



Assisted Living Report Card Advisory Group Meeting

Date: 7/10/2025

Location: Zoom virtual meeting hosted by University of Minnesota

Attendance

Advisory Group Attendee	Organization
Todd Bergstrom	Care Providers Minnesota
Kari Everson	LeadingAge Minnesota
Angie Kluempke	Medica (Managed Care Organization)
Naima Mohamed	Residential Care Providers of MN (RPAMN)
Laura Orr	Minnesota Elder Justice Center
Jane Pederson	Stratis Health
Daphne Ponds	Minnesota Department of Health
Tom Rinkoski	AARP
Michaun Shetler	Care Providers Minnesota
Kris Sundberg	Elder Voice Family Advocates
Adam Suomala	Minnesota Leadership Council on Aging / Diverse Elders Coalition

Staff and presenters	Organization
Julie Angert	Department of Human Services
Lauren Glass	Department of Human Services
Martina Johnson	Department of Human Services
Rachel Shands	Department of Human Services
Tetyana Shippee	University of Minnesota
Tricia Skarphol	University of Minnesota
Observers	Organization
Genevieve Gaboriault	Ombudsman for Long Term Care
Alice Hewitt	Ombudsman for Long Term Care
Teresa Lewis	Department of Human Services
Rick Michals	Minnesota Department of Health

Toby Pearson	Care Providers Minnesota
Jean Peters	Elder Voice Family Advocates
Josh Sande	Elder Voice Family Advocates
Lynn Shannon	Department of Human Services
Reena Shetty	Department of Human Services

Agenda

- Welcome and brief introduction of new attendees
- DHS present:
 - DHS: Report card phased launch updates
 - UMN: analysis findings for 2024 resident and family survey scores
 - DHS: progress on 2025 resident and family surveys

Report card phased launch updates

2025 quarterly updates:

February 2025

- Added July – August 2025 MDH ratings
- Added 2024 resident and family survey ratings

May 2025

- Added September – November 2024 MDH ratings
- Added a new feature that links MDH licensing survey findings to the AL report card

July 2025

- Add December 2024 – February 2025 MDH ratings

October 2025

- Add March – May 2025 MDH ratings
- Publishing of a substantiated maltreatment findings indicator and ability to link to MDH findings.

Resident quality of life and family satisfaction surveys are currently being conducted and ratings will be posted in the first half of 2026.

New reports and indicators

- The substantiated maltreatment indicator will report on whether a facility has had a substantiated maltreatment finding where the facility is wholly or partially responsible and it will have a 12-month look back period.
 - This indicator will be updated automatically as MDH published findings online. DHS plans to release this feature in October.
- MDH survey and maltreatment reports - (table preview as it looks on the AL report card website).
 - DHS will link MDH licensing survey reports and substantiated maltreatment reports on each assisted living's individual quality profile page. Links will be automatically updated as MDH publishes new findings online.
- When these new features are added to the report card, in addition to the features currently found on the report card, this will represent all the features that will be updated on a quarterly basis. DHS does not have plans to add additional features beyond 2025.

Brand and marketing strategy development

DHS has contracted with an independent marketing firm, 5 x 5 Design, to help develop a brand and marketing strategy for the AL report card. Outcomes of their initial market research:

- Identified target audiences
- Defined value proposition and points of difference
- Created brand messages and talking points
- Develop a one-year communications plan
- Next steps include the development of materials and the implementation of a marketing campaign.

Advisory Group questions and answers related to report launch updates.

Question: Is there any benefit in distinguishing between self-reports versus external reports? (when a facility reports suspected maltreatment versus when others outside the facility report suspected maltreatment). I'm wondering if there could be unintended consequences of whether people want to self-report suspected maltreatment because these outcomes,

regardless of whether it was self-reported or externally reported, are going to show up somewhere more publicly.

Response from DHS: We are displaying substantiated maltreatment as “yes” or “no” and this information is already publicly available on the MDH website. I’m interested to hear group members’ thoughts around knowing who reported a maltreatment complaint.

Comment: We always want to be careful about unintended consequences of good things, which I believe is a good thing to be transparent. For consumers, it would be too much to show complexity of where the report came from. I don’t know if this would change anything to add that additional layer, but I’m happy to hear from the consumer perspective.

Additional comment: As someone without any experience coming into this representing the consumer perspective, I find the reports extremely valuable, but I find it takes a lot more time than most consumers are willing to read. These are complicated reports for a consumer trying to find a facility, so adding another report or giving it nuance would make it even more complicated for the average consumer.

Question: Does the report card show claims that have been substantiated against an individual versus the facility because those are two different things. This could have a chilling effect on facilities reporting maltreatment they believe needs to be substantiated against an individual if they are going to show up on the report card as substantiated against the organization.

DHS comment: We are not showing anything that is substantiated where the responsibility is with an individual; we are only showing the reports that are substantiated where the provider is responsible.

Follow-up comment: When we are looking at these reports, we do appreciate it when a facility reports problems. When looking at substantiated reports where the individual is responsible, the facility still has responsibility for those individuals that engage with. These are gray issues.

Findings from 2024 resident and family surveys - UMN

- Resident surveys are conducted in-person.
- Family surveys can be conducted online, over the phone, or by mail.
- Facilities with a license to serve 7 or more residents were included in the 2024 surveys.

Number of facilities posting scores for the 2024 survey

- Resident surveys
 - No surveys from small facilities (1-5 beds) met their margin of error (MOE) to post scores.
 - 252 surveys from medium-sized facilities (6-25 beds) met their MOE to report scores (24% of all resident surveys completed in a medium facility).
 - 627 surveys from larger facilities (26+ beds) had reportable scores (93% of resident surveys completed in a large facility).
- Family surveys
 - 145 surveys from small + medium facilities (1-25 beds) met the MOE to report scores (39% of all small & medium-sized family surveys completed).
 - 589 surveys from large facilities had reportable surveys (93% of family surveys completed in large facilities).

Resident and family survey characteristics

- Most residents are between the ages of 65-84 years (67.2%), female (66%) and White (83.9%).
- Most family survey respondents are between the ages of 55-74 years (67.9%), female (65.4%) and White (92.5%).

Resident and family survey domain scores

- The two highest rated domains from resident surveys were 1) physical environment and 2) safety and privacy. The two lowest rated domain scores were 1) overall satisfaction and 2) food.
 - Resident overall satisfaction is measured using one question. *Overall, what grade would you give [Name of Facility], where A is the best it could be, and F is the worst it could be?*
- The two highest rated domains from family surveys were 1) Overall satisfaction and 2) physical environment.
 - Family overall satisfaction is measured using three questions. **1.** On a scale where A=excellent, B=very good, C=average, D=below average, and F=failing, how would you grade the quality of this facility as a place to live? **2.** On a scale where 5=extremely confident and 1=not at all confident, how confident are you that your resident is well cared for whether you are present or not? **3.** On a scale where 5=extremely high and 1=extremely low, how enthusiastically would you recommend this facility to another family?

- The two lowest rated domains from family surveys were 1) food and 2) personal care needs.

Regression analysis results

This analysis is asking how the role of facility size (medium or large), ownership status (for-profit or non-profit), license type (AL licensure or AL licensure with dementia care), and geography predicts differences in the quality domain scores for residents and families.

Resident results:

- Facility size: Facility size is mixed across domains. For residents who live in medium-sized facilities, some domains are positive, such as staff and food, while others are negative such as physical environment, religion, and spirituality, and safety and privacy. This means that residents who live in medium-sized facilities report more satisfaction with staff and less satisfaction with the physical environment, for example.
- Ownership status: Residents who live in not-for-profit facilities report higher satisfaction across all domains compared to residents who live in for-profit facilities.
- License type: Residents who live in facilities that are licensed for dementia care are less satisfied with the physical environment, food, choice and autonomy, finances, and overall satisfaction compared to residents who live in facilities that are not certified for dementia care.
- Geography: Residents who live in the rest of the state reported more satisfaction in the staff, physical environment, activities and engagement, choice and autonomy, religion and spirituality, safety and security, and overall satisfaction domains compared to residents who live in the Twin Cities Metro.

Family results:

- Facility size: Family members of residents who live in a large facility are less satisfied with each domain compared to family members who have a resident that lives in a medium facility.
- Ownership status: Family members who have a resident in a not-for-profit facility are more satisfied and the results are significant for all domains except food and finances.

- License type: Family members of residents who live in a facility with a dementia care license are satisfied with most domains except for food. These results are different from resident surveys.
- Geography: The results here are the opposite from those reported by residents. Family members with residents who live in a facility in the Twin Cities Metro area are satisfied with all domains as compared to family members who have a resident who lives in a facility in the rest of the state.

Summary of results:

- Overall residents and family satisfaction scores are high.
- Facility characteristics like location impact ratings.
- Quality measures help inform future and current residents and drive continuous quality improvement.

Factor analysis:

Factor analysis is a statistical technique that helps us identify which resident and family survey domains we should include for the AL report card. It also indicates which domains are reliable and do they domains hold up if we compare them across different survey years.

Resident survey:

- 2022-2023: Due to lack of sufficient data, we were unable to determine if the domains of *"choice and autonomy"* and *"physical environment"* should be combined.
- 2023-2024: The domains of *"choice and autonomy"* and *"physical environment"* do not need to be combined. No changes were recommended to the resident survey.
- If warranted, a one-factor model, where all the domains are combined into one score shows good reliability.

Family survey:

- 2022-2023: No changes were recommended.
- 2023-2024: No recommended survey changes. The questions asked in each of the 7 domains measure their intended outcomes.

- The 7-factor model provides a better fit and more detailed information. A 1-factor model could be used for family surveys with only a small loss of information, if warranted.

Advisory Group questions and answers related to 2024 resident and family surveys

Comment: I find that as I work with people, they are more specific about what they are seeking in terms of specialized diets that are ethnic in origin, mandated by their doctors, or vegetarian versus the “normal” diet. I don’t know if they are satisfied with what is provided or if it meets their expectations.

Follow-up comment: It is interesting to think about how the food measure will change over time given how the range of foods in our communities has evolved over time.

Response from UMN: Now that we have the report card, we have “time stamps” to see how satisfaction with food changes. Residents could want or expect to have something different when it comes to food, but they still like the facility and give it a satisfactory grade. However, food is a concern for both family and residents. We see meaningful differences across the domains, which I think is important – if there was just one overall score, it would be hard to tell how to target quality improvement. The report card shows the averages for each domain, but facilities receive individual reports and they can compare their scores to mean scores.

Comment: It is good to see that the “*people who work here*” domain is pretty highly rated.

Response from UMN: We talk so much about challenges in staffing, but it’s clear that on average, most residents appreciate the staff who are working in these facilities and it is reflected in these scores.

2025 Quality of life surveys updates

Timeline

- Resident surveys began April 2025 and end September 2025.
 - These ratings will be published in January 2026.
- Family surveys began May 2025 and end November 2025.
 - These ratings will be published April 2026.

Resident and family survey data collection progress

- Facilities with a license capacity to service at least 7 residents (1,005 facilities) were contacted for 2025 surveys.
- As of June 26, 2025:
 - 448 (45% of in-scope ALs) have been contacted
 - Surveys meeting MOE =253 (56%)
 - Survey attempted and MOE not met: =16 (4%)
 - Refusals =13 (3%)
 - Out of scope =23 (5%)
 - Facility closed or less than 5 residents at the time of scheduling surveys.
- There have been improvements in the rate of providers who actively participate and meet the margin of error from the last round of surveys due to the change in scope for providers (capacity to serve 5 residents changed to capacity to serve for 7 residents).

Vital Research survey report updates

- DHS received requests from some providers to provide Vital Research resident and family survey reports in a format that can be more easily used for data analysis.
 - Provider agencies expressed support for sharing survey results with providers in an Excel format.
 - For the 2025 round of surveys, provider survey results will be in an Excel format in addition to the standard PDF format.

Advisory Group questions and answers related to 2024 resident and family surveys

Comment from DHS: We would like to hear feedback from providers as the Excel reports roll out and whether it meets the need that was expressed or any other additional feedback you may have.

Advisory Group Next Steps

- Today's meeting slides and notes will be posted to the project webpage: www.mn.gov/dhs/assisted-living-report-card
- Our next meeting will be held in the fall; the exact date is TBD.
 - Is there interest in attending this meeting in-person?
 - If so, the meeting would be hybrid and group members would still have the option to join virtually.

- Many group members expressed interest in attending in-person meetings, particularly if the agenda is optimized to allow for engagement.