Virginia Department of
Health Professions
Board of Long-Term Care Administrators

Agenda
Full Board Meeting

September 17, 2024
Board Room 4
10:00 a.m.

Call to Order – Jenny Inker, PhD, ALFA, Board Chair

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

Approval of Minutes (p. 4-19)

- Board Meeting – June 18, 2024
- Formal Administrative Hearings – June 18, 2024
- Telephonic Conference – August 14, 2024
- Telephonic Conference – August 21, 2024

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report – Arne Owens, Director

Presentation

- 2024 Reports: Virginia's Nursing Home Administrator and Assisted Living Facility Administrator Workforce – **Yetty Shobo, PhD, Director, and Barbara Hodgdon, PhD, Deputy Director, Healthcare Workforce Data Center** (p. 21-84)

Staff Reports

- Executive Director's Report - **Corie E. Tillman Wolf, JD, Executive Director**
- Discipline Report – **Annette Kelley, MS, CSAC, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Supervisor**

Board Counsel Report – Brent Saunders, Senior Assistant Attorney General

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Committee and Board Member Reports

- Report from Assisted Living Facility AIT Resources and Supports Workgroup – **Jenny Inker, PhD, ALFA, Board Chair**

Legislative and Regulatory Report (p. 86)

- Report on Status of Regulatory Actions **- Matt Novak, Policy and Economic Analyst**

Elections

Board Member Recognition

Next Meeting – September 17, 2024

Business Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

Approval of Minutes

Virginia Department of Health Professions
Board of Long-Term Care Administrators

Draft Minutes
Full Board Meeting

June 18, 2024

The Virginia Board of Long-Term Care Administrators convened for a full board meeting on Tuesday, June 18, 2024, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Lisa Kirby, NHA, Vice-Chair
Kimberly Brathwaite, ALFA
Lynn Campbell, Citizen Member
Pamela Dukes, MBA, Citizen Member
Latonya Hughes, PhD, RN, NHA
Ashley Jackson, NHA, MBA
Ann Williams, EdD, Citizen Member

BOARD MEMBERS NOT PRESENT:

Jenny Inker, PhD, ALFA, Chair

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING:

Sarah Georgen, Licensing and Operations Supervisor
Annette Kelley, MS, CSAC, Deputy Executive Director
Arne W. Owens, Agency Director
Matt Novak, Policy and Economic Analyst
Melanie Pagano, JD, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Corie E. Tillman Wolf, JD, Executive Director

OTHER GUESTS PRESENT

Keshawn Wade
Jennifer Yanez Pryor, Virginia Commonwealth University
Judy Hackler, Virginia Assisted Living Association

CALL TO ORDER

Ms. Kirby called the meeting to order at 10:00 a.m. and asked the Board members and staff to introduce themselves.

With six board members present at the meeting, a quorum was established.

Ms. Kirby read the mission of the Board, which is also the mission of the Department of Health Professions.

Ms. Kirby reminded the Board members and audience about microphones, computer agenda materials, and breaks.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Ms. Kirby opened the floor to any edits or corrections regarding the draft minutes for a Board meeting held on March 12, 2024. The minutes were approved as presented.

ORDERING OF THE AGENDA

Ms. Tillman Wolf stated that Ms. Barrett was unable to attend the meeting due to a scheduling conflict. She stated that Mr. Novak was prepared to provide the Legislative and Regulatory Report in Ms. Barrett's absence.

Ms. Tillman Wolf requested that, due to a scheduling conflict with another meeting, Mr. Owens provide the Agency Report before public comment.

Upon a **MOTION** by Ms. Jackson properly seconded by Ms. Brathwaite, the Board voted to accept the agenda as amended. The motion passed unanimously (6-0).

AGENCY REPORT – Arne W. Owens, Agency Director

Mr. Owens thanked the Board Members for their service and contribution to the profession.

Mr. Owens spoke about the successful 2024 General Assembly Session and legislative efforts, including the formal acceptance of the state budget. Mr. Owens clarified that DHP does not receive any funds from the General Assembly, but rather the authority to spend as DHP is a special funded agency deriving funds from licensure fees. Further, Mr. Owens spoke to the approval of additional full-time employees based on the increased number of licensees and disciplinary caseloads.

Mr. Owens reported on the continuing Business Process Reengineering efforts for the licensure process and staff retention efforts through the study of agency salaries.

With no questions, Mr. Owens concluded his report.

PUBLIC COMMENT

There was no public comment.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Welcome and Congratulations

Ms. Tillman Wolf announced Ms. Pagano's retirement effective August 2024, with her last day in the office on July 31, 2024. She welcomed Annette Kelley as the new Deputy Executive Director of the Board.

Board Updates

Ms. Tillman Wolf reported that the license renewal cycle ended on March 31, 2024, and that additional information regarding renewals and CE audits would be provided by Ms. Georgen.

Ms. Tillman Wolf discussed ongoing Board initiatives in 2024 to include continued collaboration with the AIT Workgroup, the Business Process Reengineering recommendations for the licensure process, and the continued efforts to streamline and update applications while focusing on the public-facing information and resources. She also noted that continued efforts will be made to provide additional guidance for those beginning the licensure process.

NAB Updates

Ms. Tillman Wolf reported that the National Association of Long Term Care Administrator Boards (NAB) Annual Meeting was held on June 5-7, 2024, and Ms. Kirby attended on behalf of the Board.

She reported on the ongoing NAB discussion items and committees including the future of NAB Meetings Task Force and discussions surrounding mobility of licensure.

Ms. Tillman Wolf announced that application for volunteers for the NAB Exam Item Writing Committee was recently reopened for Board members interested in applying to volunteer.

Discipline Cases Rough Data

Ms. Tillman Wolf provided rough data related to cases involving Assisted Living Facility (ALF) Administrators-in-Training (AITs) and Acting Assisted Living Facility Administrators-in-Training. She stated that the data had not been through a quality assurance process but was based on information available at that time through the licensure database. She provided takeaways from the review of this information.

Ms. Kirby inquired if facility information could be tracked based on the complaints and violations. Ms. Tillman Wolf responded that Board staff could manually review the facility information as it applies to Administrators-in-Training, but for the licensees, it would be harder to track specific data since the Board does not track the facilities where licensed administrators are employed.

2024 Board Meeting Schedule

Ms. Tillman Wolf reminded Board Members of the remaining 2024 Board meeting dates:

- September 17, 2024
- December 3, 2024

Notes and Reminders

Ms. Tillman Wolf provided reminders to the Board Members regarding quorum requirements and changes to contact information. She thanked members for their service to the Board.

With no further questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Melanie Pagano, JD, Deputy Executive Director

As of May 31, 2024, Ms. Pagano reported the following disciplinary statistics:

- 78 Patient Care Cases
  - 3 at Informal
  - 0 at Formal
  - 21 at Enforcement
  - 53 at Probable Cause
  - 1 at Administrative Proceedings Division

- 30 Non-Patient Care Cases
  - 0 at Informal
  - 2 at Formal
  - 12 at Enforcement
  - 14 at Probable Cause
  - 2 at Administrative Proceedings Division

- 2 at Compliance

Ms. Pagano reported the following Total Cases Received and Closed:

- Q1 2022 – 20/19
- Q2 2022 – 26/39
- Q3 2022 – 19/20
- Q4 2022 – 19/17
- Q1 2023 – 23/39
- Q2 2023 – 14/22
- Q3 2023 – 18/23
- Q4 2023 – 23/18
- Q1 2024 – 24/14
- Q2 2024 – 26/22
- Q3 2024 – 26/36

Ms. Pagano thanked the Board Members for their support and assistance with reviewing disciplinary cases last quarter.

Ms. Kirby inquired if there was insight into the initial contact of complaints, specifically if they were based on DSS violations or coming from other sources. Ms. Pagano noted that many cases are received from families, facility staff, and other entities.

With no questions, Ms. Pagano concluded her report.

Ms. Dukes arrived at 10:25 a.m., establishing a quorum of seven Board Members.

Licensure Report – Sarah Georgen, Licensing and Operations Supervisor

Ms. Georgen presented licensure statistics that included the following information:

Current License Count – ALFA and NHA

ALFA	Q3 – 2024	NHA	Q3 – 2024
ALFA	679	NHA	995
ALF AIT	101	NHA AIT	92
Preceptor	220	Preceptor	224
Total ALFA	1,000	Total NHA	1,311

Ms. Georgen reviewed the trends of licensure counts since Q4 – 2018.

Licensure Renewals – 2024

Ms. Georgen reported on the final 2024 licensure renewals.

License	Renewed	Not Renewed	Renewed Percentage
Assisted Living Facility Administrators	573	72	88.84%
Assisted Living Facility Preceptors	194	18	91.51%
Nursing Home Administrators	825	93	89.87%
Nursing Home Preceptors	200	17	92.17%

Incomplete Renewals - 2024

Ms. Georgen provided information regarding licensees that had incomplete applications for the 2024 renewal.

Continuing Education Audit – 2024

Ms. Georgen provided information regarding the 2024 random continuing education audit that was in process.

Ms. Jackson requested information on the number of licensees versus the number of facilities in Virginia. Ms. Tillman Wolf stated that the Healthcare Workforce Data Center would provide a report at the next business meeting and she would confirm whether they may be able to provide additional information related to this request.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT – M. Brent Saunders, Senior Assistant Attorney General

Mr. Saunders did not have a report to provide.

COMMITTEE AND BOARD MEMBER REPORTS

National Association of Long Term Care Administrator Boards (NAB) Annual Meeting Report – Lisa Kirby NHA

Ms. Kirby provided an update on the National Association of Long Term Care Administrator Boards (NAB) Annual Meeting held on June 5-7, 2024, in Oklahoma City, Oklahoma. Ms. Kirby provided a summary of discussion topics, including demand for AITs and preceptors, changes to CE requirements, the implementation of the Health Services Executive (HSE), the value proposition statement for NAB and for the boards, and artificial intelligence. Ms. Kirby further outlined discussion related to AITs and the potential use of civil monetary penalty (CMP) funding in some states to support training.

Ms. Brathwaite asked about AIT funding in Virginia. Ms. Tillman Wolf stated that she did not believe that AIT training was included in the list of possible uses of CMP funds by the Department of Medical Assistance Services (DMAS), but she would bring additional information back to the next meeting. Ms. Brathwaite asked if that information would be included in future conversations. Ms. Tillman Wolf said that the AIT Workgroup conversations would be a good place to discuss the issue of funding.

Ms. Brathwaite inquired about in-person examination preparation courses. Ms. Tillman Wolf stated that RC/AL exam preparation is available through Virginia Commonwealth University. She reported that VCU is also reviewing possibilities for NHA courses. Ms. Tillman Wolf stated that Virginia Health Care Association (VHCA) was evaluating Ohio's test preparation materials for NHAs and identifying ways to assist future AITs with the examination process.

Ms. Jackson inquired regarding the availability of examination resources for the Home and Community Based Services (HCBS) examination.

With no further questions, Ms. Kirby concluded her report.

LEGISLATION AND REGULATORY ACTIONS

Report on Status of Regulations – Matt Novak, Policy and Economic Analyst

Mr. Novak provided an update on pending regulatory actions.

Temporary Authorization to Practice for Out-of-State Licensees – Addition of Assisted Living Facilities (HB 511) - Effective July 1, 2024

Mr. Novak and Ms. Tillman Wolf provided an overview of the Temporary Authorization to Practice for Out-of-State Licensees and the addition of Assisted Living Facilities as outlined in House Bill 511 which will become effective on July 1, 2024.

Ms. Dukes inquired on the number of reporting forms submitted since original implementation of the temporary authorization to practice form. Ms. Tillman Wolf noted there had been a small number of reporting forms received by the Board related to NHAs.

Ms. Jackson requested additional information to be added to the website in relation to this update. Ms. Tillman Wolf stated that information would be posted on or before July 1, 2024.

With no further questions, Mr. Novak and Ms. Tillman wolf concluded their reports.

BOARD DISCUSSION AND ACTION

Consideration of Petition for Rulemaking (Rosenblatt)

Mr. Novak explained that a petition for rulemaking allows any member of the public to request that the Board consider promulgation of a new regulation or consider the amendment or repeal of an existing regulation. Mr. Novak reviewed the process for a petition for rulemaking and stated that Virginia Regulatory Town Hall provides the public with notice of the petition and an opportunity for comment. He explained that the Board must issue a written decision granting or denying the petition. The decision must include the reasons for the Board's decision, and it must appear in Town Hall and be published in the Register.

Mr. Novak noted that 40 comments were received on Town Hall during the open comment period. He stated that 37 comments were in support of the petition, and three (3) comments did not indicate a position or were unclear in their position.

The Board discussed the Petition for Rulemaking.

Upon a **MOTION** by Dr. Williams, properly seconded by Ms. Jackson, the Board voted to take no action on the petition, but referred the issue related to the size of assisted living training facilities to the Assisted Living Administrator-in-Training Resources and Supports Workgroup for recommendations to the full Board. The motion carried unanimously (7-0).

BOARD MEMBER RECOGNITION

Ms. Kirby recognized Ms. Jackson for her service and dedication to the Board from 2019 to 2024. Ms. Kirby announced that Ms. Jackson's second term would expire on June 30, 2024, and provided brief remarks on her incumbency. Ms. Kirby presented Ms. Jackson with a plaque to recognize her service.

Ms. Kirby recognized Dr. Williams for her service and dedication to the Board from 2021 to 2024. Ms. Kirby announced that Dr. Williams' first term would expire on June 30, 2024, and provided brief remarks on her incumbency. Ms. Kirby presented Dr. Williams with a certificate to recognize her service.

NEXT MEETING

The next scheduled meeting date is September 17, 2024.

ADDITIONAL COMMENTS

Ms. Kirby stated that the Board would convene two formal hearings beginning at 1:00 p.m. She requested the participation of all Board Members, apart from herself and Ms. Brathwaite, who were excused from the first hearing only, and that all Board Members would participate in the second hearing.

ADJOURNMENT

With all business concluded, the meeting adjourned at 11:34 a.m.

_____
Corie Tillman Wolf, J.D., Executive Director

_____
Date

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING
MINUTES

Tuesday, June 18, 2024	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	The formal hearing of the Board was called to order at 3:29 p.m.
MEMBERS PRESENT:	Lisa Kirby, NHA, Vice Chair (Hearing Chair) Pamela Dukes, MBA, Citizen Member Ann Williams, Ed. D., Citizen Member LaTonya Hughes, PhD, RN, NHA Lynn Campbell, Citizen Member Ashley Jackson, MBA, NHA Kimberly Brathwaite, ALFA
BOARD COUNSEL:	M. Brent Saunders, Senior Assistant Attorney General
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director Melanie Pagano, Deputy Executive Director Annette Kelley, Deputy Executive Director Florence Venable, Discipline Operations Supervisor
COURT REPORTER:	Joshua Delauter, CTR, County Court Reporters
PARTIES ON BEHALF OF COMMONWEALTH:	Emily Tatum, Adjudication Specialist, Administrative Proceedings Division
COMMONWEALTH'S WITNESS:	Bill Gorwood, Senior Investigator, DHP
RESPONDENT'S WITNESS:	Michael Burns
MATTER:	**Michael Anthony Burns, NHA Reinstatement Applicant** **License #: 1701-002467** **Case Number: 231674**
ESTABLISHMENT OF A	

QUOROM:	With seven (7) members present, a quorum was established.
DISCUSSION:	Mr. Burns appeared before the Board in accordance with the Boards's notice dated May 14, 2024, and was not represented by an attorney. The Board received evidence and sworn testimony from witnesses called by the parties and Mr. Burns regarding the allegations in the Notice. The Board heard arguments on behalf of the parties.
CLOSED SESSION:	Upon a motion by Kimberly Brathwaite, ALFA, and duly seconded by Ann Williams, Citizen Member, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Michael Burns, NHA Reinstatement Applicant. Additionally, Ms. Brathwaite moved that Mr. Saunders, Ms. Tillman Wolf, Ms. Pagano, Ms. Kelley and Ms. Venable attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.
RECONVENE:	Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.
DECISION:	Upon a motion by Kimberly Brathwaite, ALFA, and duly seconded by Lynn Campbell, Citizen Member, the Board voted to deny Michael Burns' application for reinstatement as a Nursing Home Administrator.
VOTE:	The motion carried. The vote was unanimous (7-0).
ADJOURNMENT:	The Board adjourned at 5:04 p.m.

For the Board:

_____ _____

Corie Tillman Wolf, JD, Executive Director Date

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
FORMAL ADMINISTRATIVE HEARING
MINUTES

Tuesday, June 18, 2024	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	The formal hearing of the Board was called to order at 1:06 p.m.
MEMBERS PRESENT:	Ashley Jackson, MBA, NHA (Chair) Pamela Dukes, MBA, Citizen Member Ann Williams, Ed. D., Citizen Member LaTonya Hughes, PhD, RN, NHA Lynn Campbell, Citizen Member
BOARD COUNSEL:	M. Brent Saunders, Senior Assistant Attorney General
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director Sarah Georgen, Licensing and Operations Manager Annette Kelley, Deputy Executive Director
COURT REPORTER:	Joshua Delauter, CTR, County Court Reporters
PARTIES ON BEHALF OF COMMONWEALTH:	Christine Corey, Adjudication Specialist, Administrative Proceedings Division
COMMONWEALTH'S WITNESS:	Kimberly Hyler, Senior Investigator, DHP
RESPONDENT'S WITNESS:	Anthony Burfoot
MATTER:	**Anthony Burfoot, ALF-AIT Applicant** **Case Number: 224450**
ESTABLISHMENT OF A QUOROM:	With five (5) members present, a quorum was established.

DISCUSSION: Mr. Burfoot appeared before the Board in accordance with the Boards's notice dated April 29, 2024, and was not represented by an attorney.

The Board received evidence and sworn testimony from witnesses called by the parties and Mr. Burfoot regarding the allegations in the Notice.

The Board heard arguments on behalf of the parties.

CLOSED SESSION: Upon a motion by Pamela Dukes, duly seconded by Lynn Campbell, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Anthony Burfoot.

Additionally, Ms. Dukes moved that Mr. Saunders, Ms. Tillman Wolf, Ms. Kelley and Ms. Georgen attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION: Upon a motion by Pamela Dukes, duly seconded by Ann Williams, Ed.D., the Board voted to deny Mr. Burfoot's application to practice as an Assisted Living Facility Administrator-in-Training.

VOTE: The motion carried. The vote was unanimous (5-0).

ADJOURNMENT: The Board adjourned at 3:17 p.m.

For the Board:

_____ _____

Corie Tillman Wolf, JD, Executive Director Date

Unapproved

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
TELEPHONE CONFERENCE CALL - MINUTES

August 14, 2024	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**

CALL TO ORDER:	The Board of Long-Term Care Administrators convened by telephone conference call on August 14, 2024, at 9:00 a.m. to consider whether the practitioners' ability to practice constituted a substantial danger to the public health and safety pursuant to Va. Code §54.1-2408.1.
MEMBERS PRESENT:	Dr. Jenny Inker, Ph.D., MBA, ALFA Lisa Kirby, NHA Kimberly Brathwaite, ALFA Ashley Jackson, MBA, NHA
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director Annette Kelley, Deputy Executive Director Florence Venable, Discipline Operations Manager
PARTIES ON BEHALF OF THE COMMONWEALTH:	Sean J. Murphy, Assistant Attorney General Emily Tatum, Adjudication Specialist
BOARD COUNSEL:	James Rutkowski, Senior Assistant Attorney General
MATTER:	**Cases 236245 and 238297**
ACTION:	The Board was unable to secure a quorum, consequently, the matter will be rescheduled.
ADJOURNMENT:	The Board adjourned at 9:15 a.m.

_____
Corie Tillman Wolf, JD, Executive Director

_____
Date

Unapproved

VIRGINIA BOARD OF LONG-TERM CARE ADMINISTRATORS
SPECIAL SESSION - MINUTES

August 21, 2024	**Department of Health Professions** **Perimeter Center** **9960 Mayland Drive** **Henrico, Virginia 23233**
CALL TO ORDER:	The Board of Long-Term Care Administrators convened by telephone conference call on August 21, 2024, at 5:08 p.m. to consider whether practitioners ability to practice constituted a substantial danger to the public health and safety pursuant to Va. Code §54.1-2408.1. With five (5) members of the Board present, a quorum was established, with Ms. Lisa Kirby, Vice-Chair, presiding.
MEMBERS PRESENT:	Lisa Kirby, N.H.A. Kimberly Brathwaite, A.L.F.A. Lynn Campbell, Citizen Member Pamela Dukes, M.B.A., Citizen Member Jasmine Montgomery, NHA
MEMBERS ABSENT:	Jenny Inker, PhD, MBA, A.L.F.A. LaTonya Hughes, NHA
DHP STAFF PRESENT:	Corie Tillman Wolf, Executive Director Annette Kelley, Deputy Executive Director
PARTIES ON BEHALF OF THE COMMONWEALTH:	Sean J. Murphy, Assistant Attorney General Emily Tatum, Adjudication Specialist
BOARD COUNSEL:	M. Brent Saunders, Senior Assistant Attorney General
MATTER:	**Paul Gregory Long, NHA** **License #1701-002489** **Case Number 236245**
DISCUSSION:	The Board received information from Assistant Attorney General Sean Murphy in order to determine whether Paul Long's ability to practice as a Nursing Home Administrator constituted a substantial danger to public

health and safety. Sean Murphy provided details of the case to the Board for its consideration.

CLOSED SESSION: Upon a motion by Ms. Brathwaite and duly seconded by Ms. Campbell, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Paul Long, NHA, Additionally, she moved that Mr. Saunders, Ms. Tillman Wolf and Ms. Kelley attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION: Upon a motion by Ms. Brathwaite and duly seconded by Ms. Campbell, the Board determined that the continued practice of Paul Long constitutes a substantial danger to the public health and safety. The board voted to summarily suspend his license to practice as a Nursing Home Administrator, and offer a consent order for revocation in lieu of a formal administrative hearing pursuant to §54.1- 2408.1 of the Code of Virginia.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 5:35 p.m.

MATTER: **Godofredo Mamaril, ALFA**
License #1701-000688
Case Number 238297

DISCUSSION: The Board received information from Assistant Attorney General Sean Murphy in order to determine whether Godofredo Mamaril's ability to practice as an Assisted Living Facility Administrator constituted a substantial danger to public health and safety. Sean Murphy provided details of the case to the Board for its consideration.

CLOSED SESSION: Upon a motion by Ms. Brathwaite and duly seconded by Ms. Campbell, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of

Virginia, for the purpose of deliberation to reach a decision in the matter of Godofredo Mamaril, A.L.F.A. Additionally, she moved that Mr. Saunders, Ms. Tillman Wolf and Ms. Kelley attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE: Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION: Upon a motion by Ms. Brathwaite and duly seconded by Ms. Campbell, the Board determined that the continued practice of Godofredo Mamaril constitutes a substantial danger to the public health and safety. The board voted to summarily suspend his license to practice as an Assisted Living Facility Administrator, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1- 2408.1 of the Code of Virginia.

VOTE: The vote was unanimous.

ADJOURNMENT: The Board adjourned at 5:53 p.m.

_____

Corie Tillman Wolf, JD, Executive Director

_____

Date

Presentation

Virginia's Nursing Home Administrator Workforce: 2024

Healthcare Workforce Data Center

April 2024

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4434 (fax)
E-mail: ***HWDC@dhp.virginia.gov***

Follow us on Tumblr: ***www.vahwdc.tumblr.com***
Get a copy of this report from:
https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 800 Nursing Home Administrators voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for their ongoing cooperation.*

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

James L. Jenkins, Jr., RN
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BA
Research Assistant

Virginia Board of Long-Term Care Administrators

Chair

Jenny Inker, PhD, MBA, ALFA
Williamsburg

Vice-Chair

Lisa Kirby, NHA
Suffolk

Members

Kimberly R. Brathwaite, ALFA
Fairfax

Lynn Campbell
Richmond

Pamela Dukes, MBA
Fincastle

Latonya D. Hughes, PhD, RN, NHA
Hampton

Ashley Jackson, MBA, NHA
Chesapeake

Ann L. Williams, EdD
Richmond

Executive Director

Corie E. Tillman Wolf, JD

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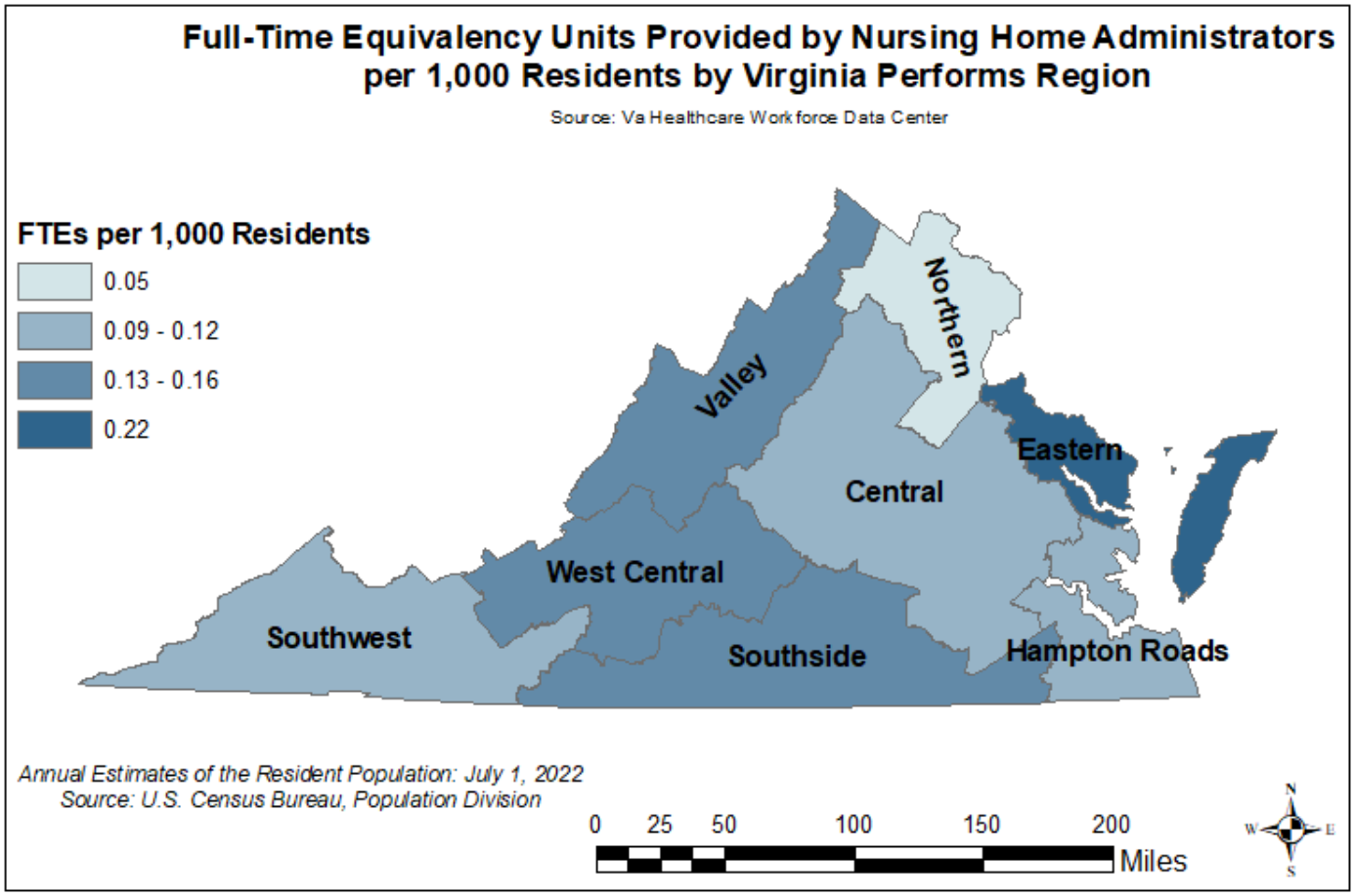
The Nursing Home Administrator Workforce At a Glance:

The Workforce		Background		Current Employment	
Licensees:	969	Rural Childhood:	45%	Employed in Prof.:	86%
Virginia's Workforce:	762	HS Degree in VA:	53%	Hold 1 Full-Time Job:	87%
FTEs:	804	Prof. Degree in VA:	76%	Satisfied?:	95%
Survey Response Rate		**Health Admin. Edu.**		**Job Turnover**	
All Licensees:	83%	Admin-in-Training:	39%	Switched Jobs:	14%
Renewing Practitioners:	100%	Masters:	27%	Employed Over 2 Yrs.:	43%
Demographics		**Finances**		**Time Allocation**	
Female:	61%	Median Inc.:	$130k-$140k	Administration:	40%-49%
Diversity Index:	39%	Retirement Benefits:	72%	Supervisory:	20%-29%
Median Age:	50	Under 40 w/ Ed. Debt:	65%	Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2024 Nursing Home Administrator (NHA) Workforce Survey. In total, 805 NHAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for NHAs. These survey respondents represent 83% of the 969 NHAs licensed in the state and 100% of renewing practitioners.

The HWDC estimates that 762 NHAs participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's NHA workforce provided 804 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than three out of every five NHAs are female, including 65% of those NHAs who are under the age of 40. In a random encounter between two NHAs, there is a 39% chance that they would be of different races or ethnicities, a measure known as the diversity index. This diversity index increases to 47% for those NHAs who are under the age of 40. For Virginia's population as a whole, the comparable diversity index is 60%. Close to half of all NHAs grew up in a rural area, and 28% of NHAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 17% of all NHAs work in a non-metro area of the state.

Among all NHAs, 86% are currently employed in the profession, 87% hold one full-time job, and 47% work between 40 and 49 hours per week. Two-thirds of all NHAs work in the for-profit sector, while another 29% of NHAs work in the non-profit sector. More than half of all NHAs are employed at a skilled nursing facility as their primary work location, while another 18% are employed at an assisted living facility. The typical NHA earns between $130,000 and $140,000 per year. In addition, 95% of all NHAs receive at least one employer-sponsored benefit. Among all NHAs, 95% are satisfied with their current work situation, including 61% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 NHA workforce. The number of licensed NHAs in Virginia has increased by 11% (969 vs. 873). In addition, the size of the NHA workforce has increased by 14% (762 vs. 667), and the number of FTEs provided by this workforce has grown by 5% (804 vs. 763). Virginia's renewing NHAs are more likely to respond to this survey (100% vs. 90%).

The percentage of Virginia's NHAs who are female has increased (61% vs. 59%), a trend that has also occurred among NHAs who are under the age of 40 (65% vs. 58%). At the same time, the diversity index of Virginia's NHA workforce has increased as well (39% vs. 22%). The diversity index has also increased among those NHAs who are under the age of 40 (47% vs. 24%). NHAs are more likely to have grown up in a rural area (45% vs. 40%), but NHAs who grew up in a rural area are less likely to work in a non-metro area of Virginia (28% vs. 32%). In total, the percentage of all NHAs who work in a non-metro area of the state has fallen (17% vs. 19%).

Virginia's NHA workforce is more likely to be employed in the for-profit sector (66% vs. 59%) than in the non-profit sector (29% vs. 37%). In addition, NHAs are less likely to have worked at their primary work location for more than two years (43% vs. 57%). Instead, NHAs have become more likely to start work at a new location (37% vs. 27%). NHAs are more likely to work between 40 and 49 hours per week (47% vs. 43%) than between 50 and 59 hours per week (31% vs. 35%).

The median annual income of Virgina's NHAs has increased ($130k-$140k vs. $100k-$110k). However, NHAs are slightly less likely to receive at least one employer-sponsored benefit (95% vs. 96%). There were particularly noticeable declines among NHAs who have access to paid sick leave (75% vs. 85%) and group life insurance (69% vs. 76%). On the other hand, NHAs are more likely to have access to dental insurance (79% vs. 78%) and a retirement plan (72% vs. 69%). The percentage of NHAs who indicated that they are satisfied with their current work situation has fallen slightly (95% vs. 96%). The decline among NHAs who indicated that they are "very satisfied" was larger (61% vs. 69%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	775	80%
New Licensees	86	9%
Non-Renewals	108	11%
All Licensees	**969**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing NHAs, 100% submitted a survey. These respondents represent 83% of the 969 NHAs who held a license at some point in the past year.

Definitions

1. **The Survey Period:** The survey was conducted in March 2024.
2. **Target Population:** All NHAs who held a Virginia license at some point between April 2023 and March 2024.
3. **Survey Population:** The survey was available to NHAs who renewed their licenses online. It was not available to those who did not renew, including some NHAs newly licensed in the past year.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	17	23	58%
30 to 34	15	65	81%
35 to 39	19	72	79%
40 to 44	16	101	86%
45 to 49	20	99	83%
50 to 54	17	131	89%
55 to 59	25	114	82%
60 and Over	35	200	85%
Total	**164**	**805**	**83%**
New Licenses			
Issued in Past Year	59	27	31%
Metro Status			
Non-Metro	20	113	85%
Metro	80	508	86%
Not in Virginia	64	184	74%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**805**
Response Rate, All Licensees	**83%**
Response Rate, Renewals	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number: 969
New: 9%
Not Renewed: 11%

Response Rates

All Licensees: 83%
Renewing Practitioners: 100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

NHA Workforce:	762
FTEs:	804

Utilization Ratios

Licensees in VA Workforce:	79%
Licensees per FTE:	1.21
Workers per FTE:	0.95

Source: Va. Healthcare Workforce Data Center

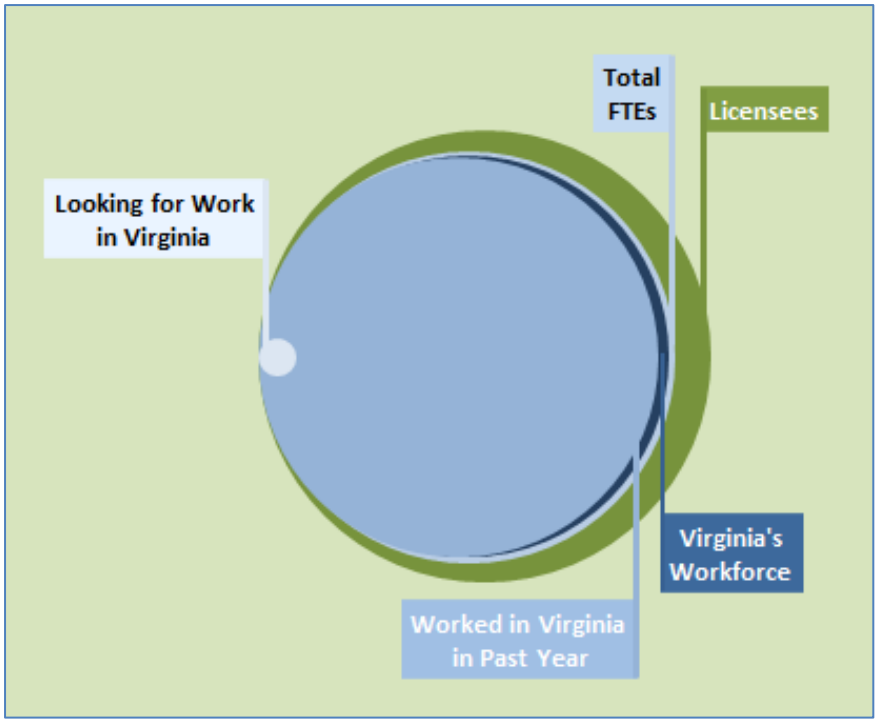
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's NHA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	755	99%
Looking for Work in Virginia	7	1%
Virginia's Workforce	**762**	**100%**
Total FTEs	**804**	
Licensees	**969**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	11	34%	21	67%	31	5%
30 to 34	22	33%	45	67%	67	10%
35 to 39	27	39%	42	61%	69	10%
40 to 44	40	45%	49	55%	89	13%
45 to 49	31	38%	52	63%	83	13%
50 to 54	30	31%	67	69%	97	15%
55 to 59	41	44%	54	56%	95	14%
60 and Over	59	46%	71	54%	130	20%
Total	**262**	**40%**	**400**	**61%**	**662**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	61%
% Under 40 Female:	65%

Age

Median Age:	50
% Under 40:	25%
% 55 and Over:	34%

Diversity

Diversity Index:	39%
Under 40 Div. Index:	47%

Source: Va. Healthcare Workforce Data Center

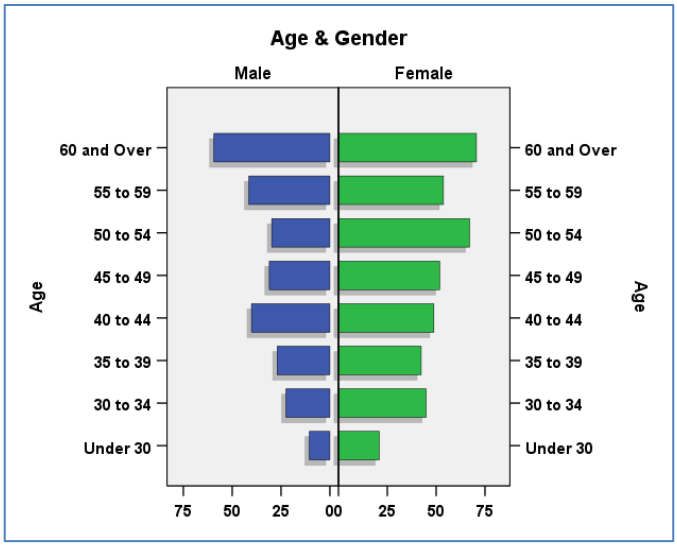
Race & Ethnicity					
Race/ Ethnicity	Virginia*	NHAs		NHAs Under 40	
	%	#	%	#	%
White	59%	505	76%	116	68%
Black	18%	130	19%	41	24%
Asian	7%	6	1%	1	1%
Other Race	1%	3	0%	3	2%
Two or More Races	5%	10	1%	4	2%
Hispanic	10%	13	2%	5	3%
Total	**100%**	**667**	**100%**	**170**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

In a random encounter between two NHAs, there is a 39% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

One-quarter of all NHAs are under the age of 40, and 65% of NHAs who are under the age of 40 are female. In addition, the diversity index among NHAs who are under the age of 40 is 47%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	13%
Rural Childhood:	45%

Virginia Background

HS in Virginia:	53%
Prof. Edu. in VA:	76%
HS or Prof. Edu. in VA:	79%

Location Choice

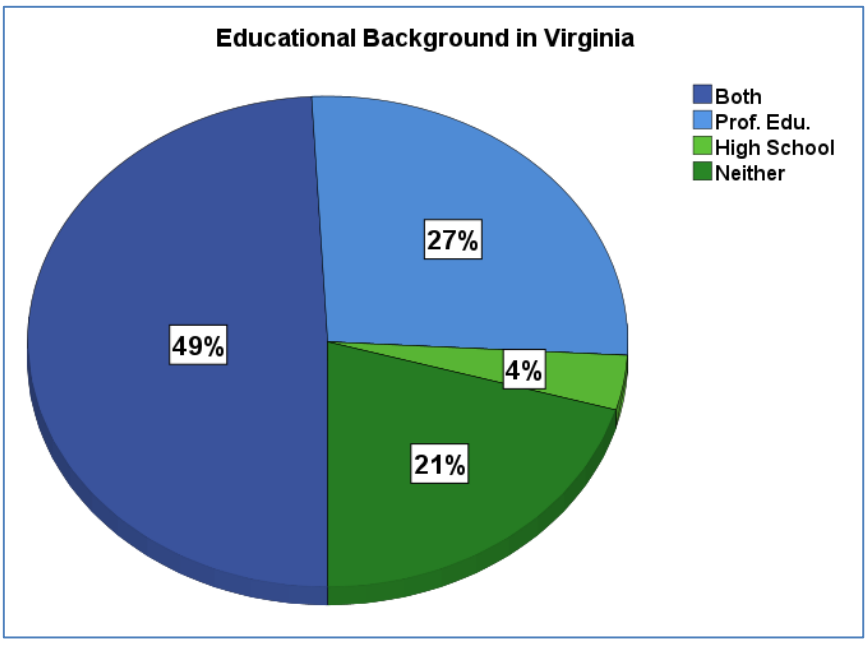
% Rural to Non-Metro:	28%
% Urban/Suburban to Non-Metro:	8%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	32%	52%	17%
2	Metro, 250,000 to 1 Million	49%	41%	10%
3	Metro, 250,000 or Less	60%	31%	9%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	67%	33%	0%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	69%	18%	13%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	95%	0%	5%
8	Rural, Metro Adjacent	82%	18%	0%
9	Rural, Non-Adjacent	71%	24%	6%
	Overall	**45%**	**42%**	**13%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Close to half of all NHAs grew up in a rural area, and 28% of NHAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 17% of all NHAs currently work in a non-metro area of the state.

Top Ten States for Nursing Home Administrator Recruitment

Rank	All Nursing Home Administrators			
	High School	#	Professional School	#
1	Virginia	353	Virginia	476
2	New York	39	Maryland	20
3	West Virginia	36	West Virginia	17
4	Ohio	27	North Carolina	16
5	Outside U.S./Canada	26	Ohio	12
6	North Carolina	23	Tennessee	10
7	Pennsylvania	21	Pennsylvania	7
8	Maryland	18	Florida	6
9	Tennessee	14	Texas	6
10	New Jersey	13	Massachusetts	6

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 53% received their high school degree in Virginia, and 76% received their initial professional degree in the state.

Among NHAs who have been licensed in the past five years, 49% received their high school degree in Virginia, and 73% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Professional School	#
1	Virginia	109	Virginia	156
2	West Virginia	17	West Virginia	8
3	Outside U.S./Canada	12	Maryland	8
4	North Carolina	10	North Carolina	6
5	New York	10	Pennsylvania	4
6	Pennsylvania	8	Texas	4
7	Ohio	7	Oklahoma	4
8	Maryland	6	Montana	3
9	California	6	Tennessee	3
10	Florida	5	Ohio	3

Source: Va. Healthcare Workforce Data Center

More than one out of every five licensees were not a part of Virginia's NHA workforce. Among these licensees, 87% worked at some point in the past year, including 79% who currently work as an NHA.

At a Glance:

Not in VA Workforce

Total:	207
% of Licensees:	21%
Federal/Military:	1%
VA Border State/DC:	14%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	19	3%	-	-
Admin-in-Training	257	39%	-	-
High School/GED	-	-	3	0%
Associate	10	2%	40	6%
Baccalaureate	160	24%	302	46%
Graduate Cert.	9	1%	10	2%
Masters	180	27%	288	44%
Doctorate	11	2%	15	2%
Other	9	1%	-	-
Total	656	100%	659	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

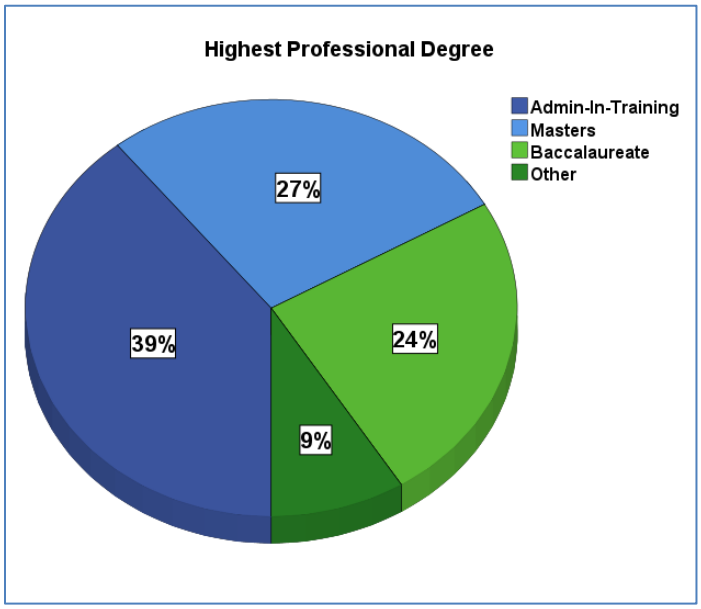
Admin-in-Training:	39%
Master's Degree:	27%
Baccalaureate Degree:	24%

Education Debt

Carry Debt:	41%
Under Age 40 w/ Debt:	65%
Median Debt:	$50k-$60k

Source: Va. Healthcare Workforce Data Center

More than two out of every five NHAs carry education debt, including 65% of NHAs who are under the age of 40. For those with education debt, the median outstanding balance is between $50,000 and $60,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All NHAs		NHAs Under 40	
	#	%	#	%
None	325	59%	52	35%
Less than $10,000	19	3%	8	5%
$10,000-$19,999	27	5%	11	7%
$20,000-$29,999	25	5%	9	6%
$30,000-$39,999	17	3%	8	5%
$40,000-$49,999	21	4%	14	10%
$50,000-$59,999	18	3%	4	3%
$60,000-$69,999	20	4%	10	7%
$70,000-$79,999	14	3%	10	7%
$80,000-$89,999	14	3%	4	3%
$90,000-$99,999	5	1%	1	1%
$100,000 or More	45	8%	15	10%
Total	549	100%	147	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	11%
ALFA:	4%
CNA:	2%

Job Titles

Administrator:	42%
Executive Director:	15%
President/Exec. Officer:	10%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	**#**	**%**
Nursing Home Administrator	660	87%
Nurse (RN or LPN)	86	11%
ALF Administrator	33	4%
Certified Nursing Assistant	18	2%
Registered Medication Aide	14	2%
Physical Therapist	5	1%
Occupational Therapist	4	1%
Speech-Language Pathologist	2	0%
Respiratory Therapist	1	0%
Other	36	5%
At Least One Benefit	**666**	**87%**

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Administrator	322	42%	44	6%
Executive Director	118	15%	19	2%
President or Executive Officer	78	10%	7	1%
Assistant Administrator	13	2%	2	0%
Owner	11	1%	5	1%
Other	110	14%	19	2%
At Least One Title	**608**	**80%**	**91**	**12%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 42% hold the title of administrator at their primary work location. Another 15% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 86%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 87%
2 or More Positions: 5%

Weekly Hours:

40 to 49: 47%
60 or More: 14%
Less than 30: 2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	1	< 1%
Employed in a Capacity Related to Long-Term Care	571	86%
Employed, NOT in a Capacity Related to Long-Term Care	65	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	2	< 1%
Voluntarily Unemployed	18	3%
Retired	7	1%
Total	**664**	**100%**

Source: Va. Healthcare Workforce Data Center

In total, 86% of all NHAs are currently employed in the profession, 87% hold one full-time job, and 47% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	27	4%
One Part-Time Position	24	4%
Two Part-Time Positions	2	0%
One Full-Time Position	566	87%
One Full-Time Position & One Part-Time Position	29	4%
Two Full-Time Positions	1	0%
More than Two Positions	2	0%
Total	**651**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	27	4%
1 to 9 Hours	3	0%
10 to 19 Hours	6	1%
20 to 29 Hours	3	0%
30 to 39 Hours	14	2%
40 to 49 Hours	299	47%
50 to 59 Hours	199	31%
60 to 69 Hours	61	10%
70 to 79 Hours	11	2%
80 or More Hours	14	2%
Total	**637**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	7	1%
Less than $60,000	23	4%
$60,000-$69,999	8	2%
$70,000-$79,999	14	3%
$80,000-$89,999	14	3%
$90,000-$99,999	30	6%
$100,000-$109,999	39	7%
$110,000-$119,999	55	10%
$120,000-$129,999	50	9%
$130,000-$139,999	75	14%
$140,000-$149,999	54	10%
$150,000-$159,999	43	8%
$160,000 or More	138	25%
Total	**551**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $130k-$140k

Benefits

Paid Vacation: 92%

Employer Retirement: 72%

Source: Va. Healthcare Workforce Data Center

The median annual income for NHAs is between $130,000 and $140,000. In addition, 95% of NHAs receive at least one employer-sponsored benefit, including 72% who have access to a retirement plan.

Employer-Sponsored Benefits		
Benefit	**#**	**%**
Paid Vacation	525	92%
Dental Insurance	451	79%
Paid Sick Leave	430	75%
Retirement	411	72%
Group Life Insurance	394	69%
Signing/Retention Bonus	102	18%
At Least One Benefit	**540**	**95%**
*From any employer at time of survey.		

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

Satisfied: 95%

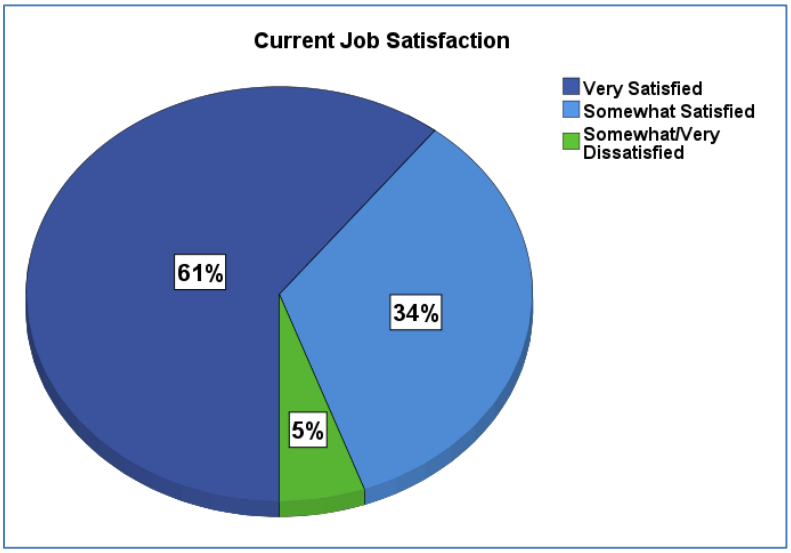
Very Satisfied: 61%

Exhaustion

Burned Out: 40%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	394	61%
Somewhat Satisfied	221	34%
Somewhat Dissatisfied	27	4%
Very Dissatisfied	8	1%
Total	**651**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 95% are satisfied with their current employment situation, including 61% who indicated that they are "very satisfied."

Two out of every five NHAs are feeling burned out with their job. Among these NHAs, a majority will continue to work in their current position.

Burned Out?		
	#	**%**
Yes	261	40%
No	384	60%
Total	**645**	**100%**
Experiencing Burnout	**#**	**%**
Will Continue to Work in Current Position	151	58%
Planning to Leave LTC Profession within 1-2 Years	56	21%
Seeking Another Position in LTC Profession	36	14%
Seeking Professional Resources to Deal with Burn Out	18	7%
Total	**261**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	19	2%
Experience Voluntary Unemployment?	39	5%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	8	1%
Work Two or More Positions at the Same Time?	61	8%
Switch Employers or Practices?	104	14%
Experience At Least One?	**189**	**25%**

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 2% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 2%
Underemployed: 1%

Turnover & Tenure

Switched Jobs: 14%
New Location: 37%
Over 2 Years: 43%
Over 2 Yrs., 2nd Location: 29%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	5	1%	13	14%
Less than 6 Months	86	14%	20	21%
6 Months to 1 Year	108	17%	17	18%
1 to 2 Years	153	25%	19	20%
3 to 5 Years	98	16%	11	11%
6 to 10 Years	77	12%	6	6%
More than 10 Years	95	15%	11	11%
Subtotal	**621**	**100%**	**96**	**100%**
Did Not Have Location	16		656	
Item Missing	125		10	
Total	**762**		**762**	

Source: Va. Healthcare Workforce Data Center

Among all NHAs, 43% have worked at their primary location for more than two years.

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.2%. At the time of publication, the unemployment rate from February 2024 was still preliminary, and the unemployment rate from March 2024 had not yet been released.

At a Glance:

Concentration

Top Region:	21%
Top 3 Regions:	60%
Lowest Region:	3%

Locations

2 or More (Past Year):	17%
2 or More (Now*):	14%

Source: Va. Healthcare Workforce Data Center

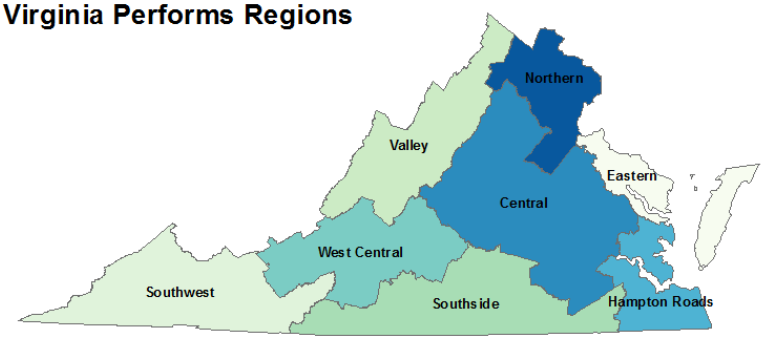
Three out of every five NHAs work in Hampton Roads, Central Virginia, or Northern Virginia.

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	124	20%	23	23%
Eastern	21	3%	4	4%
Hampton Roads	127	21%	15	15%
Northern	119	19%	13	13%
Southside	40	6%	8	8%
Southwest	35	6%	4	4%
Valley	52	8%	11	11%
West Central	94	15%	10	10%
Virginia Border State/D.C.	1	0%	0	0%
Other U.S. State	5	1%	10	10%
Outside of the U.S.	0	0%	2	2%
Total	**618**	**100%**	**100**	**100%**
Item Missing	127		7	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	7	1%	10	2%
1	517	82%	531	85%
2	56	9%	50	8%
3	36	6%	29	5%
4	7	1%	1	0%
5	2	0%	3	1%
6 or More	5	1%	4	1%
Total	**629**	**100%**	**629**	**100%**

*At the time of survey completion, March 2024.

Source: Va. Healthcare Workforce Data Center

While 14% of NHAs currently have multiple work locations, 17% have had multiple work locations over the past 12 months.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	402	66%	66	79%
Non-Profit	176	29%	17	20%
State/Local Government	29	5%	1	1%
Veterans Administration	2	0%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	1	0%	0	0%
Total	**610**	**100%**	**84**	**100%**
Did Not Have Location	16		656	
Item Missing	135		22	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

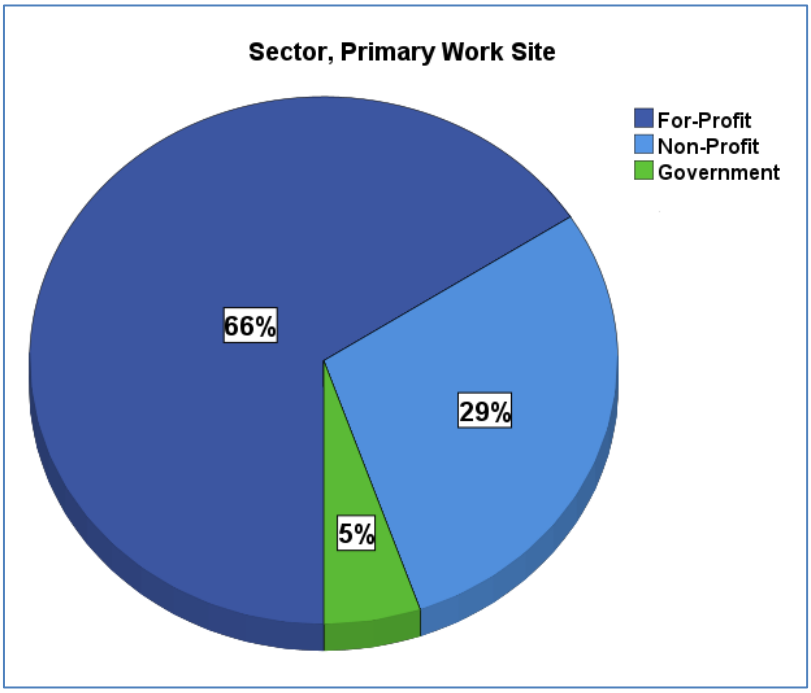
For-Profit: 66%
Federal: 0%

Top Establishments

Skilled Nursing Facility: 51%
Assisted Living Facility: 18%
Continuing Care Retirement Community: 15%

Source: Va. Healthcare Workforce Data Center

Two-thirds of all NHAs work in the for-profit sector, while another 29% work in the non-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Skilled Nursing Facility	385	51%	49	6%
Assisted Living Facility	136	18%	18	2%
Continuing Care Retirement Community	118	15%	11	1%
Acute Care/Rehabilitative Facility	31	4%	7	1%
Home/Community Health Care	20	3%	2	0%
Adult Day Care	10	1%	0	0%
Hospice	8	1%	1	0%
Academic Institution	6	1%	6	1%
PACE	5	1%	0	0%
Other Practice Type	54	7%	12	2%
At Least One Establishment	**622**	**82%**	**92**	**12%**

Source: Va. Healthcare Workforce Data Center

More than half of all NHAs are employed at a skilled nursing facility as their primary work location. Another 18% of NHAs are employed at an assisted living facility.

Three out of every five NHAs work at a facility chain organization as their primary work location. Another 25% of NHAs are employed at an independent/stand-alone organization.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Facility Chain	360	60%	44	52%
Independent/Stand Alone	149	25%	22	26%
Hospital-Based	30	5%	2	2%
Integrated Health System (Veterans Administration, Large Health System)	12	2%	3	4%
College or University	3	1%	6	7%
Other	44	7%	7	8%
Total	**598**	**100%**	**84**	**100%**
Did Not Have Location	16		656	
Item Missing	148		22	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	30%
Chinese:	13%
French:	13%

Means of Communication

Virtual Translation:	67%
Other Staff Members:	43%
Onsite Translation:	13%

Source: Va. Healthcare Workforce Data Center

Three out of every ten NHAs are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	225	30%
Chinese	98	13%
French	96	13%
Korean	96	13%
Arabic	95	12%
Vietnamese	93	12%
Tagalog/Filipino	87	11%
Hindi	79	10%
Persian	73	10%
Amharic, Somali, or Other Afro-Asiatic Languages	72	9%
Urdu	65	9%
Pashto	62	8%
Others	57	7%
At Least One Language	**260**	**34%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Virtual Translation Services	173	67%
Other Staff Member is Proficient	112	43%
Onsite Translation Service	33	13%
Respondent is Proficient	14	5%
Other	22	8%

Source: Va. Healthcare Workforce Data Center

Two-thirds of all NHAs who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance:
(Primary Locations)

Typical Time Allocation

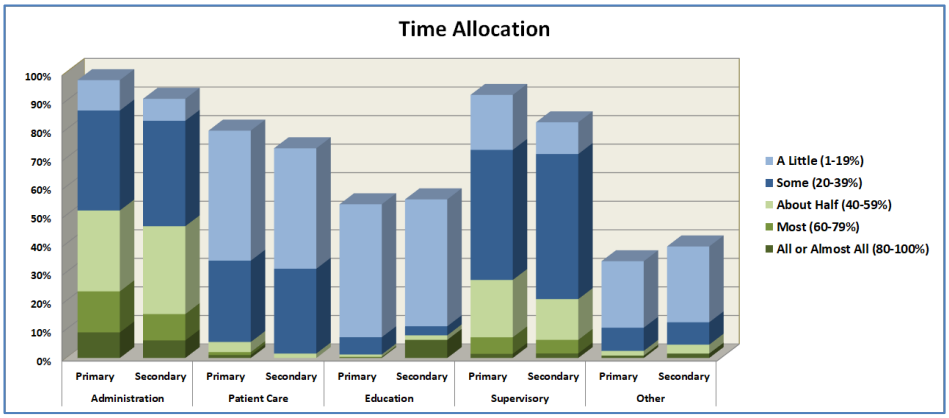
Administration:	40%-49%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	23%
Supervisory:	7%
Patient Care:	2%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

NHAs typically spend approximately half of their time performing administrative tasks. In fact, 23% of NHAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	9%	6%	1%	0%	0%	6%	1%	2%	1%	2%
Most (60-79%)	14%	9%	1%	0%	0%	0%	6%	5%	0%	0%
About Half (40-59%)	28%	31%	4%	2%	1%	2%	20%	14%	2%	3%
Some (20-39%)	35%	38%	28%	30%	6%	3%	46%	50%	8%	8%
A Little (1-19%)	11%	8%	45%	42%	46%	44%	19%	11%	23%	27%
None (0%)	3%	9%	20%	27%	46%	44%	8%	17%	66%	61%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	63	12%	20	23%
1-24	7	1%	5	6%
25-49	22	4%	5	6%
50-74	61	12%	10	12%
75-99	71	13%	5	6%
100-124	117	22%	17	20%
125-149	35	7%	6	7%
150-174	29	6%	6	7%
175-199	33	6%	7	8%
200-224	14	3%	0	0%
225-249	5	1%	1	1%
250-274	6	1%	0	0%
275-299	4	1%	0	0%
300 or More	59	11%	5	6%
Total	527	100%	86	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 100-124
Secondary Location: 75-99

Resident Capacity (Median)

Primary Location: 100-150
Secondary Location: 100-150

Source: Va. Healthcare Workforce Data Center

The median patient workload for NHAs at their primary work location is between 100 and 124 patients. In addition, the typical NHA works at a facility that contains between 100 and 150 beds for residents.

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	78	13%	16	18%
10 or Less	2	0%	1	1%
10-25	2	0%	0	0%
25-50	25	4%	3	3%
50-100	154	25%	19	21%
100-150	187	30%	34	38%
150-250	97	16%	12	13%
More than 250	71	12%	5	6%
Total	616	100%	90	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All NHAs		NHAs 50 and Over	
	#	%	#	%
Under Age 50	29	5%	-	-
50 to 54	24	4%	2	1%
55 to 59	55	9%	15	5%
60 to 64	147	25%	66	23%
65 to 69	204	35%	125	44%
70 to 74	90	15%	59	21%
75 to 79	9	2%	7	2%
80 or Over	1	0%	1	0%
I Do Not Intend to Retire	25	4%	11	4%
Total	583	100%	286	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All NHAs

Under 65: 44%

Under 60: 19%

NHAs 50 and Over

Under 65: 29%

Under 60: 6%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 28%

Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

More than two out of every five NHAs expect to retire before the age of 65. Among NHAs who are age 50 and over, 29% expect to retire by the age of 65.

Within the next two years, 17% of NHAs expect to begin accepting Administrators-in-Training, and 11% of NHAs expect to pursue additional educational opportunities.

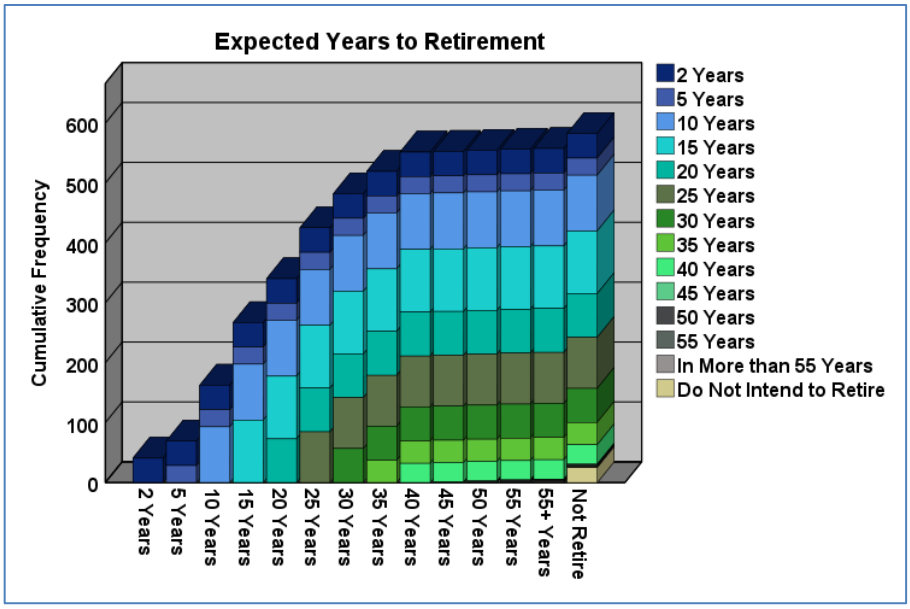
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	54	7%
Leave Virginia	40	5%
Decrease Patient Care Hours	58	8%
Decrease Teaching Hours	1	0%
Cease Accepting Trainees	4	1%
Increase Participation		
Increase Patient Care Hours	35	5%
Increase Teaching Hours	33	4%
Pursue Additional Education	85	11%
Return to the Workforce	3	0%
Begin Accepting Trainees	126	17%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for NHAs. While 7% of NHAs expect to retire in the next two years, 28% expect to retire within the next decade. More than half of the current NHA workforce expect to retire by 2044.

Time to Retirement			
Expect to Retire Within. . .	#	%	Cumulative %
2 Years	41	7%	7%
5 Years	29	5%	12%
10 Years	93	16%	28%
15 Years	105	18%	46%
20 Years	73	13%	58%
25 Years	85	15%	73%
30 Years	57	10%	83%
35 Years	37	6%	89%
40 Years	32	5%	95%
45 Years	1	0%	95%
50 Years	2	0%	95%
55 Years	2	0%	96%
In More than 55 Years	1	0%	96%
Do Not Intend to Retire	25	4%	100%
Total	583	100%	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2034. Retirement will peak at 18% of the current workforce around 2039 before declining to under 10% again by 2059.

At a Glance:

FTEs

Total:	804
FTEs/1,000 Residents[2]:	.093
Average:	1.08

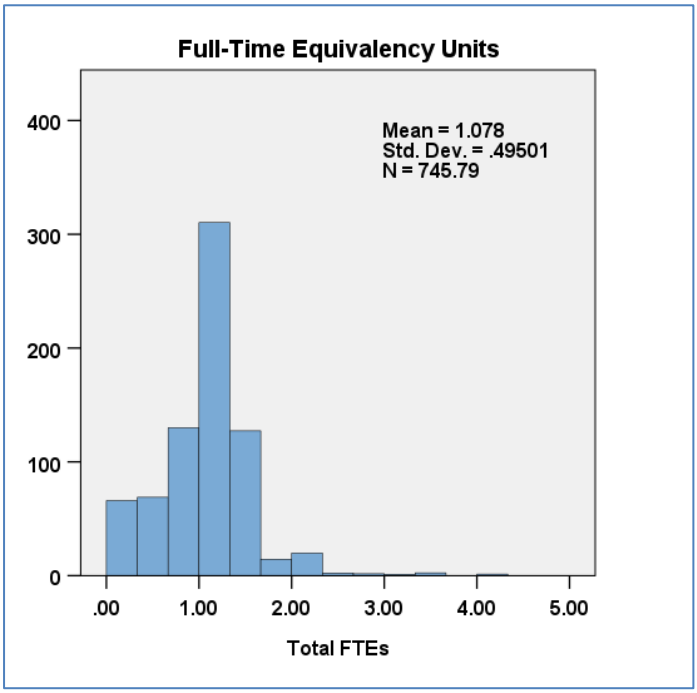
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	Small

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

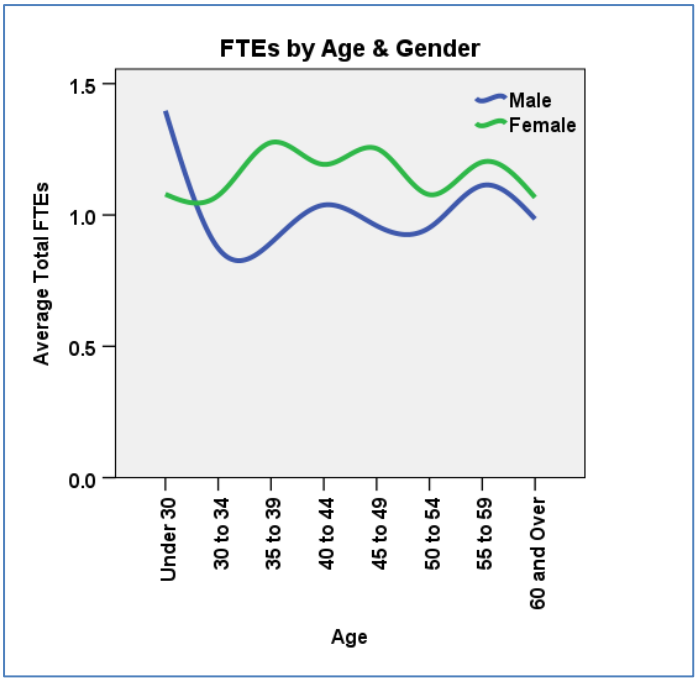


Source: Va. Healthcare Workforce Data Center

The typical NHA provided 1.16 FTEs in the past year, or approximately 46 hours per week for 50 weeks. Statistical tests indicate that FTEs vary by gender.

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	1.15	1.09
30 to 34	1.00	1.05
35 to 39	1.10	1.09
40 to 44	1.13	1.20
45 to 49	1.08	1.01
50 to 54	1.07	1.22
55 to 59	1.16	1.22
60 and Over	1.00	1.05
Gender		
Male	1.00	1.15
Female	1.15	1.18

Source: Va. Healthcare Workforce Data Center

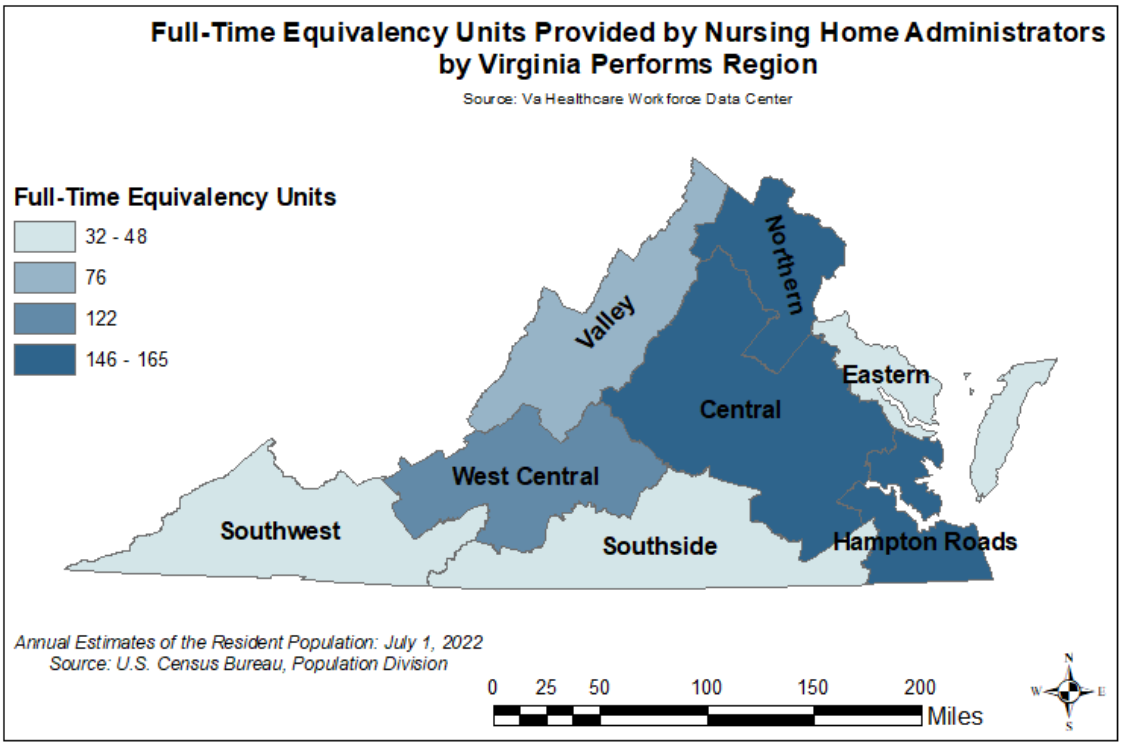


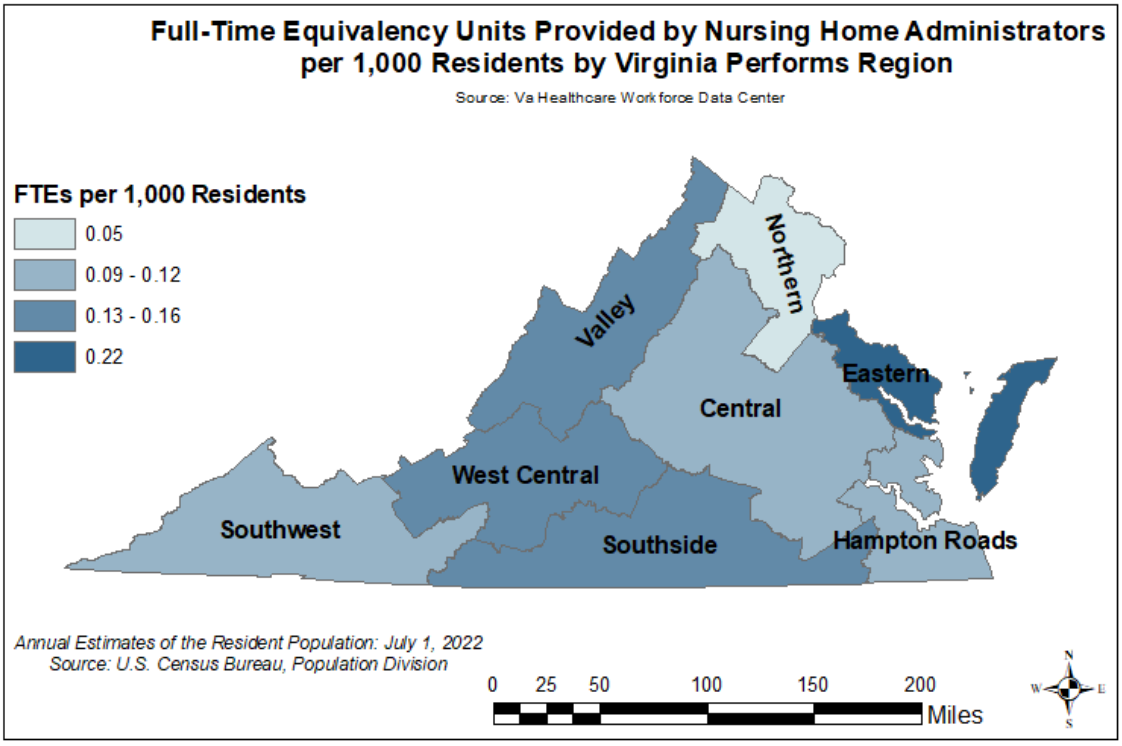
Source: Va. Healthcare Workforce Data Center

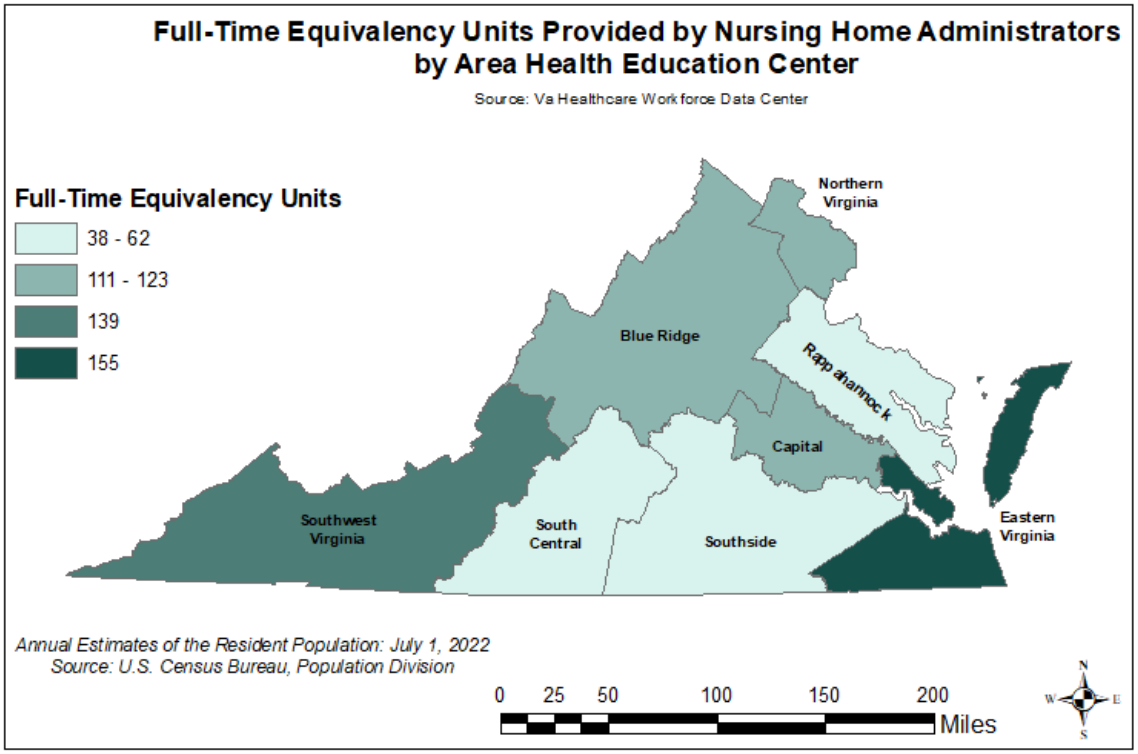
[2] Number of residents in 2022 was used as the denominator.

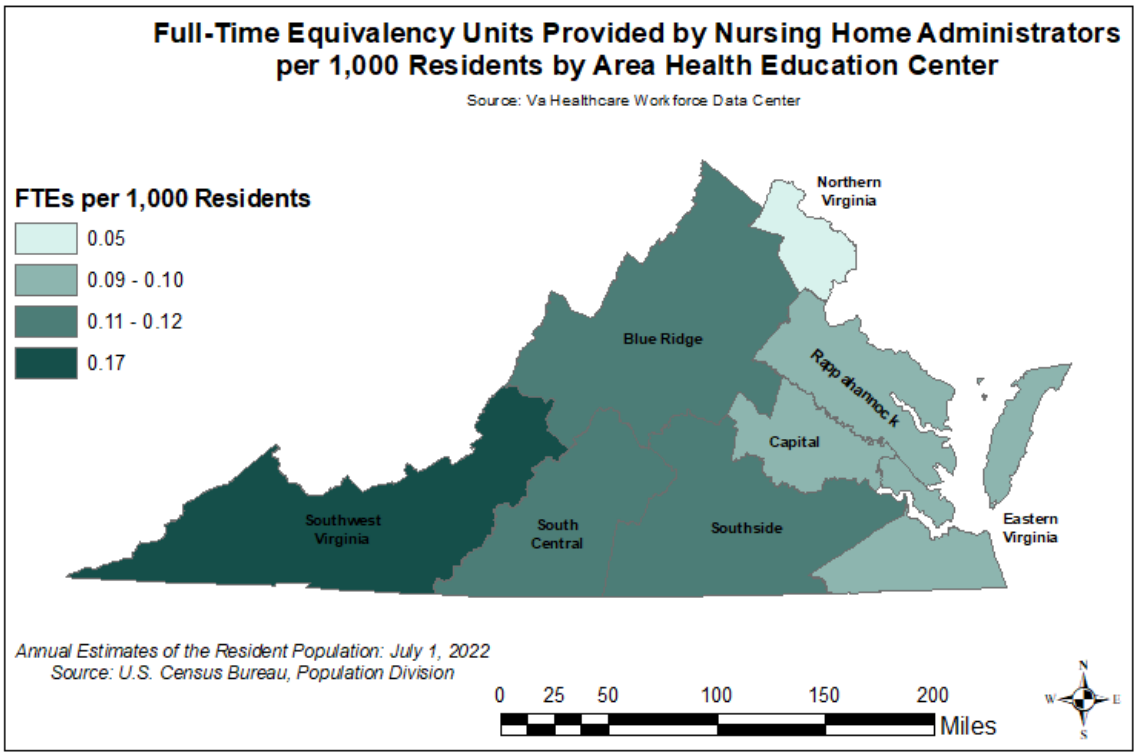
Maps

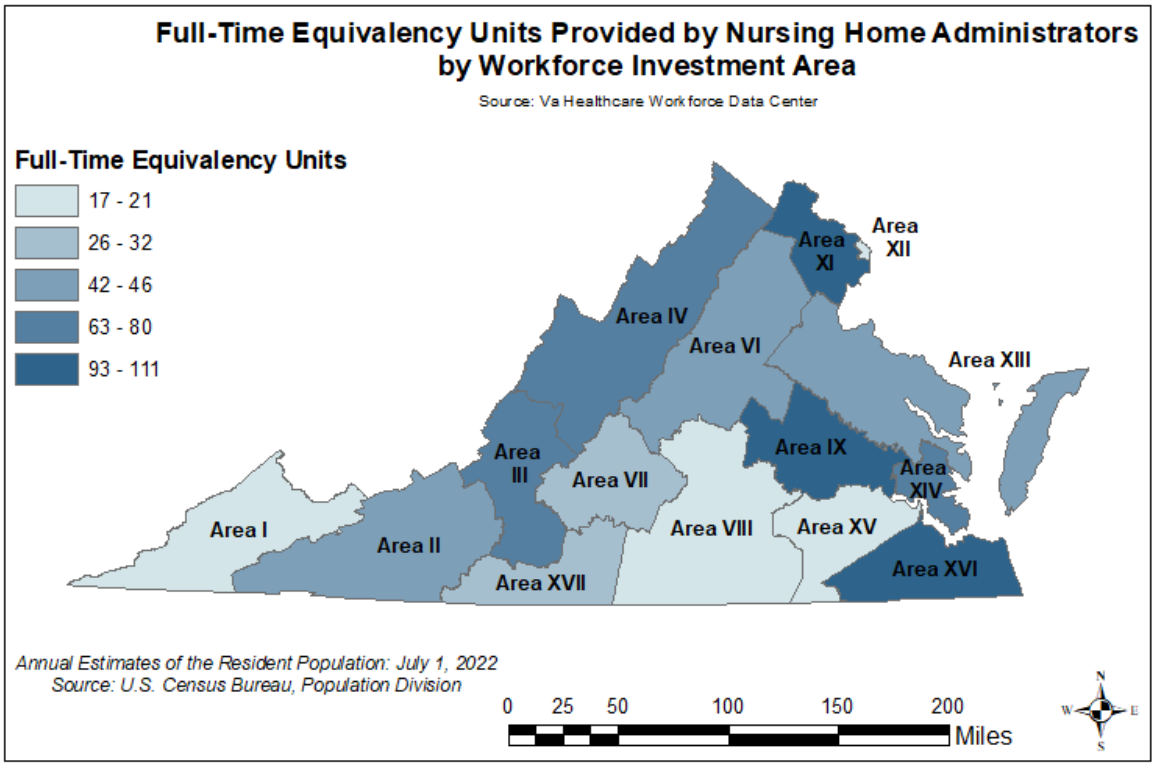
Virginia Performs Regions

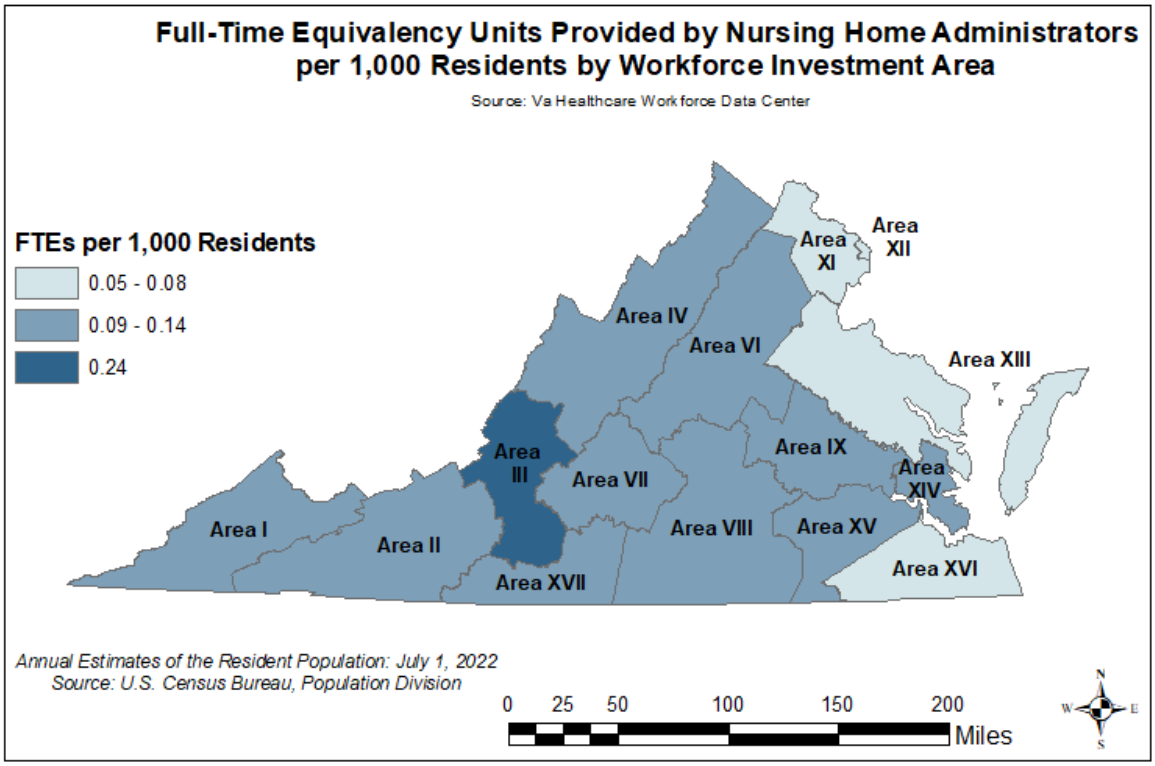


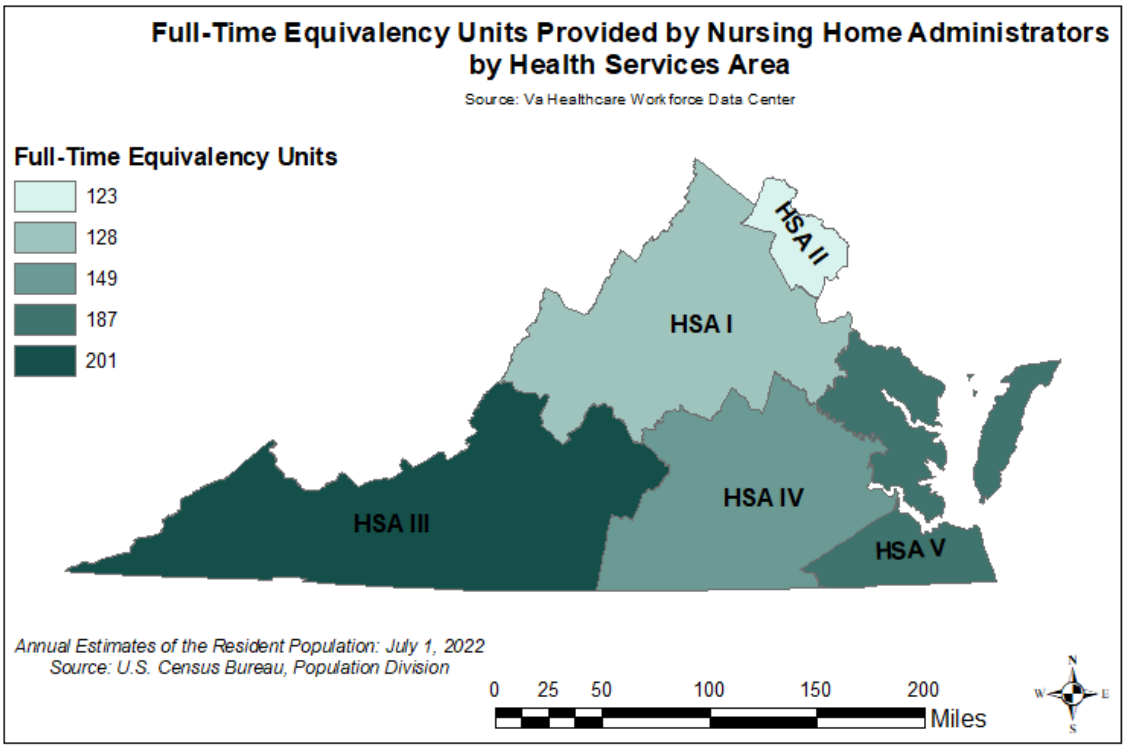


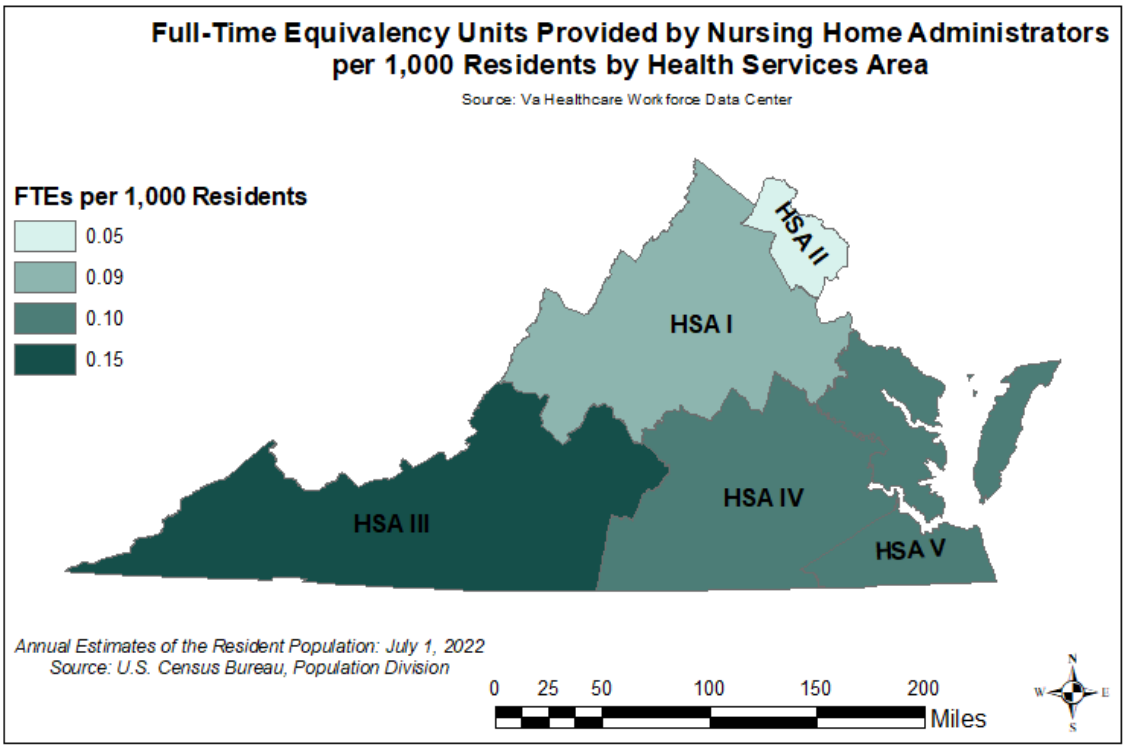

Full-Time Equivalency Units Provided by Nursing Home Administrators by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
38 - 62
111 - 123
139
155
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

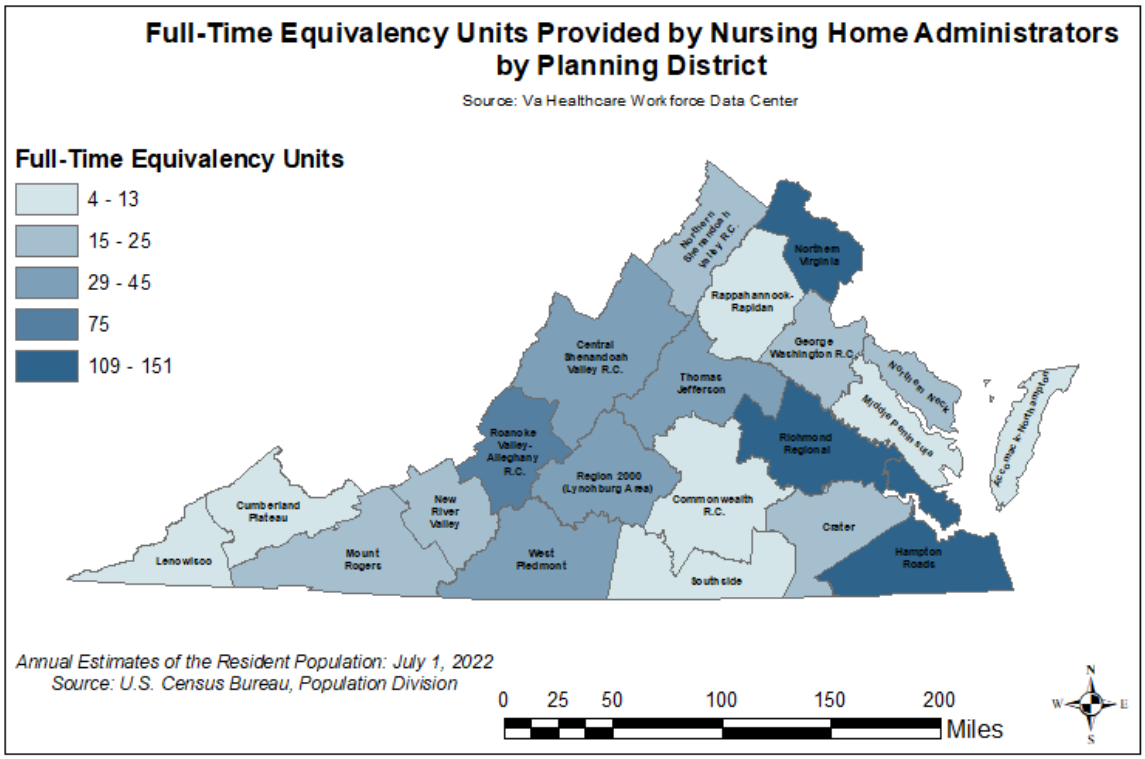

Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.09 - 0.10
0.11 - 0.12
0.17
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

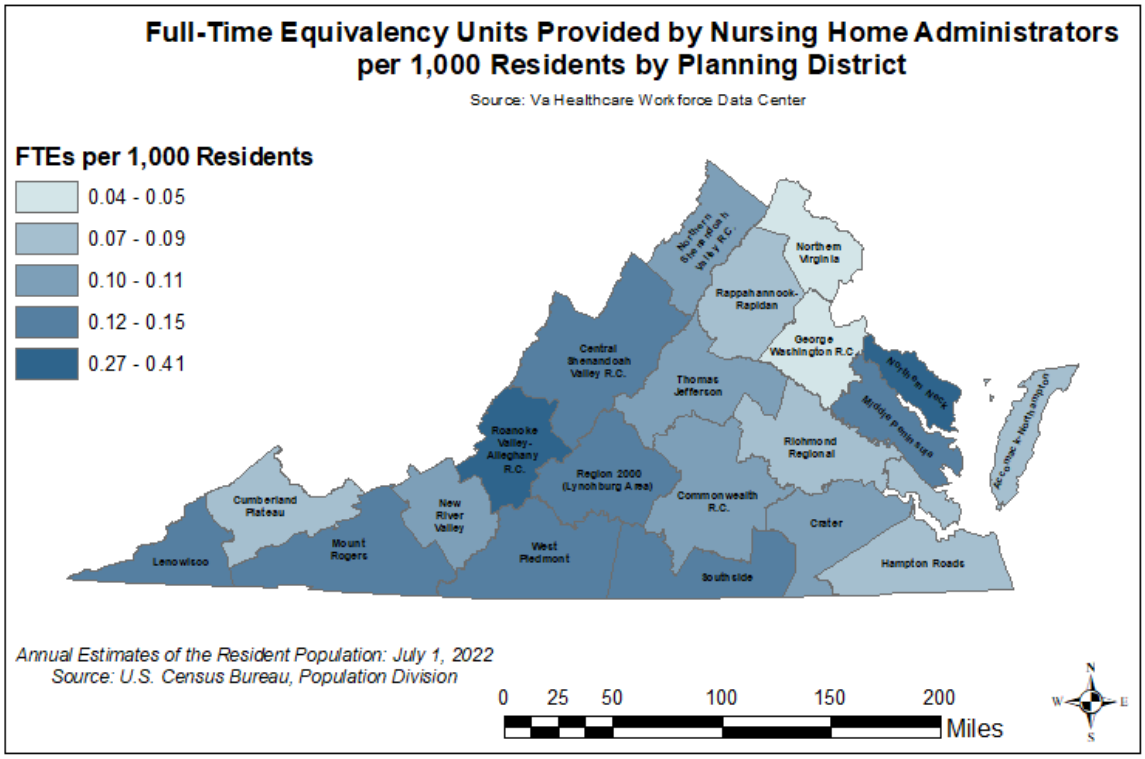

Full-Time Equivalency Units Provided by Nursing Home Administrators by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
17 - 21
26 - 32
42 - 46
63 - 80
93 - 111
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05 - 0.08
0.09 - 0.14
0.24
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
123
128
149
187
201
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.09
0.10
0.15
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
4 - 13
15 - 25
29 - 45
75
109 - 151
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Northern Neck
Middle Peninsula
Accomack-Northampton
Central Shenandoah Valley R.C.
Thomas Jefferson
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Hampton Roads
New River Valley
Cumberland Plateau
Mount Rogers
West Piedmont
Lenowisco
South side
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Nursing Home Administrators per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.04 - 0.05
0.07 - 0.09
0.10 - 0.11
0.12 - 0.15
0.27 - 0.41
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Northern Neck
Middle Peninsula
Accomack-Northampton
Central Shenandoah Valley R.C.
Thomas Jefferson
Richmond Regional
Roanoke Valley-Alleghany R.C.
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Hampton Roads
New River Valley
Cumberland Plateau
Mount Rogers
West Piedmont
Lenowisco
South side
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	396	85.10%	1.175	1.103	1.698
Metro, 250,000 to 1 Million	110	90.91%	1.100	1.032	1.589
Metro, 250,000 or Less	82	86.59%	1.155	1.084	1.669
Urban, Pop. 20,000+, Metro Adj.	11	63.64%	1.571	1.512	2.270
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	50	88.00%	1.136	1.067	1.162
Urban, Pop. 2,500-19,999, Non-Adj.	29	79.31%	1.261	1.183	1.324
Rural, Metro Adj.	28	92.86%	1.077	1.011	1.556
Rural, Non-Adj.	15	86.67%	1.154	1.083	1.212
Virginia Border State/D.C.	139	75.54%	1.324	1.242	1.913
Other U.S. State	109	72.48%	1.380	1.295	1.449

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	40	57.50%	1.739	1.556	2.270
30 to 34	80	81.25%	1.231	1.101	1.411
35 to 39	91	79.12%	1.264	1.131	1.449
40 to 44	117	86.32%	1.158	1.036	1.512
45 to 49	119	83.19%	1.202	1.075	1.378
50 to 54	148	88.51%	1.130	1.011	1.295
55 to 59	139	82.01%	1.219	1.091	1.592
60 and Over	235	85.11%	1.175	1.051	1.534

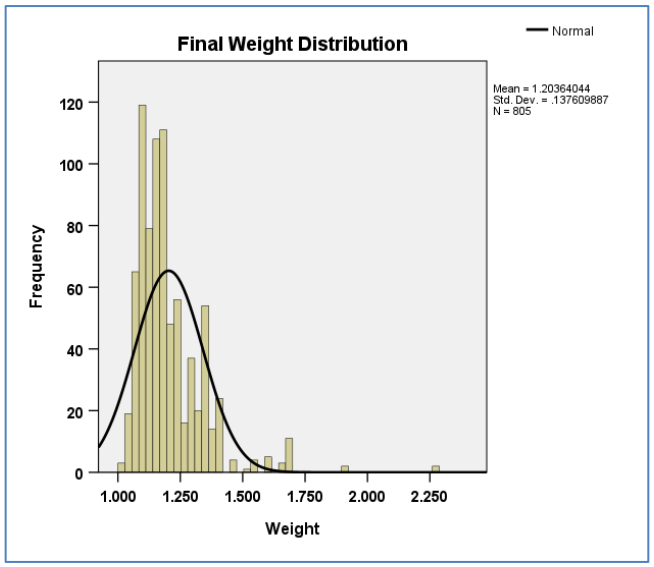
Source: Va. Healthcare Workforce Data Center

See the Methodology section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.830753**



Source: Va. Healthcare Workforce Data Center

Virginia's Assisted Living Facility Administrator Workforce: 2024

Healthcare Workforce Data Center

April 2024

Virginia Department of Health Professions
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https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/

More than 500 Assisted Living Facility Administrators voluntarily participated in this survey. *Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Long-Term Care Administrators express our sincerest appreciation for their ongoing cooperation.*

Thank You!

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The Assisted Living Facility Administrator Workforce At a Glance:

The Workforce

Licensees:	680
Virginia's Workforce:	633
FTEs:	716

Survey Response Rate

All Licensees:	77%
Renewing Practitioners:	97%

Demographics

Female:	78%
Diversity Index:	49%
Median Age:	51

Background

Rural Childhood:	44%
HS Degree in VA:	62%
Prof. Degree in VA:	92%

Health Admin. Edu.

Admin-in-Training:	42%
Baccalaureate:	15%

Finances

Median Inc.:	$90k-$100k
Retirement Benefits:	63%
Under 40 w/ Ed. Debt:	54%

Current Employment

Employed in Prof.:	88%
Hold 1 Full-Time Job:	84%
Satisfied?:	96%

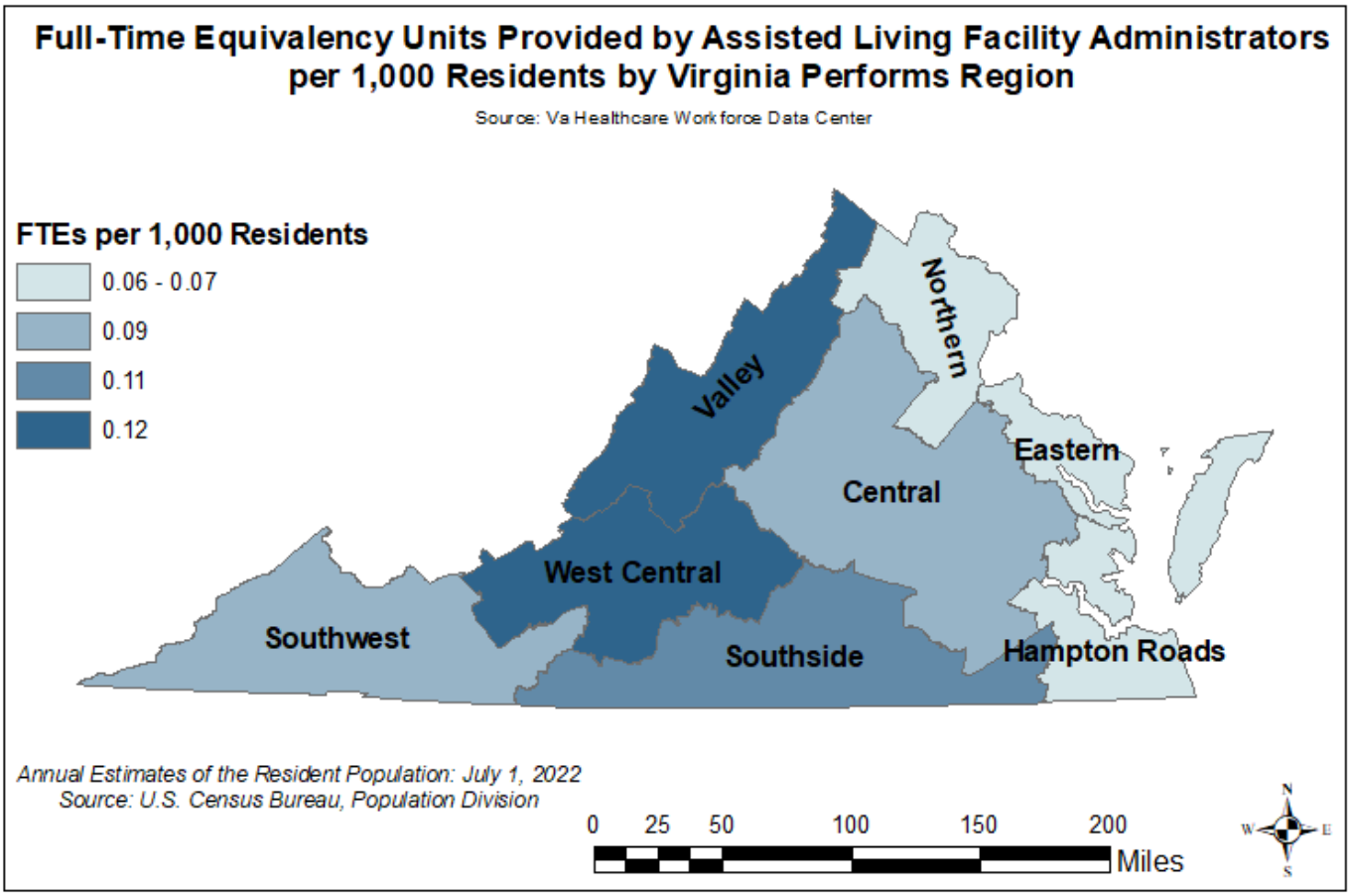
Job Turnover

Switched Jobs:	8%
Employed Over 2 Yrs.:	55%

Time Allocation

Administration:	30%-39%
Supervisory:	20%-29%
Patient Care:	10%-19%

Source: Va. Healthcare Workforce Data Center



Results in Brief

This report contains the results of the 2024 Assisted Living Facility Administrator (ALFA) Workforce Survey. In total, 526 ALFAs voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every March for ALFAs. These respondents represent 77% of the 680 ALFAs licensed in the state and 97% of renewing practitioners.

The HWDC estimates that 633 ALFAs participated in Virginia's workforce during the survey time period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's ALFA workforce provided 716 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Nearly four out of every five ALFAs are female, and the median age of the ALFA workforce is 51. In a random encounter between two ALFAs, there is a 49% chance that they would be of different races or ethnicities, a measure known as the diversity index. For ALFAs who are under the age of 40, this diversity index falls to 48%. For Virginia's overall population, the comparable diversity index is 60%. More than two out of every five ALFAs grew up in a rural area, and 22% of ALFAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 12% of all ALFAs work in a non-metro area of the state.

Among all ALFAs, 88% are currently employed in the profession, 84% hold one full-time job, and 42% work between 40 and 49 hours per week. More than three out of every four ALFAs work in the for-profit sector, while another 21% work in the non-profit sector. The median annual income for ALFAs is between $90,000 and $100,000. In addition, 89% of all ALFAs receive at least one employer-sponsored benefit. Among all ALFAs, 96% are satisfied with their current work situation, including 70% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 ALFA workforce. The number of licensed ALFAs in Virginia has increased by 4% (680 vs. 656). In addition, the size of the ALFA workforce has increased by 3% (633 vs. 612), but the number of FTEs provided by this workforce has fallen by a modest amount (716 vs. 718). Virginia's renewing ALFAs are more likely to respond to the survey (97% vs. 83%).

The percentage of Virginia's ALFAs who are female has declined (78% vs. 83%), and this is also the case among those ALFAs who are under the age of 40 (76% vs. 79%). At the same time, the diversity index of Virginia's ALFA workforce has increased (49% vs. 35%). In addition, the diversity index among those ALFAs who are under the age of 40 has risen as well (48% vs. 42%). ALFAs are less likely to have grown up in a rural area (44% vs. 49%), and ALFAs who grew up in a rural are less likely to work in a non-metro area of Virginia (22% vs. 28%). Furthermore, the percentage of all ALFAs who work in a non-metro area of the state has also declined (12% vs. 19%).

ALFAs are more likely to hold an Administrator-in-Training certificate (42% vs. 24%) as their highest professional degree. ALFAs are less likely to work in the profession (88% vs. 90%) but more likely to hold one full-time job (84% vs. 83%). ALFAs are relatively more likely to work between 50 and 59 hours per week (30% vs. 23%) than between 40 and 49 hours per week (42% vs. 51%). In addition, ALFAs are less likely to have worked at their primary work location for more than two years (55% vs. 71%). ALFAs are relatively more likely to work in the non-profit sector (21% vs. 18%) than in the for-profit sector (77% vs. 81%).

The median annual income for Virginia's ALFA workforce has increased ($90k-$100k vs. $60k-$70k). In addition, ALFAs are more likely to receive at least one employer-sponsored benefit (89% vs. 83%), including those ALFAs who have access to paid sick leave (69% vs. 65%), dental insurance (68% vs. 51%), and a retirement plan (63% vs. 42%). There has been no change in the percentage of all ALFAs who indicated that they are satisfied with their current employment situation (96%). However, there was a decline in the percentage of ALFAs who indicated that they are "very satisfied" (70% vs. 74%).

A Closer Look:

Licensees		
License Status	**#**	**%**
Renewing Practitioners	510	75%
New Licensees	72	11%
Non-Renewals	98	14%
All Licensees	**680**	**100%**

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing ALFAs, 97% submitted a survey. These respondents represent 77% of the 680 ALFAs who held a license at some point in the past year.

Definitions

1. **The Survey Period:** The survey was conducted in March 2024.
2. **Target Population:** All ALFAs who held a Virginia license at some point between April 2023 and March 2024.
3. **Survey Population:** The survey was available to ALFAs who renewed their licenses online. It was not available to those who did not renew, including some ALFAs newly licensed in the past year.

Response Rates			
Statistic	**Non Respondents**	**Respondents**	**Response Rate**
By Age			
Under 30	7	8	53%
30 to 34	10	29	74%
35 to 39	18	59	77%
40 to 44	18	59	77%
45 to 49	22	63	74%
50 to 54	17	91	84%
55 to 59	19	90	83%
60 and Over	43	127	75%
Total	**154**	**526**	**77%**
New Licenses			
Issued in Past Year	42	30	42%
Metro Status			
Non-Metro	29	97	77%
Metro	106	384	78%
Not in Virginia	19	45	70%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	**526**
Response Rate, All Licensees	**77%**
Response Rate, Renewals	**97%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Administrators

Number:	680
New:	11%
Not Renewed:	14%

Response Rates

All Licensees:	77%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

ALFA Workforce:	633
FTEs:	716

Utilization Ratios

Licensees in VA Workforce:	93%
Licensees per FTE:	0.95
Workers per FTE:	0.88

Source: Va. Healthcare Workforce Data Center

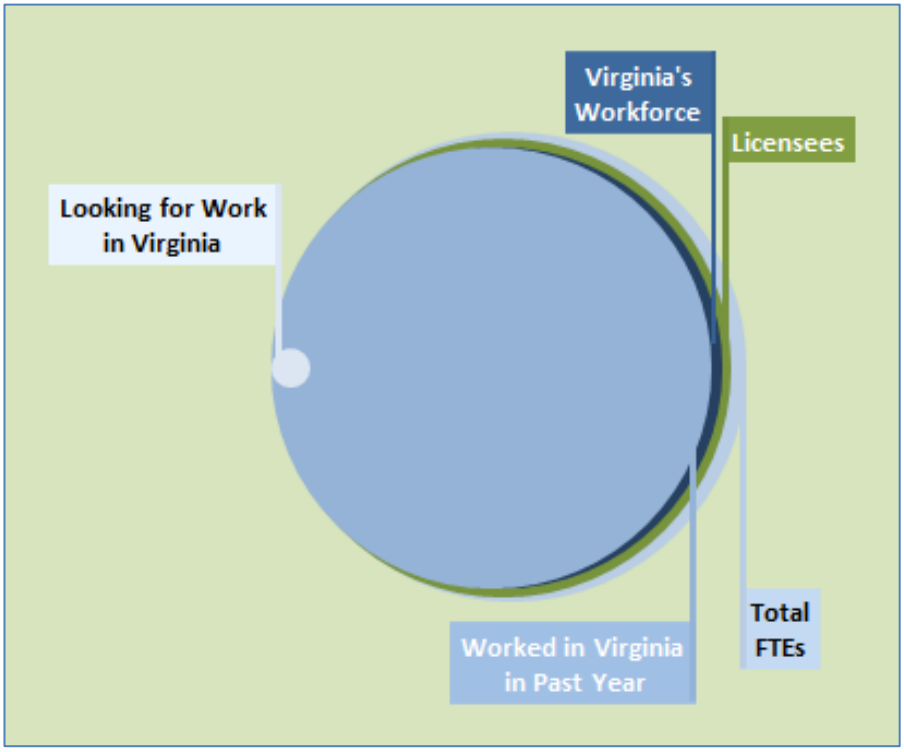
Definitions

1. **Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
2. **Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline measure for FTEs.
3. **Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
4. **Licensees per FTE:** An indication of the number of licensees needed to create 1 FTE. Higher numbers indicate lower licensee participation.
5. **Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.

Virginia's ALFA Workforce		
Status	**#**	**%**
Worked in Virginia in Past Year	628	99%
Looking for Work in Virginia	5	1%
Virginia's Workforce	**633**	**100%**
Total FTEs	**716**	
Licensees	**680**	

Source: Va. Healthcare Workforce Data Center

Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on the HWDC's methodology, visit: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	2	13%	13	87%	15	3%
30 to 34	7	19%	28	81%	35	7%
35 to 39	17	29%	41	71%	58	11%
40 to 44	17	27%	46	73%	63	12%
45 to 49	19	30%	45	70%	64	12%
50 to 54	17	20%	67	80%	84	16%
55 to 59	14	15%	75	85%	88	17%
60 and Over	26	22%	92	78%	118	22%
Total	**118**	**22%**	**407**	**78%**	**525**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender

% Female:	78%
% Under 40 Female:	76%

Age

Median Age:	51
% Under 40:	21%
% 55 and Over:	39%

Diversity

Diversity Index:	49%
Under 40 Div. Index:	48%

Source: Va. Healthcare Workforce Data Center

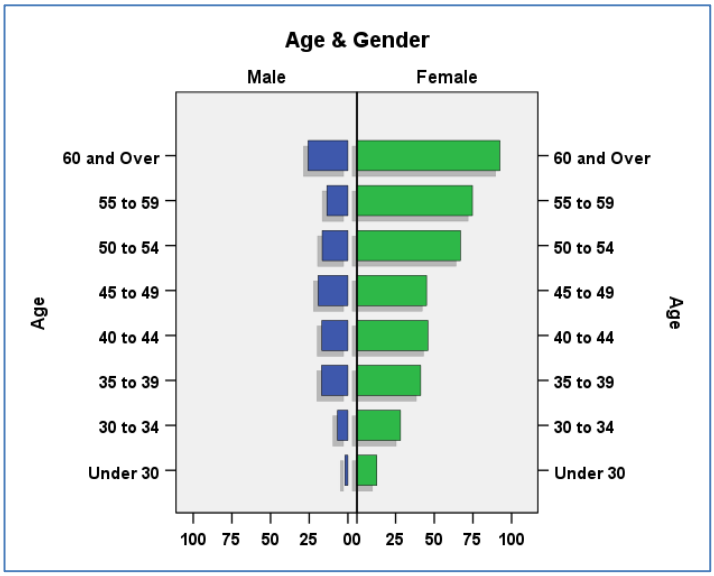
Race & Ethnicity					
Race/ Ethnicity	Virginia*	ALFAs		ALFAs Under 40	
	%	#	%	#	%
White	59%	362	68%	76	70%
Black	18%	117	22%	18	17%
Asian	7%	25	5%	6	6%
Other Race	1%	5	1%	0	0%
Two or More Races	5%	9	2%	4	4%
Hispanic	10%	14	3%	5	5%
Total	**100%**	**532**	**100%**	**109**	**100%**

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2022.

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two ALFAs, there is a 49% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the comparable number is 60%.

More than one out of every five ALFAs are under the age of 40, and 76% of ALFAs who are under the age of 40 are female. In addition, the diversity index among ALFAs who are under the age of 40 is 48%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood:	18%
Rural Childhood:	44%

Virginia Background

HS in Virginia:	62%
Prof. Edu. in VA:	92%
HS or Prof. Edu. in VA:	93%

Location Choice

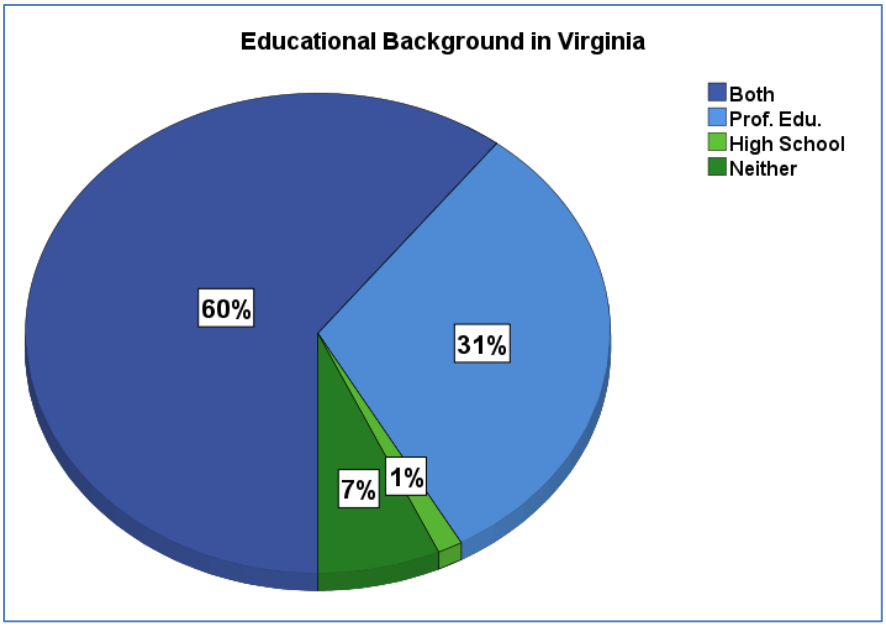
% Rural to Non-Metro:	22%
% Urban/Suburban to Non-Metro:	4%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
	Metro Counties			
1	Metro, 1 Million+	32%	48%	20%
2	Metro, 250,000 to 1 Million	62%	20%	17%
3	Metro, 250,000 or Less	48%	39%	13%
	Non-Metro Counties			
4	Urban, Pop. 20,000+, Metro Adjacent	90%	0%	10%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	88%	12%	0%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	62%	15%	23%
8	Rural, Metro Adjacent	80%	0%	20%
9	Rural, Non-Adjacent	83%	0%	17%
	Overall	**44%**	**38%**	**18%**

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than two out of every five ALFAs grew up in a rural area, and 22% of ALFAs who grew up in a rural area currently work in a non-metro area of Virginia. In total, 12% of all ALFAs currently work in a non-metro area of the state.

Top Ten States for Assisted Living Facility Administrator Recruitment

Rank	All Assisted Living Facility Administrators			
	High School	#	Init. Prof. Degree	#
1	Virginia	325	Virginia	449
2	Outside U.S./Canada	45	North Carolina	10
3	New York	34	Maryland	8
4	Maryland	16	New York	4
5	Pennsylvania	15	West Virginia	3
6	North Carolina	15	Florida	3
7	California	7	Illinois	3
8	Ohio	6	Ohio	3
9	West Virginia	5	Indiana	2
10	Florida	5	Colorado	1

Source: Va. Healthcare Workforce Data Center

Among all licensed ALFAs, 62% received their high school degree in Virginia, and 92% received their initial professional degree in the state.

Among ALFAs who have been licensed in the past five years, 59% received their high school degree in Virginia, and 87% received their initial professional degree in the state.

Rank	Licensed in the Past Five Years			
	High School	#	Init. Prof. Degree	#
1	Virginia	115	Virginia	160
2	Outside U.S./Canada	14	North Carolina	8
3	New York	11	Maryland	7
4	Pennsylvania	7	Florida	3
5	Maryland	6	Indiana	2
6	North Carolina	5	West Virginia	1
7	California	5	New Jersey	1
8	Ohio	5	Illinois	1
9	Massachusetts	4	-	-
10	West Virginia	4	-	-

Source: Va. Healthcare Workforce Data Center

In total, 7% of all licensees were not a part of Virginia's ALFA workforce. Among these licensees, 94% worked at some point in the past year, including 74% who currently work as an ALFA.

At a Glance:

Not in VA Workforce

Total:	47
% of Licensees:	7%
Federal/Military:	0%
VA Border State/DC:	17%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Degree				
Degree	Health Administration		Degree in All Fields	
	#	%	#	%
No Specific Training	49	10%	-	-
Admin-in-Training	215	42%	-	-
High School/GED	-	-	111	22%
Associate	43	8%	102	20%
Baccalaureate	79	15%	166	32%
Graduate Cert.	1	0%	14	3%
Masters	66	13%	116	23%
Doctorate	3	1%	4	1%
Other	55	11%	-	-
Total	**510**	**100%**	**514**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Health Admin. Education

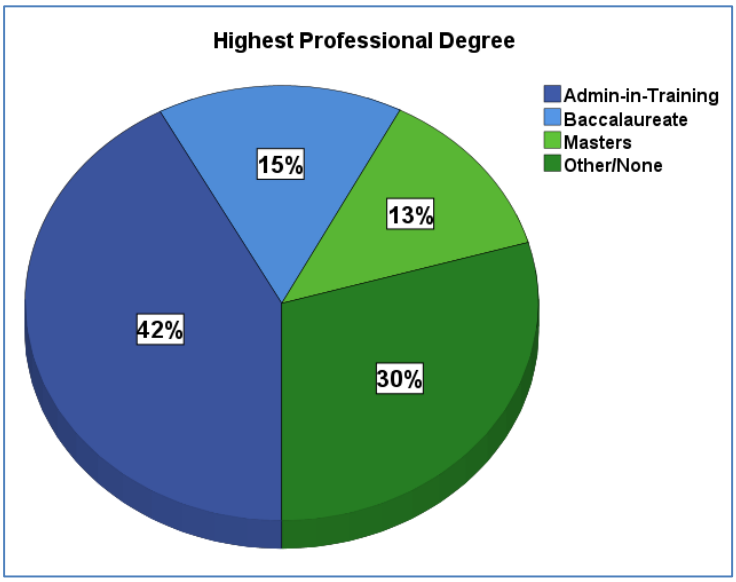
Admin-in-Training: 42%
Baccalaureate Degree: 15%
Master's Degree: 13%

Education Debt

Carry Debt: 35%
Under Age 40 w/ Debt: 54%
Median Debt: $30k-$40k

Source: Va. Healthcare Workforce Data Center

More than one out of every three ALFAs carry education debt, including 54% of those ALFAs who are under the age of 40. For those ALFAs with education debt, the median outstanding balance is between $30,000 and $40,000.



Source: Va. Healthcare Workforce Data Center

Education Debt				
Amount Carried	All ALFAs		ALFAs Under 40	
	#	%	#	%
None	295	65%	45	46%
Less than $10,000	29	6%	13	13%
$10,000-$19,999	24	5%	3	3%
$20,000-$29,999	19	4%	8	8%
$30,000-$39,999	14	3%	3	3%
$40,000-$49,999	13	3%	4	4%
$50,000-$59,999	4	1%	1	1%
$60,000-$69,999	4	1%	3	3%
$70,000-$79,999	11	2%	3	3%
$80,000-$89,999	6	1%	1	1%
$90,000-$99,999	9	2%	1	1%
$100,000 or More	24	5%	12	12%
Total	**453**	**100%**	**97**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licenses/Registrations

Nurse (RN or LPN):	19%
RMA:	16%
CNA:	4%

Job Titles

Administrator:	34%
Executive Director:	24%
Owner:	7%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Licenses and Registrations		
License/Registration	**#**	**%**
ALF Administrator	524	83%
Nurse (RN or LPN)	121	19%
Registered Medication Aide	100	16%
Certified Nursing Assistant	26	4%
Nursing Home Administrator	12	2%
Occupational Therapist	1	0%
Physical Therapist	1	0%
Speech-Language Pathologist	1	0%
Other	32	5%
At Least One License	**526**	**83%**

Source: Va. Healthcare Workforce Data Center

Job Titles				
Title	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Administrator	217	34%	21	3%
Executive Director	153	24%	14	2%
Owner	45	7%	8	1%
President or Executive Officer	38	6%	8	1%
Assistant Administrator	17	3%	6	1%
Other	106	17%	24	4%
At Least One Title	**471**	**74%**	**67**	**11%**

Source: Va. Healthcare Workforce Data Center

More than one-third of all ALFAs hold the title of administrator at their primary work location. Another 24% hold the title of executive director.

At a Glance:

Employment

Employed in Profession: 88%
Involuntarily Unemployed: < 1%

Positions Held

1 Full-Time: 84%
2 or More Positions: 11%

Weekly Hours:

40 to 49: 42%
60 or More: 18%
Less than 30: 3%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	**#**	**%**
Employed, Capacity Unknown	0	0%
Employed in a Capacity Related to Long-Term Care	458	88%
Employed, NOT in a Capacity Related to Long-Term Care	51	10%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	1	< 1%
Voluntarily Unemployed	9	2%
Retired	1	< 1%
Total	**521**	**100%**

Source: Va. Healthcare Workforce Data Center

Nearly nine out of every ten ALFAs are currently employed in the profession, 84% hold one full-time job, and 42% work between 40 and 49 hours per week.

Current Positions		
Positions	**#**	**%**
No Positions	11	2%
One Part-Time Position	15	3%
Two Part-Time Positions	8	2%
One Full-Time Position	427	84%
One Full-Time Position & One Part-Time Position	33	7%
Two Full-Time Positions	9	2%
More than Two Positions	4	1%
Total	**507**	**100%**

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	**#**	**%**
0 Hours	11	2%
1 to 9 Hours	3	1%
10 to 19 Hours	5	1%
20 to 29 Hours	7	1%
30 to 39 Hours	21	4%
40 to 49 Hours	215	42%
50 to 59 Hours	151	30%
60 to 69 Hours	61	12%
70 to 79 Hours	21	4%
80 or More Hours	11	2%
Total	**506**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	**#**	**%**
Volunteer Work Only	0	0%
Less than $30,000	25	6%
$30,000-$39,999	6	2%
$40,000-$49,999	21	5%
$50,000-$59,999	12	3%
$60,000-$69,999	20	5%
$70,000-$79,999	40	10%
$80,000-$89,999	39	9%
$90,000-$99,999	54	13%
$100,000-$109,999	46	11%
$110,000-$119,999	35	9%
$120,000-$129,999	23	6%
$130,000 or More	94	23%
Total	**416**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Earnings

Median Income: $90k-$100k

Benefits

Paid Vacation: 86%

Retirement: 63%

Source: Va. Healthcare Workforce Data Center

The median annual income for ALFAs is between $90,000 and $100,000. In addition, 89% of ALFAs receive at least one employer-sponsored benefit, including 63% who have access to a retirement plan.

Employer-Sponsored Benefits		
Benefit	**#**	**%**
Paid Vacation	394	86%
Paid Sick Leave	315	69%
Dental Insurance	312	68%
Retirement	289	63%
Group Life Insurance	263	57%
Signing/Retention Bonus	59	13%
At Least One Benefit	**406**	**89%**
*From any employer at time of survey.		

Source: Va. Healthcare Workforce Data Center

At a Glance:

Satisfaction

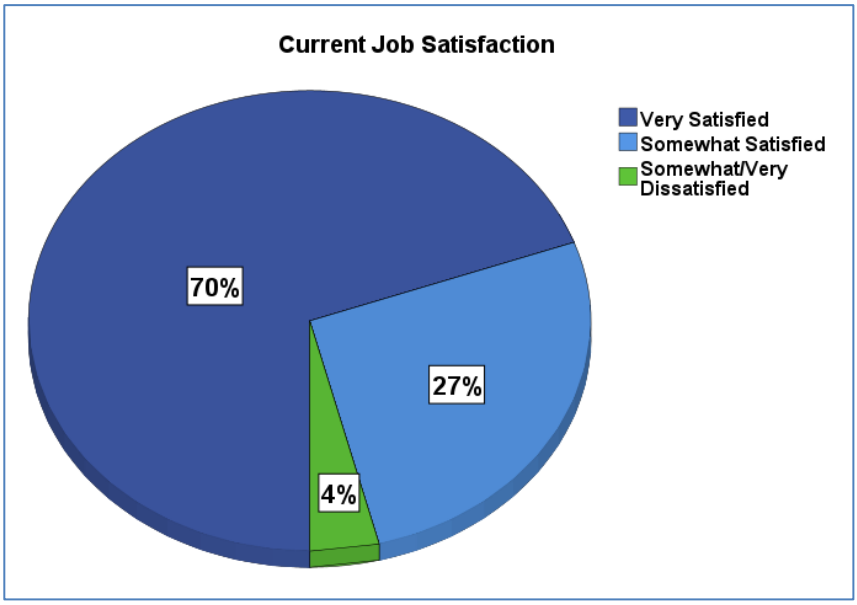
Satisfied:	96%
Very Satisfied:	70%

Exhaustion

Burned Out:	33%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	**#**	**%**
Very Satisfied	355	70%
Somewhat Satisfied	136	27%
Somewhat Dissatisfied	18	4%
Very Dissatisfied	3	1%
Total	**511**	**100%**

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 96% are satisfied with their current employment situation, including 70% who indicated that they are "very satisfied."

One out of every three ALFAs are feeling burned out with their job. Among these ALFAs, a majority will continue to work in their current position.

Burned Out?		
	#	**%**
Yes	170	33%
No	338	67%
Total	**508**	**100%**
Experiencing Burnout	**#**	**%**
Will Continue to Work in Current Position	100	59%
Planning to Leave LTC Profession within 1-2 Years	32	19%
Seeking Another Position in LTC Profession	23	14%
Seeking Professional Resources to Deal with Burn Out	15	9%
Total	**170**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . .?	**#**	**%**
Experience Involuntary Unemployment?	22	3%
Experience Voluntary Unemployment?	23	4%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	15	2%
Work Two or More Positions at the Same Time?	96	15%
Switch Employers or Practices?	49	8%
Experience at Least One?	**163**	**26%**

Source: Va. Healthcare Workforce Data Center

Among Virginia's ALFAs, 3% experienced involuntary unemployment at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9% during the same time period.[1]

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 8%
New Location: 25%
Over 2 Years: 55%
Over 2 Yrs., 2nd Location: 46%

Source: Va. Healthcare Workforce Data Center

Location Tenure				
Tenure	**Primary**		**Secondary**	
	#	**%**	**#**	**%**
Not Currently Working at This Location	11	2%	7	10%
Less than 6 Months	50	10%	6	8%
6 Months to 1 Year	59	12%	10	14%
1 to 2 Years	103	21%	17	24%
3 to 5 Years	72	15%	12	17%
6 to 10 Years	84	17%	12	17%
More than 10 Years	116	23%	9	13%
Subtotal	**495**	**100%**	**72**	**100%**
Did Not Have Location	9		556	
Item Missing	129		5	
Total	**633**		**633**	

Source: Va. Healthcare Workforce Data Center

More than half of all ALFAs have worked at their primary location for more than two years.

[1] As reported by the U.S. Bureau of Labor Statistics. Over the past year, the non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.4% and a high of 3.2%. At the time of publication, the unemployment rate from February 2024 was still preliminary, and the unemployment rate from March 2024 had not yet been released.

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	66%
Lowest Region:	1%

Locations

2 or More (Past Year):	15%
2 or More (Now*):	13%

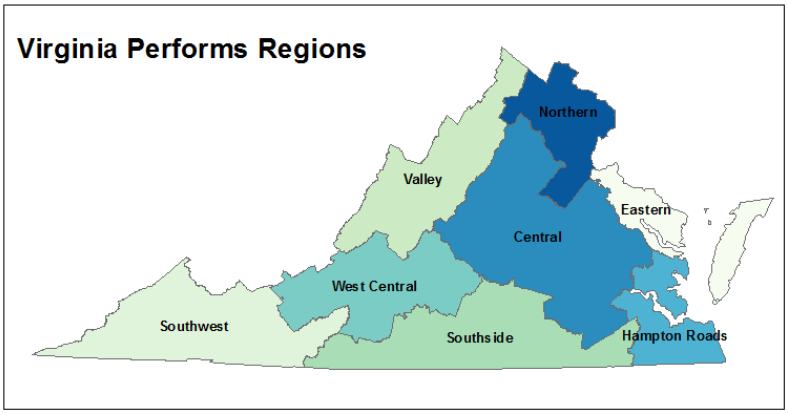
Source: Va. Healthcare Workforce Data Center

Two out of every three ALFAs in the state work in Northern Virginia, Central Virginia, or Hampton Roads.

A Closer Look:

Regional Distribution of Work Locations				
VA Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	118	24%	11	15%
Eastern	5	1%	0	0%
Hampton Roads	90	18%	20	27%
Northern	121	24%	16	22%
Southside	23	5%	6	8%
Southwest	24	5%	1	1%
Valley	47	9%	7	9%
West Central	66	13%	9	12%
Virginia Border State/D.C.	1	0%	1	1%
Other U.S. State	1	0%	3	4%
Outside of the U.S.	0	0%	0	0%
Total	**496**	**100%**	**74**	**100%**
Item Missing	127		4	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	5	1%	9	2%
1	418	84%	423	85%
2	46	9%	50	10%
3	20	4%	10	2%
4	4	1%	2	1%
5	1	0%	1	0%
6 or More	4	1%	4	1%
Total	**499**	**100%**	**499**	**100%**

*At the time of survey completion, March 2024.

Source: Va. Healthcare Workforce Data Center

While 13% of ALFAs currently have multiple work locations, 15% have had multiple work locations over the past 12 months.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	373	77%	53	78%
Non-Profit	100	21%	13	19%
State/Local Government	12	2%	2	3%
Veterans Administration	1	<1%	0	0%
U.S. Military	0	0%	0	0%
Other Federal Government	1	<1%	0	0%
Total	**487**	**100%**	**68**	**100%**
Did Not Have Location	9		556	
Item Missing	137		10	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Sector

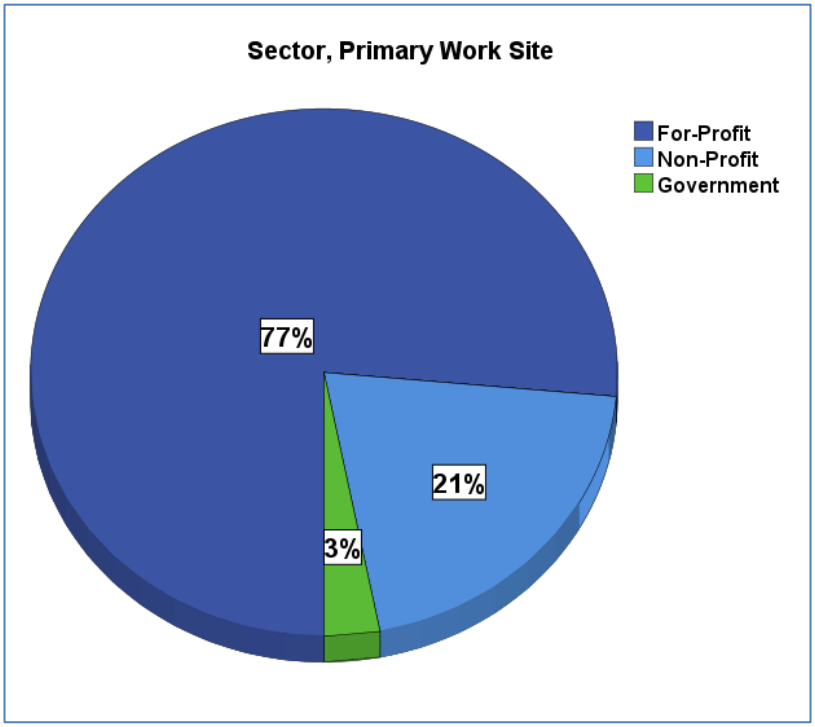
For-Profit: 77%
Federal: <1%

Top Establishments

Assisted Living Facility: 64%
Continuing Care Retirement Community: 6%
Skilled Nursing Facility: 4%

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 77% work in the for-profit sector, while another 21% work in the non-profit sector.



Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Assisted Living Facility	403	64%	49	8%
Continuing Care Retirement Community	38	6%	2	0%
Skilled Nursing Facility	23	4%	4	1%
Hospice	16	3%	1	0%
Acute Care/Rehabilitative Facility	16	3%	0	0%
Home/Community Health Care	14	2%	1	0%
Adult Day Care	10	2%	0	0%
Academic Institution	3	0%	2	0%
PACE	1	0%	0	0%
Other Practice Type	48	8%	17	3%
At Least One Establishment	**491**	**78%**	**74**	**12%**

Source: Va. Healthcare Workforce Data Center

Nearly two out of every three ALFAs are employed at an assisted living facility as their primary work location.

Among all ALFAs, 45% are employed at an independent/stand-alone organization as their primary work location, while another 43% are employed at a facility chain organization.

Location Type				
Organization Type	Primary Location		Secondary Location	
	#	%	#	%
Independent/Stand Alone	203	45%	20	33%
Facility Chain	197	43%	33	54%
Hospital-Based	6	1%	2	3%
College or University	3	1%	0	0%
Integrated Health System (Veterans Administration, Large Health System)	2	0%	0	0%
Other	45	10%	6	10%
Total	**456**	**100%**	**61**	**100%**
Did Not Have Location	9		556	
Item Missing	168		16	

Source: Va. Healthcare Workforce Data Center

At a Glance:
(Primary Locations)

Languages Offered

Spanish:	16%
Tagalog/Filipino:	5%
French:	2%

Means of Communication

Other Staff Members:	68%
Respondent:	29%
Virtual Translation:	19%

Source: Va. Healthcare Workforce Data Center

Among all ALFAs, 16% are employed at a primary work location that offers Spanish language services for patients.

A Closer Look:

Languages Offered		
Language	**#**	**% of Workforce**
Spanish	100	16%
Tagalog/Filipino	31	5%
French	13	2%
Hindi	12	2%
Amharic, Somali, or Other Afro-Asiatic Languages	10	2%
Arabic	10	2%
Chinese	8	1%
Urdu	8	1%
Vietnamese	8	1%
Korean	7	1%
Persian	4	1%
Pashto	1	0%
Others	19	3%
At Least One Language	**132**	**21%**

Source: Va. Healthcare Workforce Data Center

Means of Language Communication		
Provision	**#**	**% of Workforce with Language Services**
Other Staff Member is Proficient	90	68%
Respondent is Proficient	38	29%
Virtual Translation Services	25	19%
Onsite Translation Service	13	10%
Other	4	3%

Source: Va. Healthcare Workforce Data Center

More than two-thirds of all ALFAs who are employed at a primary work location that offers language services for patients provide it by means of a staff member who is proficient.

At a Glance:
(Primary Locations)

Typical Time Allocation

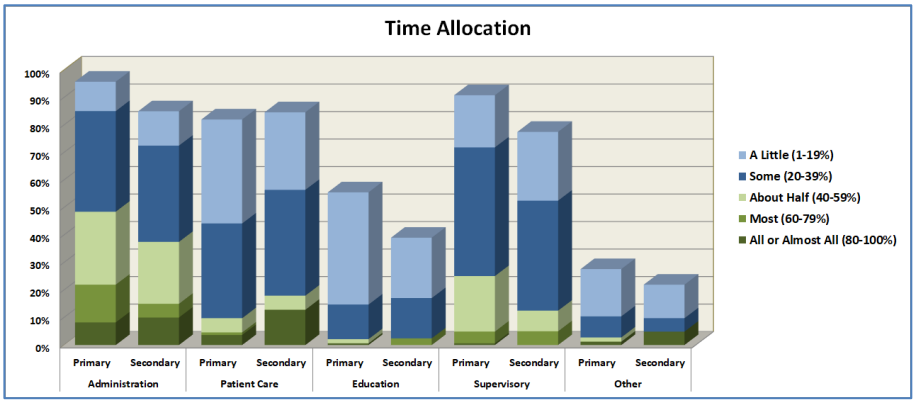
Administration:	30%-39%
Supervisory:	20%-29%
Patient Care:	10%-19%
Education:	1%-9%

Roles

Administration:	22%
Patient Care:	5%
Supervisory:	5%
Education:	1%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

ALFAs spend approximately one-third of their time performing administrative tasks. In addition, 22% of ALFAs fill an administrative role, defined as spending 60% or more of their time on administrative activities.

Time Allocation										
Time Spent	Admin.		Patient Care		Education		Supervisory		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	8%	10%	4%	12%	1%	0%	1%	0%	1%	5%
Most (60-79%)	14%	5%	1%	0%	0%	2%	4%	5%	0%	0%
About Half (40-59%)	27%	22%	5%	5%	2%	0%	20%	7%	2%	0%
Some (20-39%)	37%	34%	35%	37%	13%	15%	47%	39%	8%	5%
A Little (1-19%)	11%	12%	38%	27%	41%	22%	19%	24%	17%	12%
None (0%)	4%	15%	18%	15%	44%	61%	9%	22%	72%	78%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Patient Workload				
# of Patients	Primary Location		Secondary Location	
	#	%	#	%
None	39	9%	12	19%
1-24	62	15%	16	26%
25-49	74	18%	8	13%
50-74	98	23%	11	18%
75-99	61	14%	3	5%
100-124	31	7%	6	10%
125-149	21	5%	3	5%
150-174	4	1%	0	0%
175-199	5	1%	0	0%
200 or More	25	6%	2	3%
Total	**421**	**100%**	**62**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Patient Workload (Median)

Primary Location: 50-74
Secondary Location: 25-49

Resident Capacity (Median)

Primary Location: 50-100
Secondary Location: 25-50

Source: Va. Healthcare Workforce Data Center

The median patient workload for ALFAs at their primary work location is between 50 and 74 patients. In addition, the typical ALFA works at a facility that contains between 50 and 100 beds for residents.

Resident Capacity				
# of Beds	Primary Location		Secondary Location	
	#	%	#	%
Not Applicable	40	8%	12	17%
10 or Less	29	6%	9	13%
10-25	39	8%	5	7%
25-50	67	14%	9	13%
50-100	177	36%	18	26%
100-150	80	16%	11	16%
150-250	35	7%	5	7%
More than 250	19	4%	1	1%
Total	**486**	**100%**	**70**	**100%**

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All ALFAs		ALFAs 50 and Over	
	#	%	#	%
Under Age 50	6	1%	-	-
50 to 54	13	3%	2	1%
55 to 59	24	5%	9	4%
60 to 64	96	21%	49	19%
65 to 69	179	38%	94	37%
70 to 74	77	17%	57	22%
75 to 79	23	5%	15	6%
80 or Over	11	2%	10	4%
I Do Not Intend to Retire	37	8%	21	8%
Total	**466**	**100%**	**257**	**100%**

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All ALFAs

Under 65: 30%

Under 60: 9%

ALFAs 50 and Over

Under 65: 23%

Under 60: 4%

Time Until Retirement

Within 2 Years: 7%

Within 10 Years: 30%

Half the Workforce: By 2044

Source: Va. Healthcare Workforce Data Center

Three out of every ten ALFAs expect to retire before the age of 65. Among ALFAs who are age 50 and over, 23% expect to retire before the age of 65.

Within the next two years, 15% of ALFAs expect to begin accepting Administrators-in-Training, and 14% expect to pursue additional educational opportunities.

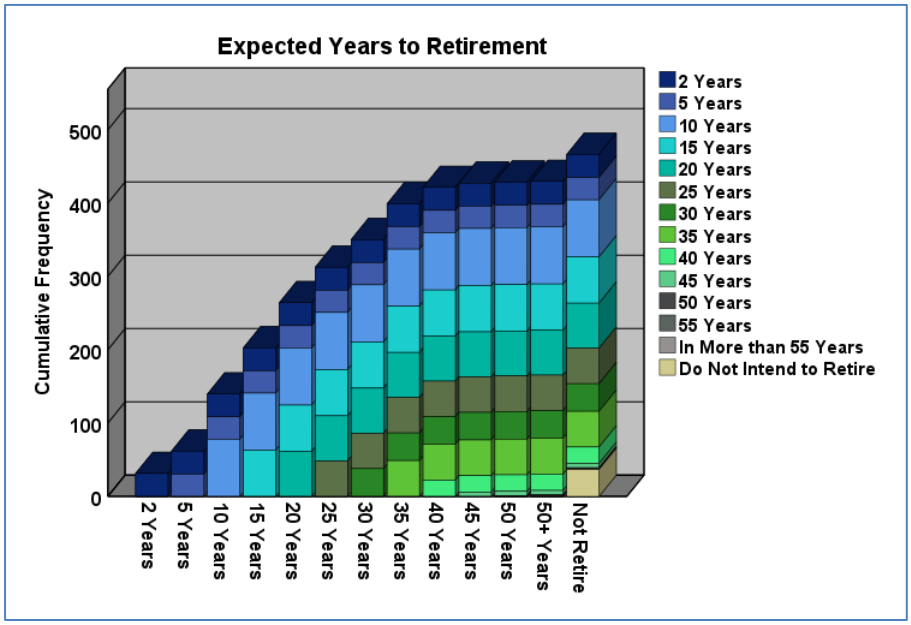
Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	24	4%
Leave Virginia	35	6%
Decrease Patient Care Hours	54	9%
Decrease Teaching Hours	5	1%
Cease Accepting Trainees	7	1%
Increase Participation		
Increase Patient Care Hours	32	5%
Increase Teaching Hours	22	3%
Pursue Additional Education	87	14%
Return to the Workforce	3	0%
Begin Accepting Trainees	96	15%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for ALFAs. While 7% of ALFAs expect to retire in the next two years, 30% expect to retire within the next decade. More than half of the current ALFA workforce expect to retire by 2044.

Time to Retirement			
Expect to Retire Within. . .	**#**	**%**	**Cumulative %**
2 Years	31	7%	7%
5 Years	30	6%	13%
10 Years	78	17%	30%
15 Years	63	14%	43%
20 Years	62	13%	57%
25 Years	48	10%	67%
30 Years	38	8%	75%
35 Years	49	11%	86%
40 Years	22	5%	90%
45 Years	6	1%	92%
50 Years	1	0%	92%
55 Years	0	0%	92%
In More than 55 Years	1	0%	92%
Do Not Intend to Retire	37	8%	100%
Total	**466**	**100%**	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach over 10% of the current workforce every five years by 2034. Retirement will peak at 17% of the current workforce around the same time before declining to under 10% again by 2064.

At a Glance:

FTEs

Total:	716
FTEs/1,000 Residents[2]:	.082
Average:	1.15

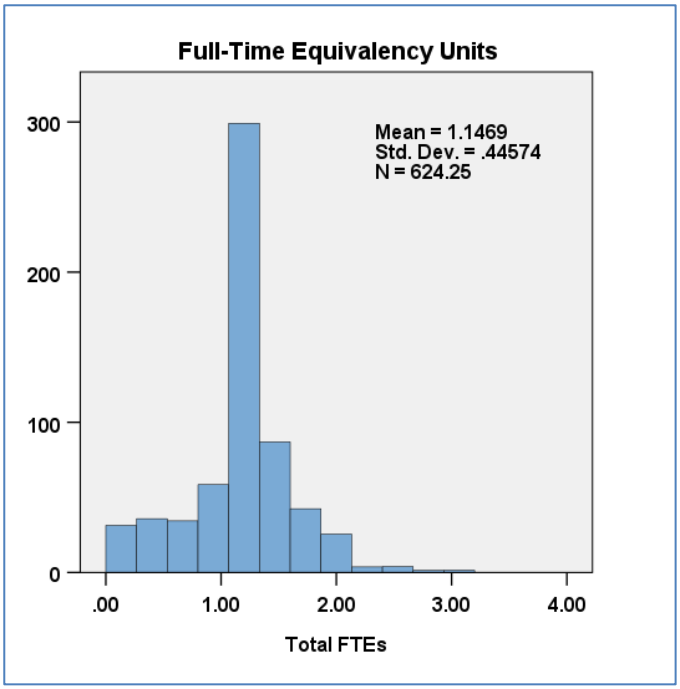
Age & Gender Effect

Age, *Partial Eta*^{2}:	Small
Gender, *Partial Eta*^{2}:	None

Partial Eta^2 *Explained:*
Partial Eta^2 is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

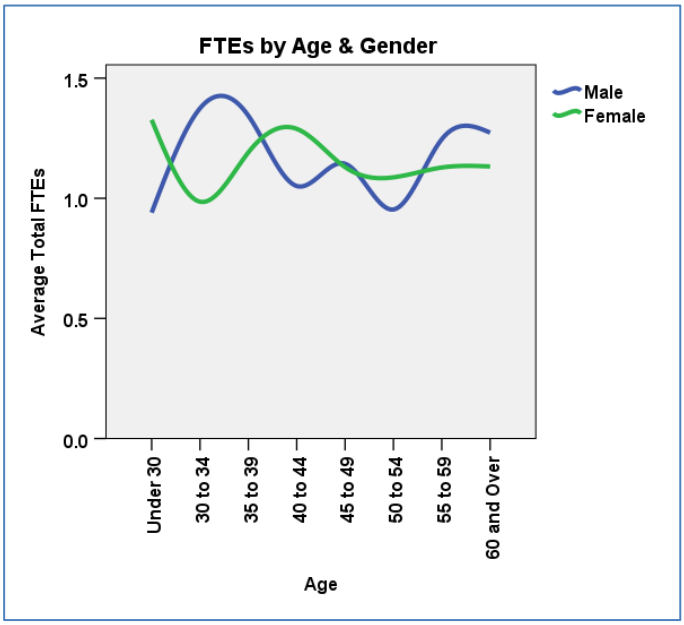


Source: Va. Healthcare Workforce Data Center

The typical ALFA provided 1.15 FTEs in the past year, or approximately 46 hours per week for 50 weeks. Statistical tests did not indicate that FTEs vary by either age or gender.

Full-Time Equivalency Units		
Age	**Average**	**Median**
Under 30	1.28	1.22
30 to 34	1.06	1.12
35 to 39	1.21	1.12
40 to 44	1.22	1.18
45 to 49	1.11	1.12
50 to 54	1.07	1.12
55 to 59	1.14	1.09
60 and Over	1.17	1.22
Gender		
Male	1.18	1.22
Female	1.14	1.18

Source: Va. Healthcare Workforce Data Center

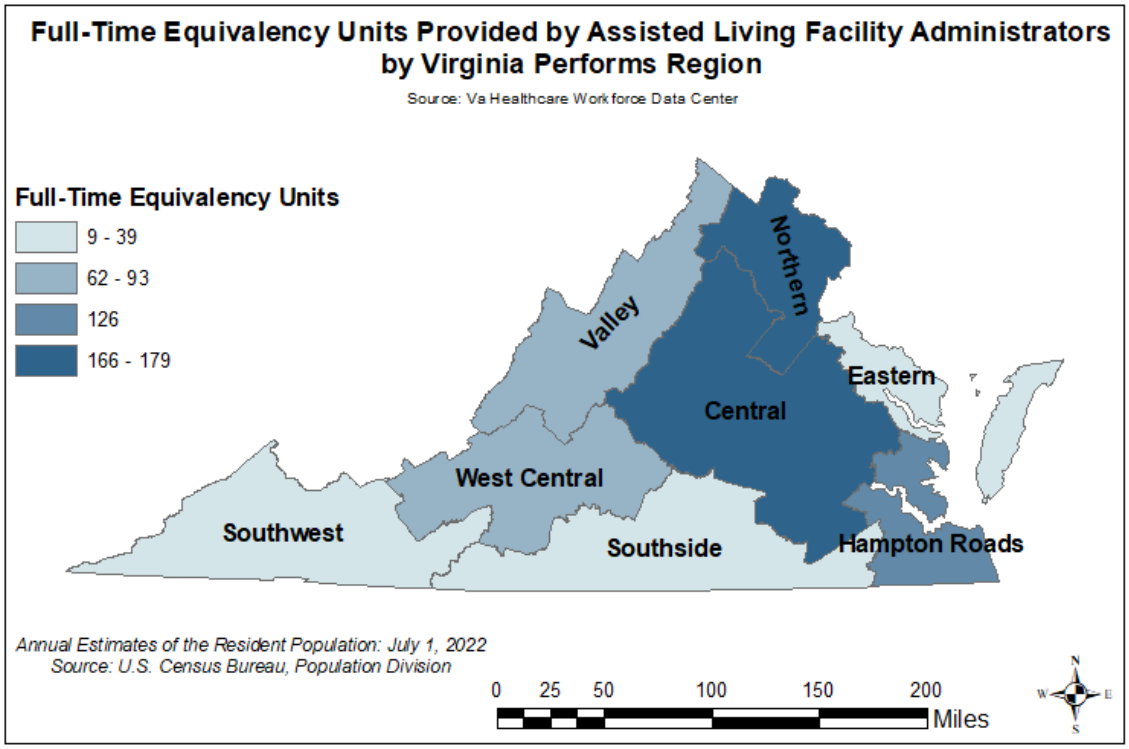


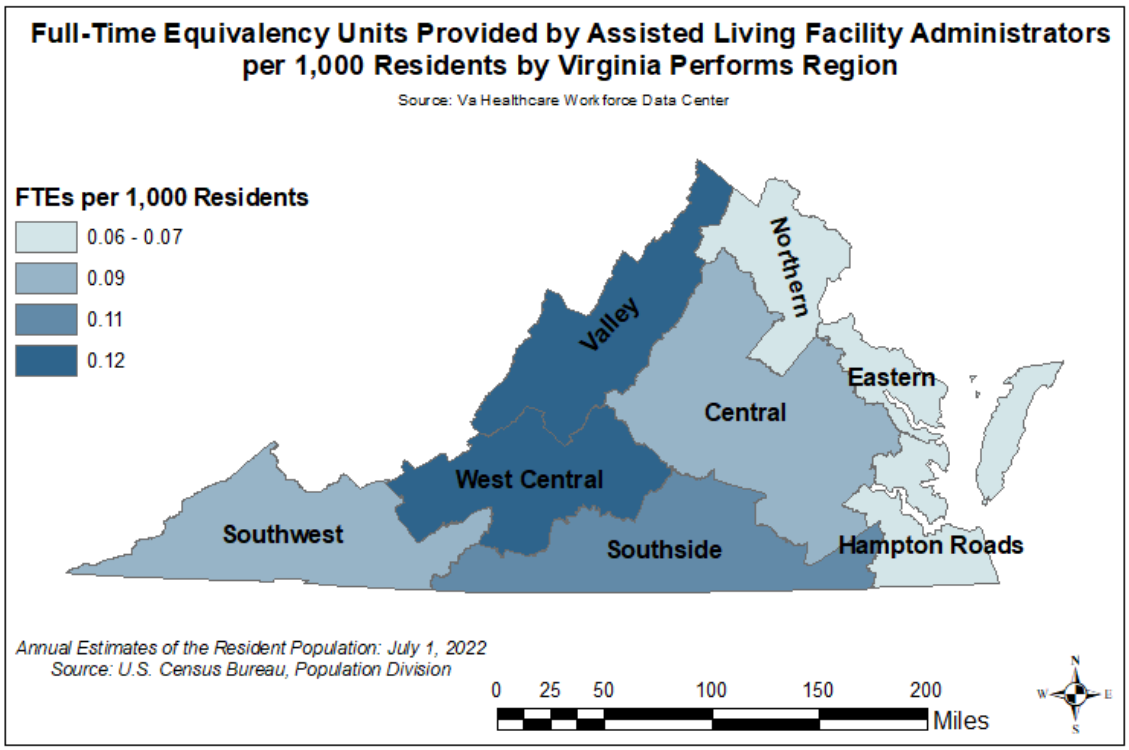
Source: Va. Healthcare Workforce Data Center

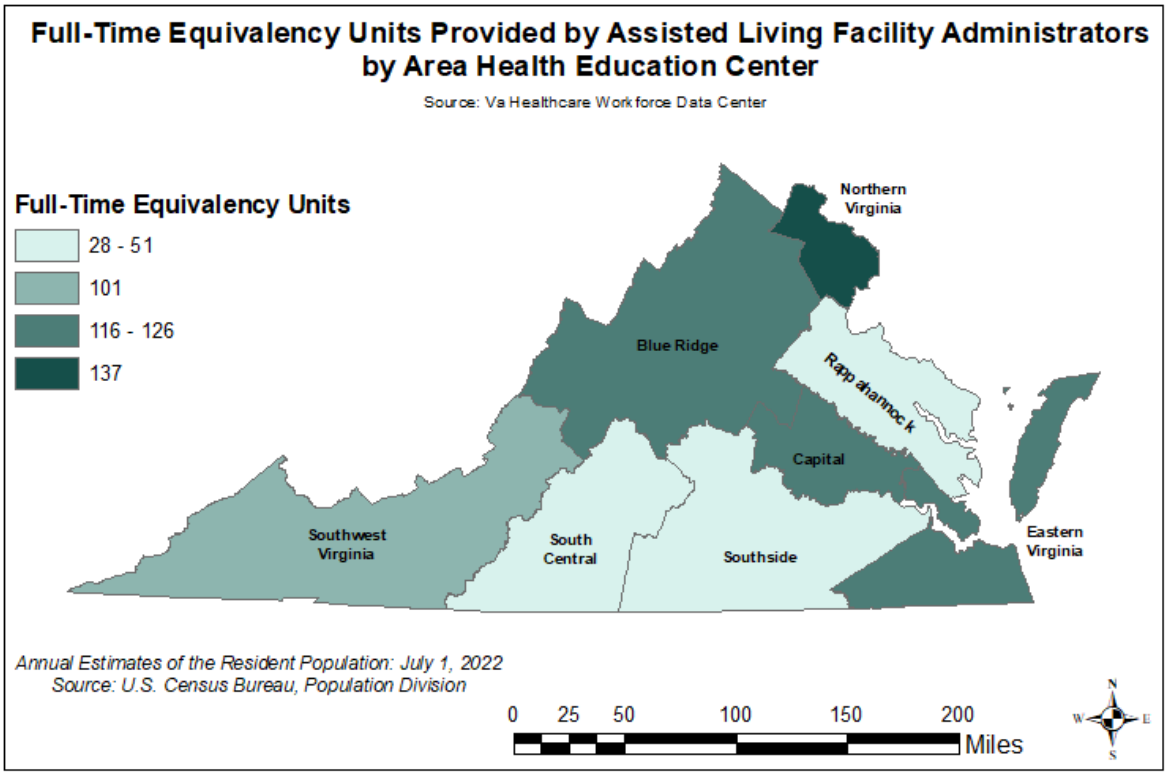
[2] Number of residents in 2022 was used as the denominator.

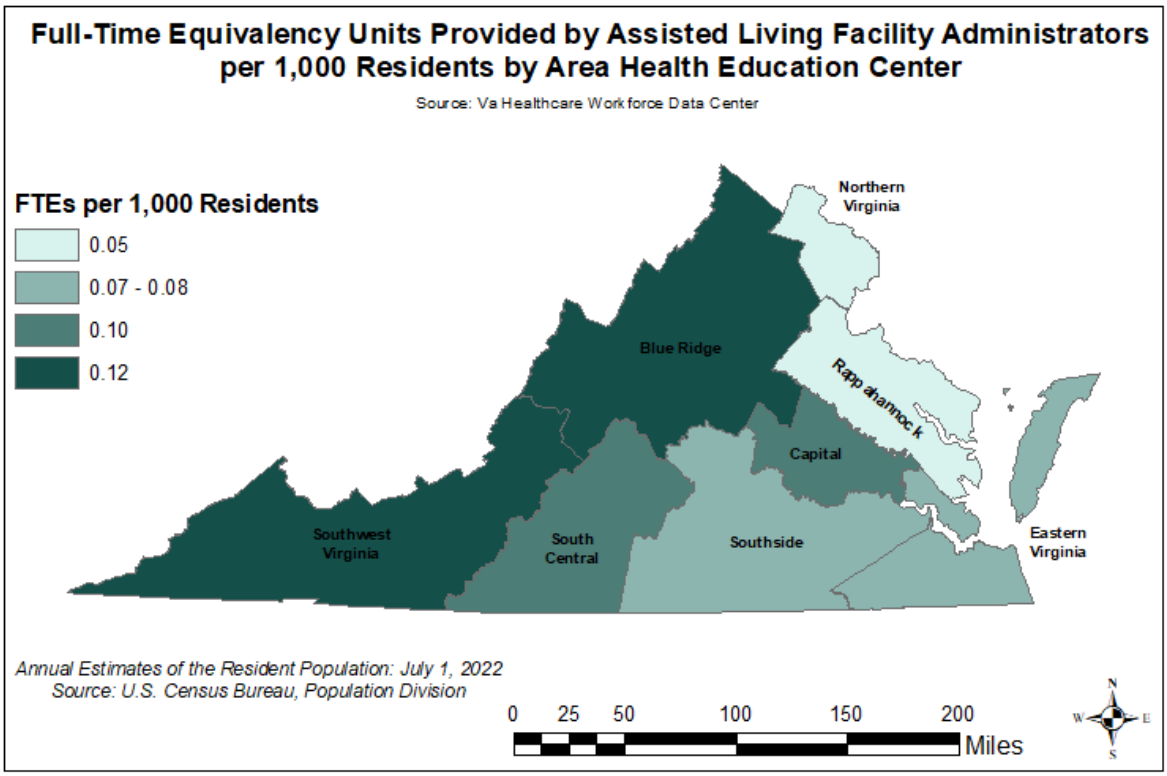
Maps

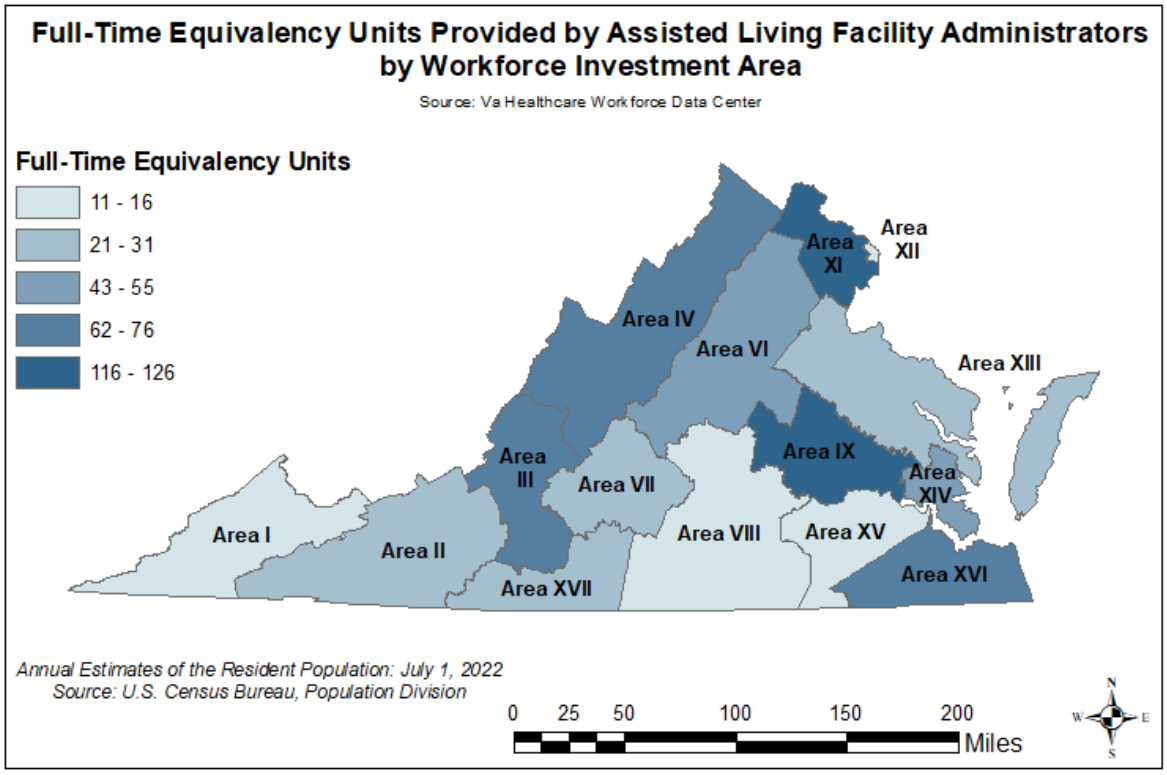
Virginia Performs Regions

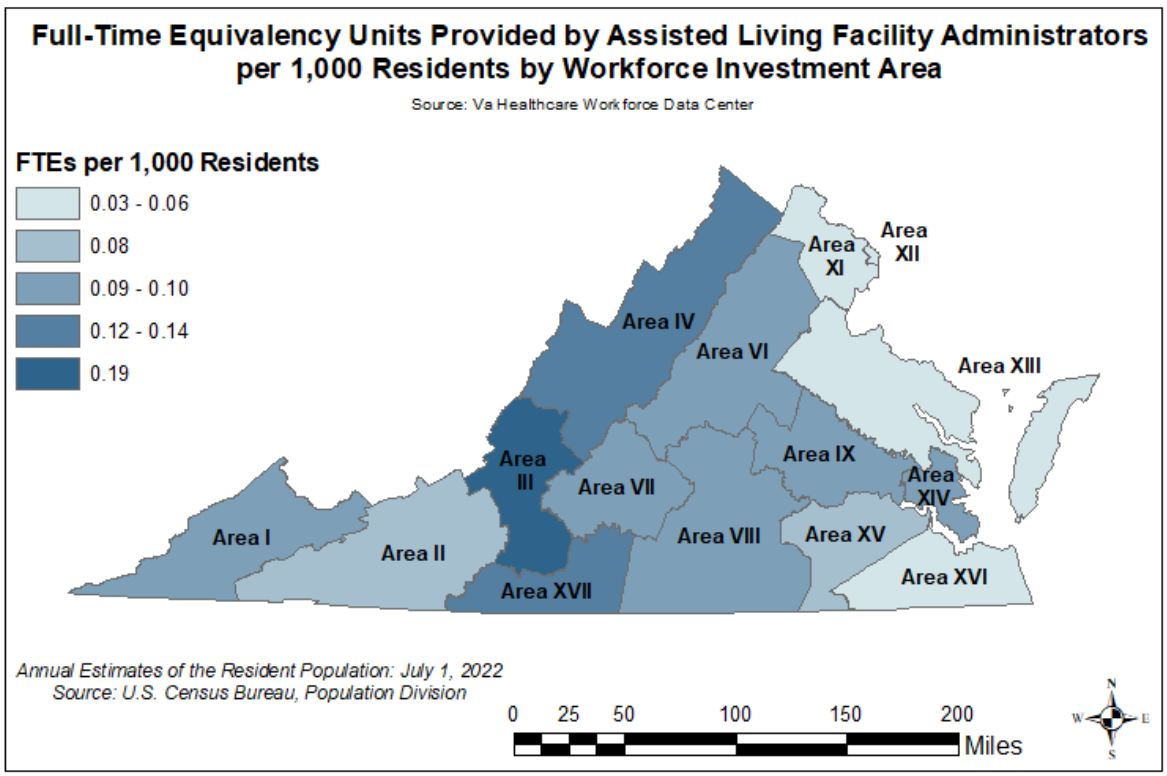


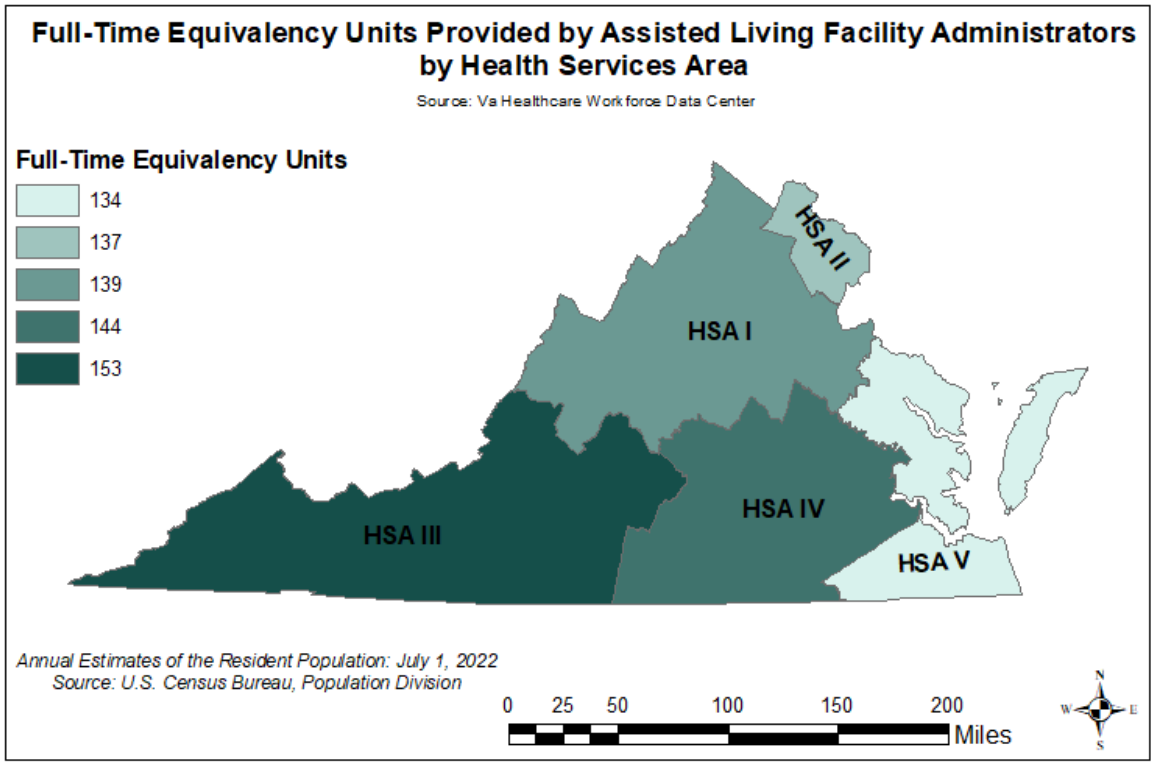


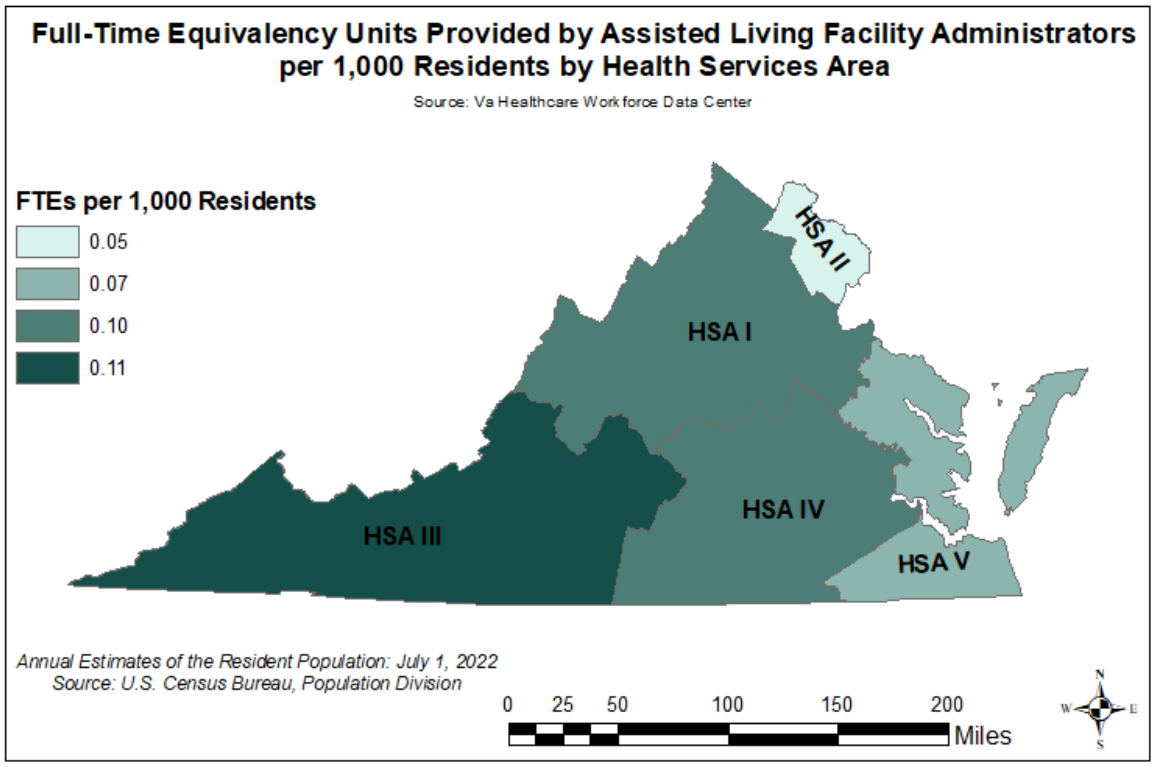

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Area Health Education Center
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
28 - 51
101
116 - 126
137
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

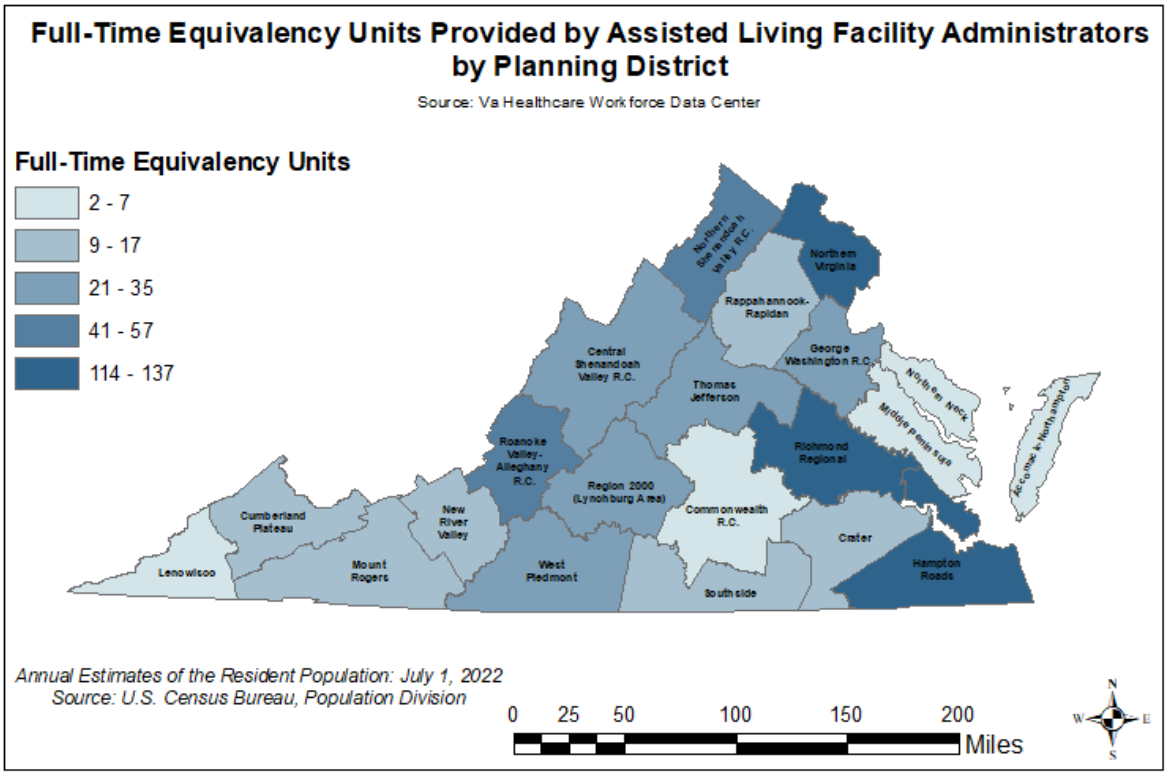

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Area Health Education Center
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.07 - 0.08
0.10
0.12
Northern Virginia
Blue Ridge
Rappahannock
Capital
Southwest Virginia
South Central
Southside
Eastern Virginia
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

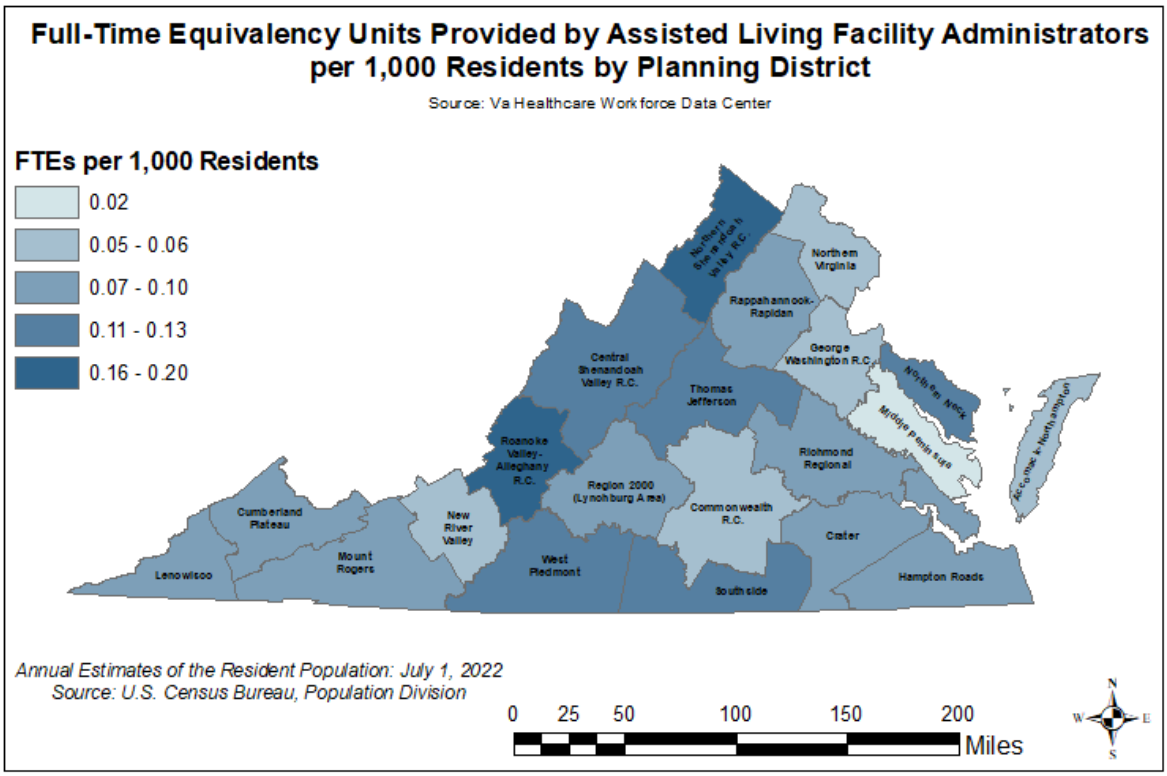

Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
11 - 16
21 - 31
43 - 55
62 - 76
116 - 126
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Workforce Investment Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.03 - 0.06
0.08
0.09 - 0.10
0.12 - 0.14
0.19
Area I
Area II
Area III
Area IV
Area VI
Area VII
Area VIII
Area IX
Area XI
Area XII
Area XIII
Area XIV
Area XV
Area XVI
Area XVII
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Health Services Area
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
134
137
139
144
153
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Health Services Area
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.05
0.07
0.10
0.11
HSA II
HSA I
HSA III
HSA IV
HSA V
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators by Planning District
Source: Va Healthcare Workforce Data Center
Full-Time Equivalency Units
2 - 7
9 - 17
21 - 35
41 - 57
114 - 137
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S


Full-Time Equivalency Units Provided by Assisted Living Facility Administrators per 1,000 Residents by Planning District
Source: Va Healthcare Workforce Data Center
FTEs per 1,000 Residents
0.02
0.05 - 0.06
0.07 - 0.10
0.11 - 0.13
0.16 - 0.20
Northern Shenandoah Valley R.C.
Northern Virginia
Rappahannock-Rapidan
George Washington R.C.
Central Shenandoah Valley R.C.
Thomas Jefferson
Northern Neck
Middle Peninsula
Accomack-Northampton
Roanoke Valley-Alleghany R.C.
Richmond Regional
Region 2000 (Lynchburg Area)
Commonwealth R.C.
Crater
Cumberland Plateau
New River Valley
Mount Rogers
West Piedmont
Southside
Hampton Roads
Lenowisco
Annual Estimates of the Resident Population: July 1, 2022
Source: U.S. Census Bureau, Population Division
0 25 50 100 150 200
Miles
N
W
E
S

Appendix A: Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	379	79.68%	1.255	1.152	1.820
Metro, 250,000 to 1 Million	63	74.60%	1.340	1.231	1.944
Metro, 250,000 or Less	48	72.92%	1.371	1.259	1.431
Urban, Pop. 20,000+, Metro Adj.	17	64.71%	1.545	1.419	1.613
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	54	68.52%	1.459	1.340	1.523
Urban, Pop. 2,500-19,999, Non-Adj.	26	96.15%	1.040	0.955	1.085
Rural, Metro Adj.	18	83.33%	1.200	1.102	1.252
Rural, Non-Adj.	11	81.82%	1.222	1.145	1.276
Virginia Border State/D.C.	46	73.91%	1.353	1.242	1.412
Other U.S. State	18	61.11%	1.636	1.502	1.708

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	15	53.33%	1.875	1.820	1.944
30 to 34	39	74.36%	1.345	1.082	1.518
35 to 39	77	76.62%	1.305	1.050	1.560
40 to 44	77	76.62%	1.305	1.050	1.652
45 to 49	85	74.12%	1.349	1.085	1.708
50 to 54	108	84.26%	1.187	0.955	1.502
55 to 59	109	82.57%	1.211	0.974	1.533
60 and Over	170	74.71%	1.339	1.077	1.694

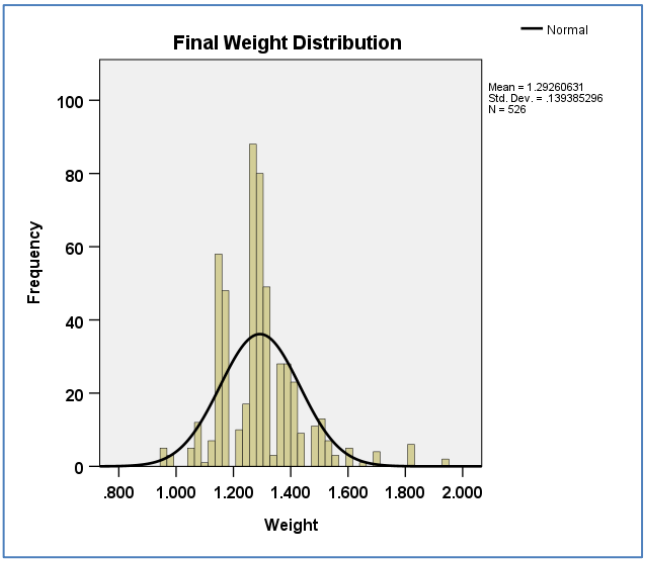
Source: Va. Healthcare Workforce Data Center

See the Methodology section on the HWDC website for details on HWDC methods: https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/

Final weights are calculated by multiplying the two weights and the overall response rate:

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: **0.773529**



Source: Va. Healthcare Workforce Data Center

Legislative and Regulatory Report

Board of Long-Term Care Administrators
Current Regulatory Actions
As of August 26th, 2024

Recently effective or awaiting publication:

VAC	Stage	Subject Matter	Date Submitted	Publication Date	Notes
18VAC95-20 18VAC95-30	Proposed	Regulatory reduction 2023	8/22/2024	9/23/2024	Public hearing will be held 9/23/2024