

	NURSING HOME	ASSISTED LIVING	HOSPITAL
Overview and Organizational Characteristics			
Definition	Referred to in federal regulations as a Skilled Nursing Facility (SNF) or a Nursing Facility (NF), a federally-regulated setting that provides short-term care (e.g., a few weeks) for complex after-hospital medical care, rehabilitation or respite, or longer-term care for ongoing nursing and/or supportive care that cannot be provided in a community setting.	A setting that provides long-term residential supportive care and some healthcare, but less than nursing homes. Assisted living is state regulated and varies across and within states, including the terms used to refer to it (e.g., adult homes, residential care, enriched housing programs, extended congregate care, rest homes, family care homes, group homes, and other names). Some smaller communities may be owner-occupied and have fewer residents than others.	An acute care setting in which people receive treatment for a serious illness or unstable condition such as a cardiac event or sepsis, or undergo complicated surgical procedures such as a knee replacement. Hospitalized patients often need to be admitted for one or more nights, and most people enter the hospital through the emergency department.
Payor source	Medicare or other insurance pays for a portion of short stays for up to 100 days if certain skilled needs exist. Long-term residents either have long-term care insurance (very few), pay privately, or spend their assets down to qualify for their state Medicaid program which then pays for care (most common).	This is usually private pay with some communities setting aside a small number of rooms/beds for low-income individuals paid for by state Medicaid waiver programs that aim to avoid more costly nursing home care.	Hospital admissions are paid for by Medicare or a patient's health insurance. When there are copayments and deductibles, some patients have supplemental insurance or qualify for Medicaid to supplement the copayments.
Number of providers (approximate)	14,743 certified nursing homes (2025)	32,200 licensed assisted living communities (2022)	6,093 hospitals (2023)
Number of users (approximate)	1,240,000 residents (2025)	988,800 residents (2022)	34,426,650 hospital admissions (2023)
Nurse staffing	9-38 patients per nurse (LPN or RN)	While there are no standard requirements, most have some nursing support on-site during the week.	1-7 patients per nurse
Recreational activities	Activities such as art, puzzles, music, and group exercise are available.	Most assisted living communities offer life enrichment activities.	No recreational services are available.

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Available Treatments			
Medications	An off-site contract pharmacy supplies medications administered by RNs, LPNs or medication aides/technicians. Some emergency and intravenous medications may be available on-site, but it is difficult to monitor high risk medications.	The extent of medication management differs across communities, but most provide some medication management; residents may incur an additional fee for the service.	An on-site pharmacy is present.
Respiratory services	Many have at least a part-time respiratory therapist to assist with breathing support (CPAP, BiPAP, nebulizers, supplemental oxygen); very few accept patients using ventilators or with high oxygen requirements.	Breathing support (CPAP, BiPAP, nebulizers, supplemental oxygen) is usually available, although respiratory therapists are not common; this service may be provided by a home health agency.	A high level of care is available including respiratory therapists, ventilators, CPAP, BiPAP, nebulizers, and supplemental oxygen.
Therapy services	Therapies -- physical therapy (PT), occupational therapy (OT), speech therapy (ST) -- are available during a post-acute rehabilitative stay but the resident must be able to participate 5 days per week if there is not another skilled need; long-term residents typically receive care similar to in the home (i.e., 2 -3 days per week for a limited time).	While there are no standard requirements, some communities have therapy services provided on-site, which are approved and billed the same as in the community; in some communities, therapies are provided by home health agencies.	Therapies (PT/OT/ST) are available and hospital therapists often help make recommendations for skilled nursing home or inpatient rehabilitation admission post-discharge from the hospital.
Mental health	Nursing homes contract with mental health providers as needed.	Infrequently, some communities provide mental health services on-site or contract with mental health providers,	Mental health consultation is available.
Primary care provider (PCP)	The PCP is required to visit the nursing home resident every 30 days during the first 90 days after admission and every 60 days thereafter; visits are usually more frequent during post-hospital rehabilitation.	Infrequently, some communities provide on-site primary care; they also may help arrange transportation for off-site visits.	Primary treatment providers review the patient's status daily.
Dialysis	Some nursing homes have in-house hemodialysis, peritoneal dialysis, or provide travel to dialysis center.	Dialysis is not provided on-site.	Acute short-term dialysis and continuation of long-term dialysis is available.

Memory (dementia) care	Some nursing homes have a special unit that provides memory care; less often, entire nursing homes provide specialized memory care and supports for individuals with dementia; they are of a higher cost and may have a wait list to enter. Thirteen percent of nursing homes provided specialized memory care in 2022.	Similar to nursing homes, there can be entire assisted living communities or units that provide specialized memory care and support for people with dementia; there is usually a higher cost for this care and often a wait list to enter. Twenty percent of communities had memory care in 2022.	No long-term memory care is available. Age-friendly hospitals may have protocols to manage issues specific to dementia during an acute hospitalization.
Hospice	New and long-term residents enroll with a hospice that contracts with their nursing home when appropriate; residents pay room and board fees while the hospice benefit covers medical fees.	Hospice is offered in assisted living in the same manner it would be offered to someone living independently in the community.	Hospice services are available in the hospital for a short duration. Patients who need longer term services are typically discharged home or to a nursing home with a hospice referral.

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Available Testing and Monitoring			
Laboratory testing	Lab testing is available but not on an immediate basis; typically, samples are transported to an outside lab once a day.	Lab testing is not typical but may be provided by organizations that come on-site.	Immediate or emergency lab testing is available.
Imaging	Ultrasound and simple X-rays are typically available, usually provided by a mobile imaging company.	Ultrasound and imaging may be provided by mobile imaging providers.	Ultrasound, X-rays, CT, MRI, and other imaging modalities are available.
Cardiac monitoring	An EKG is possible through a mobile service, but telemetry is not usually available.	Cardiac monitoring is not provided on-site.	Telemetry, emergency EKG, echocardiogram, and other testing/monitoring are available.

Note: Data provided in the table are from a variety of sources that span approximately the past decade of healthcare in the United States, and include the most recent data available at the time the table was created. Please see the source list below for more information.

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