

The “Silver Tsunami”



THE “SILVER TSUNAMI”: RESIDENTIAL LIFE AND CARE FOR SENIORS IN HAMPTON ROADS

In 2011, the oldest members of the baby boom generation will turn 65. The upcoming “silver tsunami” will transform the demographics of American society, stretching the resources of our country’s health care and Social Security systems as never before. Virginia’s senior population is expected to double between 2007 and 2030; the number of Virginians 85 and older will increase by 114 percent (see Table 1). Ongoing medical advances against cancer, heart disease and other once-fatal afflictions will extend the life spans of both the boomers and their parents – while simultaneously increasing the likelihood that they will at some point require long-term care.

Long-term care has been defined as “the services and supports that people need when their ability to care for themselves has been reduced by a chronic illness or disability.”¹ Long-term care may include assistance or supervision with “activities of daily living” (ADLs) such as bathing, dressing, eating or toileting, or with “instrumental activities of daily living” (IADLs) such as shopping, cleaning, driving or managing money. People of all ages can require long-term care, but seniors are the primary users. A 2005 study in the health care journal *Inquiry* indicated that more than two-thirds (69 percent) of people over 65 eventually would need some kind of long-term care, with an average duration of about three years.

The costs of long-term care are substantial. According to the MetLife Mature Market Institute’s 2008 survey, the average annual base rate at an assisted living facility is \$36,372. Nursing home private-pay rates are steeper still – \$77,380 for private and \$69,715 for semiprivate accommodations (see Table 2). These costs can quickly eradicate the savings of otherwise financially comfortable seniors. Thus, the greatest share of all long-term care spending (\$97 billion in 2007) has fallen to Medicaid, the payer of last resort. The informal costs of long-term care are larger still. AARP researchers estimate that the total economic value of (unpaid) family care-giving reached \$375 billion in 2007,

easily surpassing all Medicaid spending for institutional and home- and community-based long-term care service.

Long-term care is an issue that affects us all, both as taxpayers and potential beneficiaries of its services. Yet, public awareness about the functioning and costs of long-term care is regrettably low. Media coverage too often swings between extremes: on one hand, hair-raising exposés of neglect or abuse in deficient institutions; on the other, upbeat features about active seniors taking up arts and crafts or ballroom dancing. This chapter strives for a more comprehensive assessment of long-term care in Hampton Roads, focusing on the quality and accessibility of the region’s nursing homes and assisted living facilities.

The Continuum of Care

Social workers, health care providers and other advocates for the disabled often refer to long-term care as a “continuum.” In part, this refers to the broad spectrum of needs that can require some caregiving. In Virginia, all recipients of publicly funded long-term care services are first evaluated by a diagnostic tool

¹ Kaiser Commission on Medicaid and the Uninsured, “Long-Term Care: Understanding Medicaid’s Role for the Elderly and Disabled” (2005), available at: <http://www.kff.org/medicaid/longtermcare.cfm>

called the Uniform Assessment Instrument. The UAI considers social and economic resources, mental and physical health, as well as proficiency in the activities and instrumental activities of daily living (ADLs and IADLs). The UAI can provide a basis for an individualized service plan that may include one or more sources of external support. Hampton Roads' two Area Agencies on Aging, the Peninsula Agency on Aging (PAA) and Senior Services of Southeastern Virginia (SSSEVA), administer the UAI without cost. Together these agencies provided or helped to coordinate services for more than 28,000 Hampton Roads seniors in the 2007-08 fiscal year.

The “continuum of care” likewise refers to the broad spectrum of supports and services that are available to assist disabled persons. These include nursing homes and assisted living facilities, but also a wide variety of home- and community-based services (HCBS) such as personal health care, companion care, home-delivered meals, assisted transportation and adult day care centers. Whereas in decades past the notion of long-term care may have been nearly synonymous with nursing home residence, today an array of resources exists that provides different levels of assistance entirely in a home- or community-based setting. Surveys consistently demonstrate that the overwhelming majority of seniors would prefer to “age in place,” remaining in their own homes as long as possible. The work of the Area Agencies on Aging in Hampton Roads and elsewhere is grounded upon this very principle – “to help seniors live independently and with dignity,” as stated succinctly in SSSEVA’s 2008 annual report.

Residential facilities remain, however, among the most established and numerically influential providers of long-term care. Despite a growing movement among federal and state policymakers to balance long-term care spending more equitably between institutional services and HCBS, 73 percent of all Medicaid long-term care spending for older people and adults with physical disabilities is currently paid to nursing homes. (Although this percentage varies widely from state to state, Virginia’s Medicaid program approaches the national average, directing 74 percent of this spending, or \$720 million, toward nursing homes in

2007.) Further, the regulatory standards that govern nursing homes are more uniform and specific than those for most HCBS. The diversity of HCBS contributes to their appeal, yet as a consequence there are less data available for evaluating their performance comparatively. For practical purposes, then, the State of the Region report focuses on residential long-term care facilities – nursing homes, assisted living facilities and Continuing Care Retirement Communities (CCRCs).

Nursing Homes

Nursing homes serve seniors (and others) with the most intense long-term care needs. These facilities provide not only skilled nursing care, but also room and board, assistance with ADLs, and social and recreational activities. There are nearly 29,000 nursing home residents in the Commonwealth of Virginia. Table 3 summarizes nursing facility data for Hampton Roads and other jurisdictions.

Despite an aging population, the number of nursing home residents in Virginia and elsewhere has remained steady or increased only gradually throughout the past decade. This is largely attributable to the expansion of assisted living and other home- and community-based long-term care services. As a consequence, the percentage of nursing home residents who are sicker and more frail is higher than in the past. One recent study notes that “three-fourths of people living in nursing homes need assistance with three or more ADLs”; they are also more apt to suffer from Alzheimer’s disease and related dementias than other users of long-term care.²

Today’s nursing homes are largely a product of the Omnibus Budget Reconciliation Act of 1987 (OBRA 87), landmark legislation that reformed the U.S. nursing home system. Motivated by repeated exposés of institutional fraud, abuse and neglect, OBRA 87 upgraded staffing requirements, established new regulatory standards, and tightened inspection and enforcement. Perhaps most significantly, the new standards placed greater emphasis on residents’ quality of life, in addition to a facility’s maintenance and cleanliness. The Medicare and

² National Commission for Quality Long-Term Care, “Long-Term Care in America: An Introduction” (2007), www.qualitylongtermcarecommission.org/pdf/ltc_america_introduction.pdf

Medicaid certification processes merged into a single system, eliminating the largest state-to-state disparities that had previously characterized nursing home standards.

THE CMS RATINGS

Survey data from the Centers for Medicare & Medicaid Services (CMS) informs the Nursing Home Compare Web site, <http://www.medicare.gov/NHCompare>, which has been online since 1998. CMS-certified nursing homes – in other words, all those that accept Medicare or Medicaid – are rated in three different categories: health inspections, staffing and quality measures. (Quality measures include an array of statistics such as the percentage of residents suffering from bedsores, or the percentage that have been immunized against the flu.) Ratings range between 1 (much below average) and 5 (much above average). As of December 2008, each nursing home receives a composite 5-star quality rating as well. Thus, consumers in Hampton Roads and elsewhere have ready access to a comprehensive rating system for nearly all U.S. nursing homes (see Table 4).

How accurate are these ratings? Even the CMS emphasizes that they are no substitute for observing a facility's premises and daily routine in person. Some aspects of the CMS ratings derive from a single annual inspection, and thus may not accurately reflect an institution's overall quality. Differences also persist among state inspection authorities, leading to inconsistencies from place to place. Further, much of the data that informs the CMS ratings is reported by the nursing homes themselves. No ratings system is perfect, but Nursing Home Compare offers consumers at least a rough measure of a facility's overall performance. While the distinction between a 3-star and a 4-star rating may be slight, nursing home residents and their families would be well advised to consider the larger divide between a 1-star and 5-star rating. Ratings are updated on a monthly basis; we consulted the site at the end of January 2009.

Of the 54 ranked facilities in the Virginia Beach-Norfolk-Newport News Metropolitan Statistical Area (excluding Currituck County, N.C.), 19 (35 percent)

received above average or much above average grades. Twenty-two, or 41 percent, ranked below average or much below average. The distribution of Hampton Roads' scores resembles that of the entire United States (35 percent with 4- or 5-star ratings, and 44 percent with 1- or 2-star rank). Overall, our facilities stand out positively compared to others in the Commonwealth of Virginia. On average, Hampton Roads nursing homes outperform those in Northern Virginia (29 percent with 4- or 5-star ratings, and 51 percent with 1- or 2-star ratings) and the Greater Richmond area (21 percent with 4- or 5-star ratings and 63 percent with 1- or 2-star ratings).

On the other hand, Hampton Roads bears the dubious distinction of hosting two of Virginia's three "Special Focus Facilities." The CMS has singled out these facilities as having "a history of serious quality issues" and required their participation "in a special program to stimulate improvements in their quality of care." Beacon Shores Nursing and Rehabilitation Center in Virginia Beach has been on the Special Focus Facility list for 13 months; Harbour Pointe Medical and Rehabilitation Center in Norfolk has stayed there for 48 months (see Table 4).

Four- and 5-star nursing facilities are located in nearly all Hampton Roads cities. Their most significant common bond is ownership. **Fifteen out of 19 are nonprofit institutions, in many cases affiliated either with a religious denomination, or with a hospital network such as Riverside or Sentara.** Conversely, 18 of the 22 1- and 2-star facilities in Hampton Roads are operated for profit, and many of these are affiliated with a large nursing home chain. This list includes four homes owned by Kindred Healthcare (which operates 226 nursing facilities nationwide), as well as four homes owned by Medical Facilities of America (which owns 31 facilities in Virginia). The correlation between nursing home ownership and quality of care has been raised elsewhere in the national media, notably Consumer Reports³ and The New York Times. **A Times investigative report from Sept. 23, 2007, highlighted the decline in nursing care among facilities that were recently acquired by large private equity firms.**

³ See the helpful Consumer Reports Nursing Home Quality Guide, at: http://www.consumerreports.org/cro/health-fitness/nursing-home-guide/0608_nursing-home-guide.htm.

Table 4 also reveals that staffing poses a persistent problem for all nursing homes, regardless of ownership, and Hampton Roads is no exception. Only 11, or 22 percent of our region's nursing homes, earned a 4- or 5-star rating in this category; 31, or 62 percent, received one or two stars. These numbers do not directly address quality of care, but rather the average number of staff hours per resident per day. High vacancy and turnover rates contribute to low staffing ratings. According to a 2007 survey conducted by the American Health Care Association, the staff turnover rates in Virginia nursing facilities exceeded national averages. Data from the U.S. Bureau of Labor Statistics, meanwhile, show that the wages of both licensed nurses (RNs and LPNs/LVNs) and certified nursing assistants (CNAs) in Virginia lag behind national averages. Readers of this report should note that CNAs provide the majority of direct care (in Virginia, an average of 2.1 hours per day) to nursing home residents. CNAs' compensation, however, is not much higher than that of many unskilled workers with significantly lesser responsibilities and training requirements. One of the greatest challenges facing nursing homes in Hampton Roads and elsewhere is attracting and retaining talented caregivers amidst the backdrop of ever-tightening budget constraints and a chronic U.S. nursing shortage.

OTHER NURSING HOME QUALITY INDICATORS

Surprisingly, there is not a dominant type of accreditation (outside of CMS certification) that is decisive for nursing facilities. The Joint Commission, which is best known for accrediting hospitals, does offer long-term care accreditation. But the Joint Commission's "Gold Seal of Approval" has been acquired by only one Hampton Roads nursing facility that is not affiliated with a larger hospital, the James River Convalescent and Rehabilitation Center in Newport News. CARF, the Commission on Accreditation of Rehabilitation Facilities, also offers accreditation for nursing facilities and other "aging services." In the aging services field, CARF is most influential in the accreditation of Continuing Care Retirement Communities. Fifteen CCRCs in Virginia have obtained this qualification, although none are in Hampton Roads. Thus, while accreditation from CARF or the Joint Commission can be a positive indicator of nursing home quality, neither agency currently bears much influence in our region.

Perhaps the most visible alternative to the CMS ratings is the "Quality First" initiative of the American Health Care Association (AHCA), the organizational arm of the nursing home industry itself. Unsurprisingly, the AHCA is among the most vocal critics of the CMS 5-star ratings, which it believes to be premised upon a flawed survey system. Alternatively, Quality First represents a "public commitment by long-term care providers to voluntarily and collectively agree to work toward the highest standards of quality." Twenty-two nursing facilities in Hampton Roads have pledged their allegiance to Quality First principles. The initiative rightfully emphasizes that regulatory compliance alone (the CMS's chief concern) cannot fully assess an institution's quality of care. In the absence of outside monitoring or evaluation, however, the Quality First pledge remains more a statement of goodwill than a reliable quality assurance.

ACCESSIBILITY AND COST AT NURSING HOMES

Virginia's supply of nursing beds is overseen by the Certificate of Public Need (COPN) division within the Department of Health. At present, a new nursing facility (excepting those affiliated with CCRCs) may be established only when the COPN division issues a specific request for applications. Such requests are rare, since the occupancy rate of Virginia's nursing homes has held steady at 91 percent or lower over the past several years. According to COPN analyst Sam Clement, 93 percent occupancy is the division's indication that a need exists for more nursing beds in one of the state's 22 planning districts. The average occupancy rate in Hampton Roads, which roughly encompasses Planning Districts 20 and 21, is just under 92 percent. There have been few recent additions to our region's established nursing homes. The most recently established or expanded facilities – including Harbor's Edge, Windsor Meade of Williamsburg and Westminster-Canterbury on Chesapeake Bay – are all affiliated with Continuing Care Retirement Communities.

According to figures from the 2009 edition of the AARP's "Across the States: Profiles of Long-Term Care and Independent Living," there are 35 nursing home beds in Virginia for every 1,000 residents ages 65 and above, 10 beds fewer than the national average. Our own investigations indicate that the Hampton Roads region also has 35 beds per 1,000 seniors, mirroring the Commonwealth of Virginia as a whole. The Greater Richmond area has slightly more

beds (38 per 1,000 seniors), while Northern Virginia has fewer (25 per 1,000 seniors). Despite the proportionally low number of beds in Northern Virginia, the region's occupancy rates (averaging 88 percent) are also among the lowest in the Commonwealth. Given the region's high cost of living and nursing facility private-pay rates, it seems likely that some seniors leave Northern Virginia for cost reasons when making the transition to nursing care. From a national perspective, however, even Northern Virginia nursing homes are comparatively full. (The average national rate of occupancy is 85 percent, ranging from 65 percent in Oregon to 95 percent in Hawaii.)

These statistics suggest that it may be more difficult for seniors in Hampton Roads and elsewhere in Virginia to obtain space in a desirable facility. According to our conversations with long-term care specialists in the region, however, much depends upon prospective residents' individual needs. Most Hampton Roads seniors are able to locate a convenient and appropriate facility. Those with severe symptoms of dementia, particularly when accompanied by aggressive or other troublesome behaviors, are much more likely to encounter difficulties. Many nursing homes are reluctant or unable to provide space for these patients, whose caregiving needs are particularly intensive. Only one facility in Hampton Roads is dedicated solely to the care of this population: the 150-bed Hancock Geriatric Treatment Center, part of Eastern State Hospital in Williamsburg.

From the perspective of cost, Hampton Roads nursing facilities appear to be a relative bargain. According to the MetLife Mature Market Institute's 2008 survey, the average daily room rate in a U.S. nursing facility is \$191 for private and \$212 for semiprivate accommodations; in Virginia, the average rates are \$182 and \$202. The average daily room rates in Hampton Roads, according to Virginia Health Information figures, are \$172 and \$190 – below the averages in the Greater Richmond area as well as in Northern Virginia.

Intriguingly, there is no obvious correlation between the room rates of Hampton Roads facilities and their CMS ratings; consumers should not assume that paying more money ensures a higher standard of care. (The exception to this rule may be Continuing Care Retirement Communities, which are not included in the averages because of their different cost structures.)

Assisted Living

In recent decades, assisted living has emerged as an increasingly popular long-term care option for seniors who need assistance with some ADLs or IADLs, but not round-the-clock nursing care. In 2007, Virginia had 583 assisted living facilities (ALFs) with a total licensed capacity of 31,964 (see Table 5). Virginia's ALFs are roughly equitable to nursing homes in terms of resident population. There are, however, more than twice as many ALFs as nursing homes, a figure that reflects their diversity and, in many cases, smaller size. A licensed ALF in Virginia may house as few as four residents, while nursing homes rarely have fewer than 50 beds. The 100 ALFs in Hampton Roads vary in size between five and 153 licensed beds. The smallest facilities are the Open Arms and Hemal Blossom Village Adult Homes in Newport News and Hampton (five beds each); the largest are Atria Assisted Living (153) and Brighton Gardens by Sunrise (150), both of which are affiliated with large national chains and located in Virginia Beach (see Table 6).

The services provided by Hampton Roads' ALFs are equally diverse. A minority are licensed to provide "residential living care" only, meaning "minimal assistance with the activities of daily living." Most facilities possess "assisted living care" licensure, meaning that they offer moderate assistance to residents in need of care. In addition to help with ADLs, facilities may provide housekeeping and laundry services, meal plans, medication management, transportation, and a menu of social and recreational opportunities. Some are specially qualified to care for non-ambulatory residents "who by reason of physical or mental impairment are not capable of self-preservation without the assistance of another person." Others maintain special care units for residents with Alzheimer's disease or other forms of dementia. While some ALFs resemble nursing homes, others are more like no-frills boarding houses; still others function almost as full-service hotels.

A SOMEWHAT CHECKERED PAST FOR ASSISTED LIVING

"Assisted living" is a relatively young concept. Many ALFs that cater to seniors were founded only in the 1980s or 1990s. These facilities were patterned after European models of social care that encouraged seniors in need of some

assistance to live as independently as possible, in private units within a larger community. Assisted living became a booming business, and numerous for-profit chains sprung up across the United States. Harder times have since befallen the industry, a result of over-building and, more recently, the dramatic reduction of seniors' home equity and nest eggs for retirement (encouraging many to delay their moves to assisted living as long as possible). In March 2009, The Washington Post reported that the Northern Virginia-based Sunrise Senior Living chain, one of the largest in the country, might soon seek bankruptcy protection.

Other ALFs, however, are less dependent upon market fortunes. The social and legal concerns that led to the nursing home reforms of OBRA 87 also encouraged the growth of another branch of today's assisted living industry. In the 1970s and 1980s, social workers and other policy experts worked to move mentally ill and disabled patients out of large government-run institutions into smaller, more home-like settings. In practice, this meant that private "adult homes" that had traditionally taken in elderly boarders increasingly served a new clientele as well. The number of Virginia's "assisted living facilities" – as such homes now came to be known – grew by leaps and bounds. The best-run ALFs provided a humane (and cost-effective) residential alternative for Virginians with mild disabilities. In the worst cases, however, the facilities became "a housing solution of last resort," mixing "disabled young adults and the elderly, brain-injury victims and Alzheimer's patients, the mentally ill and the mentally retarded, as well as the criminally insane, convicted murderers and sex offenders."

This volatile mixture became the subject of a hair-raising Washington Post exposé of abuses at Virginia assisted living facilities, which was published over four days in May 2004.⁴ The Post series drew attention to the insufficient regulatory oversight of ALFs all across Virginia. (The articles singled out very few Hampton Roads institutions, however.) Indirectly, The Post series highlighted the inconsistent – and often weak – regulation of ALFs throughout the United States. Since Medicare and Medicaid rarely pay for assisted living, no federal regulations govern the industry. Licensing requirements vary from state to state, as do the authorities that enforce them. Virginia's ALFs are licensed by the Department

of Social Services (as opposed to its nursing homes, which are licensed by the Department of Health). In the immediate aftermath of The Post articles' publication, the Department of Social Services (DSS) and a state task force on aging began to assemble proposals to reform Virginia's assisted living industry.

A MORE PROMISING FUTURE FOR ASSISTED LIVING?

As a result of these efforts, Gov. Mark Warner signed an assisted living reform bill into law in March 2005. The legislation addressed management and staffing concerns by mandating that all ALF administrators receive professional licensure, and by requiring formal training for all workers entrusted with administering medications. Maximum monetary penalties for regulatory violations increased from \$500 per inspection to \$10,000 within a 24-month period, and tougher procedures for inspection and enforcement were introduced as well. In December 2006, the DSS instituted further regulations that raised minimum standards for ALFs in areas such as staff qualification and training, emergency preparedness, coordination with mental health services, and the installation of air conditioning in at least the "largest common area used by residents."

A 2007 report by the Joint Legislative Audit and Review Commission (JLARC) to the governor and General Assembly of Virginia asserts that "taken together, the new regulations will lead to substantial improvements in assisted living," with the qualification that "strong enforcement will be necessary to ensure these results."⁵ However, as the report's authors also note, "quality of care" is difficult to measure. The nationwide data that inform the CMS nursing home ratings are not collected for assisted living facilities. Thus, JLARC's final report on the impact of Virginia's assisted living facility regulations uses regulatory compliance and verified complaints as "proxies" for assessing quality of care. The report's authors find that "89 percent [of Virginia's 583 licensed ALFs] have no recent history of compliance problems, and 59 percent have no recent verified complaints."

⁴ The original Washington Post articles and related resources may still be viewed online at: <http://www.washingtonpost.com/wp-dyn/articles/A47732-2004May22.html>.

⁵ JLARC Final Report on the Impact of Assisted Living Facility Regulations (2007): <http://jlarc.state.va.us/Reports/Rpt355.pdf>

On the other hand, the JLARC report identifies 114 (or, 20 percent of all licensed facilities) as “ALFs of Concern.” These facilities do have a history of compliance problems, and/or a relatively high number of verified complaints. As noted in the report, ALFs of Concern are located disproportionately in Virginia’s northern and western regions. Using additional data supplied by JLARC staff, we determined that Hampton Roads had 13 ALFs of Concern – or, roughly 13 percent of all ALFs in our region – in 2007. (Three of these facilities are no longer licensed.) By contrast, 8 percent of facilities in the Greater Richmond area and 22 percent in Northern Virginia were designated as ALFs of Concern.

Consumers can learn more about the compliance histories of these and all other ALFs in Virginia at the Department of Social Services’ Web site, <http://www.dss.state.va.us/facility/search/alf.cgi>, where the facilities’ inspection reports have been placed online dating back to July 2003. The site contains a wealth of information about each ALF, although it does not translate this information into quantifiable ratings. Rather, visitors to the DSS Web site must draw their own conclusions about the dozen or more inspection reports posted for each facility. Unlike the Nursing Home Compare site, which allows users to compare and contrast a large number of institutions at a glance, the DSS site is more suited to investigating individual facilities in depth. In general, the inspection reports reveal most about what a facility may be doing wrong or badly (as opposed to how well it cares for residents). Thus, users will likely find the site helpful in determining which ALFs they would prefer to avoid, if not necessarily in identifying which ones provide the best care.

Nearly every inspection report records some violations. These range from minor infractions like small oversights in record-keeping or not holding a fire drill within a designated period of time, to much more serious conditions that could directly threaten residents’ well-being. In examining the recent inspection reports of Hampton Roads facilities that were designated as “ALFs of Concern” in 2007, we found a wide spectrum of outcomes. Some facilities had comparatively few violations. Other reports related disturbing incidents such as:

- The death of a Chesapeake Home resident who drank “an unknown quantity of a liquid cleaning product” that was left in his room by a staff member.

- At Living Options of Chesapeake, there were several occasions when no staff member was present overnight. Other problems included restrooms without hand soap or toilet paper, sagging and torn mattresses, as well as the presence of flies throughout the facility.
- Poor maintenance throughout Suffolk’s Nub Jones ALF: cracked or lifting floor tiles, broken heating/cooling units, inoperable signaling systems in resident rooms.
- Brighton Gardens by Sunrise in Virginia Beach “failed to notify the licensing office of a serious incident which negatively affected the health, safety, & welfare of a resident in seven out of seven incidents for the period of 12/05/08 through 12/30/08.” Earlier inspections indicated that residents’ call bells had not been answered in a timely way.

Clearly, these kinds of violations are not the norm for Hampton Roads ALFs – but they are also not as exceptional as one might hope. A brief exploration of the DSS Web site reveals that the so-called “ALFs of Concern” are not the only facilities in our region with troubling compliance histories.

What is to be done with low-performing ALFs? Washington Post reporters raised this question five years ago, but it remains largely unresolved, the reforms of 2005-06 notwithstanding. **The Commonwealth of Virginia relies upon ALFs to house disabled persons who may be unable to afford different or better care. In many cases, no ready housing alternative exists. Shutting down a facility can place tremendous pressures on a social services network that is already stretched thin.** Lynne Williams, director of licensing programs at DSS, emphasized to us that the agency’s goal is to bring ALFs into compliance wherever possible, taking away their licensure only as a last resort.

The DSS issues five different kinds of licenses to assisted living facilities: conditional, one-year, two-year, three-year and provisional. Newly opened facilities receive conditional licenses, while facilities that are “temporarily unable to comply” with regulatory requirements receive only provisional licenses. Both are valid for only six months. Most of Virginia’s ALFs possess one-year licenses; facilities with a record of meeting and exceeding minimum standards may receive

licensure for two or three years. When we consulted the DSS Web site in March 2009, no facility in Hampton Roads operated under a provisional license. Eight of our region's 100 ALFs possessed a desirable three-year license: The Devonshire and Shelton on the Bay (Hampton), Assisted Living at Warwick Forest and The Chesapeake (both Newport News), Dominion Village at Poquoson, Hillcrest Retirement Center (Suffolk), Our Lady of Perpetual Help (Virginia Beach) and Woodhaven Manor at Williamsburg Landing. Five of the eight are nonprofit facilities; three are a part of Continuing Care Retirement Communities (CCRCs).

ACCESSIBILITY AND COSTS AT ASSISTED LIVING FACILITIES

Residence in a well-appointed assisted living facility can approach or exceed the costs of skilled nursing care. The 2008 MetLife Market Survey (which did not isolate Hampton Roads as a region) found that the base rates of Virginia ALFs ranged between \$1,900 and \$5,800 per month. However, as Table 7 reveals, residents in these facilities often pay substantially more, depending on the services they require. Most ALFs charge higher fees for dementia or Alzheimer's care; others offer services such as transportation or medical care at additional cost. Moreover, the average stay in assisted living is longer than in nursing homes, where residents are older and sicker (or may require only short-term care). Since Medicare and Medicaid rarely pay for assisted living, residents and their families may eventually be unable to cover the costs.

By contrast, owning a successful assisted living facility can be a profitable undertaking. For-profit facilities prevail in Hampton Roads and elsewhere, since assisted living has – at least until recently – been a lucrative and growing industry, constrained by comparatively few government regulations. Seventy-one percent of Hampton Roads' ALFs operate on a for-profit basis (in contrast to 54 percent of our region's nursing homes). The nation's largest assisted living chains are, however, underrepresented in Hampton Roads. Regionally, the two most influential chains are Commonwealth Assisted Living, which operates 12 facilities throughout Virginia (eight of which are located in Hampton Roads), and Five Star Quality Care, which has 140 facilities nationwide (including five in Hampton Roads).

JLARC's Final Report on the Impact of Assisted Living Facility Regulations states that "there are no indications that individuals with the financial resources to purchase long-term care face significant barriers to assisted living care. Although there can be waiting lists for private-pay residents, these waiting lists usually reflect strong demand for popular facilities." The barriers for those without such financial resources, however, are considerable.

Medicaid pays for home- and community-based services (HCBS) chiefly through waiver programs that vary considerably from state to state. Most long-term care policy experts support the expansion of HCBS waiver programs as a cost-effective means of paying for long-term care, as well as a means of providing seniors in need of care with alternatives to nursing homes. In Virginia, only one Medicaid waiver program helps to cover the costs of assisted living. Established in 2005, the Alzheimer's Assisted Living (AAL) Waiver Program may pay \$50 a day to as many as 200 Virginians with Alzheimer's disease or a related dementia that would otherwise require nursing home care. Thus far, the program's enrollment is small – only 26 individuals, according to DMAS (Department of Medical Assistance Services) administrator Steve Ankiel. There are several preconditions for participation: waivers may be used only in facilities with secure special care units that have formally enrolled in the waiver program. These ALFs must also accept auxiliary grants, which the AAL waivers are intended to supplement.

At present, the most influential source of public support for Virginians in assisted living is the auxiliary grant program funded jointly by the state (80 percent) and individual localities (20 percent). Recipients of Supplemental Security Income (SSI) are eligible to receive the grants, which provide a small personal allowance and contribute to the cost of residence at an assisted living facility. ALFs are not, however, compelled to accept auxiliary grants – and in fact most do not, given their low rate of reimbursement. The current auxiliary grant rate is \$1,112 per month (\$1,279 per month in Northern Virginia), accompanied by an \$81 personal needs allowance. In 2007, JLARC estimated that auxiliary grant recipients occupied 21 percent of all assisted living beds in Virginia. The locations of these grant beds, however, were spread disproportionately throughout the state. Using additional data from JLARC, we determined that auxiliary grant recipients occupied 964 (or 17 percent) of Hampton Roads'

5,535 licensed assisted living beds in 2007. The greatest number (278) was located in Chesapeake, followed by Newport News (150) and Norfolk (120). By contrast, 21 percent of the assisted living beds in Greater Richmond were auxiliary grant beds, but only 4 percent in Northern Virginia.

Since these figures are estimates, JLARC staff could not identify the specific facilities associated with each bed. The 2007 JLARC report does, however, assert that the 114 ALFs of Concern are “more likely to house auxiliary grant recipients.” A *Virginian-Pilot* article from the same year depicted the difficulties one Virginia Beach resident experienced in finding a high-quality ALF that would accept his mother’s auxiliary grant. The article identified the nonprofit Marian Manor in Virginia Beach as “one of the few larger, well-appointed facilities in South Hampton Roads to accept the grants.” According to Tom Spivak, the facility’s administrator, Marian Manor “takes a financial hit” by offering around 10 percent of its apartments to auxiliary grant recipients, “but considers that part of its charitable mission.”

In sum, there is currently little incentive for ALFs in Hampton Roads or elsewhere in Virginia to provide services to the financially needy. Excepting the minority of facilities that are driven more by charitable mission than by the need to earn a profit, it seems that the ALFs most likely to accept auxiliary grant recipients are those with the lowest operating costs and offering the fewest services. Merely increasing the level of auxiliary grants will not solve all of the problems witnessed in Virginia’s most troubled facilities, but there is a kernel of truth in the familiar saying “You get what you pay for.” Until assisted living facilities are reimbursed more completely for the important social service they provide (whether through Medicaid waivers, auxiliary grants, nonprofit foundations or some other source), concerns about the quality of care are unlikely to go away.

Continuing Care Retirement Communities (CCRCs)

Planning ahead for long-term care can be tricky. Some of us will never require formal caregiving, while others may need months or even years of assistance. Since it’s difficult to predict one’s own needs, when the time comes, the decision-making (and financial responsibility) for seniors’ long-term care often falls to someone else, usually a child or other relative.

What if seniors could eliminate this uncertainty by “aging in place” in a community that guaranteed access to high-quality services all along the care continuum? This is the promise of Continuing Care Retirement Communities (CCRCs), the fastest-growing long-term care option for seniors today. The first such community was founded by Quakers in Montgomery County, Pa., in 1967. The idea took off, and there are now more than 1,800 CCRCs nationwide, including eight in Hampton Roads (see Table 8). CCRCs unite independent living, assisted living and skilled nursing facilities under one roof (or under several roofs on a single campus). New residents must generally be 60 years of age or older, and usually are able to live independently. The price of admission is typically a large entrance fee or deposit that must be paid upfront, followed by smaller monthly fees that cover rent and other services. These costs are substantial, and they represent a significant barrier to most Americans who are contemplating retirement. For those who can foot the bill, however, the payback is substantial: guaranteed care for life.

As the number of CCRCs has proliferated, so too has the elaborate menu of services and amenities that they offer. Today’s CCRCs “look a lot more like four-star resorts than old folks’ homes,” as aptly stated by *Money* magazine in March 2009. Multiple dining venues, swimming pools, spas, tennis courts and movie theaters are among the amenities found in Hampton Roads CCRCs. Independent living residences range in size from efficiency apartments to two- and three-bedroom villas. The financial decisions to be made by prospective residents have proliferated as well. Many communities now offer a choice of multiple fee structures, refundable entrance deposits and/or à la carte service plans. “Deciding to move to a CCRC and selecting the right one have serious

lifestyle and financial ramifications and risks,” one consumer guide sternly warns.⁶ Prospective residents should always obtain financial and legal counsel before signing any contract.

THE ABCS OF CONTINUING CARE RETIREMENT COMMUNITIES

Although they come in many variations, there are three basic types of CCRC contracts: life care (Type A), modified (Type B) and fee-for-service (Type C). Communities offering Type A, or life care, contracts do not substantially raise the monthly fees of residents who require assisted living or skilled nursing care. Excepting cost-of-living increases (Money magazine estimates that these average 3 percent to 6 percent per year), seniors in life care CCRCs can expect to pay the same monthly fee throughout their residence, regardless of the care they require. The price of this financial security is typically contained within the initial entrance fee; residents pay more upfront, but they won't need to budget for long-term care later on. The first CCRCs were grounded upon this model, and indeed, Hampton Roads' oldest CCRC, The Chesapeake in Newport News (established in 1969), is a traditional life care community. Seniors pay a one-time entrance fee upon moving to The Chesapeake (currently between \$141,000 and \$309,000 for a single resident). During the first 50 months of residence, the fee is refundable on a declining basis. If a resident dies or leaves the community for any other reason thereafter, the fee is nonrefundable. Table 9 provides analogous data for the CCRCs located in Hampton Roads.

Other Hampton Roads CCRCs with Type A contracts offer different refund options for the initial entrance fee. Harbor's Edge in Norfolk, for example, maintains a 90 percent refundable entrance fee (which currently ranges between \$321,379 and \$876,750 for a single resident), regardless of the length of time a senior resides in the community. Warwick Forest and Westminster-Canterbury on Chesapeake Bay allow residents to choose between multiple refund plans. In general, larger refunds mean higher entrance fees. These plans are best suited to seniors who wish to preserve their assets for passing along to heirs or to charity – or for maintaining their financial independence, should they wish to depart the community for any reason.

According to a June 10, 2007, report in The New York Times, “as recently as 1998, Type A communities were by far the most common type, with 42 percent of the market ... but that has changed with the proliferation of payment models: in 2005, Type A communities accounted for just 29 percent of the total.” The dominant CCRC model is now the Type C, or fee-for-service community, with a 47 percent market share in 2005. Hampton Roads' eight CCRCs, however, do not reflect this national trend – four are Type A, one is Type B and three are Type C.

Hampton Roads' three Type C communities are Lake Prince Woods in Suffolk, Williamsburg Landing and Windsor Meade of Williamsburg. These CCRCs guarantee their residents access to assisted living and skilled nursing care – but at the cost of a higher monthly fee, if and when this care is needed. Residents enjoy comparatively low entrance fees and monthly fees for independent living, but they will face a greater financial burden if they require extended care later on.

One reason for the increased appeal of fee-for-service communities is the changing philosophy of long-term care that has been reflected elsewhere in the rise of home- and community-based services, at the expense of traditional nursing home residence. **In other words, the belief that aging adults move through a predictable continuum of assisted living and skilled nursing care is increasingly being challenged.** An administrator at Erickson Retirement Communities (which owns Greenspring, the largest fee-for-service community in Northern Virginia) notes that more and more residents are remaining longer in independent apartments, “using home health aides when necessary and taking advantage of wellness and fitness programs.”⁷ Thus, residents of life care communities risk paying upfront for services that a growing number of them may not require.

One response to this dilemma is the Type B, or modified, contract. Less prevalent than the other two types of CCRCs, Type B communities offer a kind of middle way between them. A typical modified contract might offer residents several weeks of higher-level care before increasing their monthly fees. (This option is particularly attractive for holders of long-term care insurance policies, which

⁶ CARF's “Consumer Guide to Understanding Financial Performance and Reporting in Continuing Care Retirement Communities” is available online at: <http://www.carf.org/pdf/ccac.pdf>.

⁷ Michael Vitez, “It's a new generation of retirement homes: Continuing-care communities, once revolutionary, change with times,” Philadelphia Inquirer (Nov. 29, 2007)

often do not pay benefits for the first 90 days of care.) Other CCRCs charge a standard, discounted rate for assisted living or skilled nursing care that could in some cases actually represent a *decrease* in a resident's monthly fee, if he or she had selected one of the community's costlier independent living residences. Such is the case for Patriots Colony in Williamsburg, which currently offers residential health care at \$2,697 or \$3,089 per month, depending upon the initial entrance fee selected.

HOW DO HAMPTON ROADS CCRCs MEASURE UP?

It's difficult to draw direct comparisons between CCRCs in Hampton Roads or elsewhere, since so many different variables influence residents' total out-of-pocket costs and the services they receive in return. For most seniors, the value of a CCRC will depend not only upon its costs and quality of care, but also upon the kind of lifestyle it promotes. Hampton Roads' CCRCs offer a wide spectrum of living options. Harbor's Edge and Westminster-Canterbury on Chesapeake Bay are essentially upscale high-rise apartment complexes. Harbor's Edge boasts "a prime location near the revitalized downtown Norfolk district," while Virginia Beach's Westminster-Canterbury offers "waterfront retirement living" and attractive views of the Chesapeake Bay. CCRCs in Suffolk and Williamsburg, meanwhile, promote a more rural lifestyle, with expansive campuses full of green space and individual cottages in neighborhood-like settings.

The targeted audience of these communities differs as well. Williamsburg's CCRCs are among the most upscale in the region, attracting well-heeled retirees from well beyond the Hampton Roads area. "You'll meet actors, artists, scientists and scholars from all over the country," promises a glossy brochure from Williamsburg Landing that touts the community's "gracious, resort-style amenities and services." By contrast, other CCRCs place greater emphasis on their efforts to provide cost-conscious seniors with the best value for their money. Lake Prince Woods in Suffolk is among the most affordable fee-for-service CCRCs in Hampton Roads, advertising "quality services with an affordable price tag." Among the region's life care communities, Warwick Forest in Newport News offers comparatively cost-effective residence plans.

The suitability of CCRCs' independent living options is largely a matter of personal taste, but statistics can provide a basis for evaluating these communities'

nursing and assisted living facilities. Nursing facilities that are affiliated with CCRCs tend to receive higher than average Centers for Medicare & Medicaid Services (CMS) ratings. **Two of the eight 5-star nursing facilities in Hampton Roads are part of CCRCs (Lake Prince Woods and Westminster-Canterbury on Chesapeake Bay). This advantage is particularly prominent in Northern Virginia, where nearly all 4- and 5-star facilities are affiliated with CCRCs. Likewise, the assisted living facilities associated with CCRCs measure up well.** With the exception of Lake Prince Woods and Windsor Meade of Williamsburg (the latter of which still possesses a conditional license), all of the assisted living facilities within Hampton Roads CCRCs have earned DSS licensure for two or three years. Thus, these facilities have demonstrated a record of meeting or exceeding minimum standards. Whether these advantages justify the considerable costs paid by CCRC residents for long-term care, however, remains an open question.

The current economic climate may discourage seniors from making large financial commitments. Nonetheless, the Hampton Roads market for CCRCs appears still to have room for diversification and expansion. Hampton Roads has fewer CCRC residences than either Northern Virginia or the Greater Richmond area, both in real numbers and in proportion to our region's total senior population. CCRCs in Virginia's other major metropolitan markets offer residents a choice between life care and fee-for-service contracts, an option not yet publicized by any Hampton Roads communities. (A representative from Patriots Colony told us by telephone, however, that it was adding a fee-for-service option.) Likewise, a substantial proportion of the CCRCs elsewhere in Virginia have been accredited by CARF-CCAC – a distinction not held by any Hampton Roads communities (although Williamsburg Landing is currently engaged in the accreditation process). Accreditation is purely voluntary, so its absence does not necessarily indicate that Hampton Roads' CCRCs are deficient in any way. Accreditation does, however, provide reassurance that a community is well managed, its financials are in order and its facilities are well maintained.

Aging in Place: Living Outside of a CCRC

Continuing Care Retirement Communities (CCRCs) are the most prominent residential option for seniors who live independently but seek reassurance that their future long-term care needs will be fully met. CCRCs with hefty entrance fees are not, however, the only retirement communities in Hampton Roads that offer independent living, assisted living and skilled nursing care on a single campus. Seniors desiring to “age in place” may also consider the following sites, all of which receive comparatively high marks on the Nursing Home Compare and Virginia Department of Social Services Web sites.

SANDERS (GLOUCESTER)

This “active adult community” sponsored by the Riverside Health System evolved over the course of several decades, responding to the changing needs of seniors in Hampton Roads’ northeastern corner. The community’s core is the Frances N. Sanders Nursing Home, which was established in 1955. With the construction of independent living and assisted living residences in the 1980s and 1990s, Sanders now offers living options along the entire care continuum. Sanders – like the town of Gloucester itself – is a small community. Indeed, it advertises itself as a “village within a village” that is nestled within the heart of historic Gloucester Court House. Monthly fees for independent living (currently between \$2,130 and \$2,471) include housekeeping, interior and exterior maintenance, a daily noon meal and 24-hour accessibility to a licensed nurse, though perhaps not the resort-style amenities touted by other CCRCs in our region. Demand for residence at Sanders is high. Marketing director Tami Nunn reports that, as of April 2009, there was a wait list of 17 for the community’s 12 independent living cottages.

BETH SHOLOM VILLAGE (VIRGINIA BEACH)

Beth Sholom Village is Hampton Roads’ only continuum-of-care community whose mission includes the promotion of Jewish values and traditions. This community, too, evolved and expanded over time. The Beth Sholom Home of

Eastern Virginia (now the Berger-Goldrich Home at Beth Sholom Village) was established in 1980 in the College Park area of Virginia Beach. The 120-bed skilled nursing facility now includes a rehabilitation pavilion and a specialized wing for Alzheimer’s patients. In 1982, an adjacent set of independent living residences known as The Sands opened its doors to low-income seniors. In 2004, an assisted living facility known as The Terrace became the village’s newest addition. Although the entire care continuum is present at Beth Sholom Village, each residential component serves a somewhat different population. The Sands’ independent living residences participate in HUD’s Section 8 housing program, while The Terrace is an upscale assisted living facility with monthly rates beginning at \$3,600. Thus, a resident of The Sands in need of some daily assistance would be unlikely to move to The Terrace. Seniors receiving nursing care at the Berger-Goldrich Home do, however, regularly move into or from the Village’s other two facilities, according to executive director David Abraham.

ATLANTIC SHORES (VIRGINIA BEACH)

Atlantic Shores claims its unique niche among our region’s continuum-of-care communities through equity ownership. Its approximately 600 independent living residences – which include apartments and villa homes in a wide array of sizes and floor plans – are purchased, not rented. Thus, when a resident eventually departs his home for any reason – including a move into assisted living or skilled nursing care – he can expect to resell the home at its current market value. (Needless to say, the favorability of this arrangement depends upon the current state of the real estate market.) Home prices currently range from \$148,600 to \$532,200; monthly fees range from \$824 to \$2,661. The “cost of admission” and amenities at Atlantic Shores resemble those of other well-appointed CCRCs in our region. The cooperative retirement community, which was founded in 1995, boasts an attractive 100-acre campus on the shore of Red Wing Lake. Residents can play tennis and shuffleboard, dine at their choice of restaurants, and receive health care at an on-site wellness center, among other perks of membership. Resident fees do not, however, include the guarantee of long-term care that is a hallmark of CCRCs. Atlantic Shores homeowners do receive priority admission to the community’s two long-term care

residences: Harbourway, an assisted living facility with 54 apartments, and Seaside, a 50-bed skilled nursing facility.

Focus on Award Winners

These long-term care facilities have received media attention and professional accolades that extend well beyond Hampton Roads.

HANCOCK GERIATRIC TREATMENT CENTER (WILLIAMSBURG)

The Hancock Geriatric Treatment Center is part of Eastern State Hospital, the first public facility in the United States built solely for the care and treatment of people with mental illness. Since 1976, the Hancock Center has provided care to seniors with particularly severe symptoms of Alzheimer's disease and other kinds of dementia, who could pose a danger to themselves or to others. Some residents stay at the center for only a short period of evaluation and treatment; others may remain for many years. As a part of Eastern State Hospital, the Hancock Center is overseen by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). Thus, all residents of the Hancock Center must first be screened and referred by local mental health authorities.

In 2006, the Hancock Center was rated favorably by the Consumer Reports Nursing Home Quality Monitor, which purports to be more discriminating than the CMS Nursing Home Compare ratings.⁸ Drawing upon state inspection surveys, staffing data and select CMS quality indicators, the Consumer Reports staff generated a short list of "potentially good" facilities in each state. The Hancock Center was the only nursing facility in Hampton Roads to make the cut (among 14 in Virginia).

In 2008, the Hancock Center moved into a \$28 million, state-of-the-art facility on the Eastern State campus.⁹ The new facility, which houses 150 residents, is the fruit of a public-private partnership between DMHMRSAS and Gilbane Development Co. According to a joint press release, the building's design "reflects a new national standard in evidence-based practices," accommodating the special needs of geriatric patients "by incorporating age-appropriate activity, visual cues, acoustics and personal space." Among the building's most striking features is its main hallway that unites four resident wings. Decorated in bold colors to resemble traditional downtown storefronts, "Main Street" is an easy-to-navigate communal space that leads to rooms for therapy and other activities. The Hancock Geriatric Treatment Center was one of three locations across the country to receive a 2008 Innovation Award from the National Council for Public-Private Partnerships.

MARIAN MANOR (VIRGINIA BEACH)

Residents of Marian Manor, a 117-apartment assisted living facility near Town Center in Virginia Beach, can claim honors in a very different field: wine-making. Since their first entry in 2002, Marian Manor's Vintage Vintners have walked away with three medals in the WineMaker International Amateur Wine Competition. Their top-ranked libation, a scuppernon wine called Golden Glow, earned a gold medal in the competition's White Native American Varietal category in 2003, besting all other entrants. Each year a group of 10-20 residents, assisted by amateur vintner Ron Peperak, produces a small batch of wine from start to finish – picking the grapes, pressing them by hand, and bottling and labeling the finished product. In 2006, the winemaking program drew the attention of AARP Bulletin Today, which included Marian Manor among the nation's "most innovative assisted living homes where residents are well cared for and respected."

⁸ Available online at: http://www.consumerreports.org/cro/health-fitness/nursing-home-guide/nursing-home-quality-monitor/0608_nursing-home-quality-monitor.htm

⁹ A slideshow of photographs of the new Hancock Geriatric Treatment Center is available online at: <http://www.behavioral.net/ME2/dirmod.asp?sid=BB72A6D997D64BC3A1560C92179825B8&nm=Design+Showcase&type=SlideShow&mod=Design%3A%3ASlide+Show+Titles&mid=5FC59CAE3ED74F5CB7962AA457AF518B&id=DBC0119C18A426AB51A42EF6F9657D2&tier=3&p=1>.

Participation in the Vintage Vintners is one of many activities available to seniors who reside at Marian Manor, one of several long-term care facilities in Hampton Roads that is sponsored by the Catholic Diocese of Richmond. According to DSS regulations, all licensed ALFs in Virginia must provide their residents with 11 hours of planned activities per week (16 hours in special care units). The offerings at Marian Manor exceed these minimums several times over. Cooking and exercise classes, bell chimes practices, Bible studies and game nights are just a few of the regular activities on the facility's calendar. Annual special events include a formal "senior" prom in the spring, and Santa and Mrs. Claus training classes at Christmastime. Activities director Thess Escobar reports that 12 Santa and Mrs. Clauses from Marian Manor answered around 800 telephone calls from children during the past holiday season.

Marian Manor offers four distinct levels of assisted living care. Monthly fees range from \$2,974 to \$5,220 per month, depending on the type of residence and the level of care received. Fifteen of the facility's beds are, however, reserved for low-income seniors who pay with state auxiliary grants (currently \$1,112 per month). Predictably, the wait list for these beds is long – around 36 prospective residents, according to administrator Tom Spivak.

Final Thoughts

The operation of nursing homes and assisted living facilities is a difficult business. Administrators face persistent cost pressures, shortages of trained personnel and a daunting amount of paperwork in their interactions with insurance providers, Medicaid, Medicare and state regulatory authorities. Nurses and other members of the long-term care workforce have great responsibilities, but their financial compensation is often low. In Hampton Roads and elsewhere, long-term care is a field with many unsung heroes.

Although statistics can never fully capture the quality of care that long-term care facilities provide, Hampton Roads' institutions appear to measure up well with respect to others in the Commonwealth of Virginia. Hampton Roads possesses a wide array of residential long-term care options for seniors, at a range of different price levels. Most of these facilities provide outstanding care, although some clearly do not. No obvious correlation exists between the cost and quality of care in our region's nursing homes (with the notable exception of CCRCs) – a situation that may be attributed to the subsidizing role of Medicaid and Medicare. The same cannot be said of our region's assisted living facilities. Low-income seniors who rely upon auxiliary grants to pay for assisted living care are more likely to reside in troubled facilities.

As with many aspects of long-term care, funding is an issue that transcends the boundaries of our region. **The well-being of Hampton Roads' long-term facilities depends substantially upon policies formulated by the Commonwealth of Virginia's leadership in Richmond, and administered by the departments of Health, Social Services and Medical Assistance Services.** Virginia's rapidly aging population will place unprecedented pressures upon these agencies in the years to come. The success of our long-term care system will require not only the sufficient funding and oversight of traditional nursing facilities, but also a greater investment in assisted living and other home- and community-based services.

TABLE 1

OUR AGING POPULATION: A DEMOGRAPHIC PORTRAIT

Age Group		Virginia	United States
Population (000s)	2007	7,712	301,621
	2030 est.	9,825	363,584
	Pct. Chg.	+27%	+21%
Age 65+	2007	11.8%	12.6%
	2030 est.	18.8%	19.7%
	Pct. Chg.	103%	89%
Age 85+	2007	1.5%	1.8%
	2030 est.	2.5%	2.6%
	Pct. Chg.	114%	96%
Persons Aged 65+ With Disabilities, 2007			
Sensory Disability		15%	16%
Physical Disability		31%	31%
Mobility Disability		17%	18%
Self-Care Disability		10%	10%
Any Disability		39%	41%
Persons Aged 65+ With Alzheimer's Disease, 2010 Estimate			
		13%	13%

Sources: Virginia Department for the Aging and U.S. Census Bureau

TABLE 2

THE COSTS OF LONG-TERM CARE

	Virginia	United States
Medicaid Expenditures		
Total Medicaid Expenditures (millions), 2007	\$4,968	\$311,848
Increase Over 2002	43%	28%
Medicaid Long-Term Care Expenditures for Older People and Those with Physical Disabilities	\$979	\$64,169
Increase Over 2002	20%	18%
Increase in Nursing Facilities	3%	7%
Increase in Home and Community-Based Services	123%	68%
Primary Payers		
Medicaid Is Primary Payer	60%	64%
Medicare Is Primary Payer	17%	14%
Other Primary Payer	22%	22%
Public and Private Payment Rates		
Medicaid Payment Per Day	\$145	\$158
Medicare Payment Per Day	\$282	\$305
Average Private Payment Per Day	\$180	\$209

Sources: Virginia Department for the Aging and U.S. Census Bureau

TABLE 3

NURSING FACILITY SUMMARY STATISTICS

	Number of NFs	Population Age 65+	NF Beds Per 1,000 Age 65+	Average Occupancy Rate	Average Semi-Private Daily Room Rate	Average Private Daily Room Rate	Percentage of NFs with 5-Star Rating	Percentage of NFs with 4-Star Rating	Percentage of NFs with 3-Star Rating	Percentage of NFs with 2-Star Rating	Percentage of NFs with 1-Star Rating
Hampton Roads	57	181,315	35	92%	\$172	\$190	15%	20%	24%	15%	26%
Richmond Area	44	141,641	38	91%	\$183	\$201	5%	16%	16%	14%	49%
Northern Virginia	41	212,151	25	88%	\$213	\$237	5%	24%	19%	16%	35%
Virginia	282	909,522	35	91%	\$182	\$202	10%	20%	19%	19%	32%
United States	1,699,494	37,887,958	45	85%	\$191	\$212	12%	23%	21%	21%	23%

Sources: Centers for Medicare & Medicaid Services, at: www.medicare.gov/NHCompare (accessed January 2009)
 2007 Population Estimates, at <http://factfinder.census.gov>
 Across the States: Profiles of Long-Term Care and Independent Living, 8th ed. (2009), at: http://assets.aarp.org/rgcenter/il/d19105_2008_atl.pdf
 Virginia Health Information, at: www.vhi.org (accessed February 2009)
 The MetLife Market Survey of Nursing Home & Assisted Living Costs (October 2008), at: <http://www.metlife.com/mmi/publications/research-studies/index.html>
 Virginia Department of Health, Division of COPN (statistics from fiscal years ending in 2007)

TABLE 4

NURSING FACILITY RATINGS IN HAMPTON ROADS

Name	Profit or Nonprofit	Affiliated Chain/ Corporation (Total Nursing Facilities)	Licensed Beds	Occupancy Rate	5-Star Rating (1/15/09)	Health Inspections (1/15/09)	Staffing (1/15/09)	Quality Measures (1/15/09)	Quality First Pledge	Joint Comm. Accred.	Semi-Private Daily Room Rate	Private Daily Room Rate	Other Residential Options
Chesapeake													
Autumn Care of Great Bridge	P	Autumn Care (24)	55	92.0%	****	****	***	****			\$147	NA	
Chesapeake Health and Rehabilitation Center	P	Medical Facilities of America (31)	240	94.1%	**	***	*	**			\$172	\$185	
Sentara Nursing Center - Chesapeake	NP	Sentara Healthcare (7)	120	92.5%	*	*	**	***	X		\$188	\$215	Asst Living
Carrington Place of Chesapeake	P	Traditions Management (12)	120	94.4%	**	*	****	**			\$136	\$147	
Hampton													
Coliseum Park Nursing Home	P		180	90.9%	***	***	**	**			\$160	\$165	
Northampton Convalescent Center	P	Virginia Health Services Inc. (6)	60	97.1%	***	****	*	**			\$169	\$176	
Riverside Convalescent Center - Hampton	NP	Riverside Health System (9)	130	90.5%	***	****	*	**	X		\$158	\$167	
Sentara Nursing and Rehabilitation Center - Hampton	NP	Sentara Healthcare (7)	86	90.8%	***	****	*	****			\$160	\$280	
Newport News													
The Chesapeake (CCRC)	NP	Virginia Baptist Homes (4)	52	NA	NA	NA	NA	NA			NA	NA	Ind, Asst Liv
James River Convalescent and Rehabilitation Center	P	Virginia Health Services Inc. (6)	189	90.9%	***	****	*	***		X	\$172	\$187	
Newport News Nursing and Rehabilitation Center	P	Consulate Health Care (57)	102	92.7%	*	**	*	*	X		\$153	\$163	

TABLE 4

NURSING FACILITY RATINGS IN HAMPTON ROADS

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Newport News													
The Newport	P	Virginia Health Services Inc. (6)	45	97.0%	*****	*****	**	****			\$174	\$180	
The Gardens at Warwick Forest (includes CCRC)	NP	Riverside Health System (9)	242	83.7%	**	***	*	***	X		\$158	\$168	Ind, Asst Liv
St. Francis Nursing Center	NP	Bon Secours Health System Inc. (6)	115	88.8%	*	*	NA	***	X		\$161	\$173	
Norfolk													
Autumn Care of Norfolk	P	Autumn Care (24)	120	95.5%	***	***	***	***			\$153	\$163	
Bon Secours DePaul - TCU	NP	Bon Secours Health System Inc. (6)	24	87.1%	****	*****	*****	*			\$300	\$350	Asst Living
Harbor's Edge (CCRC)	NP		33	NA	NA	NA	NA	NA			NA	NA	Ind, Asst Liv
Harbour Pointe Medical and Rehabilitation Center	P	Kindred Healthcare Inc. (226)	172	91.3%	* SFF	*	NA	*	X		\$195	\$221	
Lake Taylor Transitional Care Hospital	NP		192	90.3%	*****	*****	***	**	X		\$155	\$170	
Norfolk Healthcare Center	P	Medical Facilities of America (31)	180	93.3%	*	**	*	*			\$205	\$213	
Envoy of Thornton Hall (formerly Ruxton Health)	P	Envoy Health Care (13)	60	95.8%	*****	*****	***	**	X		\$136	\$152	Asst Living
Sentara Nursing Center - Norfolk	NP	Sentara Healthcare (7)	193	95.5%	***	**	****	***			\$268	\$275	Asst Living
Tandem Health Care of Norfolk	P	Consulate Health Care (57)	222	92.6%	*	*	*	**	X		\$155	\$165	

TABLE 4

NURSING FACILITY RATINGS IN HAMPTON ROADS

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Poquoson													
Golden LivingCenter - Bayside of Poquoson	P	Golden Living (317)	60	96.3%	****	*****	*	****	X		\$175	\$182	
Portsmouth													
Autumn Care of Portsmouth	P	Autumn Care (24)	108	93.5%	***	****	*	***			\$147	\$155	
Golden LivingCenter - Portsmouth	P	Golden Living (317)	120	92.6%	*	*	*	****	X		\$142	\$159	
Sentara Nursing Center - Portsmouth	NP	Sentara Healthcare (7)	132	93.0%	*****	*****	**	*****			\$210	\$228	
Suffolk													
Autumn Care of Suffolk	P	Autumn Care (24)	120	94.9%	***	****	****	*	X		\$158	NA	
Lake Prince Woods (CCRC)	NP	United Church Homes and Services (3)	40	NA	*****	****	*****	***			NA	NA	Ind, Asst Liv
Maryview Nursing Care Center	NFP	Bon Secours Health System Inc. (6)	120	93.5%	****	****	**	***	X		\$147	\$168	Asst Living
Nansemond Pointe Rehabilitation and Healthcare Center	P	Kindred Healthcare Inc. (226)	160	97.5%	**	***	**	*	X		\$176	\$195	
Virginia Beach													
Bay Pointe Medical and Rehabilitation Center	P	Kindred Healthcare Inc. (226)	118	83.3%	*	**	*	*	X		\$163	\$178	
Bayside Health Care Center	P	Medical Facilities of America (31)	60	90.6%	***	****	*	**			\$197	\$208	

TABLE 4

NURSING FACILITY RATINGS IN HAMPTON ROADS

Name	Profit or Nonprofit	Affiliated Chain/ Corporation (Total Nursing Facilities)	Licensed Beds	Occupancy Rate	5-Star Rating (1/15/09)	Health Inspections (1/15/09)	Staffing (1/15/09)	Quality Measures (1/15/09)	Quality First Pledge	Joint Comm. Accred.	Semi-Private Daily Room Rate	Private Daily Room Rate	Other Residential Options
Virginia Beach													
Beacon Shores Nursing and Rehabilitation Center	P		180	76.7%	* SFF	*	***	*			\$150	\$183	
Beth Shalom Home of Eastern Virginia	NP		120	92.2%	****	**	****	*****			\$224	\$231	Ind, Asst Liv
Heritage Hall - Virginia Beach	P	American Healthcare LLC (17)	90	88.7%	*	**	*	***	X		\$147	\$157	
Oakwood Nursing and Rehabilitation Center	FP		60	89.7%	***	***	*	*****			\$155	\$175	
Our Lady of Perpetual Help	NP	Catholic Diocese of Richmond / Coordinated Services Management Inc. (4)	30	100.0%	****	****	****	****			\$179	\$194	Asst Living
River Pointe Rehabilitation and Healthcare Center	P	Kindred Healthcare Inc. (226)	145	88.8%	**	***	*	***	X		\$157	\$192	
Seaside Health Center at Atlantic Shores	NP		50	NA	****	***	****	***			NA	NA	Ind, Asst Liv
Sentara Nursing Center - Virginia Beach	NP	Sentara Healthcare (7)	120	92.5%	****	****	***	***			\$238	\$268	Asst Living
Sentara Nursing Center - Windemere	NP	Sentara Healthcare (7)	90	94.7%	*****	*****	*	*****			\$167	\$180	
Virginia Beach Healthcare and Rehabilitation Center	P	Medical Facilities of America (31)	240	91.5%	*	*	*	*			\$189	\$203	
Westminster-Canterbury on Chesapeake Bay (CCRC)	NP		95	NA	*****	*****	****	****			NA	NA	Ind, Asst Liv

TABLE 4

NURSING FACILITY RATINGS IN HAMPTON ROADS

Name	Profit or Nonprofit	Affiliated Chain/ Corporation (Total Nursing Facilities)	Licensed Beds	Occupancy Rate	5-Star Rating (1/15/09)	Health Inspections (1/15/09)	Staffing (1/15/09)	Quality Measures (1/15/09)	Quality First Pledge	Joint Comm. Accred.	Semi-Private Daily Room Rate	Private Daily Room Rate	Other Residential Options
Williamsburg													
Consulate Healthcare of Williamsburg	P	Consulate Health Care (57)	90	95.2%	*	*	***	****	X		\$173	\$188	
The Convalescent Center at Patriot's Colony (CCRC)	NP	Riverside Health System (9)	60	NA	**	**	**	****			NA	NA	Ind, Asst Liv
Hancock Geriatric Treatment Center	NP		150	NA	****	**	*****	*****		X	NA	NA	
Envoy of Williamsburg (formerly Ruxton Health)	P	Envoy Health Care (13)	130	90.0%	*	*	***	***	X		\$166	\$174	
WindsorMeade of Williamsburg (CCRC)	NP	Virginia United Methodist Homes Inc. (5)	12	NA	NA	NA	NA	NA			NA	NA	Ind, Asst Liv
Woodhaven Hall at Williamsburg Landing (CCRC)	NP		58	NA	****	****	NA	***			NA	NA	Ind, Asst Liv
Gloucester County													
Frances N. Sanders Nursing Home (includes CCRC)	NP	Riverside Health System (9)	55	60.1%	****	***	****	***			\$155	\$171	
Walter Reed Convalescent and Rehabilitation Center	P	Virginia Health Services Inc. (6)	191	91.5%	**	***	*	****			\$172	\$182	
Isle of Wight County													
Riverside Convalescent Center - Smithfield	NP	Riverside Health System (9)	95	90.3%	*****	*****	**	***	X		\$145	\$152	
Consulate Health Care of Windsor	P	Consulate Health Care (57)	114	96.5%	***	*****	*	*	X		\$150	\$160	

TABLE 4

NURSING FACILITY RATINGS IN HAMPTON ROADS

Name	Profit or Nonprofit	Affiliated Chain/ Corporation (Total Nursing Facilities)	Licensed Beds	Occupancy Rate	5-Star Rating (1/15/09)	Health Inspections (1/15/09)	Staffing (1/15/09)	Quality Measures (1/15/09)	Quality First Pledge	Joint Comm. Accred.	Semi-Private Daily Room Rate	Private Daily Room Rate	Other Residential Options
Mathews County													
Riverside Convalescent Center - Mathews	NP	Riverside Health System (8)	60	97.2%	***	****	*	**	X		\$166	\$175	
York County													
Regency Health Care Center	P	Medical Facilities of America (31)	60	91.3%	**	****	*	*			\$166	\$175	
York Convalescent Center	P	Virginia Health Services Inc. (6)	60	95.8%	*	**	*	***			\$172	\$182	
			6325										

Source for ratings: Centers for Medicare & Medicaid Services, at: www.medicare.gov/NHCompare (accessed January 2009)
 Source for room rates: Virginia Health Information, at: www.vhi.org (accessed February 2009)
 Source for beds and occupancy rates: Virginia Department of Health, Division of COPN (statistics from fiscal years ending in 2007)
 Source for corporate affiliations: Billian's Healthdata (2009)

TABLE 5

ASSISTED LIVING FACILITIES: SUMMARY STATISTICS

	Number of ALFs	Population Age 65+	ALF Beds per 1,000 age 65+	ALFs "of Concern"	Percent ALFs "of Concern"	Auxiliary Grant Beds	Percent Aux. Grant Beds "of Concern"
Hampton Roads	104	181,315	31	13	12.5%	964	17.4%
Greater Richmond	123	141,641	48	10	8.1%	1,436	21.2%
Northern Virginia	107	212,151	36	24	22.4%	309	4.1%
Virginia	583	909,522	35	114	19.6%	6,697	21.0%
United States	39,005	37,887,958	26				

Source for regional and Virginia assisted living data: Joint Legislative Audit and Review Commission to the Governor and General Assembly of Virginia (JLARC)

The JLARC final report on the Impact of Assisted Living Facility Regulations (2007) is available at: http://jlarc.state.va.us/pubs_rec.htm.

Source for Virginia and U.S. assisted living data: "Across the States: Profiles of Long-Term Care and Independent Living," 8th ed. (2009), at:

http://assets.aarp.org/rgcenter/il/d19105_2008_ats.pdf

Source for population figures: 2007 Population Estimates, at <http://factfinder.census.gov>

TABLE 6

ASSISTED LIVING FACILITIES IN HAMPTON ROADS

	Owner Type	Affiliated Chain/Corporation (Total Assisted Living Facilities)	Total Beds	Type of License	Residential Care Only	Non-Ambulatory	Special Care Unit	ALF of Concern (2007)	Other Residential Options
Chesapeake									
Allzwell Assisted Living Center	FP		70	2-Year		X			
Carebridge Assisted Living	FP		66	1-Year		X			
Cedar Manor	NFP	Chesapeake Regional Medical Center	93	1-Year			X		
The Charity House	FP		26	1-Year					
Chesapeake Home	FP		34	1-Year		X		X	
Chesapeake Place	FP	Capital Senior Living Corporation (55)	92	1-Year					Ind Living
Colonial Home	FP		32	1-Year		X			
Deep Creek Manor	FP		22	2-Year					
Dominion Village at Chesapeake	FP	Five Star Quality Care Inc. (140)	50	1-Year			X		
Georgian Manor at River Walk	FP	Commonwealth Assisted Living (12)	50	Conditional		X			
Hills Home for Adults	FP		48	1-Year				X	
Indian River Residential Community	FP		110	1-Year				X	
LAV'M Adult Residence	FP		21	1-Year					
Living Options of Chesapeake	FP		20	1-Year				X	
Parsons Residential Care	FP		60	1-Year		X			
Sentara Village at Chesapeake	NFP	Sentara Healthcare (3)	106	1-Year					NF
Virginia Home for Adults	FP		52	1-Year					
Whitehurst Manor	FP		16	1-Year					
Hampton									
Bethel Helping Hands	FP		6	2-Year					
Commonwealth Assisted Living at Hampton	FP	Commonwealth Assisted Living (12)	56	1-Year					

TABLE 6

ASSISTED LIVING FACILITIES IN HAMPTON ROADS

	Owner Type	Affiliated Chain/Corporation (Total Assisted Living Facilities)	Total Beds	Type of License	Residential Care Only	Non-Ambulatory	Special Care Unit	ALF of Concern (2007)	Other Residential Options
Hampton									
The Devonshire	FP		55	3-Year					
Eden Court	FP	Commonwealth Assisted Living (12)	52	2-Year			X		
Rest Haven Manor	FP		96	1-Year		X		X	
Shelton on the Bay	NFP		55	3-Year					
Tender Care Adult Residence	FP		7	1-Year					
Newport News									
Agape Home for Adults	FP		14	1-Year					
Assisted Living at Warwick Forest (includes CCRC)	NFP	Riverside Health System (5)	117	3-Year			X		Ind Living, Nursing
Caring and Sharing Home for Adults	NFP		46	1-Year					
The Chesapeake (CCRC)	NFP	Virginia Baptist Homes (4)	90	3-Year			X		Ind Living, Nursing
Cote De Neige	FP		11	1-Year					
Governors Inn Estate Assisted Living	FP		56	1-Year					
Heart & Soul I	FP		8	1-Year					
Heart & Soul II	FP		9	1-Year					
Heart & Soul III	FP		27	Conditional					
The Hidenwood	FP	Retirement Unlimited (7)	125	1-Year					Ind Living
Hilton Plaza	FP		71	2-Year					
Mennowood Retirement Community	NFP		90	2-Year			X		Ind Living
Mile-A-Way	FP		10	2-Year	X				
Morningside of Newport News	FP	Five Star Quality Care Inc. (140)	110	1-Year			X		
Open Arms Adult Home	FP		5	2-Year					
Open Arms II	FP		10	2-Year					

TABLE 6

ASSISTED LIVING FACILITIES IN HAMPTON ROADS

	Owner Type	Affiliated Chain/Corporation (Total Assisted Living Facilities)	Total Beds	Type of License	Residential Care Only	Non-Ambulatory	Special Care Unit	ALF of Concern (2007)	Other Residential Options
Norfolk									
The Ballentine	FP		96	2-Year					
Ballentine Manor	FP		60	1-Year					
Envoy of Thornton Hall (formerly Ruxton Health)	FP		25	Conditional					Nursing
Harbor's Edge (CCRC)	NFP		50	2-Year		X	X		Ind Living, Nursing
Hemal Blossom Vill Adult Home	FP		5	1-Year				X	
Leigh Hall	FP	Commonwealth Assisted Living (12)	40	1-Year		X			
Lydia Roper Home	NFP		27	1-Year	X				
Madonna Home	NFP	Catholic Diocese of Richmond	16	1-Year				X	
Pinewood Inn	FP	Commonwealth Assisted Living (12)	37	1-Year		X	X		
Province Place DePaul	NFP	Bon Secours Health System Inc. (5)	97	1-Year			X		Nursing
Sentara Village at Norfolk	NFP	Sentara Healthcare (3)	96	2-Year		X	X	X	Nursing
Shepherd's Village @ Park Avenue	NFP	First Baptist Church	20	1-Year					
Poquoson									
Dominion Village at Poquoson	FP	Five Star Quality Care Inc. (140)	48	3-Year					
Portsmouth									
Bell's Residential Adult Care Home	FP		30	1-Year					
Churchland House	FP	Commonwealth Assisted Living (12)	74	1-Year		X	X		
Emily Green Shores	NFP	Portsmouth Baptist Association	39	2-Year					
Lillian's Loving Care	FP		32	1-Year		X			
Mayfair House	FP		60	Conditional		X			
Province Place Maryview	NFP	Bon Secours Health System Inc. (5)	78	1-Year			X		Nursing
Westhaven Manor	FP		31	1-Year					

TABLE 6

ASSISTED LIVING FACILITIES IN HAMPTON ROADS

	Owner Type	Affiliated Chain/Corporation (Total Assisted Living Facilities)	Total Beds	Type of License	Residential Care Only	Non-Ambulatory	Special Care Unit	ALF of Concern (2007)	Other Residential Options
Suffolk									
Hillcrest Retirement Center	FP		34	3-Year					
Lake Prince Center (CCRC)	NFP	United Church Homes and Services (3)	54	1-Year			X		Ind Living, Nursing
NubJones ALF	FP		100	1-Year				X	
Virginia Beach									
Abundant Care	FP		8	1-Year					
Acredale Assisted Living	FP		8	1-Year					
Assisted Living at Pritchard Road	FP		12	1-Year					
Atria Assisted Living at Virginia Beach	FP	Atria Senior Living Group (127)	153	1-Year			X	X	
Baylake Retirement Community	FP	Retirement Unlimited (7)	90	2-Year			X		
Brighton Gardens by Sunrise	FP	Sunrise Senior Living (391)	150	1-Year			X	X	
First Colonial Inn ALF	FP	Kisco Senior Living (19)	36	1-Year					Ind Living
Golden Living Community - Lynn Shores Chateau	FP	Golden Living Centers (16)	16	1-Year					
Harbourway at Atlantic Shores	NFP		74	1-Year		X	X		Ind Living, Nursing
Hope Haven Adult Home	NFP	Union Mission Ministries	19	1-Year					
King's Grant House	FP	Commonwealth Assisted Living (12)	46	1-Year		X			
Marian Manor	NFP	Catholic Diocese of Richmond/Coordinated Services Management Inc. (6)	145	1-Year					
Our Lady of Perpetual Help Health Center	NFP	Catholic Diocese of Richmond/Coordinated Services Management Inc. (6)	95	3-Year			X		Nursing
Pacifica Senior Living Virginia Beach	FP	Northstar Senior Living (15)	103	1-Year		X	X		
Sentara Village at Virginia Beach	NFP	Sentara Healthcare (3)	96	1-Year					Nursing

TABLE 6

ASSISTED LIVING FACILITIES IN HAMPTON ROADS

	Owner Type	Affiliated Chain/Corporation (Total Assisted Living Facilities)	Total Beds	Type of License	Residential Care Only	Non-Ambulatory	Special Care Unit	ALF of Concern (2007)	Other Residential Options
Virginia Beach									
The Memory Center of Virginia Beach	FP		48	Conditional		X	X		
The Terrace at Beth Shalom Village	NFP		78	2-Year		X	X		Ind Living, Nursing
Virginia Beach Estates	FP	Sunrise Senior Living (391)	60	2-Year					
Westminster Canterbury on Chesapeake Bay (CCRC)	NFP		109	2-Year		X	X		Ind Living, Nursing
Williamsburg									
Assisted Living at Patriot's Colony (CCRC)	NFP	Riverside Health System (5)	68	2-Year					Ind Living, Nursing
Colonial Manor	FP		39	1-Year		X			Ind Living
Dominion Village of Williamsburg	FP	Five Star Quality Care Inc. (140)	58	2-Year					
Madison Retirement Center	FP		92	1-Year					
Morningside of Williamsburg	FP	Five Star Quality Care Inc. (140)	100	2-Year			X		
Spring Arbor of Williamsburg	FP	H.H. Hunt Assisted Living (21)	92	2-Year					
St. Charles Lwanga House	NFP		8	1-Year					
WindsorMeade of Williamsburg (CCRC)	NFP	Virginia United Methodist Homes Inc. (5)	20	Conditional					Ind Living, Nursing
Woodhaven Manor at Williamsburg Landing (CCRC)	NFP		60	3-Year			X		Ind Living, Nursing
Gloucester County									
Assisted Living at Sanders (includes CCRC)	NFP	Riverside Health System (5)	45	3-Year					Ind Living, Nursing
Cary Avenue Adult Home	FP		60	1-Year					
Gloucester House	FP	Commonwealth Assisted Living (12)	76	2-Year		X	X		
Ransom Home for Adults	FP		10	1-Year	X				

TABLE 6

ASSISTED LIVING FACILITIES IN HAMPTON ROADS

	Owner Type	Affiliated Chain/Corporation (Total Assisted Living Facilities)	Total Beds	Type of License	Residential Care Only	Non-Ambulatory	Special Care Unit	ALF of Concern (2007)	Other Residential Options
Isle of Wight County									
Magnolia Manor	NFP	Riverside Health System (5)	60	2-Year			X		
New Horizon Home for Adults	FP		19	1-Year	X				
James City County									
Chambrel at Williamsburg	FP	Brookdale Senior Living (496)	68	2-Year					Ind Living
York County									
Lakeside Adult Home	FP		12	2-Year	X				
Sources: JLARC, Billian's Healthdata (2009) and the Virginia Department of Social Services, at: http://www.dss.virginia.gov/facility/search/alf.cgi									

TABLE 7
ASSISTED LIVING FACILITY BASE RATES (COSTS)

Area	Base Rates Per Month		
	Low	High	Average
Richmond (232 ZIP codes)	\$1,900	\$4,300	\$3,557
Northern Virginia (220-223 ZIP codes)	\$2,500	\$5,800	\$3,709
Remainder of Virginia	\$2,040	\$5,685	\$3,734
Virginia	\$1,900	\$5,800	\$3,651
United States	NA	NA	\$3,031

Source: 2008 MetLife Market Survey. Note that MetLife did not compute data for Hampton Roads, and its Richmond and Northern Virginia data are restricted to only some ZIP codes in those regions.



TABLE 8
CONTINUING CARE RETIREMENT COMMUNITIES SUMMARY DATA

Location	Number of CCRCs	Number of Accredited CCRCs	Population 65+ Years	Number of CCRC Residents	Residents Per 1,000 Persons 65+ Years
Hampton Roads	8	0	181,315	1,841	1.02%
Richmond	8	4	141,641	1,866	1.32%
Northern Virginia	10	6	212,151	4,106	1.94%

Sources: 2007 Population Estimates at <http://factfinder.census.gov>, and Commission on Accreditation of Rehabilitation Facilities, <http://www.carf.org>

