

Assisted Living Report Card Ratings Guide

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Overview

Since 2024, the Minnesota Board on Aging (MBA) and Department of Human Services (DHS), along with the Minnesota Department of Health (MDH), Minnesota IT Services (MNIT), Vital Research, and the University of Minnesota, have provided an [Assisted Living Report Card website](#). The report card helps people compare the quality of different assisted living facilities by showing information from:

- Resident quality of life interviews
- Family satisfaction surveys
- Resident health related state inspections findings
- Safety related state inspections findings
- Staffing related state inspections findings
- Licensing survey results and substantiated maltreatment findings

This information is collected, calculated, and reviewed by professional third parties. For more information about the project, see the [Department of Human Services webpage on the Assisted Living Report Card](#). If you have questions or comments, contact the Aging and Adult Services Division at DHS at dhs.aasd.hcbs@state.mn.us.

This guide explains the report card quality measures and how they are scored.

Star Ratings

The report card shows how Minnesota assisted living facilities score on important quality measures, using a five-star scale. One star is the lowest rating, and five stars is the highest.

For each of these measures, the average is calculated for all facilities, and a standard deviation is used to assign ratings. Standard deviation shows how an assisted living's scores compare to the average. The more spread-out scores are from the average, the larger the standard deviation is. Here is how stars are assigned:

- 5 Stars: More than 1½ standard deviations better than the mean OR top 7% of facilities
- 4 Stars: Between ½ to and 1½ standard deviations better than the mean
- 3 Stars: Within ½ standard deviation of the mean
- 2 Stars: Between ½ to and 1½ standard deviations worse than the mean

- 1 Star: More than 1½ standard deviations worse than the mean

The University of Minnesota recommends this method because most facilities score highly, meaning that without adjustments, few would earn five stars. Giving the top 7% of facilities five stars helps balance the ratings. Seven percent was chosen because if the distribution of scores was normal, 6.68% would be 1 ½ standard deviations above the average so we round to 7%. The [Minnesota Nursing Home Report Card](#) uses a similar method.

Using the standard deviation approach described above, thresholds are created from the previous one year of data for quality of life surveys and two years of data for MDH licensure surveys to assign star ratings. Thresholds are fixed boundaries for each star rating and ensure consistency. DHS updates these thresholds yearly and publishes them on the [DHS website](#) before each new round of surveys begin. (See [thresholds for MDH licensure survey-based ratings for July 1, 2024 – June 30, 2025](#), [thresholds for MDH licensure survey-based ratings for July 1, 2025 – June 30, 2026](#), [thresholds for quality of life surveys for 2025](#), and thresholds for quality of life surveys for 2026)

License Types

The definitions of license types included in the report card are:

Approved: A facility has been issued a license after passing a state licensing survey. The Minnesota Department of Health calls this an assisted living facility (ALF) license.

Approved for dementia care: A facility has been issued a license after passing a state licensing survey and meets additional standards related to dementia care. The Minnesota Department of Health calls this an assisted living facility with dementia care (ALFDC) license.

New: A facility has met certain preliminary licensing requirements but has not yet passed a state licensing survey. The Minnesota Department of Health calls this a provisional assisted living facility (PALF) license.

New for dementia care: A facility has met certain preliminary licensing requirements, including additional standards related to dementia care, but has not yet passed a state licensing survey. The Minnesota Department of Health calls this a provisional assisted living facility with dementia care (PALFDC) license.

You can learn more about the different assisted living facility license types at the [Minnesota Department of Health website](#).

Resident Quality of Life

Every year, trained staff employed by an independent contractor of the State interview residents in assisted living facilities about their quality of life. For the 2023-2024 survey, facilities with licensed capacity to serve five or more people were eligible to participate in the survey. For the 2024-2025 and 2026 surveys, facilities with licensed capacity to serve seven or more people are eligible. Interviewers visit a random selection of residents in

each facility who agree to participate, unless they are very cognitively impaired, too ill, or their guardian declines for them. Interviews take place at all eligible facilities over several months.

Facilities' scores are included on the report card if enough surveys were completed to reach a 6% margin of error and 95% confidence level. This means if we repeated the survey many times, there is a 95% chance that the true score would be within 6% above or below the score on the report card. View the Sampling Table on [Vital Research's Assisted Living Quality of Life Survey Documents page](#) to see how many people need to be interviewed to reach this level based on a facility's size.

Interviewers use a standard survey that asks residents multiple choice questions about their quality of life over different topics or domains. These include people who work here, physical environment, food, meaningful activities, choice and autonomy, religion and spirituality, safety and privacy, and finances. The University of Minnesota and Vital Research designed the survey for use by people with memory loss, cognitive impairments, and other disabilities. To view the survey, visit [Vital Research's Assisted Living Quality of Life Survey Documents page](#). For more information about how these domains were chosen and how the survey was developed and tested, visit the [Department of Human Services' Assisted Living Report Card information page](#).

The University of Minnesota calculates domain scores by averaging the survey responses for each domain. These domain scores are then combined to calculate the facility's average score for Resident Quality of Life. A star rating is then assigned for Resident Quality of Life based on where the facility's average score falls within the thresholds for the facility's size and location. If less than half of residents answered enough questions in a particular domain, that domain score will not count toward the facility's average score for Resident Quality of Life.

Facility star ratings are grouped, also called peered, based on location (either in the seven county Twin Cities area or greater Minnesota) and size (small and medium facilities with 1-25 beds, and large with 26 or more beds). Grouping facilities this way makes comparisons fairer by considering factors that affect star ratings but are beyond a facility's control. Peering does not change the facility's score, but it allows each facility to be compared within a similar group when assigning star ratings. The University of Minnesota looked at peering by facility characteristics that are consistently available and reliable, including location, size, licensure type (assisted living, assisted living with dementia care), and ownership type (for profit, non-profit). They saw significant differences by location and size. Although other factors, like residents' health needs (e.g., case mix) and payer source (private pay, Medicaid), would be helpful, this information is not currently available.

If an assisted living facility shows "n/a," it means there isn't data available to provide a rating. This can happen for a few reasons, like the facility being too small to participate in surveys, not being contacted to take part in the surveys, or not getting enough survey responses to ensure accurate results. If a facility shows "X," it means they were eligible to participate and were contacted, but they refused.

The Resident Quality of Life - Details section shows the average domain scores for all completed surveys at that facility. The Overall experience domain is based on two questions about how residents feel about the facility and their quality of life. The Average score is the combined average for all domains except the Finances domain and is used to calculate the star rating. The finances domain is not included in any facility's average score or star rating due to low response rates. If an assisted living shows only "%" for a facility's domain score on the Resident

Quality of Life - Details section of the report card, this means residents did not answer enough questions in that domain to calculate an accurate score.

Family Satisfaction

Family, friends, and others who care about residents often have different concerns about the assisted living than the residents themselves. To gather these opinions, an independent contractor for the State sends out a family satisfaction survey to the primary contact for each resident at eligible facilities on an ongoing schedule. For the 2023-2024 survey, facilities with licensed capacity to serve five or more people were eligible to participate in the survey. For the 2024-2025 and 2026 surveys, facilities with licensed capacity to serve seven or more people are eligible. The number of surveys sent out for each facility depends on how many residents have a primary contact. The survey measures family satisfaction on eight topics or domains. These include care experience, choice and preference, personal care needs, cost of care, housekeeping, meals, physical environment, and staff care. To view the family survey, visit [Vital Research's Assisted Living Quality of Life Survey Documents page](#). For more information about how these domains were chosen and how the survey was developed and tested, visit the [Department of Human Services' Assisted Living Report Card information page](#).

Facilities' scores are included on the report card if enough surveys were completed to reach a 6% margin of error and 95% confidence level. This means if we repeated the survey many times, there is a 95% chance that the true score would be within 6% above or below the score on the report card. To see the table showing how many people need to be surveyed to reach this level based on a facility's size, visit [Vital Research's Assisted Living Quality of Life Survey Documents page](#).

The University of Minnesota calculates domain scores by averaging the survey responses for each domain. These domain scores are then combined to calculate the facility's average score for Family Satisfaction. A star rating is then assigned for Family Satisfaction based on the facility's average score. If less than half of respondents answered enough questions in a particular domain, that domain score will not count toward the facility's average score for Family Satisfaction. If an assisted living shows only “%” for a facility's domain score on the Family Satisfaction-Details section of the report card, this means respondents did not answer enough questions in that domain to calculate an accurate score.

Facility star ratings are grouped, also called peered, based on location (either in the seven county Twin Cities area or greater Minnesota) and size (small and medium facilities with 1-25 beds, and large with 26 or more beds). Grouping facilities this way makes comparisons fairer by considering factors that affect star ratings but are beyond a facility's control. Peering does not change the facility's score, but it allows each facility to be compared within a similar group. The University of Minnesota looked at peering by facility characteristics that are consistently available and reliable, including location, size, licensure type (assisted living, assisted living with dementia care), and ownership type (for profit, non-profit). They saw significant differences by location and size. Although other factors, like residents' health needs (e.g., case mix) and payer source (private pay, Medicaid), would be helpful, this information is not currently available. The University of Minnesota will keep improving the rating system as more data becomes available.

If an assisted living facility shows “n/a,” it means there isn’t data available to provide a rating. This can happen for a few reasons, like the facility being too small to participate in surveys, not being contacted to take part in the surveys, or not getting enough survey responses to ensure accurate results. If a facility shows “X,” it means they were eligible to participate and were contacted, but they refused.

The Family Satisfaction - Details section shows the average domain score for all completed surveys at that facility. The Overall satisfaction domain is based on two questions about how family members feel about the facility. The Average score is the combined average for all domains and is used to calculate the star rating. If an assisted living shows only “%” for a facility’s domain score on the Family Satisfaction - Details section of the report card, this means respondents did not answer enough questions in that domain to calculate an accurate score.

Resident Health, Safety, and Staffing Measures

Minnesota laws require the Minnesota Department of Health (MDH) to survey each assisted living facility at least once every two years. The purpose of these licensing surveys is to check the care and services provided to residents and make sure the facility follows licensing requirements. If MDH finds that a facility is not following these requirements, they issue a correction order or “tag” to the provider. This correction order comes with a scope and severity level, which indicate how serious the issue is. Scope refers to how widespread the problem is. It can be isolated, pattern, or widespread. Severity refers to the level of risk to residents. It ranges from no actual harm with a potential for minimal harm, to cases of immediate harm to resident health or safety.

The University of Minnesota calculates a score for each correction order that has a scope and severity and fits into the resident health, safety, or staffing categories. Correction orders that do not have a scope and severity or that are not classified into one of the three categories are not scored. The scoring uses a system like what the Centers for Medicare and Medicaid Services (CMS) use for rating nursing homes on Care Compare. For more details, see the [CMS Nursing Home Compare Technical Users’ Guide](#). You can find a list of correction orders included in each measure is on DHS’ [Assisted Living Report Card information page](#). (See [Resident Health Tags PDF](#), [Safety Tags PDF](#), and [Staffing Tags PDF](#)).

All correction order scores in the resident health, safety, and staffing categories are added to calculate the total score for each category. Each assisted living facility then receives a star rating for each category based on where their score falls compared to the average score of similar facilities. If a facility has a higher score (which means they have more correction orders), they will receive a lower star rating. If their score is lower than the average, they will receive a higher star rating. The system used to calculate star ratings thresholds is the same as above (see Star Ratings section).

Thresholds will be updated once per year using the past two years of survey data, but new Resident Health, Safety, and Staffing ratings will be added to the report card quarterly.

Facility star ratings are grouped, also called peered, based on location (either in the seven county Twin Cities area or greater Minnesota) and size (small facilities with 1-5 beds, medium with 6-25 beds, and large with 26 or more beds). Grouping facilities this way makes comparisons fairer by considering factors that affect star ratings but are beyond a facility’s control. Peering does not change the facility’s score, but it allows each facility to be compared within a similar group.

After two rounds of licensing survey data are collected, the scores will include the results from the two most recent surveys. The most recent survey will count for two-thirds of the score, while the previous survey will count for one-third.

If the assisted living provider disagrees with MDH's findings, they can ask for an independent review of the correction orders. This is called a request for reconsideration and includes looking again at the scope and severity of the noncompliance. The ratings based on MDH's initial survey findings are published; however, if correction orders are being reconsidered, that will be marked with an asterisk on the report card. If MDH changes the survey findings, DHS will update the provider's report card rating during the next website update.

If an assisted living facility shows "n/a," it means there isn't data available to provide a rating because they have not yet had a licensing survey or haven't had one since July 1, 2024, when data collection for these ratings began.

The State Licensing & Investigations Results section links to licensing surveys and results from investigation complaints completed by MDH for the facility. The Licensing Surveys table displays links to results from the two most recent licensing surveys.

The Investigations Results table displays links to results from maltreatment investigations that were substantiated by MDH. MDH investigates complaints of maltreatment (abuse, neglect, or exploitation) in assisted living facilities. They decide if a complaint is substantiated (there is enough evidence to show that maltreatment happened), unsubstantiated (there is enough evidence to show that maltreatment did not occur), or inconclusive (there isn't enough evidence to clearly say if maltreatment occurred or not). On the report card, "substantiated maltreatment" means that MDH found enough evidence to show that maltreatment happened. Links are included if they are substantiated and were within the past 12 months.

These assisted living provider licensing survey and maltreatment results can be found on Minnesota Department of Health's [Health Care Provider Evaluation and Investigation Results webpage](#) and both tables are automatically populated on the report card based on these publicly available results.