

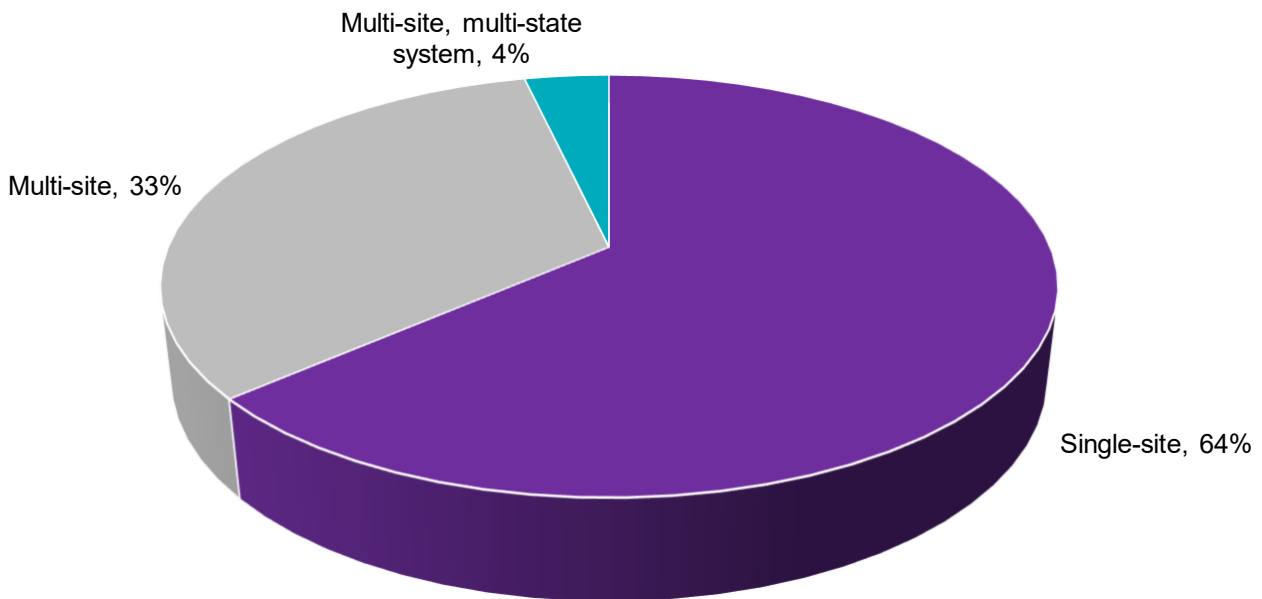
State of the Senior Living Workforce

ZIEGLER CFO HOTLINESM

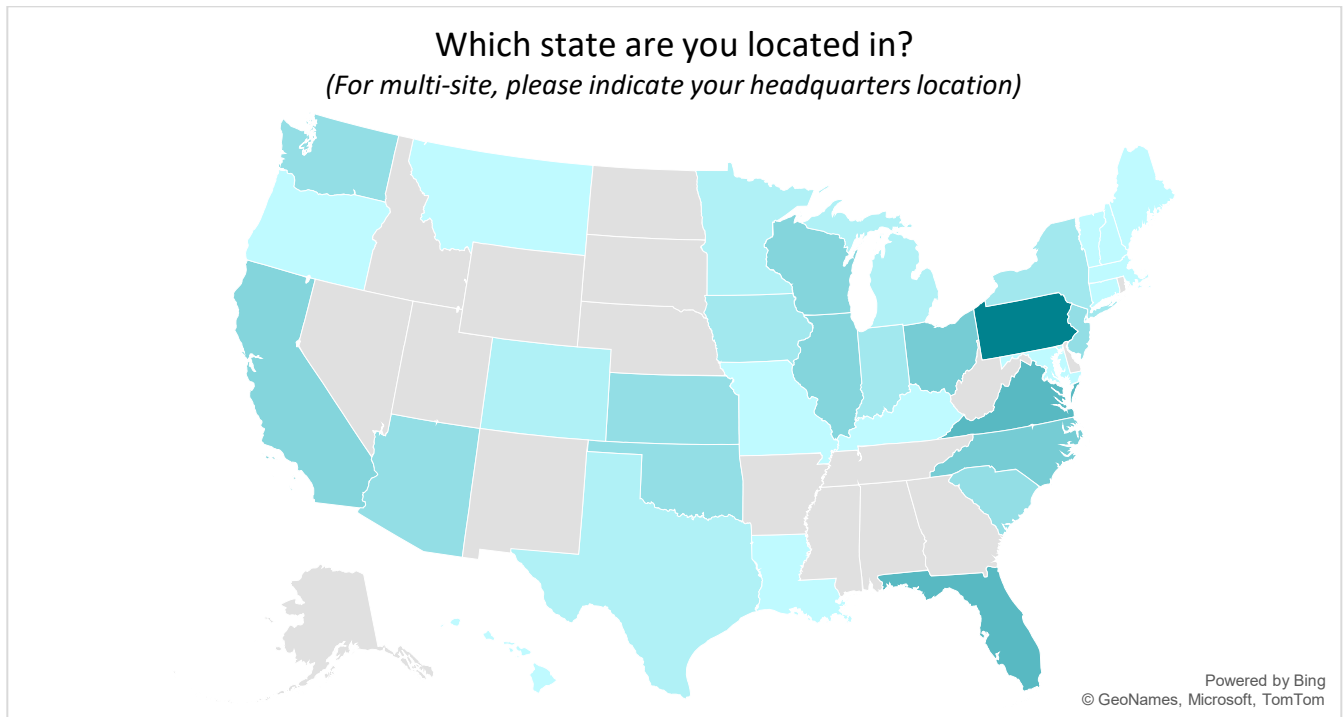
In June 2025 Ziegler *CFO Hotline*SM surveyed senior living and care CFOs with the focus on one of the most persistent and pressing challenges in senior living today: workforce stability. Amid an evolving labor landscape, rising costs, and growing care demands, the senior living sector continues to face considerable obstacles in attracting, retaining, and supporting its staff. The survey gathered insights from leaders across the country to assess the current state of the senior living workforce, explore staffing trends by care level and geographic setting, and highlight how providers are responding to these challenges. With participation from a broad spectrum of organizations, the data offers a nuanced look into workforce dynamics, from vacancy and turnover rates to compensation strategies, agency use, and innovative staffing solutions.

To start, respondents were asked if they are a single-site, multi-site system or multi-site-multi-state system. The majority of respondents were from single-site organizations.

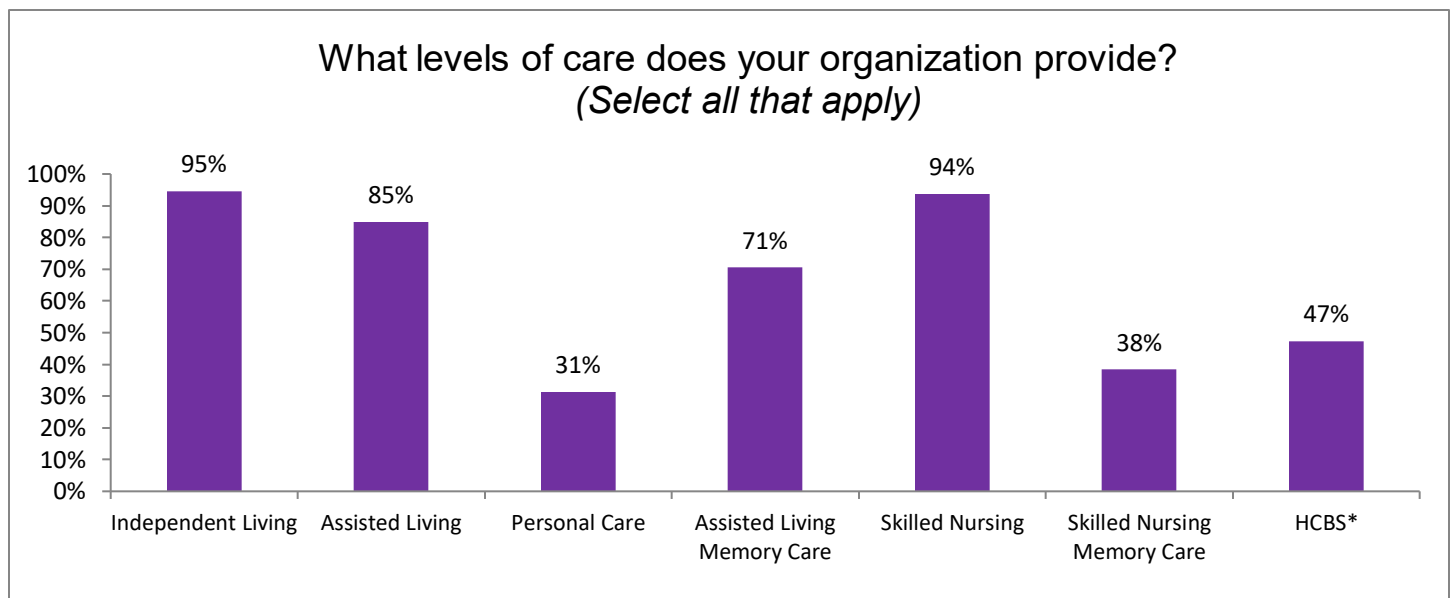
Which of the following best describes your organization?



Each respondent was then asked to identify the state where their community or organization was headquartered. Of the 33 states represented, the largest number of respondents came from PA, FL, VA, NC and OH.

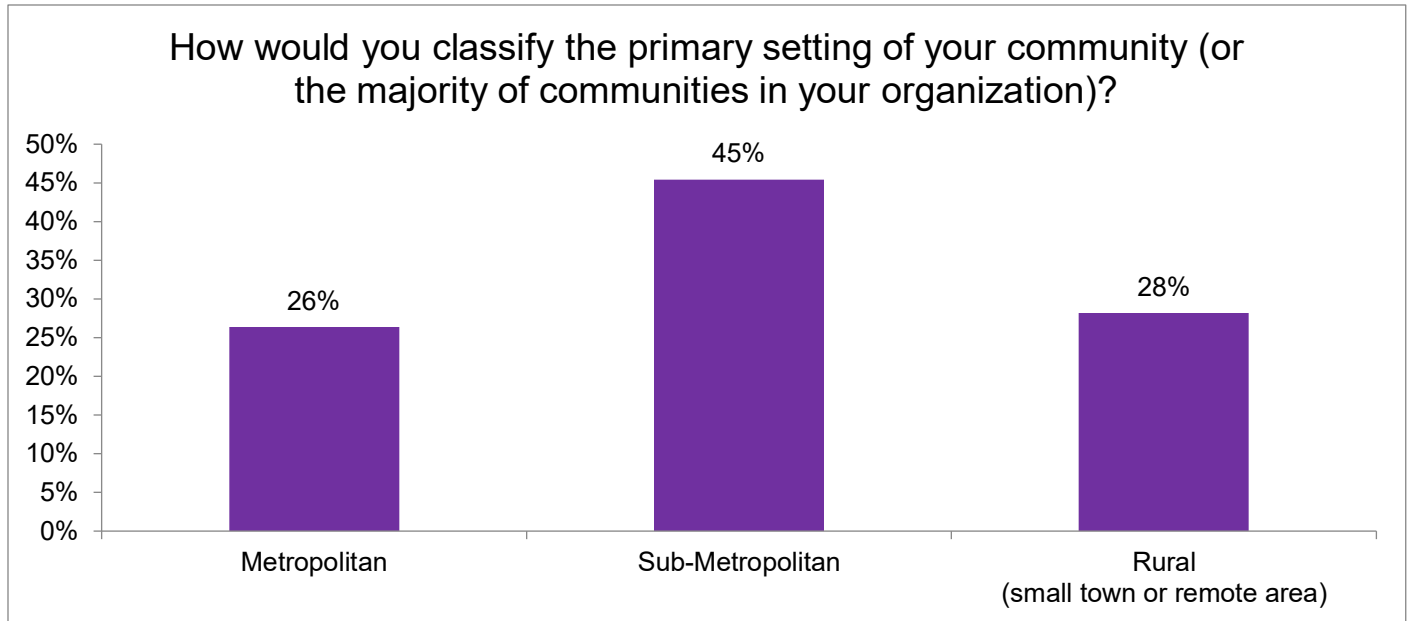


When asked what levels of care were offered, the largest number indicated they have Independent Living and Skilled Nursing, followed by a significant number who also offered Assisted Living. Almost half also offered Home and Community-Based Services (HCBS).

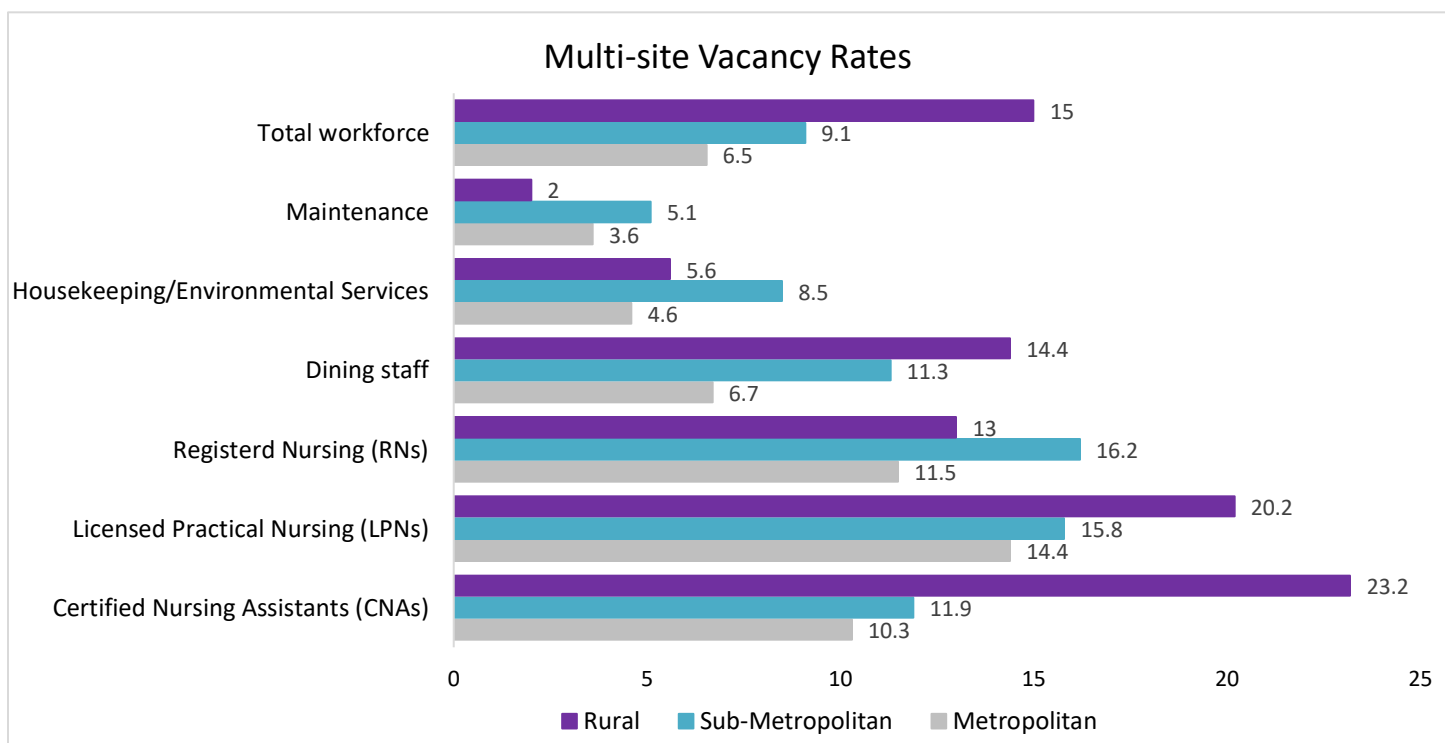
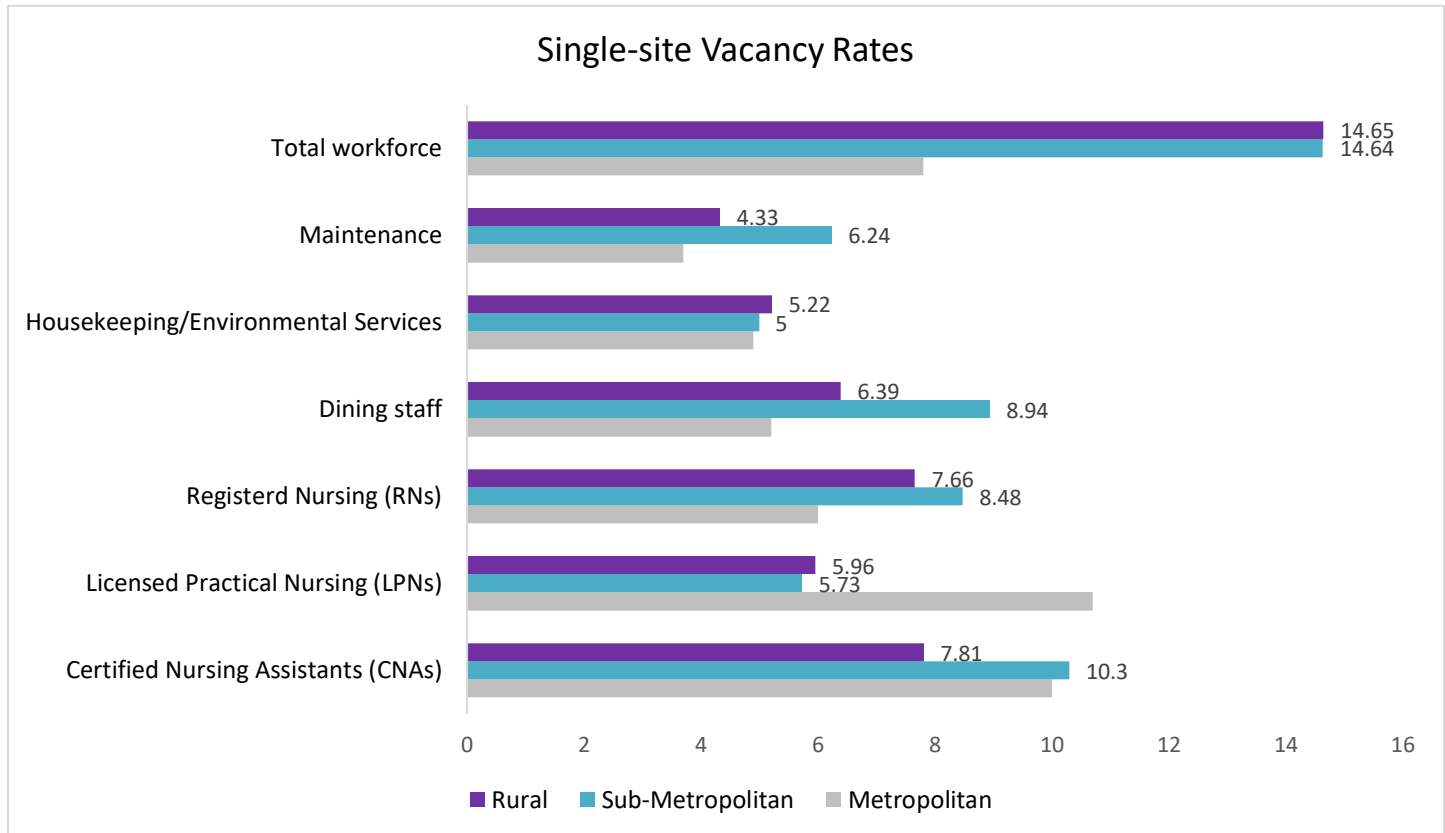


*Includes: Continuing Care at Home, Home Health, Home Care, Hospice, Adult Day Care, PACE)

In order to understand each organization's access to the workforce, they were asked to indicate what setting their organization (or majority of properties, if multi-site) resides in. Just under half indicated that they are in a Sub-Metropolitan area, while 26% indicated they were in a Metropolitan area and 28% in Rural areas.



When asked about vacancy rates among specific staffing types in their organization, it was revealed that multi-site rural organizations face the most critical shortages, especially with regards to CNAs and LPNs. Sub-metropolitan multi-sites struggle most with RN recruitment, and single-site organizations generally report lower vacancy rates overall. Total workforce vacancy is highest in rural areas for both single- and multi-site properties.



The table below shows respondent turnover rates for various roles. Single-site communities tend to have higher turnover for clinical roles, while multi-site organizations tend to retain nursing and environmental staff better. Dining and CNAs experience the highest turnover rates in both settings, while maintenance roles show the lowest retention rates.

	Average Single-site Turnover Rate	Average Multi-site Turnover Rate	Average Combined Multi- & Single-site Turnover Rate
Certified Nursing Assistants (CNAs)	47.4	39.4	44.2
Licensed Practical Nurses (LPNs)	33.8	26.9	31.1
Registered Nurses (RNs)	39.9	31.4	36.4
Dining Staff	39.8	40.4	40
Housekeeping/Environmental Services	30.5	27.1	29.2
Maintenance	17.8	14.8	16.7
Total Workforce	36.9	35.2	36.3

When asked what percentage of staff are agency personnel, some reported a small percentage of their nursing staff fall under this category. Less than 1% indicated that they had indirect agency staff.

What percentage (%) of your current staff are agency personnel?	
Nursing staff (CNAs LPNs, RNs)	5.7%
Indirect Care staff	0.16%
Total staff	6.2%

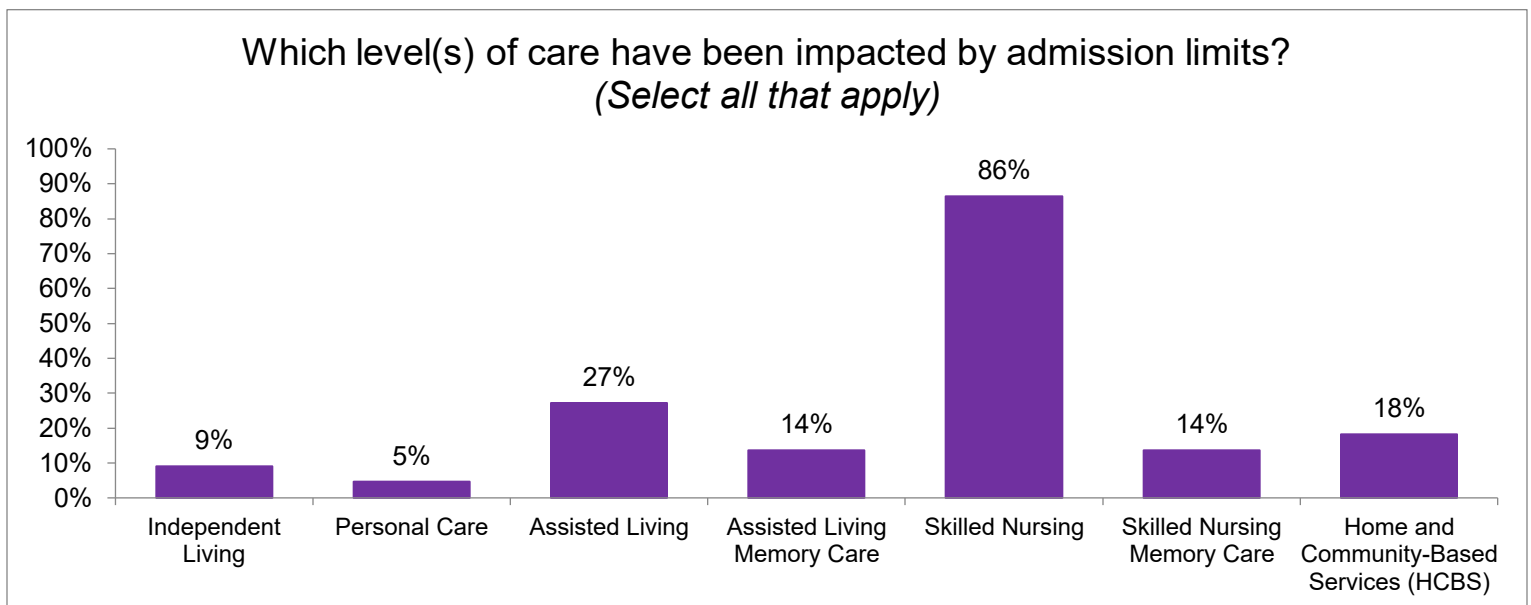
Respondents were then asked about how often they had to rely on agency staff to fill vacancies among direct care staff. Multi-sites were more likely to rely on them, with 23.5% using them “Sometimes” and 20.6% using them “Often”. Single site communities report using agencies less often, with 34.4% having never used them in the past year (compared to 26.5% of multi-site organizations).

Over the past year, how often has your organization had to work with temp agencies to fill vacancies among direct care staff?	Single-site	Multi-site
Never	34.4%	26.5%
Rarely	16.4%	14.7%
Sometimes	18.0%	23.5%
Often	14.8%	20.6%
Always	16.4%	14.7%

Next, respondents were asked if their organization had to limit admissions in the past year due to staffing shortages. It was reported that single-site organizations were more likely to limit admissions due to staffing shortages with 25% doing so, while 18% of multi-sites indicated a need to impose this limit.

In the past year, has your organization had to limit admissions at any point because of staffing shortages?		
	Yes	No
Multi-site	18%	82%
Single-site	25%	75%

Those that indicated that they did limit admissions were also asked which levels of care were impacted. Most noted that their Skilled Nursing level of care was impacted, while significantly fewer indicated other levels of care including Assisted living and Home and Community-Based Services.



Next, the survey asked respondents to indicate their nursing staff to resident ratio in Assisted Living/Personal Care, Memory Care, and Skilled Nursing. Answers included these ratios, as well as some noting Hours Per Resident/Patient Day instead. With both, the responses show that residents in Skilled Nursing receive the most time with direct care nursing staff.

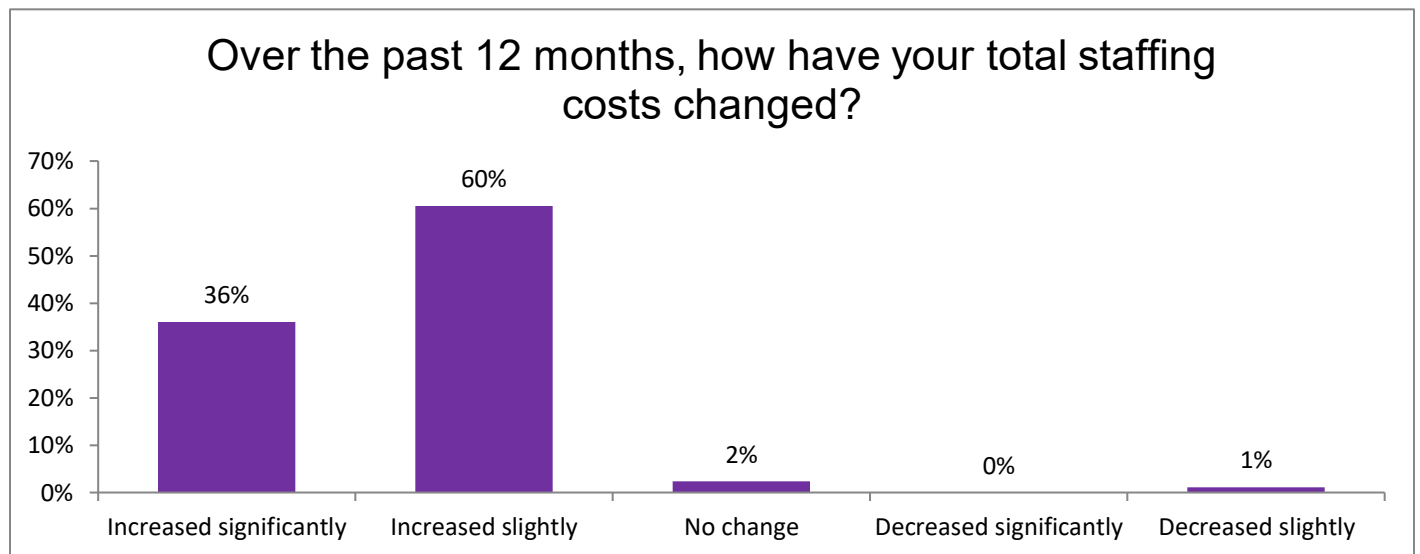
	Average Nursing Staff to Resident Ratio
Assisted Living/Personal Care	1.31:1
Memory Care	2.27:1
Skilled Nursing	2.68:1

	Average Nursing Staff Hour Per Resident/Patient Day
Assisted Living/Personal Care	2.05 HPRD
Memory Care	3.13 HPRD
Skilled Nursing	4.26 HPRD

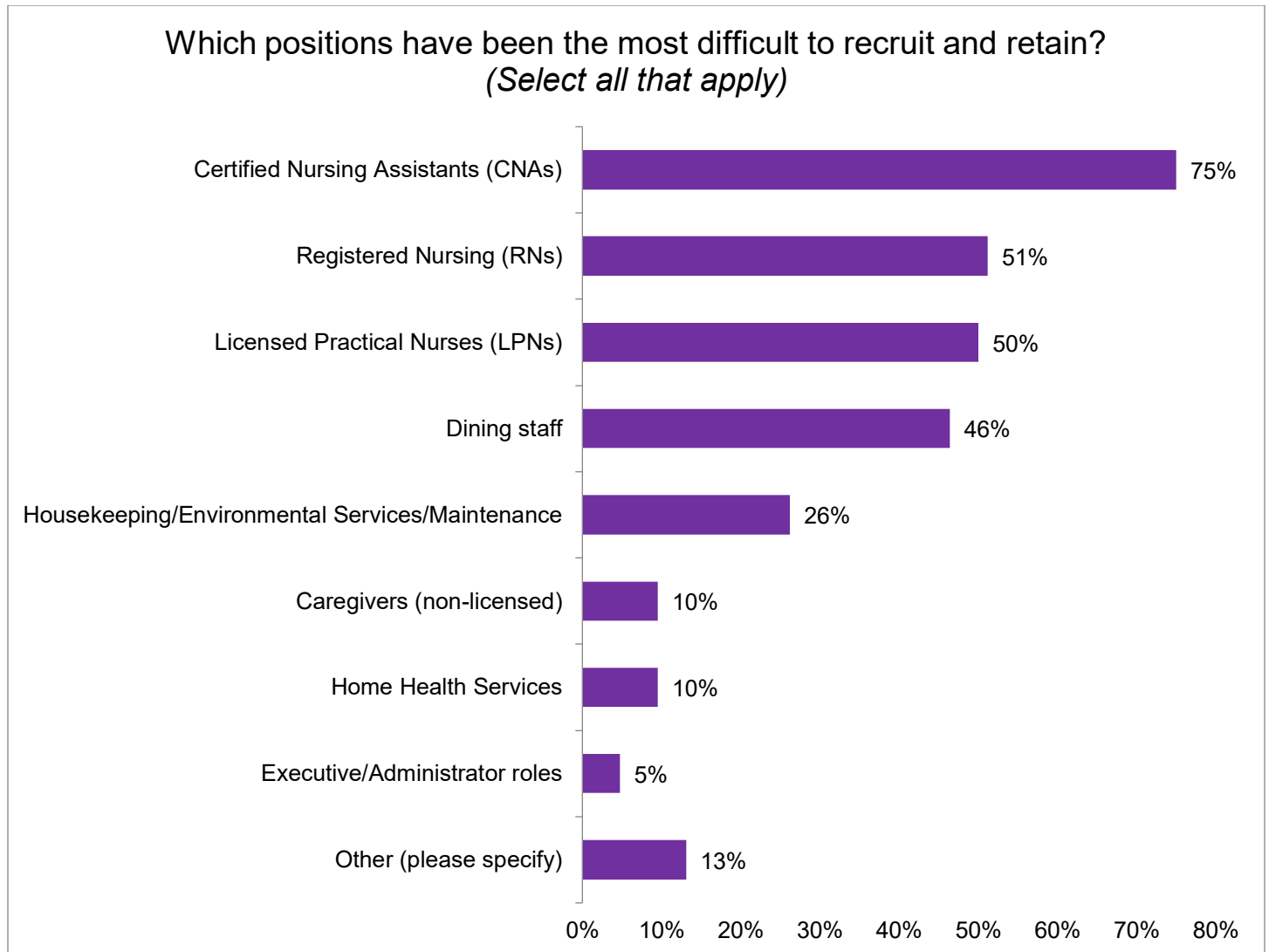
The next section of the survey asked what percentage of the overall budget (for all staff, not just direct care staff) is devoted to employee compensation (wages, incentives, and benefits). As the table below indicates, employee compensation consumes over half of operating budgets across both single-site and multi-site organizations.

What percentage (%) of your overall budget is devoted to employee compensation (wages, incentives, and benefits)? (Please include all staff compensation, not just direct care staff)	
Single-site Average	55.5%
Multi-site Average	57.1%
Total Average	56.1%

When asked how total staffing costs have changed for each organization over the past 12 months, a combined 96% reported increases in total costs, with 36% experiencing significant increases, and 60% seeing slight increases. No respondents experienced a significant decline and only 3% reported no change or slight decrease.

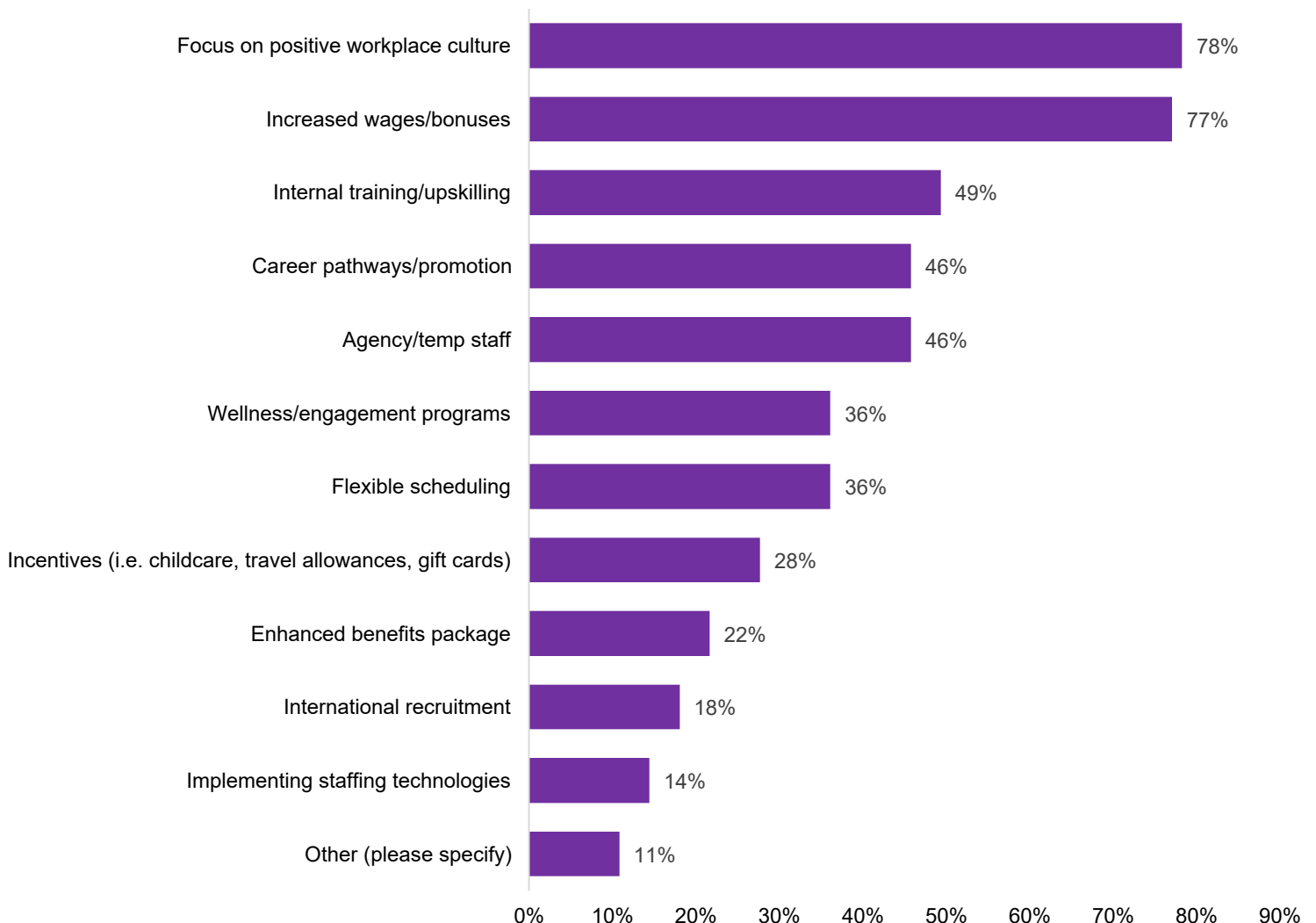


When asked which positions were the most difficult to recruit and retain, 75% indicated Certified Nursing Assistants (CNAs) were the hardest, followed by Registered Nurses (RNs), and Licensed Practical Nurses (LPNs). After these clinical positions, support staff like dining personnel followed with 26% of respondents indicating they were difficult to recruit and retain. Other responses included Finance Staff, Respiratory Therapists, and Licensed Therapy Staff.

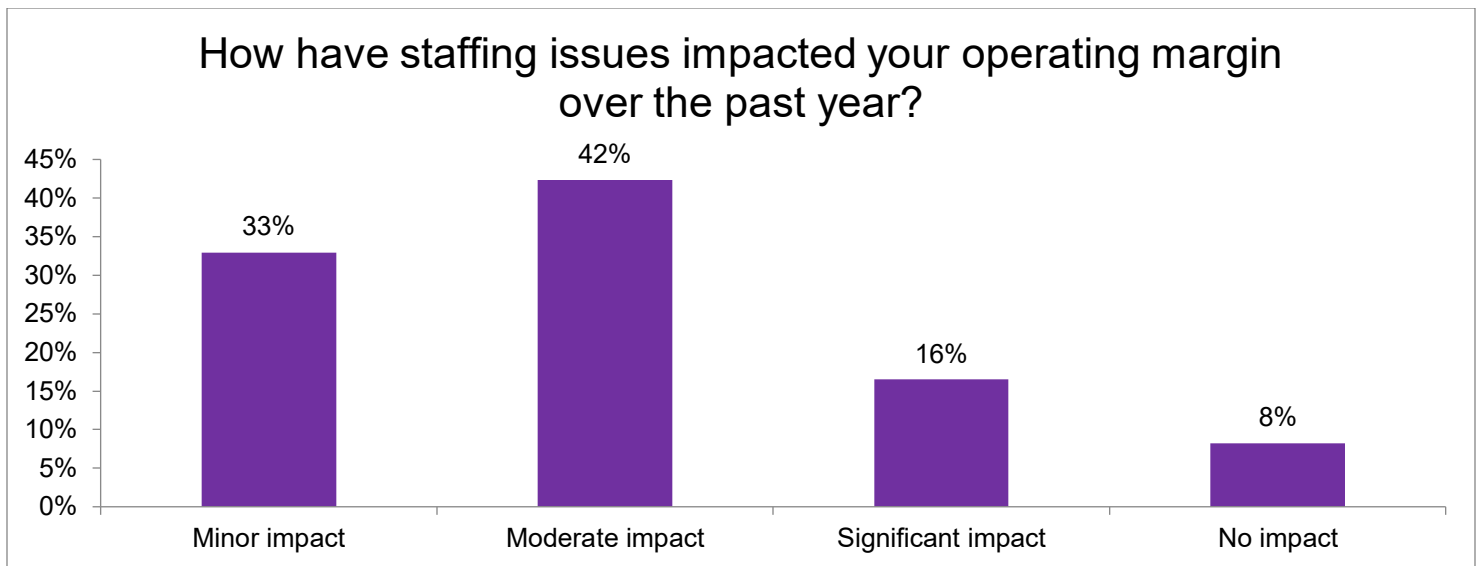


Respondents were then asked how their organization is addressing staffing shortages. Results show that a positive workplace culture and competitive wages remain key solutions. Training, promotions, wellness, and flexibility are also important, but remain secondary strategies. Incentives, international recruitment, and implementing new staffing technologies are less utilized. Other strategies that were noted included partnering with local community colleges and schools, offering shift “pick up” bonuses, a Workforce Success Coach program, offering scholarships, and partnering with “pipeline agencies” to supply staff from other roles (for example, educators looking to change careers). As mentioned earlier, one respondent also noted that part of addressing the shortages was closing some skilled nursing beds.

How is your organization addressing staffing shortages? (Select all that apply)



When the survey asked what impact staffing issues have had on operating budgets in the past year, the majority of respondents, 42%, reported a moderate impact, and 33% a minor impact. Nearly 1 in 6 (16%) reported severe financial consequences, while only 8% experienced no impact.



Next, respondents were asked what their organization's approach has been to the potential for international staffing options. A strong majority are not currently leveraging global talent pipelines, with 61% indicating that they are not exploring this avenue at all. Roughly 15% are attempting international recruitment, but are facing legal/visa challenges, while 9% already rely on immigrant workers who are already established in the U.S. Just 6% are actively and successfully recruiting internationally. One respondent noted that they are working with the Global Nursing Program and will continue to do so into next year.



For those currently employing foreign workers, the survey asked how current immigration policies are affecting their efforts. Most note that they haven't seen much impact at all so far and have effective internal systems for compliance and monitoring of documentation to minimize disruptions. Some are anticipating slight impacts in the coming year, with plans to hire per diem staff as a contingency for policy-driven challenges. A minority are facing more significant obstacles, including multi-year delays in bringing in international staff.

A few comments included:

- *Not yet but anticipating slight impact in summer 2025 due to current policies in place – we have a contingency plan to hire additional per diem staff to account for the expected impact*
- *Very limited but may have a few work authorization expirations/revocations related to regulatory changes.*
- *Not at all. All have passed I-9 and we stay on top of documents to work in this country that could expire and make sure they are current.*
- *...We have been in a holding pattern for waiting for foreign trained nurses for over a year and a half. We began the process 2 ½ years ago.*

The survey then asked respondents to identify their top staffing concern for the next 12 to 18 months. Overall, responses indicated that communities are facing a multi-faceted staffing crisis driven by retention issues, wage inflation, shrinking labor supply, and policy uncertainty. There is a strong desire to continue to reduce agency dependency and strengthen internal recruitment/retention efforts, but the process is challenged by market and systemic factors beyond an individual organization's control. Facilities in rural areas face difficulty attracting candidates due to housing shortages, long commutes, and lack of community infrastructure. Many expressed concerns about there being fewer trained professionals entering the industry, competition with other industries offering better pay/benefits, and continuing issues retaining clinical staff due to burnout and a slew of upcoming retirements with an aging nursing workforce.

Some comments included:

- *Upcoming retirements; impact of federal policies on foreign workers; ensuring staff are compensated at market rate*
- *Finding quality, qualified staff, and cost increases (both wages and benefits).*
- *Continual pipeline of CNA's and Nursing positions; Aging of current team members*
- *Ability to find great qualified staff---cost to live in our area has increased and local housing is expensive--staff have to travel great distance to work*
- *Compensation in a Hospital market*
- *State funding reductions, immigration slow down, rising costs.*
- *Training current leaders how to effectively recruit, interview and retain top talent.*
- *Wages...Florida has two years left increasing minimum wage \$1 2025 & \$1 2026*
- *Wage rates will likely stagnate compared to the last 3 years and there remains concern staff may have come to expect significantly larger increases due to the last 3 years -- the impact of this change is uncertain related to retention and recruitment efforts.*

The final question in the survey asked what innovative staffing solutions or strategies each organization is exploring or has implemented to address workforce challenges. Many are combining traditional tools like bonuses, training and referral programs with more forward-thinking strategies like tapping into school pipelines, technology integration, and cultural investments. However, many are still searching for game-changing solutions to address these persistent shortages and retention issues.

Some specific responses were:

- *Building out career ladders, partnering with local trade schools and the area high schools. We also offer continuing education reimbursement for staff members for qualifying fields applicable to our campus (trades for maintenance, CNA/RMA courses, administrative/business certifications and degrees).*
- *Allowing remote work in positions that can support it, tuition reimbursement for employees increasing skills, implementing scholarship program for employees working here while attending college, Cross training and cross department sharing of staff*
- *Enhanced benefits, workplace culture*
- *providing attainable housing*
- *Better onboarding process and software, fostering a mentor relationship*
- *Hiring a Community Healthcare Recruiter who will not only focus on recruiting specifically to our organization, but also will focus on attracting more students to the healthcare field*
- *Employing central flex staffing labor force (i.e. internal staffing pool), in order to float to open gaps in schedule among closely located facilities.*
- *Mentor programs, LPN Apprenticeship program*
- *We have been trying to get foreign trained nurses which hasn't been working. Referral bonuses, recruiting, upgraded pay scales, flexing schedules where possible,*
- *Apprentice and intern programs that convert to full-time. School partnerships and building relationships with schools for new talent. Refugee programs and other workforce development programs, to tap into multiple labor pools. Training and development to upskill current workforce.*

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