerton House at Hancock Park  
Arbors of Chicopee  
Armbrook Village  
Assisted Living Center, Inc.  
Atria Longmeadow Place  
Atria Maplewood Place  
Atria Marina Place  
Atria Marland Place  
Bayberry at Emerald Court  
Benchmark Senior Living at Plymouth Crossings  
Bertram House of Swampscott  
Blair House of Milford Assisted Living  
Blair House of Tewksbury Assisted Living  
Boylston Place at Chestnut Hill  
Bridges by EPOCH at Mashpee  
Bridges by EPOCH at Westford  
Bridges By EPOCH At Westwood  
Bridges BY Epoch- Hingham  
Brigham House Assisted Living  
Brightview Arlington  
Brightview Concord River  
Brightview Country Club Heights  
Brightview North Andover  
Brookdale Attleboro  
Brookdale Cape Cod  
Brookdale Cushing Park  
Brookdale Danvers  
Brookdale Dartmouth Village  
Brookdale Dedham  
Brookdale East Longmeadow  
Brookdale Eddy Pond East  
Brookdale Eddy Pond West  
Brookdale North Chelmsford  
Brookdale Quincy Bay  
Brookside Assisted Living  
Cadbury Commons  
Cape Cod Senior Residences  
Carmel Terrace  
Carriage House at Lee's Farm  
Chestnut Knoll at Glenmeadow  
Christopher Heights of Marlborough  
Clifton Assisted Living Community  
Cohen Florence Levine Estates

Concord Park  
Cornerstone at Milford  
Decatur House  
DuCharme Estates Ltd.  
Edelweiss Village Assisted Living  
Eisenberg Assisted Living Residence  
Fenno House  
Fieldstone at the Overlook  
Gabriel House  
GKS Corporation DBA American Inn  
Goddard House Assisted Living  
Grace Morgan House  
Grove Manor Estates  
Harriett and Ralph Kaplan Estates  
Hearthstone at Choate  
Heights Crossing Assisted Living  
Heritage at Framingham  
Heritage Woods Senior Living  
John Bertram House  
KAL-Avery Crossings  
Keystone Commons  
Keystone Place at Buzzards Bay, LLC  
Keystone Woods  
Landmark at Fall River  
Landmark at Longwood  
Landmark at Monastery Heights  
Landmark at Oceanview  
Laurel Ridge Senior Living Residence  
Life Care Center ALR  
Linda Manor Assisted Living  
Loomis Lakeside at Reeds Landing  
Loomis Village  
Manor On The Hill Assisted Living  
Maplewood at Mayflower Place  
Marguerite's House  
Monarch Homes Woburn  
Neville Place Assisted Living  
New Horizons at Choate, LLC  
New Horizons at Marlborough, LLC  
NewBridge on the Charles  
Notre Dame du Lac  
Orchard Valley at Wilbraham  
Prospect House  
Providence House at Corey Park  
Putnam Farm

RiverCourt Residences  
Robbie's Place  
Rockridge Retirement Community  
Royal Assisted Living Harwich Village  
Ruggles Assisted Living  
Ruths House  
Sawwood Retirement Home  
Side by Side  
Springhouse  
Standish Village  
Sunrise of Lynnfield  
Sunrise of Weston, MA  
Swan Brook Assisted Living, Inc.  
The Arbors at Amherst  
The Arbors at Greenfield  
The Arbors at Stoneham  
The Arbors at Stoughton  
The Arbors at Taunton  
The Arbors at Westfield  
The Cambridge Homes  
The Dorothy Frances Home  
The Gardens at Newbury Court  
The Henrietta Brewer House, Inc.  
The Inn at Silver Lake  
The Residence at Cedar Dell  
The Residence at Pearl Street  
The Residence at Watertown Square  
The Residences at Sherburne Commons  
The Saab Residence Lowell  
Thirwood Place  
Traditions of Dedham  
Traditions of Wayland  
Victorian Health of Chatham Inc  
Visiting Nurse Assisted Living Community  
Waterstone at Wellesley  
White Oak Cottages  
Whitney Place  
Winchester Mount Vernon House  
Windrose at Weymouth  
Wingate Residences  
Wingate Residences  
Wingate Residences  
Winter Valley Residences

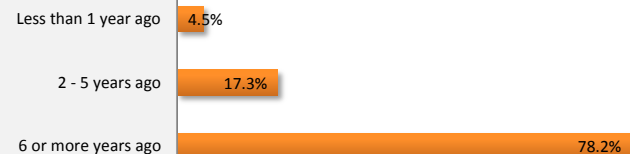


**Section I - ALR Characteristics**

**Q. 1 When was this ALR first certified?**

<i>Less than 1 year ago</i>	6	4.5%
<i>2 - 5 years ago</i>	23	17.3%
<i>6 or more years ago</i>	104	78.2%

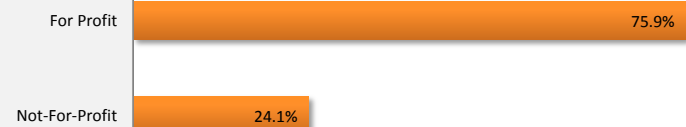
<i># Respondents</i>	133	
<i>% of Total Survey Respondents</i>		100.0%



**Q. 2 Select the ownership status of the ALR.**

<i>For Profit</i>	101	75.9%
<i>Not-For-Profit</i>	32	24.1%

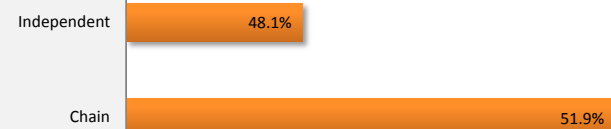
<i># Respondents</i>	133	
<i>% of Total Survey Respondents</i>		100.0%



**Q. 3 Is the ALR independently owned or part of an ownership chain? (e.g., Two or more ALRs)**

<i>Independent</i>	64	48.1%
<i>Chain</i>	69	51.9%

<i># Respondents</i>	133	
<i>% of Total Survey Respondents</i>		100.0%



Q. 4 *In the United States, how many ALRs are managed by the same ownership group?*

**Free Text Response**

<b>Mean</b>	196.9	
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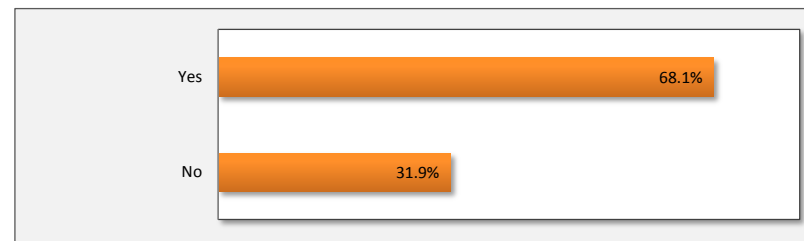
<b># Respondents</b>	69	
<b>% of Total Survey Respondents</b>		51.9%



Q. 5 *Does the ownership operate ALRs in multiple states?*

<b>Yes</b>	47	68.1%
<b>No</b>	22	31.9%

<b># Respondents</b>	69	
<b>% of Total Survey Respondents</b>		51.9%

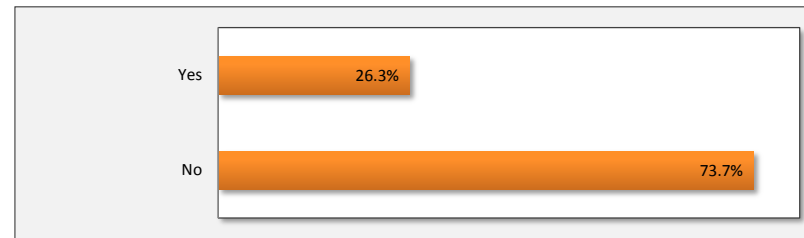


*The following questions were answered as they pertained only to the ALR completing this Survey & not other ALRs owned and operated by the ownership group.*

Q. 6 *Is the ALR located on a campus with a Nursing Facility or other Medical Facility?*

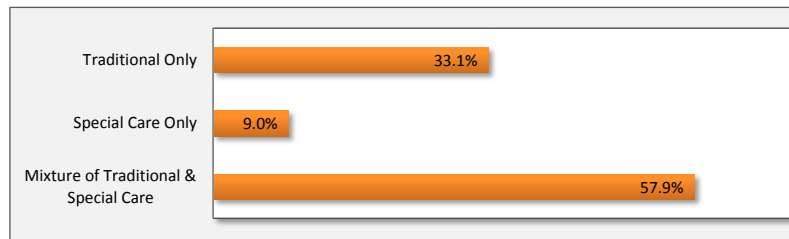
<b>Yes</b>	35	26.3%
<b>No</b>	98	73.7%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 7 *What types of units are available at this site?*

<b>Traditional Only</b>	44	33.1%
<b>Special Care Only</b>	12	9.0%
<b>Mixture of Traditional &amp; Special Care</b>	77	57.9%
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<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%

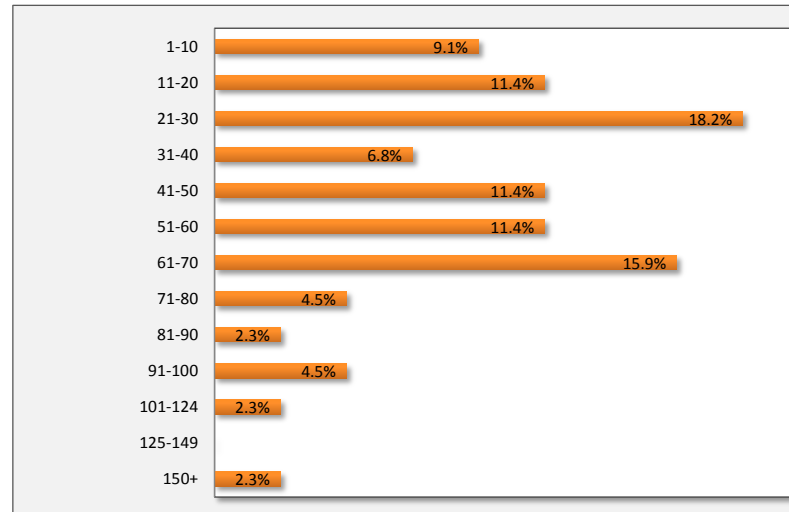


*Survey Skip Logic: Questions 8 - 11 are applicable to the "Traditional Only" selection of Question 7*

**A. Traditional Only**

Q. 8 *What is the total number of Traditional residents? (Answer this question using your most recent census data available)*

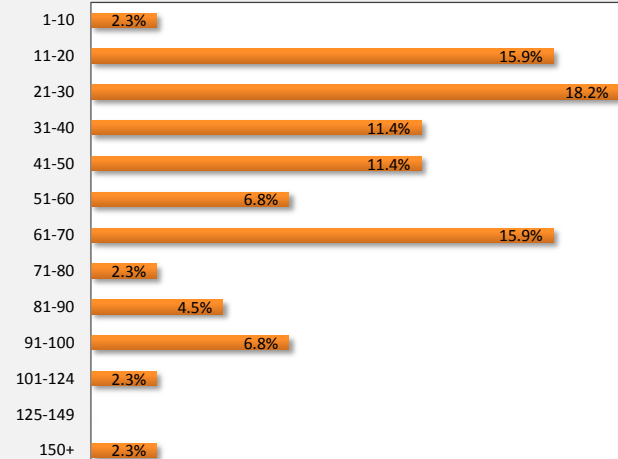
<b>1-10</b>	4	9.1%
<b>11-20</b>	5	11.4%
<b>21-30</b>	8	18.2%
<b>31-40</b>	3	6.8%
<b>41-50</b>	5	11.4%
<b>51-60</b>	5	11.4%
<b>61-70</b>	7	15.9%
<b>71-80</b>	2	4.5%
<b>81-90</b>	1	2.3%
<b>91-100</b>	2	4.5%
<b>101-124</b>	1	2.3%
<b>125-149</b>	0	0.0%
<b>150+</b>	1	2.3%
<hr/>		
<b># Respondents</b>	44	
<b>% of Total Survey Respondents</b>		33.1%



Q. 9 *What is the total number of certified Traditional units?*

<b>1-10</b>	1	2.3%
<b>11-20</b>	7	15.9%
<b>21-30</b>	8	18.2%
<b>31-40</b>	5	11.4%
<b>41-50</b>	5	11.4%
<b>51-60</b>	3	6.8%
<b>61-70</b>	7	15.9%
<b>71-80</b>	1	2.3%
<b>81-90</b>	2	4.5%
<b>91-100</b>	3	6.8%
<b>101-124</b>	1	2.3%
<b>125-149</b>	0	0.0%
<b>150+</b>	1	2.3%

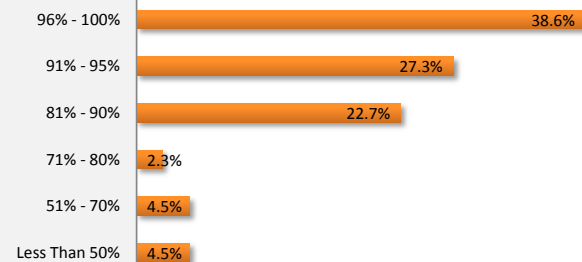
<b># Respondents</b>	44
<b>% of Total Survey Respondents</b>	33.1%



Q. 10 *For Calendar Year 2015, what was the average overall occupancy rate for Traditional units?*

<b>96% - 100%</b>	17	38.6%
<b>91% - 95%</b>	12	27.3%
<b>81% - 90%</b>	10	22.7%
<b>71% - 80%</b>	1	2.3%
<b>51% - 70%</b>	2	4.5%
<b>Less Than 50%</b>	2	4.5%

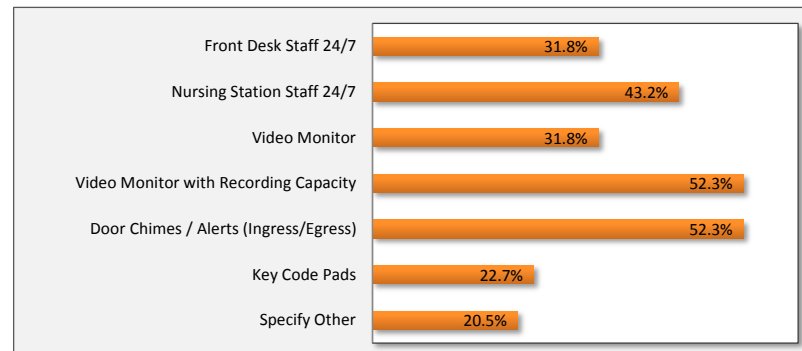
<b># Respondents</b>	44
<b>% of Total Survey Respondents</b>	33.1%



Q. 11 *Indicate whether the ALR utilizes any of the following security features. (Select all that apply)*

<i>Front Desk Staff 24/7</i>	14	31.8%
<i>Nursing Station Staff 24/7</i>	19	43.2%
<i>Video Monitor</i>	14	31.8%
<i>Video Monitor with Recording Capacity</i>	23	52.3%
<i>Door Chimes / Alerts (Ingress/Egress)</i>	23	52.3%
<i>Key Code Pads</i>	10	22.7%
<i>Specify Other</i>	9	20.5%

<i># Respondents</i>	44	
<i>% of Total Survey Respondents</i>		33.1%



**Responses for Other (Original Text)**

*perimeter locked doors*  
*front desk staff 8-8pm- front door locked at 8:00pm*  
*key fob entry system*  
*Doors alarmed*  
*Front Desk Staff Evening and Night Shifts*  
*front door locked*  
*electronic pass key*  
*staffed with 24 awake staff and some video monitor capability but not in residents room or common areas*  
*door alert wireless signals to CNA via walkie*



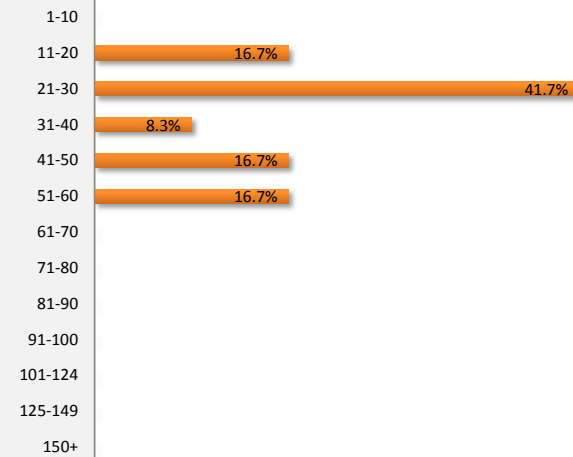
*Survey Skip Logic: Questions 12 - 17 are applicable to the "Special Care Only" selection of Question 7*

**B. Special Care Only**

**Q. 12** What is the total number of Special Care residents? (Answer this question using your most recent census data available)

<b>1-10</b>	0	0.0%
<b>11-20</b>	2	16.7%
<b>21-30</b>	5	41.7%
<b>31-40</b>	1	8.3%
<b>41-50</b>	2	16.7%
<b>51-60</b>	2	16.7%
<b>61-70</b>	0	0.0%
<b>71-80</b>	0	0.0%
<b>81-90</b>	0	0.0%
<b>91-100</b>	0	0.0%
<b>101-124</b>	0	0.0%
<b>125-149</b>	0	0.0%
<b>150+</b>	0	0.0%

<b># Respondents</b>	12
<b>% of Total Survey Respondents</b>	9.0%

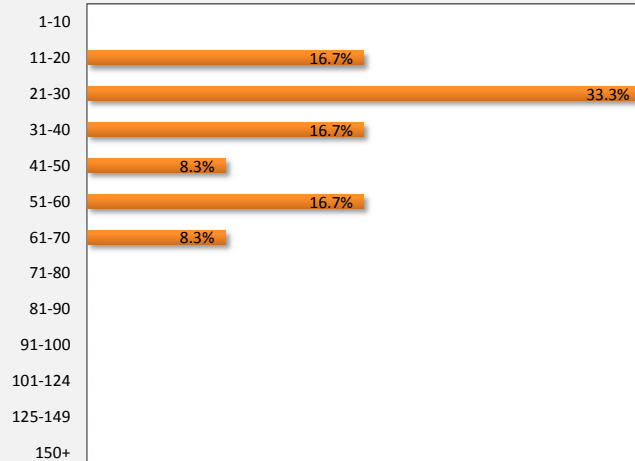




Q. 13 *What is the total number of certified Special Care units? (i.e., Individual living units reserved for Special Care)*

<b>1-10</b>	0	0.0%
<b>11-20</b>	2	16.7%
<b>21-30</b>	4	33.3%
<b>31-40</b>	2	16.7%
<b>41-50</b>	1	8.3%
<b>51-60</b>	2	16.7%
<b>61-70</b>	1	8.3%
<b>71-80</b>	0	0.0%
<b>81-90</b>	0	0.0%
<b>91-100</b>	0	0.0%
<b>101-124</b>	0	0.0%
<b>125-149</b>	0	0.0%
<b>150+</b>	0	0.0%

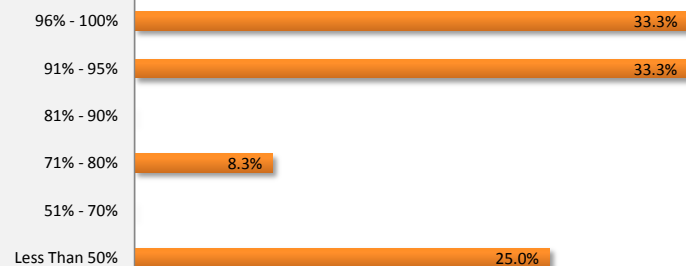
<b># Respondents</b>	12	
<b>% of Total Survey Respondents</b>		9.0%



Q. 14 *For Calendar Year 2015, what was the average overall occupancy rate for Special Care units?*

<b>96% - 100%</b>	4	33.3%
<b>91% - 95%</b>	4	33.3%
<b>81% - 90%</b>	0	0.0%
<b>71% - 80%</b>	1	8.3%
<b>51% - 70%</b>	0	0.0%
<b>Less Than 50%</b>	3	25.0%

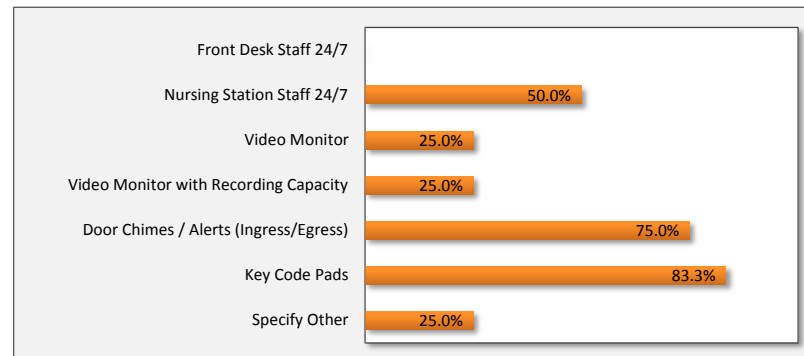
<b># Respondents</b>	12	
<b>% of Total Survey Respondents</b>		9.0%



Q. 15 *Indicate whether the ALR utilizes any of the following security features. (Select all that apply)*

<b>Front Desk Staff 24/7</b>	0	0.0%
<b>Nursing Station Staff 24/7</b>	6	50.0%
<b>Video Monitor</b>	3	25.0%
<b>Video Monitor with Recording Capacity</b>	3	25.0%
<b>Door Chimes / Alerts (Ingress/Egress)</b>	9	75.0%
<b>Key Code Pads</b>	10	83.3%
<b>Specify Other</b>	3	25.0%

<b># Respondents</b>	12	
<b>% of Total Survey Respondents</b>		9.0%



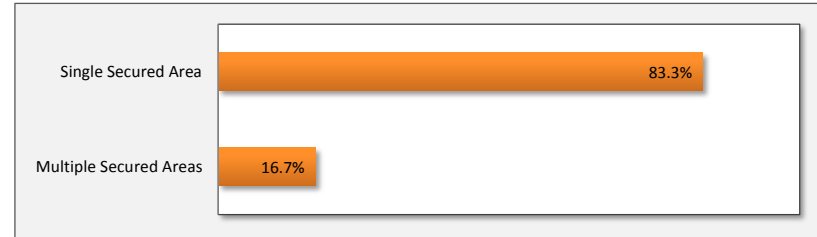
**Responses for Other (Original Text)**

*Fobs are required to enter and exit doors  
key code pads are an option, but we utilize fob security instead  
Wander Guard/Roam Alert*



Q. 16 *Indicate whether there is a single secured area of the ALR set aside for the Special Care units or if they are located in multiple areas set apart by secure entrances and exits.*

<b>Single Secured Area</b>	10	83.3%
<b>Multiple Secured Areas</b>	2	16.7%
<b># Respondents</b>	12	
<b>% of Total Survey Respondents</b>		9.0%



Q. 17 *If there are multiple Special Care areas, are they located on different floors or otherwise non-adjacent areas of the residence?*

<b>Yes</b>	1	50.0%
<b>No</b>	1	50.0%
<b># Respondents</b>	2	
<b>% of Total Survey Respondents</b>		1.5%



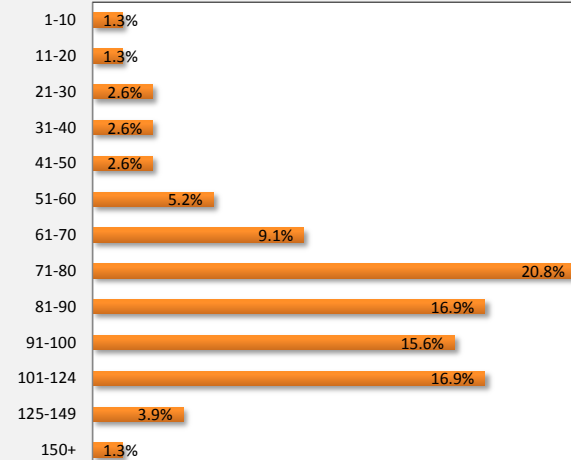
*Survey Skip Logic: Questions 18 - 29 are applicable to the "Mixture of Traditional & Special Care" selection of Question 7*

**C. Mixture of Traditional & Special Care**

**Q. 18** *What is the total number of residents? (Answer this question using your most recent census data available)*

<b>1-10</b>	1	1.3%
<b>11-20</b>	1	1.3%
<b>21-30</b>	2	2.6%
<b>31-40</b>	2	2.6%
<b>41-50</b>	2	2.6%
<b>51-60</b>	4	5.2%
<b>61-70</b>	7	9.1%
<b>71-80</b>	16	20.8%
<b>81-90</b>	13	16.9%
<b>91-100</b>	12	15.6%
<b>101-124</b>	13	16.9%
<b>125-149</b>	3	3.9%
<b>150+</b>	1	1.3%

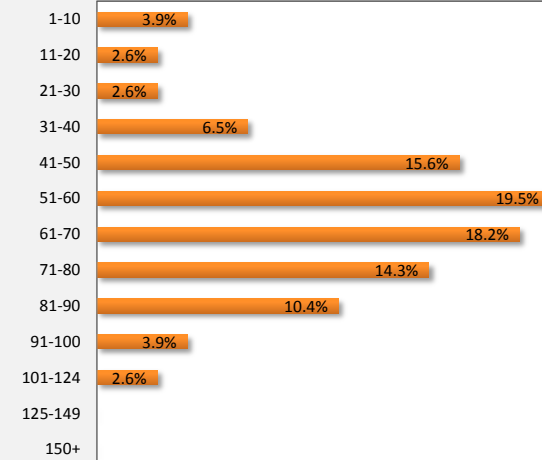
<b># Respondents</b>	<b>77</b>
<b>% of Total Survey Respondents</b>	<b>57.9%</b>



Q. 19 **What is the total number of Traditional residents? (Answer this question using your most recent census data available)**

<b>1-10</b>	3	3.9%
<b>11-20</b>	2	2.6%
<b>21-30</b>	2	2.6%
<b>31-40</b>	5	6.5%
<b>41-50</b>	12	15.6%
<b>51-60</b>	15	19.5%
<b>61-70</b>	14	18.2%
<b>71-80</b>	11	14.3%
<b>81-90</b>	8	10.4%
<b>91-100</b>	3	3.9%
<b>101-124</b>	2	2.6%
<b>125-149</b>	0	0.0%
<b>150+</b>	0	0.0%

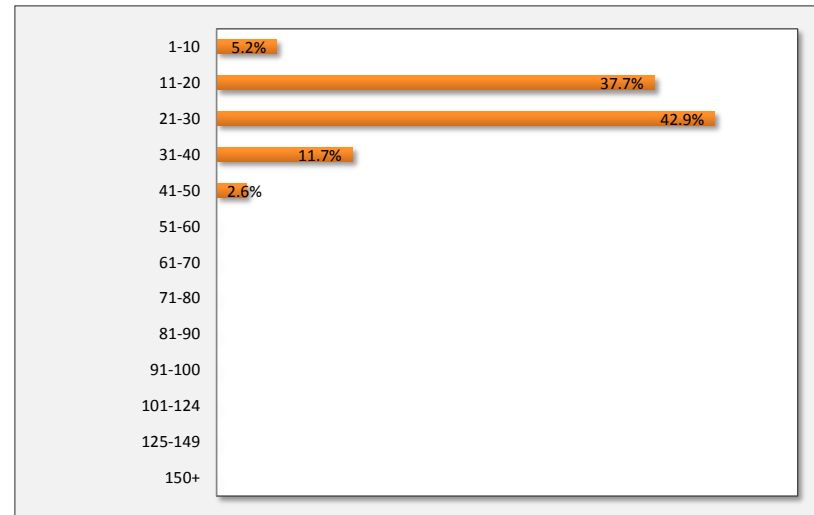
<b># Respondents</b>	<b>77</b>	
<b>% of Total Survey Respondents</b>		<b>57.9%</b>



Q. 20 *What is the total number of Special Care residents? (Answer this question using your most recent census data available)*

<b>1-10</b>	4	5.2%
<b>11-20</b>	29	37.7%
<b>21-30</b>	33	42.9%
<b>31-40</b>	9	11.7%
<b>41-50</b>	2	2.6%
<b>51-60</b>	0	0.0%
<b>61-70</b>	0	0.0%
<b>71-80</b>	0	0.0%
<b>81-90</b>	0	0.0%
<b>91-100</b>	0	0.0%
<b>101-124</b>	0	0.0%
<b>125-149</b>	0	0.0%
<b>150+</b>	0	0.0%

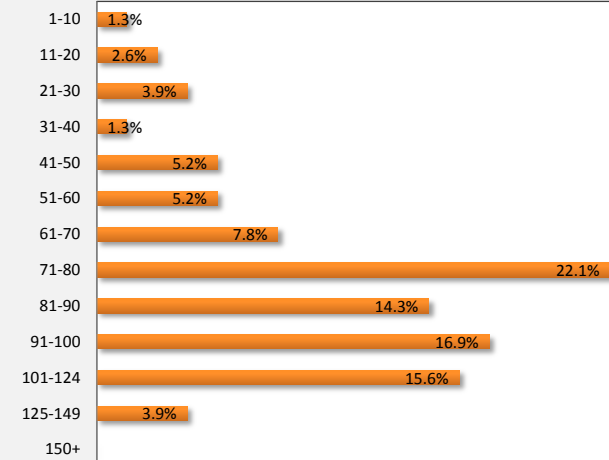
<b># Respondents</b>	<b>77</b>	
<b>% of Total Survey Respondents</b>		<b>57.9%</b>



Q. 21 *What is the total number of certified ALR units? (Total units including Traditional & Special Care)*

<b>1-10</b>	1	1.3%
<b>11-20</b>	2	2.6%
<b>21-30</b>	3	3.9%
<b>31-40</b>	1	1.3%
<b>41-50</b>	4	5.2%
<b>51-60</b>	4	5.2%
<b>61-70</b>	6	7.8%
<b>71-80</b>	17	22.1%
<b>81-90</b>	11	14.3%
<b>91-100</b>	13	16.9%
<b>101-124</b>	12	15.6%
<b>125-149</b>	3	3.9%
<b>150+</b>	0	0.0%

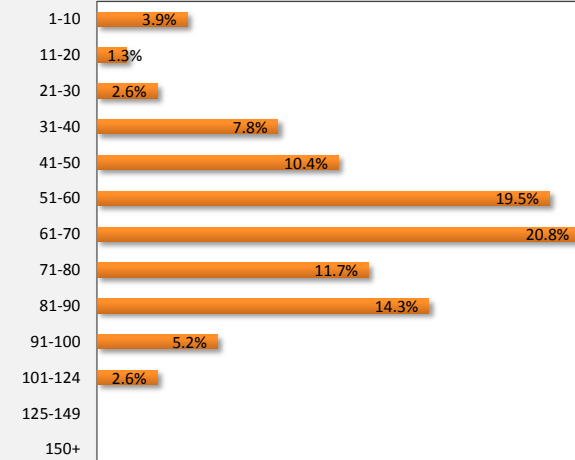
<b># Respondents</b>	<b>77</b>	
<b>% of Total Survey Respondents</b>		<b>57.9%</b>



Q. 22 *What is the total number of certified Traditional units?*

<b>1-10</b>	3	3.9%
<b>11-20</b>	1	1.3%
<b>21-30</b>	2	2.6%
<b>31-40</b>	6	7.8%
<b>41-50</b>	8	10.4%
<b>51-60</b>	15	19.5%
<b>61-70</b>	16	20.8%
<b>71-80</b>	9	11.7%
<b>81-90</b>	11	14.3%
<b>91-100</b>	4	5.2%
<b>101-124</b>	2	2.6%
<b>125-149</b>	0	0.0%
<b>150+</b>	0	0.0%

<b># Respondents</b>	<b>77</b>	
<b>% of Total Survey Respondents</b>		<b>57.9%</b>

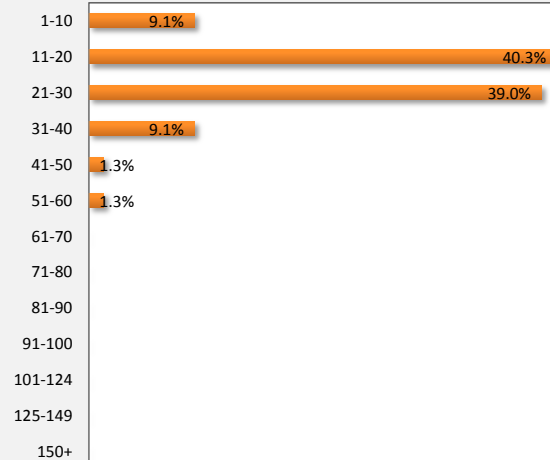




Q. 23 *What is the total number of certified Special Care units?*

<b>1-10</b>	7	9.1%
<b>11-20</b>	31	40.3%
<b>21-30</b>	30	39.0%
<b>31-40</b>	7	9.1%
<b>41-50</b>	1	1.3%
<b>51-60</b>	1	1.3%
<b>61-70</b>	0	0.0%
<b>71-80</b>	0	0.0%
<b>81-90</b>	0	0.0%
<b>91-100</b>	0	0.0%
<b>101-124</b>	0	0.0%
<b>125-149</b>	0	0.0%
<b>150+</b>	0	0.0%

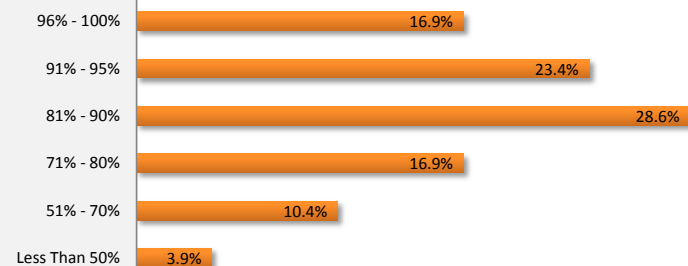
<b># Respondents</b>	<b>77</b>	
<b>% of Total Survey Respondents</b>		<b>57.9%</b>



Q. 24 *For Calendar Year 2015, what was the average overall occupancy rate? (Total occupancy including Traditional & Special Care)*

<b>96% - 100%</b>	13	16.9%
<b>91% - 95%</b>	18	23.4%
<b>81% - 90%</b>	22	28.6%
<b>71% - 80%</b>	13	16.9%
<b>51% - 70%</b>	8	10.4%
<b>Less Than 50%</b>	3	3.9%

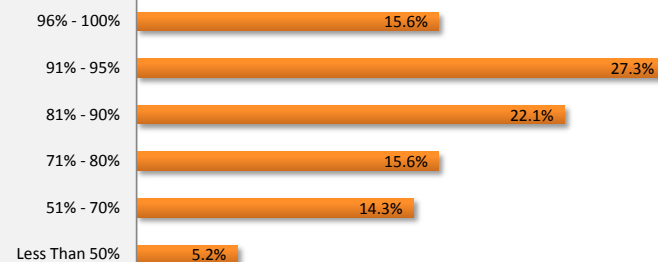
<b># Respondents</b>	<b>77</b>	
<b>% of Total Survey Respondents</b>		<b>57.9%</b>



Q. 25 For Calendar Year 2015, what was the average overall occupancy rate for Traditional units?

96% - 100%	12	15.6%
91% - 95%	21	27.3%
81% - 90%	17	22.1%
71% - 80%	12	15.6%
51% - 70%	11	14.3%
Less Than 50%	4	5.2%

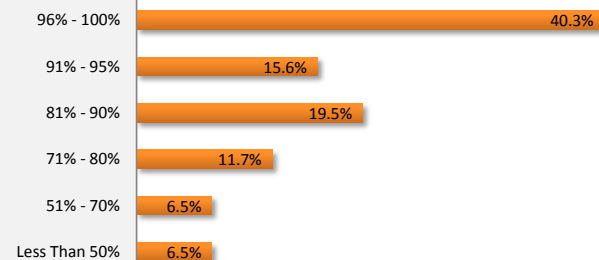
# Respondents	77
% of Total Survey Respondents	57.9%



Q. 26 For Calendar Year 2015, what was the average overall occupancy rate for Special Care units?

96% - 100%	31	40.3%
91% - 95%	12	15.6%
81% - 90%	15	19.5%
71% - 80%	9	11.7%
51% - 70%	5	6.5%
Less Than 50%	5	6.5%

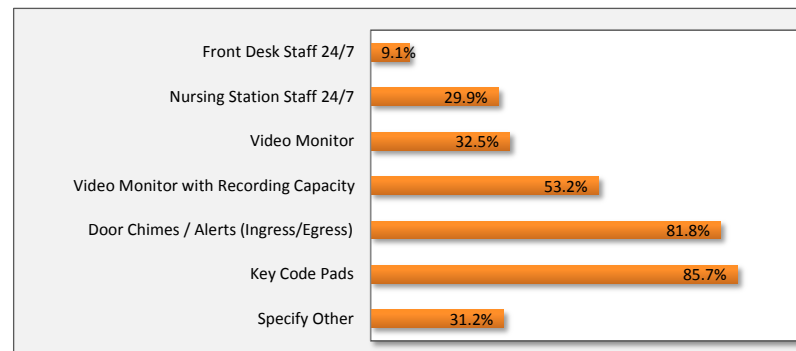
# Respondents	77
% of Total Survey Respondents	57.9%



Q. 27 *Indicate whether the ALR utilizes any of the following security features. (Select all that apply)*

<b>Front Desk Staff 24/7</b>	7	9.1%
<b>Nursing Station Staff 24/7</b>	23	29.9%
<b>Video Monitor</b>	25	32.5%
<b>Video Monitor with Recording Capacity</b>	41	53.2%
<b>Door Chimes / Alerts (Ingress/Egress)</b>	63	81.8%
<b>Key Code Pads</b>	66	85.7%
<b>Specify Other</b>	24	31.2%

<b># Respondents</b>	77
<b>% of Total Survey Respondents</b>	57.9%



**Responses for Other (Original Text)**

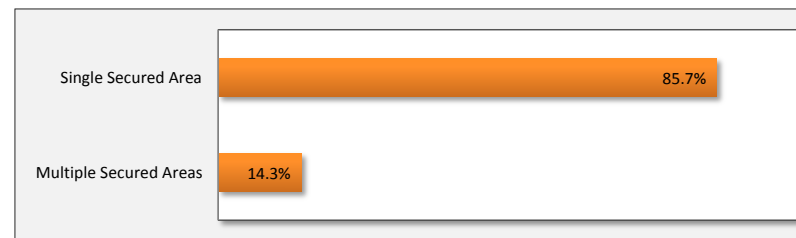
Life line pendants and apartment alerts  
Security on campus 24/7  
hourly safety checks in SC  
hourly checks, alarm checks  
Front Desk Staff 7 days a week 8AM-7PM  
Front desk 8AM to 8 PM  
24/7 Nursing staff in building - not at specific station  
GPS Tracking and Computer Monitoring by Emergency Pendants  
door locked at 8 pm  
key fob for SCU  
doors locked at 8 pm  
Desk Until 8PM

door locked at 8 pm  
Fob system  
front desk 8am to 7pm  
locked after 8 pm  
Swipes and auto lock doors/ timed  
Wander Guard bracelets- short term  
locked, at desk after 8 pm  
fobs  
locked after 8 pm  
Locked doors with RFID badges  
external video monitoring w/recording  
Front desk from 8-8pm

Q. 28 *Indicate whether there is a single secured area of the ALR set aside for the Special Care Units or if they are located in multiple areas set apart by secure entrances and exits.*

<b>Single Secured Area</b>	66	85.7%
<b>Multiple Secured Areas</b>	11	14.3%

<b># Respondents</b>	77
<b>% of Total Survey Respondents</b>	57.9%



Q. 29 *If there are multiple Special Care areas, are they located on different floors or otherwise non-adjacent areas of the residence?*

<b>Yes</b>	6	54.5%
<b>No</b>	5	45.5%

<b># Respondents</b>	11	
<b>% of Total Survey Respondents</b>		8.3%



## Section II - ALR Staffing

Q. 30 *Please indicate the number of Full-Time Equivalents (FTEs) for Staff Employed by the ALR for the following:* <sup>1</sup>

<b>Free Text Response</b>	<b>Mean</b>	
<b>Registered Nurses (RNs)</b>	1.4	
<b>Licensed Practical Nurses (LPNs)</b>	2.3	
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 31 *Please indicate the average number of hours for the following Staff Not Employed by the ALR: (Outside agency staff)*

### Free Text Response

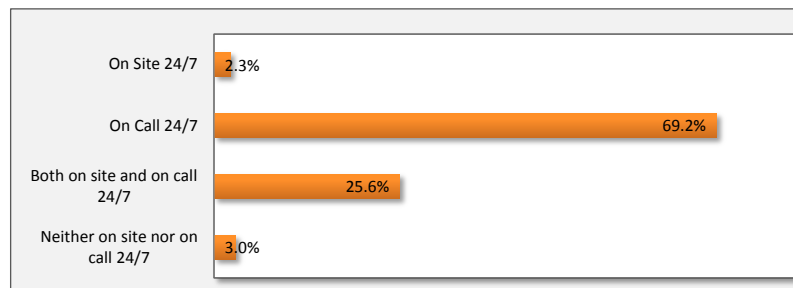
*Data responses observed to be invalid. Possible confusion resulting from question language change from FTEs vs. Hours.*



Q. 32 **Are nurses on site or on-call at all times (i.e. 24/7)?**

<b>On Site 24/7</b>	3	2.3%
<b>On Call 24/7</b>	92	69.2%
<b>Both on site and on call 24/7</b>	34	25.6%
<b>Neither on site nor on call 24/7</b>	4	3.0%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 33 **How many hours per week are nurses on site? (Use whole numbers) <sup>2</sup>**

**Free Text Response**

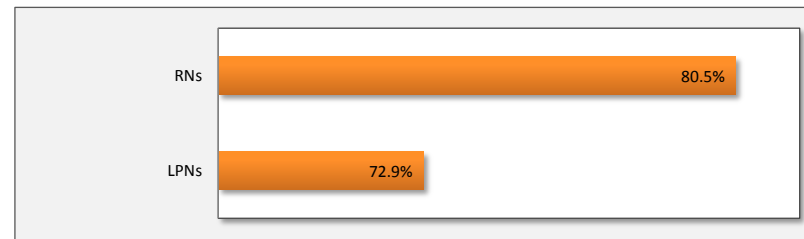
<b>Mean</b>	87.0	
-------------	------	--

<b># Respondents</b>	96	
<b>% of Total Survey Respondents</b>		72.2%



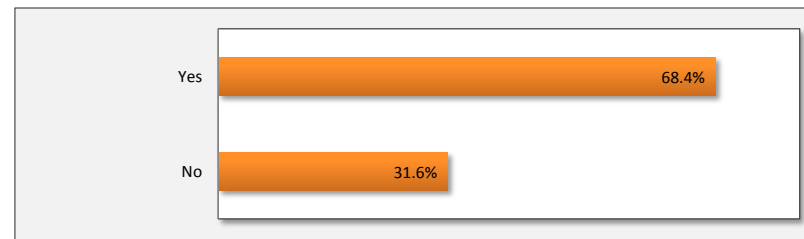
Q. 34 *Are resident assessments, for admission or evaluating changes in condition, conducted by RNs or LPNs? (Select all that apply)*

<b>RNs</b>	107	80.5%
<b>LPNs</b>	97	72.9%
<hr/>		
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 35 *In addition to conducting a Criminal Offender Record Information (CORI) check, does the ALR perform any screening to determine whether a prospective employee has a history of behavior that might suggest they should not be working with older adults in this setting (e.g., History of elder abuse, mistreatment, or financial exploitation)?*

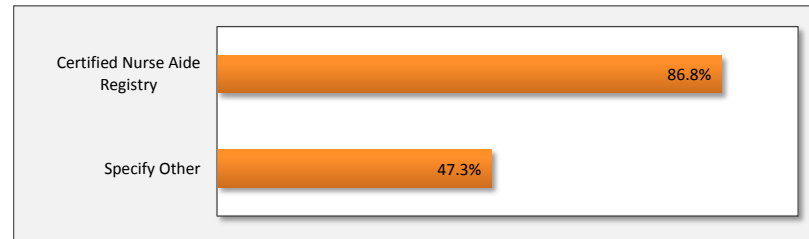
<b>Yes</b>	91	68.4%
<b>No</b>	42	31.6%
<hr/>		
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 36 *If yes, what additional resources are utilized?*

<b>Certified Nurse Aide Registry</b>	79	86.8%
<b>Specify Other</b>	43	47.3%

<b># Respondents</b>	91
<b>% of Total Survey Respondents</b>	68.4%



**Responses for Other (Original Text)**

PT Research  
employment references  
personal ref checks  
out of state Cori  
drug test  
CERTIPHI BACKGROUND CHECK  
National criminal background check  
multi state background check  
Drug Testing  
Job References  
Drug Testing; Nat'l Sex Offender; OIG; Multi State CORI  
OIG  
K-checks  
nursing license check.Drug test  
Nurse Registry, OIG, reference checks  
OIG  
reference checks; employment and personal  
PT Research 7 year nationwide background check  
Mass.gov, Board of Nurisng  
National company  
Cori/Drug Testing  
personal and work references

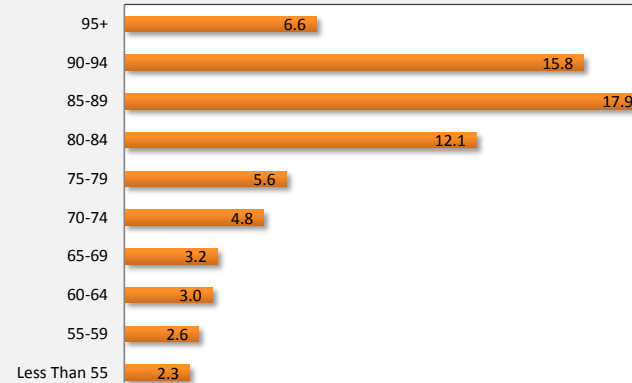
drug test  
Office of the Inspector General, and references  
Employer references  
Sexual Offender  
reference checks  
sex offender Registry  
Reference Checks  
SORI  
contact reference  
Sex Offender List - Out of State Criminal Record  
references  
sex offender registry  
OIG  
Sex Offender Registry  
Federal Sexual Registry, OIG  
Board of Registration for Commonwealth of Mass  
references  
OIG, National & State Sex Offender, CORI & Nurse Aide other lived in states  
Sex Offender Registry  
Certify Background Checks  
Backround checksd



Section III - Resident Characteristics

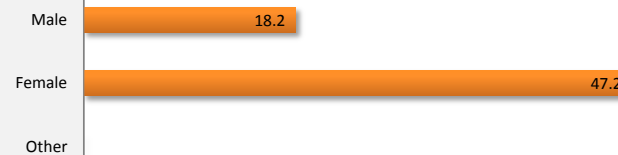
Q. 37 Indicate the current number of residents for each age range.

Free Text Response	Mean	
95+	6.6	
90-94	15.8	
85-89	17.9	
80-84	12.1	
75-79	5.6	
70-74	4.8	
65-69	3.2	
60-64	3.0	
55-59	2.6	
Less Than 55	2.3	
# Respondents		133
% of Total Survey Respondents		100.0%



Q. 38 Indicate the current number of residents according to their gender. <sup>3</sup>

Free Text Response	Mean	
Male	18.2	
Female	47.2	
Other	0.0	
# Respondents		133
% of Total Survey Respondents		100.0%



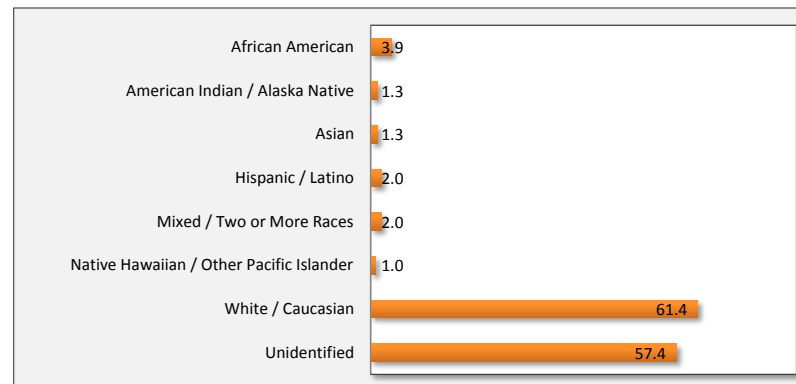


Q. 39 *Indicate the current count of residents according to the following racial/ethnic categories.*

<i>Free Text Response</i>		<i>Mean</i>
African American	3.9	
American Indian / Alaska Native	1.3	
Asian	1.3	
Hispanic / Latino	2.0	
Mixed / Two or More Races	2.0	
Native Hawaiian / Other Pacific Islander	1.0	
White / Caucasian	61.4	
Unidentified	57.4	

# Respondents	133	
% of Total Survey Respondents		100.0%

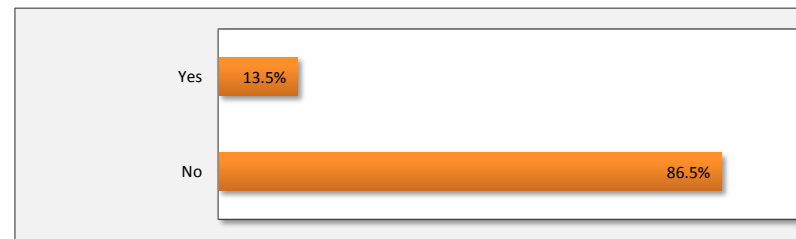


Q. 40 *Does this ALR serve any persons with intellectual or developmental disabilities such as Autism or Down's syndrome?*

Yes	18	13.5%
No	115	86.5%

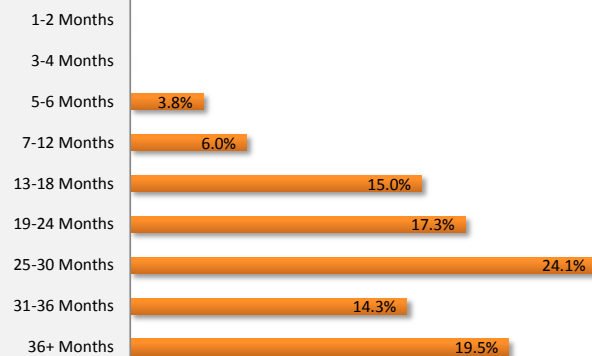
# Respondents	133	
% of Total Survey Respondents		100.0%



Q. 41 *What is the average length of residency for all residents?*

1-2 Months	0	0.0%
3-4 Months	0	0.0%
5-6 Months	5	3.8%
7-12 Months	8	6.0%
13-18 Months	20	15.0%
19-24 Months	23	17.3%
25-30 Months	32	24.1%
31-36 Months	19	14.3%
36+ Months	26	19.5%

# Respondents	133	
% of Total Survey Respondents		100.0%

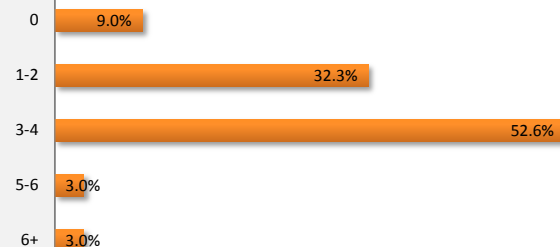


Q. 42 *What is the average number of Activities of Daily Living (ADLs) Traditional residents require assistance with at the ALR? (ADLs are defined as tasks related to bathing, dressing, grooming, ambulation, eating, toileting, and other similar tasks related to personal care needs) \**

0	12	9.0%
1-2	43	32.3%
3-4	70	52.6%
5-6	4	3.0%
6+	4	3.0%

# Respondents	133	
% of Total Survey Respondents		100.0%

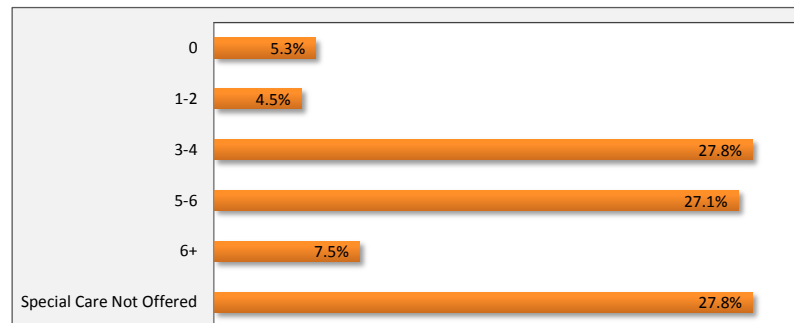
*\* Data is subject to variation as no option given for "Traditional Not Offered"*



Q. 43 *What is the average number of Activities of Daily Living (ADLs) Special Care residents require assistance with at the ALR? (ADLs are defined as tasks related to bathing, dressing, grooming, ambulation, eating, toileting, and other similar tasks related to personal care needs)*

0	7	5.3%
1-2	6	4.5%
3-4	37	27.8%
5-6	36	27.1%
6+	10	7.5%
<b>Special Care Not Offered</b>	37	27.8%

# Respondents	133
% of Total Survey Respondents	100.0%

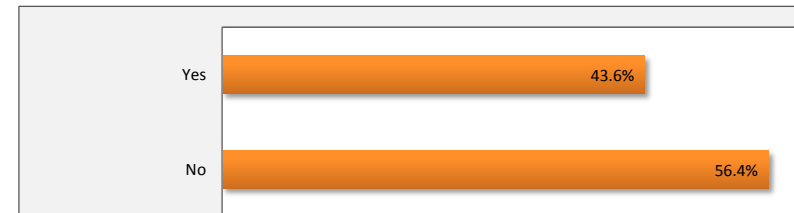


**Section IV - Services**

Q. 44 *Does the ALR offer Limited Medication Administration (LMA)?*

<b>Yes</b>	58	43.6%
<b>No</b>	75	56.4%

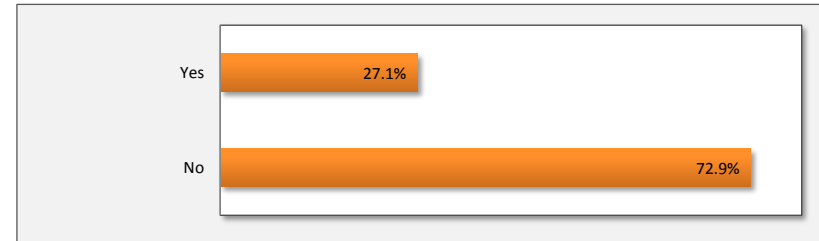
# Respondents	133
% of Total Survey Respondents	100.0%



Q. 45 *Does the ALR have any restrictions on motorized wheelchairs, scooters, or other similar devices to assist with ambulation?*

<b>Yes</b>	36	27.1%
<b>No</b>	97	72.9%

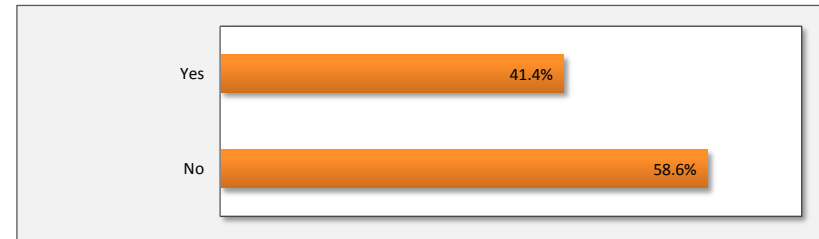
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 46 *Does the ALR offer admissions or service plans to individuals whose primary diagnosis is a serious or persistent mental or behavioral disorder such as schizophrenia, bipolar disorder, major depression, or other?*

<b>Yes</b>	55	41.4%
<b>No</b>	78	58.6%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 47 *Does the ALR require a pre-admission psychiatric evaluation?*

<b>Yes</b>	7	12.7%
<b>No</b>	48	87.3%

<b># Respondents</b>	55	
<b>% of Total Survey Respondents</b>		41.4%



Q. 48 *If yes, is the ALR psychiatric evaluation process.*

<b>Conducted by the ALR</b>	4	57.1%
<b>Provided by Resident</b>	3	42.9%

<b># Respondents</b>	7	
<b>% of Total Survey Respondents</b>		5.3%



**Section V - Aging In Place**

**A - Care**

Q. 49 *Has the inability to provide skilled care by ALR staff resulted in residents requiring such skilled care to move out?*

<b>Yes</b>	106	79.7%
<b>No</b>	27	20.3%

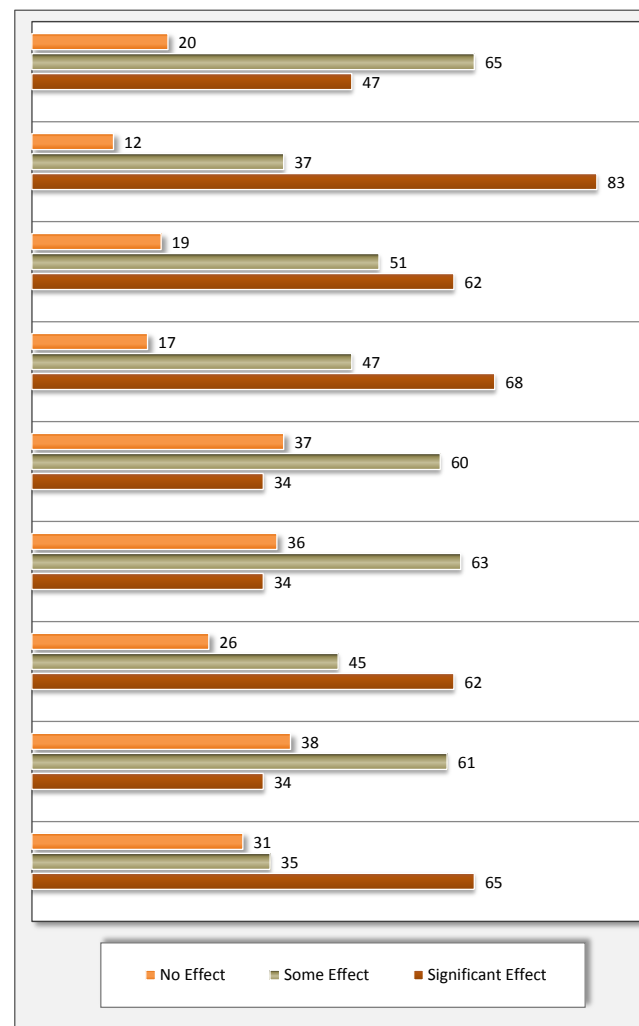
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 50 To what degree would each of the following skilled services accomplish the objective of helping a resident age in place?

	No Effect	Some Effect	Significant Effect
<i>Intermittent skilled nursing observation and evaluation of a medical condition</i>	20	65	47
<i>Intramuscular or subcutaneous injection such as insulin</i>	12	37	83
<i>The application of medication, sterile, or non-sterile dressings to treat skin disorders and other wound care</i>	19	51	62
<i>The administration of oxygen on a regular and continuous basis when the resident's medical condition warrants skilled observation</i>	17	47	68
<i>The intermittent use of "straight" catheters</i>	37	60	34
<i>The insertion and maintenance of indwelling Foley catheters</i>	36	63	34
<i>The application of ophthalmic or optic ointments or drops</i>	26	45	62
<i>The assessment and monitoring of unstable mental health conditions</i>	38	61	34
<i>Administration of routine or PRN medications ordered by a physician</i>	31	35	65

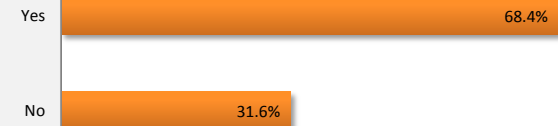
# Respondents	133
% of Total Survey Respondents	100.0%



Q. 51 *If the option existed to provide certain types of skilled care, would the ALR choose to do so?*

<b>Yes</b>	91	68.4%
<b>No</b>	42	31.6%

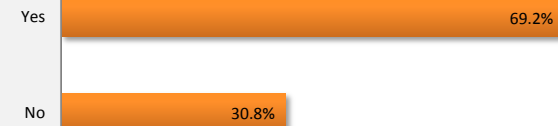
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 52 *If the option existed to provide skilled care, would your ALR plan on hiring additional staff?*

<b>Yes</b>	92	69.2%
<b>No</b>	41	30.8%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%

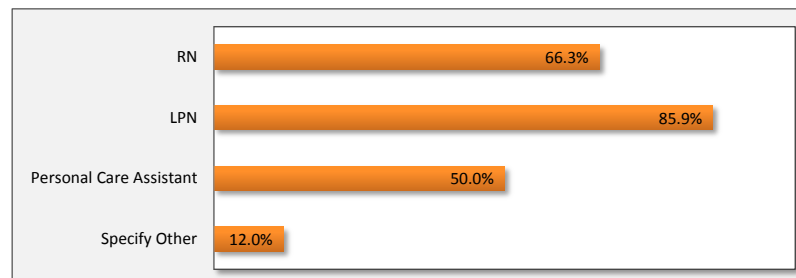




Q. 53 *If the answer to the previous question was "Yes," please indicate the type of staff needed: (Select all that apply)*

<b>RN</b>	61	66.3%
<b>LPN</b>	79	85.9%
<b>Personal Care Assistant</b>	46	50.0%
<b>Specify Other</b>	11	12.0%

<b># Respondents</b>	92	
<b>% of Total Survey Respondents</b>		69.2%



**Responses for Other (Original Text)**

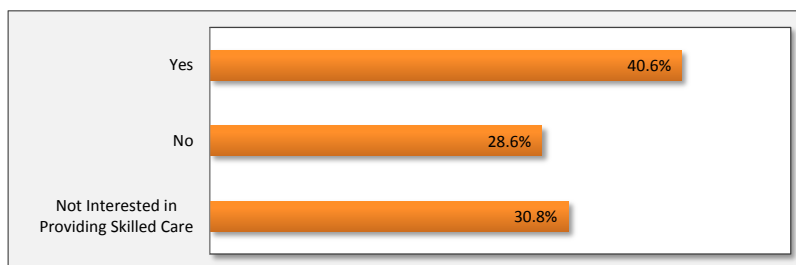
*as necessary  
additional CNA's  
Utilize in house nursing agency to supplement  
Nurse Practitioner  
Resident assessment would determine staffing need.  
the acuity of the resident based on their assessment would determine the type of staffing need*

*Nursing home residents need more staff  
Certified Nursing Assistant  
The acuity of our residents would determine the type and number of staffing  
depending upon care need  
dependant on population need*

Q. 54 *If the option existed to provide skilled care, does the ALR anticipate that it would be necessary to increase rates for all residents to cover any additional expenses?*

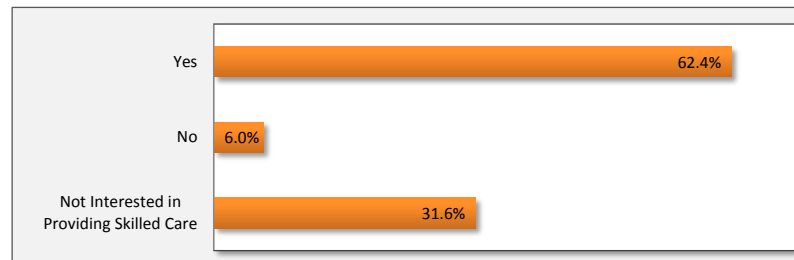
<b>Yes</b>	54	40.6%
<b>No</b>	38	28.6%
<b>Not Interested in Providing Skilled Care</b>	41	30.8%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 55 *If the option existed to provide skilled care, would the ALR increase rates only for residents who require skilled care as needed?*

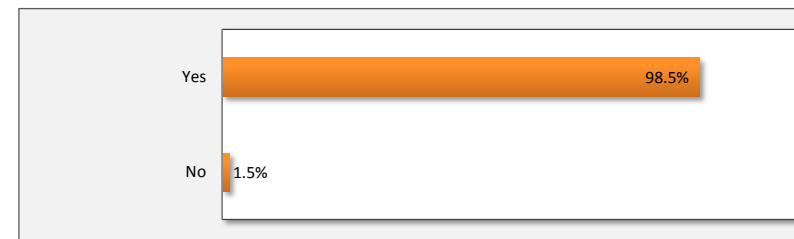
<b>Yes</b>	83	62.4%
<b>No</b>	8	6.0%
<b>Not Interested in Providing Skilled Care</b>	42	31.6%
<hr/>		
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



**B - Resident Finances & Payment Structure**

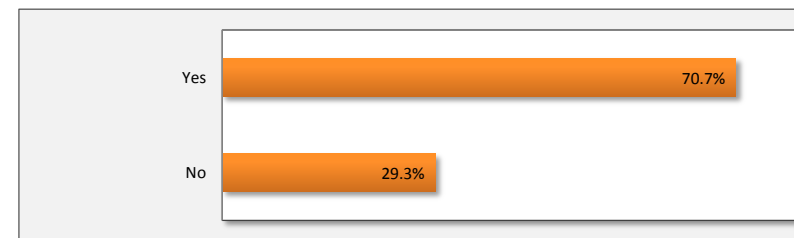
Q. 56 *Prior to admission, does the ALR discuss finances with prospective residents to address the issue of whether a prospective resident may be able to afford to stay in the ALR for as long as they desire?*

<b>Yes</b>	131	98.5%
<b>No</b>	2	1.5%
<hr/>		
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



Q. 57 *Prior to admission, does the ALR conduct an assessment of the prospective resident's finances and estimate the length of stay based on the resident's ability to pay?*

<b>Yes</b>	94	70.7%
<b>No</b>	39	29.3%
<hr/>		
<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



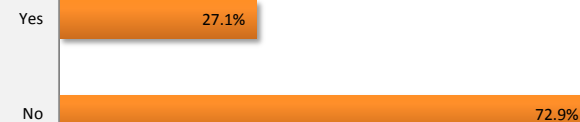
Q. 58 *Does the ALR require residents, who are deemed by the ALR to be in need of additional personal care or skilled nursing care, to supplement their care package with outside assistance to enable them to remain in the residence?*

<b>Yes</b>	115	86.5%
<b>No</b>	18	13.5%
<b># Respondents</b> 133		
<b>% of Total Survey Respondents</b> 100.0%		



Q. 59 *Does the ALR reduce the resident's monthly fees if that resident procures private care?*

<b>Yes</b>	36	27.1%
<b>No</b>	97	72.9%
<b># Respondents</b> 133		
<b>% of Total Survey Respondents</b> 100.0%		



Q. 60 *How many residents left the ALR in the last Calendar Year (not including deaths)?*

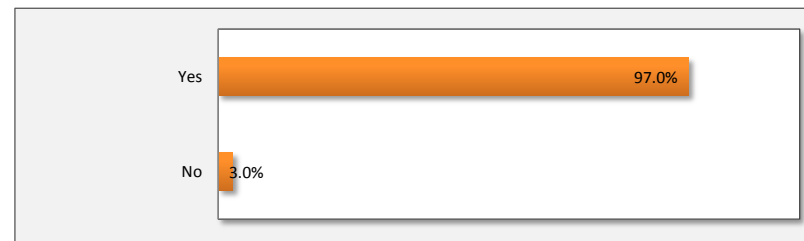
**Free Text Response**

<b>Mean</b>	18.5	
<b># Respondents</b> 133		
<b>% of Total Survey Respondents</b> 100.0%		



Q. 61 Does the ALR track the reasons why someone leaves the ALR? (e.g., Increased care needs / nursing home level of care, relocated to be closer to family, insufficient funds, etc.)

Yes	129	97.0%
No	4	3.0%
# Respondents	133	
% of Total Survey Respondents		100.0%



Q. 62 How many of the residents identified in the previous answer left because the cost of care exceed their ability to pay?

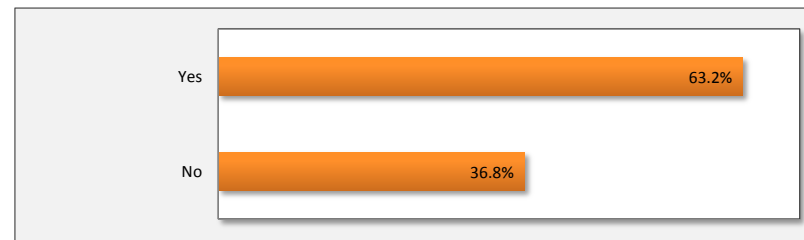
Free Text Response

Mean	1.9	
# Respondents	129	
% of Total Survey Respondents		97.0%



Q. 63 Does the language of the ALR's resident agreement allow for rate increases before the expiration of the agreement's term?

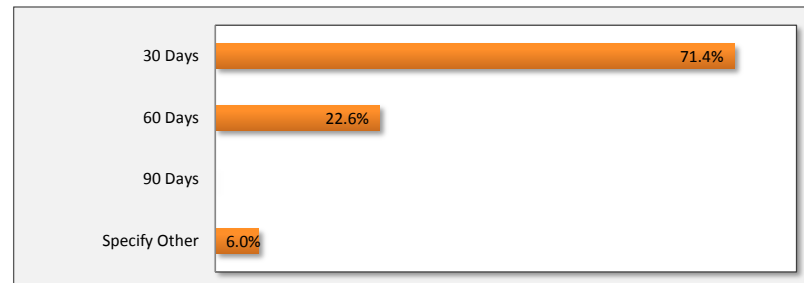
Yes	84	63.2%
No	49	36.8%
# Respondents	133	
% of Total Survey Respondents		100.0%



Q. 64 *If the answer to the preceding question was yes, how much notice is required?*

<b>30 Days</b>	60	71.4%
<b>60 Days</b>	19	22.6%
<b>90 Days</b>	0	0.0%
<b>Specify Other</b>	5	6.0%

<b># Respondents</b>	84
<b>% of Total Survey Respondents</b>	63.2%



**Responses for Other (Original Text)**

*annual increases*

*Only for changes in assistance. Annual for "residency"*

*The lease amount wouldn't change but the care rate changes if more care needed effective the date the care was needed*

*if level of care increases*

*6 months*

Q. 65 *What is the average monthly fee for each of the following? (Please calculate the average fee for the last year) <sup>4</sup>*

<b>Free Text Response</b>	<b>Mean</b>
<b>Traditional</b>	\$4,854.39
<b>Special Care</b>	\$6,545.74

<b># Respondents</b>	133
<b>% of Total Survey Respondents</b>	100.0%



Q. 66 *Does the ALR have any units set aside for low-income residents? In this context, low income is defined as at or below 80% of the area median income. Statewide 80% of area median income = \$48,160 for a 1 person household.*

<b>Yes</b>	59	44.4%
<b>No</b>	74	55.6%
<b># Respondents</b>		
133		
<b>% of Total Survey Respondents</b>		
100.0%		



Q. 67 *If the answer to the preceding question was yes, how many units are set aside?*

**Free Text Response**

<b>Mean</b>	24.9	
<b># Respondents</b>		
59		
<b>% of Total Survey Respondents</b>		
44.4%		

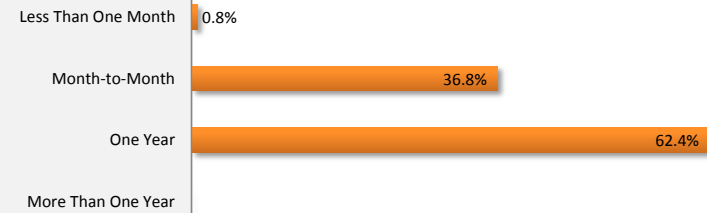


**Section VI - Aging In Place**

**Q. 68** According to the language of the residency agreement, what is the required "term" of residency?

<i>Less Than One Month</i>	1	0.8%
<i>Month-to-Month</i>	49	36.8%
<i>One Year</i>	83	62.4%
<i>More Than One Year</i>	0	0.0%

<i># Respondents</i>	133	
<i>% of Total Survey Respondents</i>		100.0%



**Q. 69** Does the ALR charge an entrance/administrative fee upon admission?

<i>Yes</i>	110	82.7%
<i>No</i>	23	17.3%

<i># Respondents</i>	133	
<i>% of Total Survey Respondents</i>		100.0%



Q. 70 *Please estimate the average entry fee for the last year.* <sup>5</sup>

**Free Text Response**

<b>Mean</b>	\$3,763.19	
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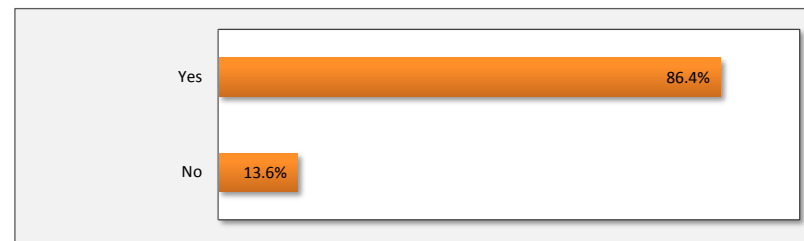
<b># Respondents</b>	110	
<b>% of Total Survey Respondents</b>		82.7%



Q. 71 *Does the ALR allow an entrance/administrative fee refund in certain circumstances?*

<b>Yes</b>	95	86.4%
<b>No</b>	15	13.6%

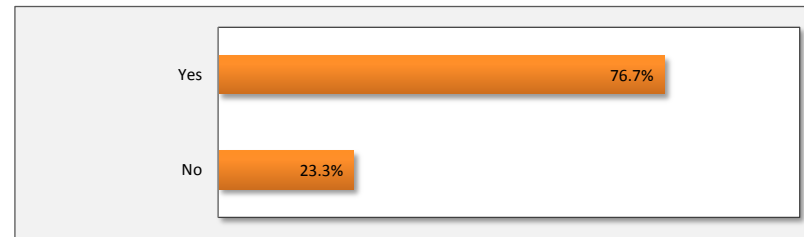
<b># Respondents</b>	110	
<b>% of Total Survey Respondents</b>		82.7%



Q. 72 *According to the language of the residency agreement, does the ALR retain sole authority to determine the ongoing appropriateness of a resident for the ALR after admission?*

<b>Yes</b>	102	76.7%
<b>No</b>	31	23.3%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%

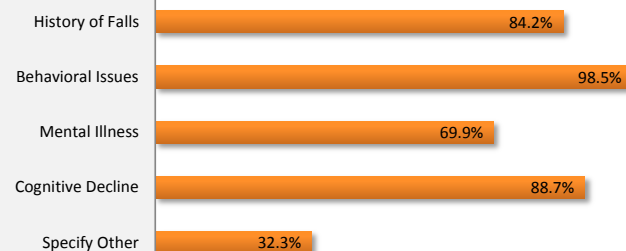




Q. 73 Does the ALR assess current residents with regards to appropriateness to stay in the ALR based on any of the following. (Check all that apply)

History of Falls	112	84.2%
Behavioral Issues	131	98.5%
Mental Illness	93	69.9%
Cognitive Decline	118	88.7%
Specify Other	43	32.3%

# Respondents	133	
% of Total Survey Respondents		100.0%



**Responses for Other (Original Text)**

<i>general safety</i>	<i>feeding, incontinence</i>
<i>harm to self or others</i>	<i>feeding, incontinence</i>
<i>skilled need</i>	<i>feeding, incontinence</i>
<i>need for skilled care</i>	<i>Overall Safety</i>
<i>doctors evaluation</i>	<i>Safety</i>
<i>medical and health decline</i>	<i>Need for skilled care beyond capacity of services.</i>
<i>resident safety in our environment</i>	<i>feeding, incontinence</i>
<i>physical decline</i>	<i>skilled services</i>
<i>Lease Violations, inability to transfer OOB</i>	<i>feeding, incontinence</i>
<i>flight risk</i>	<i>Skilled nursing needs</i>
<i>need for skilled services</i>	<i>physical decline, incontinence, feeding</i>
<i>clinical needs</i>	<i>Anything that could impact their safety while staying at the ALR</i>
<i>Violation of Residency Agreement</i>	<i>Wandering</i>
<i>elopement risk</i>	<i>Ambulation status, med issues, feeding, incontinence</i>
<i>total incontinence</i>	<i>incontinence</i>
<i>need skilled nursing care and financial</i>	<i>skilled nursing needs</i>
<i>need for care in excess of one hour daily</i>	<i>development of skilled needs</i>
<i>controlled chronic diagnosis</i>	<i>need for skilled nursing care</i>
<i>Functional decline</i>	<i>SAMM</i>
<i>If they exceed a one person assist</i>	<i>general medical appropriateness</i>
<i>danger to self or others</i>	
<i>resident requires over 1 hr per day of care or services and has chosen not to obtain those services for themselves</i>	
<i>danger to themselves or others, or if responsible party do not agree to provide the extra care needed for the resident's safety</i>	

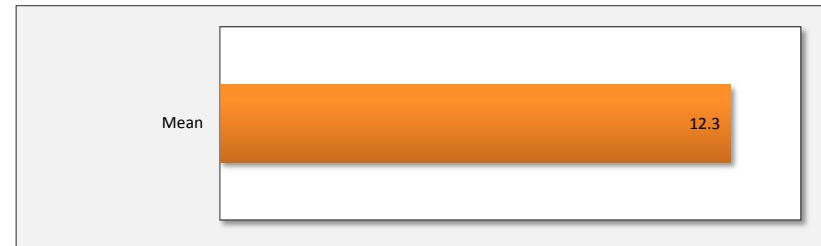


Q. 74 *How many residents, for any reason, initiated the voluntarily termination of their residency in the last Calendar Year?*<sup>6</sup>

**Free Text Response**

<b>Mean</b>	12.3

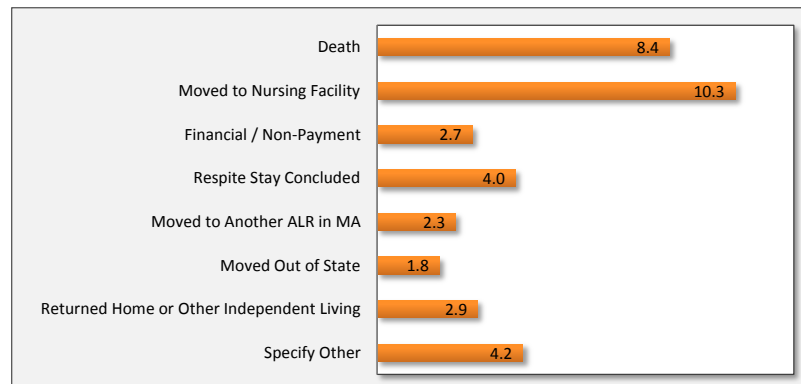
<b># Respondents</b>	133
<b>% of Total Survey Respondents</b>	100.0%



Q. 75 *Indicate the number of residents who terminated their residency for the following reasons in the last 12 months.*

<i>Free Text Response</i>	<i>Mean</i>	<i>Total Responses</i>
<i>Death</i>	8.4	124
<i>Moved to Nursing Facility</i>	10.3	128
<i>Financial / Non-Payment</i>	2.7	88
<i>Respite Stay Concluded</i>	4.0	97
<i>Moved to Another ALR in MA</i>	2.3	97
<i>Moved Out of State</i>	1.8	85
<i>Returned Home or Other Independent Living</i>	2.9	83
<i>Specify Other</i>	4.2	20

<i># Respondents</i>	133
<i>% of Total Survey Respondents</i>	100.0%



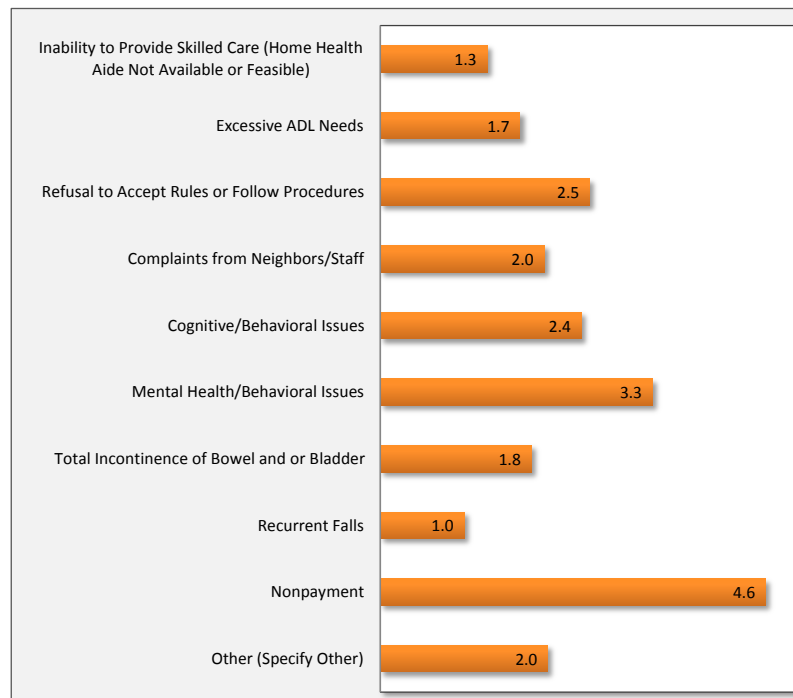
<i>Responses for Other (Original Text)</i>	
<i>Hospice house</i>	<i>moved to competitor</i>
<i>other</i>	<i>Moved in with family</i>
<i>Moved to SNF-Financial</i>	<i>behavioral</i>
<i>Location Move</i>	<i>Hospice House</i>
<i>memory care</i>	<i>moved closer to another adult child</i>
<i>Moved to SNF-Level of Care</i>	<i>Discharged to Hospital</i>
<i>Needed specialized ABI care</i>	<i>Moved to Memory Care unit</i>
<i>Policy Violation</i>	<i>not documented reason</i>
<i>Returned home</i>	<i>acute hospital</i>
<i>Special Care Dementia ALR</i>	<i>SNF</i>



Q. 76 Over the last 12 months, how many residents were determined to be inappropriate for the residence for the following reasons. (Check all that apply)

Free Text Response	Mean	Total Responses
Inability to Provide Skilled Care (Home Health Aide Not Available or Feasible)	1.3	90
Excessive ADL Needs	1.7	86
Refusal to Accept Rules or Follow Procedures	2.5	46
Complaints from Neighbors/Staff	2.0	41
Cognitive/Behavioral Issues	2.4	81
Mental Health/Behavioral Issues	3.3	55
Total Incontinence of Bowel and or Bladder	1.8	48
Recurrent Falls	1.0	50
Nonpayment	4.6	49
Other (Specify Other)	2.0	7

# Respondents	133
% of Total Survey Respondents	100.0%



Responses for Other (Original Text)
unable to afford AL
Went to a Hospice House
family moved him to snf close to home
ran out of funds and did not qualify for programs
inability to walk/ transfer
Needed memory care
inability to transfer



Q. 77 *Are there any (other) reasons for which the ALR would terminate residency?*

<b>Yes</b>	16	12.0%
<b>No</b>	117	88.0%

<b># Respondents</b>	133	
<b>% of Total Survey Respondents</b>		100.0%



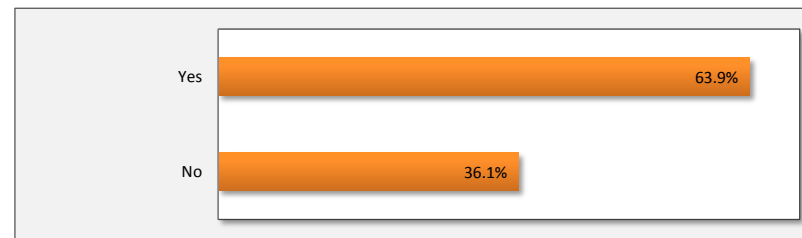
Q. 78 *If the answer to the preceding question was yes, please provide those reasons.*

Free Text Response		Total Responses
		16
# Respondents	16	
% of Total Survey Respondents		12.0%

Responses for Other (Original Text)
<p><i>Lack of Safety Awareness; Behavioral Issues; Non payment</i></p> <p><i>Criminal activity</i></p> <p><i>inability to transfer, sexual inappropriateness, unmanageable behaviors</i></p> <p><i>Inappropriate sexual behavior.</i></p> <p><i>Non payment of rent</i></p> <p><i>Financial</i></p> <p><i>beyond scope of care</i></p> <p><i>Guests habitually disruptive to other residents and staff</i></p> <p><i>Guests Habitually disruptive to other residents and staff</i></p> <p><i>2 person assist Unmanageable incont. Inability to participate in SAMM Needing secure, special care environment, but refusing to transfere</i></p> <p><i>Problems with guests being disruptive habitually to other residents and/ or staff</i></p> <p><i>Medical needs are greater than what GH can support.</i></p> <p><i>Guests habitually disruptive to other residents and staff</i></p> <p><i>Not following the resident code of conduct including federal &amp; state illegal activities.</i></p> <p><i>Guests habitually disruptive to other residents and staff</i></p> <p><i>The safety of individuals in residence is endangered by the residents' being here. The health of individuals in residence would be endangered by the residents' being here. The resident has failed, after reasonable and appropriate notice, to pay for this stay at this residence.</i></p>

Q. 79 *Does the ALR require the responsible party to provide notice of move-out to calculate the final payment in the instance of a resident's death?*

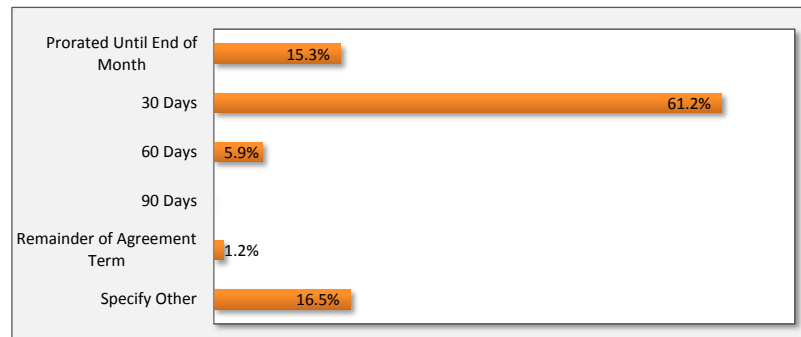
Yes	85	63.9%
No	48	36.1%
# Respondents	133	
% of Total Survey Respondents		100.0%



Q. 80 *If the answer to the preceding question was yes, what is the period of time.*

<b>Prorated Until End of Month</b>	13	15.3%
<b>30 Days</b>	52	61.2%
<b>60 Days</b>	5	5.9%
<b>90 Days</b>	0	0.0%
<b>Remainder of Agreement Term</b>	1	1.2%
<b>Specify Other</b>	14	16.5%

<b># Respondents</b>	85
<b>% of Total Survey Respondents</b>	63.9%



**Responses for Other (Original Text)**

*when personal items are removed*  
*30 days notice per lease agreement*  
*7 Days*  
*When belongings are removed from apartment*  
*7 days*  
*end of month our the month, if later, that all possessions are removed*  
*if Resident dies in other facility, family will give notice*

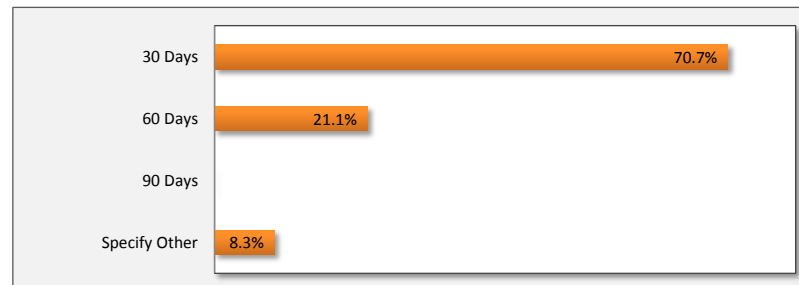
*upon move-out of items and keys turned in*  
*Until unit is cleaned out of furniture*  
*10 days*  
*7 days*  
*7 days after the death*  
*when apartment is totally vacated of belongings*  
*until unit is vacated and keys are turned in*



Q. 81 **How much notice must the resident provide prior to leaving the residence?**

<b>30 Days</b>	94	70.7%
<b>60 Days</b>	28	21.1%
<b>90 Days</b>	0	0.0%
<b>Specify Other</b>	11	8.3%

<b># Respondents</b>	133
<b>% of Total Survey Respondents</b>	100.0%



**Responses for Other (Original Text)**

0 for death, 30 days for no reason  
30 for medical, 60 for other  
30 days medical/death 60 days leaving on their own  
45 days  
14 days to vacate the apartment  
14 days

10 days  
30 days for higher level of care 60 days for all other  
2 full months from the end of the month in which notice is given.  
10  
30 for higher LOC, 60 for lesser LOC





Q. 82 *Please communicate any questions or comments regarding aging in place and Assisted Living.*

**Responses Submitted (Original Text)**

The        has been providing assisted living services and residency for over 16 years. We work closely with area home visiting physicians, nurse practitioners and certified home health agencies and hospice which enables our residents to remain in their apartments for as long as humanly possible, often until death. To date we have never prohibited someone from "aging in place" because of skilled nursing care needs, particularly the skilled needs addressed in this survey. From time to time we do have residents temporarily go to skilled nursing facilities when needed, usually post hospitalization or for rehab. The only time a resident would not be able to "age in place" would be for cognitive decline resulting in wandering or behavioral issues, or ADL's requiring more than 1-2 hours per day. Even so, if the family can afford to provide additional personal care or the 24/7 supervision, then there is no reason to leave. We have a multitude of certified agencies ready, willing, and able to provide the skilled services listed in this survey.

While additional care would be considered as a way for residents to remain in place, we would also try to balance that with the residential model of assisted living - maybe providing 'nursing' care for current residents who have been with us and not those needing that type of support upon admission - would be a company decision.

Assisted Living is not a nursing home and for the resident that has chosen this type of housing, providing skilled nursing services would change the atmosphere to a more hospital/medical model.

The typical AL resident has changed dramatically since ALF regulations were first promulgated. The regulations need to be updated to allow our residents to receive the services they need in their home, including limited health services.

You ask about GAFC & SSIG but not PACE- missing many subsidized residents and a program which does a tremendous job helping residents age in place    some questions were last calendar year, some previous 12 months; this was very confusing and challenging to calculate    adding skilled care to assisted living is poor public policy, further making it an option only for the wealthy, squeezing out the moderate income who won't be able to pay the higher rates and the smaller not for profits who aim to provide service to the more moderate income residents

Trying to stay committed to affordability is difficult with the current reimbursement structure (GAFC/SCO contracts). Allowing those on the 300% Frail Elder Waiver would help. The cost of a nursing home is so much greater than an affordable assisted living.

Our residents consider                their home and we try to maintain their needs and safety as long as possible.    We are concerned that adding skilled care will increase our costs and the cost to the resident. We offer subsidized and GAFC . It would be very difficult financially for our community

I have always loved the Massachusetts' model of Residential Care for Assisted Living; even though the regulations have not always been clear. I firmly believe with the proposed regulation changes Traditional ALR's will become nothing more than nursing homes with poor staffing levels. If ALR's provide skilled services, staffing needs will have to increase which will result in increased fees for residents. I have been in elder care for over 35 years, 16 in assisted living, and    witnessed many changes over the years; some for the better and some not. However the upcoming changes seem more about what will keep the apartments full for corporate chains vs. what is truly best for the resident. Almost everyone would like to remain in their own home until they die but this truly is not always the best choice. Residents and families must be educated about all avenues of care and the options available to them. I would also like to take this opportunity to thank you for all you do on behalf of elders in Massachusetts. I'm sure it is a difficult, thankless job at times but your efforts are appreciated by many across the state.



Agencies and supplemental care has allowed us to keep Residents here without us having to provide skilled care in many cases.

Many Resident go to Nursing hme due to two financial reason, either over income for GAFC or can not afford to pay for additional care. . Aging in place can be done effectively if there is a waiver for over income Residents and the State reimbursment rate is higer than \$40.33/day. The State is paying much higher rate(average \$250/day)for the same Resident in Nursing home. Assisted Living would not provide invasive care or treatment but can provide all the skilled nursing care mentioned in this survey so the Resident can age in place.

None of the residents determined to be inappropriate due to our inability to provide skilled care in question 77 could have avoided long term placement even if we did provide skilled care due to their multi system failure.

This is a confidential comment that I would like to voice. The expansion of skilled services in A/L worries me because I believe that some a/l's will not provide adequate staffing to care for the expanded needs of residents living in A/L. Some will charge a lot more money but still not put in enough care. I have always felt comfortable that takes responsibility when additional services are required that go beyond the scope of what we can provide safely in the community. I also have valued their input when their independent assessment of those they care for is that a skilled nursing setting will provide a safer/supportive environment. Eye drops, insulin, and adjusting O2 would benefit the residents in A/L and can be managed, the other skilled services concern me.

The regulations as written under EOEa does support the opportunity for communities to allow residents to age in place. There are very limited obstacles in accomplishing age in place outcomes if communities support and promote the fundamental right of residents to receive Hospice care in Assisted Living. Hospice should be offered by providers much more than it is right now across the state. According to the "2016 America's Health Rankings Senior Report" Massachusetts is considered the healthiest state for older adults in the United States. However, in the same report Massachusetts is ranked under the national average for Hospice Care. Under-utilization of Hospice Care can be directly correlated with Hospital deaths among older adults which not only causes an economic burden but it is avoidable. Communities who allow residents to age in place have a strong Hospice philosophy. It is the right of residents to receive that care in ALRs (Assisted Living Residences) as it is a federal Medicare Benefit. There is no reason to change the regulations any further to allow more skilled or limited nursing services to be conducted by the ALR. What will that do? That change would result in Assisted Living companies choosing to provide skilled services as a fee for service. These services which currently already can be done by an outside provider and covered under insurance will increase cost to residents. It will pass through cost to the resident due to an increased need for Nursing. Because most individuals are covered under Medicaid in nursing homes, cost cannot be passed to the resident, unlike the Assisted Living industry which is mostly private pay. Why follow the same path as the nursing home industry with increased need for labor, state oversight and regulations when it has proven not to be a successful system? Let's keep our residents in Assisted Living, promote aging in place by offering Hospice care more as a state, and avoid the possibility of increased regulation and cost to our residents.

EOEA should consider what impact adding a skilled nursing (medical) component will have on ALRs that receive, have received, or want to receive Low Income Housing Tax Credits under Section 42 of the IRS code (i.e. impact on ALR's qualification as a residential real property under the IRS code).

We ahve not had issues with people moving out because of the reasons stated in the Limited Medical Model. There is a time that it nessasary and safer for a resident to move to a skilled nursing facility. When a person needs assist of two for ADL's, a hoyu lift etc., our company feels it is not the safe place to be. If other places want to increase their staffing substantially to accommodate this, that would be ok, but that does not seem to be the case which leads to unsafe things happening to residents in ADL's

Assisted Living is such a wonderful option for seniors and we currently work with outside agencies to ensure our residents can age in place when at all possible. We would like to be able to have our nursing associates perform nursing tasks such as injections, treatments and O2 monitoring which would be such a benefit to our seniors and those considering assisted living.



EOEA should consider what impact adding a skilled nursing (medical) component will have on ALRs that receive, have received, or want to receive Low Income Housing Tax Credits under Section 42 of the IRS code (i.e. impact on ALR's qualification as a residential real property under the IRS code).

EOEA should consider what impact adding a skilled nursing (medical) component will have on ALRs that receive, have received, or want to receive Low Income Housing Tax Credits under Section 42 of the IRS code (i.e. impact on ALR's qualification as a residential real property under the IRS code).

When interviewing residents or responsible parties, it is so important to be honest about the individuals aging process according to their individual mental and physical limitations so that placement is appropriate and realistic. We inform them of what our capabilities are and what could be needed as the individual ages.

please keep in mind that the data used to complete this survey on census was based on a ramp up- we opened on 5/9/15

Allowing assisted living facilities to do medical procedures that a person may do in their own home such as insulin injection, blood sugar testing and simple dressings would allow residents to stay in place longer.

I think the main reason people move into assisted living is that they need the extra help, but one of the big additional benefits that our community provides is constant access to other residents and programs designed to keep residents active and engaged. It's my opinion those interactions can both prolong your life and improve your quality of life. Most seniors want to age in place, many of them ultimately need to be assisted to stay safe and healthy. What's right for each resident is unique to their particular needs and situation. The residents, families and decisions makers should take the time to carefully consider both options to make an informed decision about whether aging in place in an assisted living or a move to LTC or staying at home with services is the smartest choice. The ALR should have a choice with the number of apartments they can handle with limited skill services similar to having a designated number apartments for special care.

The majority of residents can and do age in place, die in place with coordination of care, services, rehab services and hospice services. Informed and involved families are also integral partners

We do believe there are certain areas that are considered "skilled nursing care" that can be safely performed in the AL setting with proper training and experienced licensed staff, that could prevent residents from having to move out in certain instances.

Community & company are for changes to better enable residents to age in place in an assisted living setting when appropriate.



**Appendix A: Data Ranges**

Q. 30<sup>1</sup> Please indicate the number of Full-Time Equivalents (FTEs) for Staff Employed by the ALR for the following.

Data Filtering	
<b>Accepted Values</b>	>0 - 10
<b>Excluded Values</b>	
Registered Nurses (RNs)	0, 32.00, 40.00, 80.00, 80.00
Licensed Practical Nurses (LPNs)	0, 15.00, 40.00, 62.50, 64.00

Q. 70<sup>5</sup> Please estimate the average entry fee for the last year.

Data Filtering	
<b>Accepted Values</b>	>5 - 15,000
<b>Excluded Values</b>	\$2, \$19,348, \$21,000, \$30,000, \$50,000, \$160,000

Q. 33<sup>2</sup> How many hours per week are nurses on site? (Use whole numbers)

Data Filtering	
<b>Accepted Values</b>	>0 - 350
<b>Excluded Values</b>	0, 840

Q. 74<sup>6</sup> How many residents, for any reason, initiated the voluntarily termination of their residency in the last Calendar Year?

Data Filtering	
<b>Accepted Values</b>	<300
<b>Excluded Values</b>	515

Q. 38<sup>3</sup> Indicate the current number of residents according to their gender.

Data Filtering	
<b>Accepted Values</b>	>0 - 30
<b>Excluded Values</b>	
Other	0, 61

Q. 65<sup>4</sup> What is the average monthly fee for each of the following? (Please calculate the average fee for the last year)

Data Filtering	
<b>Accepted Values</b>	>10 - 10,000
<b>Excluded Values</b>	
Traditional	0, \$3.50, \$56,400, \$25,466,171
Special Care	0, \$69,600, \$96,902

