

2026

Cost of Senior Care

Rising costs, rising acuity, and the visibility solution.



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Foreword

Across senior living, more is being expected of operators. More and more seniors need care, but we don't have enough caregivers or communities to support them. Expectations from residents and their families are rising at the same time that costs in every part of the business only continue to increase. Yet, every day, I see operators rise to the occasion, facing these challenges with grace, determination, and complete commitment to serving residents and families while supporting their teams.

To date, senior living has largely relied on extraordinary people to meet the need, but that is rapidly changing. Technologies like SafelyYou are coming to bear that radically change the dynamic, giving staff members greater powers and giving more seniors a voice in their care.

Despite these new tools, operators are still flying blind in many ways. It's time for the senior living industry to also have the data it needs to really operate effectively. That's why I'm so excited about this work.

Our 2026 Cost of Senior Care study reveals both how industry leaders understand the costs of daily care delivery and the opportunity for transformation with critical new data, rich industry insights, and an exploration of the technology already helping to drive crucial change. I'm incredibly proud that our team could create a study that supports deeper understanding of the costs behind operators' commitment to quality, and highlights where greater visibility can help revolutionize communities' success, reducing risk, elevating care, and improving both clinical outcomes and financial performance.

It helps mark a turning point for the industry, and SafelyYou is honored to be the partner uncovering this next step for senior living and supporting operators with the knowledge of how to move forward.

George Netscher
Founder & CEO
SafelyYou



Acknowledgements

A special thank you to the partners and industry leaders who supported this study, with collaboration and expert guidance.

Argentum

For strategic partnership and support in advancing operational standards across senior living.

Merrill Research

For quantitative interviews, methodology consultation, and survey execution.

Industry leaders who provided quotes and qualitative insights

For generously sharing frontline experience, operational context, and real-world implications that strengthened the narrative and interpretation of results.



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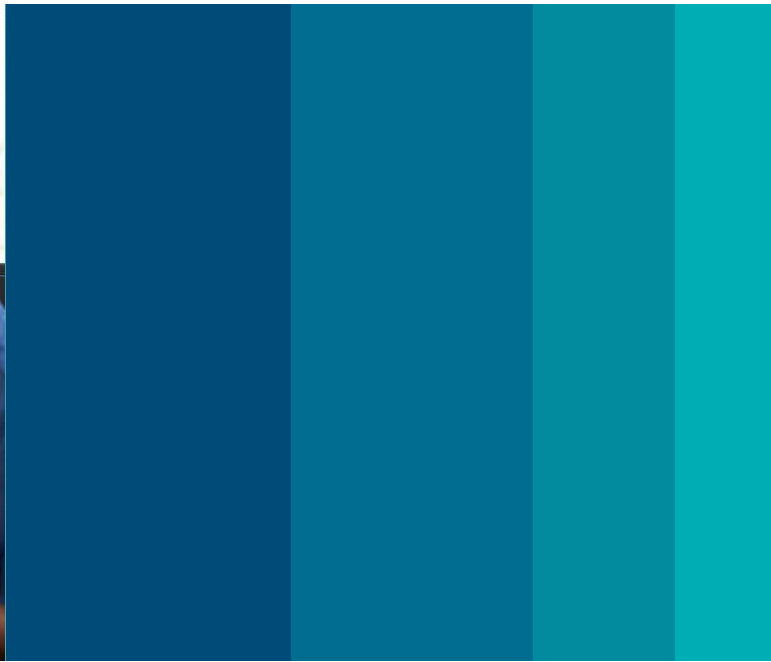


Meg Davidson
COO
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Chris Hyatt
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Introduction





Clear commitment, clear opportunity.

Senior living communities today operate in a care environment that's more dynamic, interconnected, and data-dependent than ever before. Residents' needs are increasing, staffing remains strained, and expectations from families and stakeholders continue to grow. **Operators are balancing rising acuity and rising costs with the realities of workforce shortages, tightening margins, and greater liability exposure.** All of which intensify the importance of both clinical and operational precision.

Yet, despite these challenges, leaders across the industry consistently demonstrate resilience matched with an unwavering commitment to:

- Providing person-centered care.
- Maintaining safety.
- Supporting staff.
- Delivering higher-quality experiences for residents and families.

Our 2026 Cost of Senior Care study highlights the economics behind that commitment. It offers a revealing look at how 175 senior living executives, operators, and clinical directors surveyed understand the costs associated with daily care delivery. And where they see opportunities to strengthen stability, efficiency, and outcomes.

In doing so, **this study uncovers where timely insight is critically lacking—and why earlier visibility is crucial**—and how knowing risk sooner can transform communities' success, reducing incidents, improving staffing, and increasing NOI.

Key findings



2026 Cost of Senior Care key findings.

1

Earlier visibility is the strongest predictor of stability.

Across safety, staffing, wellness, and care planning, leaders consistently describe the same pattern: when communities see risk sooner, they prevent more incidents, reduce variation, and operate with greater confidence.

2

Falls remain one of the highest and most preventable cost drivers.

Fall costs have doubled in the last three years, with the average cost now being almost \$10k per incident.

3

Staffing pressure is driven by misalignment—not just headcount.

Only about half of leaders report consistent task completion across shifts.

4

Care plans are foundational—but too often outdated.

Most care plans take about one hour to complete and are updated every 1–3 months or longer, even as resident conditions change weekly or daily.

5

Fragmented systems limit accuracy, efficiency, and ROI.

Although 83% of operators use AI-enabled tools, nearly half say their systems are poorly integrated, forcing staff into manual documentation and slowing response time.

6

Financial impact is concentrated in three areas—and all are addressable.

A typical 100-resident community faces \$900K–\$1.15M in annual exposure from:

- Falls.
- Staff turnover.
- Resident transitions.

Each is strongly influenced by visibility, workflow alignment, and care-plan accuracy.

7

Leaders want technology that proves value quickly.

Operators expect measurable ROI, with 39% requiring payback within 12 months.

8

AI adoption is high, but the next wave is proactive intelligence.

Current AI use delivers strong benefits—93% of users report faster fall response—but future interest centers on prediction, automation, and wellness insight.

9

Cross-domain interdependencies drive outcomes.

Leaders see safety, care planning, and staffing not as separate issues, but as dependent components where timing and visibility determine success.

10

The sector is optimistic—and ready for change.

Despite rising acuity and operational complexity, leaders express clear optimism. They see meaningful opportunities for real change with earlier insight. And more connected systems.

Staffing



From the leader's POV:

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"Staffing efficiency is paramount. Understanding where staff time is needed most, and being able to adapt staffing levels to changes in resident needs is critical for those efficiencies. Being able to understand how staff are spending their time also becomes critical for enabling operators to understand changes in resident behaviors and enables further understanding of changes in resident acuity."

David Eskenazy, Vice Chair, Cogir Senior Living



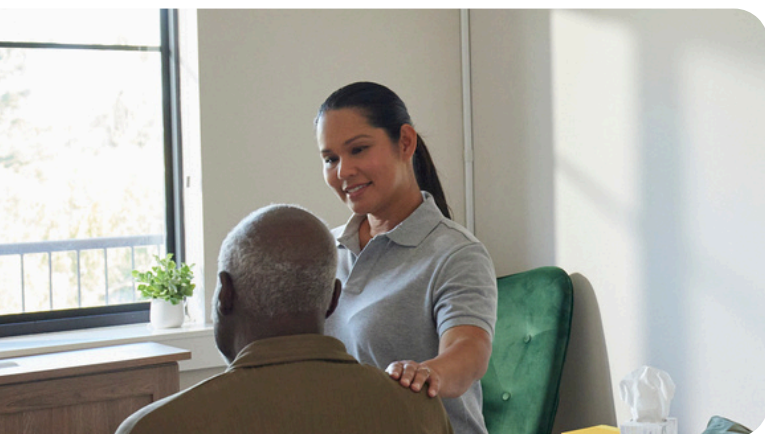
The staffing dilemma: Sustained turnover & persistent strain.

The senior living leaders we surveyed describe a care environment where rising acuity, sustained turnover, and inconsistent task completion create persistent strain on frontline and clinical teams.

This pattern of task incompleteness reflects what workforce studies have long shown: inconsistency in daily tasks is both a symptom and a driver of operational stress.^{5,6} Leaders clarify that delays often emerge from a combination of factors, including:

- Increased supervision following changes in condition.
- High documentation burden.
- Insufficient alignment between staffing levels and resident acuity.
- Onboarding time for new or temporary staff.

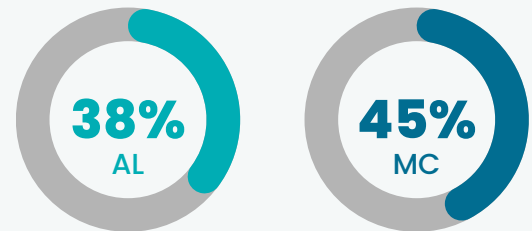
The result is a cycle in which delayed tasks lead to missed cues, missed cues may increase safety risks, and safety risks prompt additional task backlog—creating a reinforcing loop well-described in clinical operations literature.^{5,6} And which continues to undermine daily operations in communities, compounding staffing strain, resulting in high staff turnover rates, and ultimately contributing to increased costs.



The struggle of task completion.

50%

Only about half of senior living leaders report that care tasks are completed each day.



Across both AL and MC, leaders report that care tasks frequently fall behind schedule.

7-9%

of leaders report severe or chronic delays.

In fact, leaders in the study confirm turnover rates that align with national benchmarks, reporting a 36-38% annual turnover rate for both frontline and clinical staff.⁴ High turnover rates come with high costs—and high operational disruption. Turnover costs mapped in the study also align closely with national benchmarks, ranging from \$7,150–\$7,160 to replace a frontline caregiver to \$20,450–\$21,660 to replace a clinical leader.

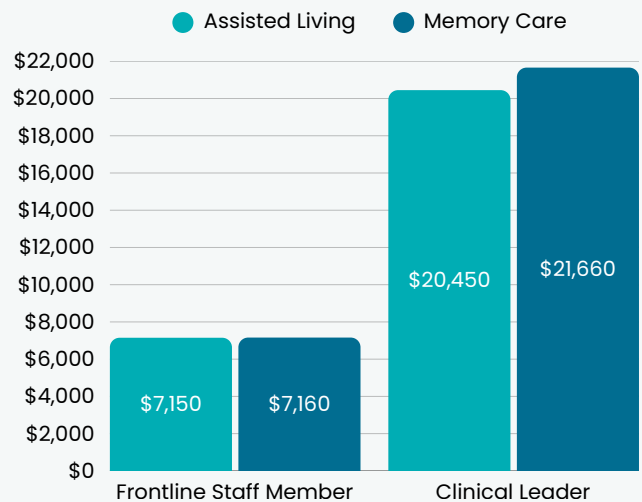
However, these figures reflect only the direct replacement costs, such as recruiting, onboarding, and training. They don't include the significant indirect costs that accompany turnover, making the expense—and the impact to daily operations and care delivery—even greater.

National workforce studies consistently identify these indirect costs as major drivers of overall staffing expense and quality erosion,^{5,6} which can mean both increased expense and reduced quality of care for an operator, significantly damaging both their bottom line and their reputation.

36–38%
annual turnover rate

Senior living leaders report the same turnover rate for both frontline and clinical staff.

The cost of senior care: staff turnover.



Indirect costs that may accompany staff turnover:

- Lost productivity during vacancy.
- Overtime or agency use.
- Increased supervision for new staff.
- Declines in documentation quality.
- Reduced continuity of care.



Acuity and capacity: A widening gap.

As acuity increases across senior living, communities struggle to retain staff, and staff struggle to keep up with the rising care needs, there is an ever-widening gap between resident acuity and staffing capacity. And across both AL and MC, senior living leaders surveyed reported that staffing models haven't kept pace with rising resident acuity. This reflects the fact that residents are entering communities older, frailer, and with more complex care needs than a decade ago.^{3,4,8}

The senior living leaders we surveyed highlighted the following challenges:

- Staff often spend disproportionate time responding to repetitive alerts or non-critical cues.
- Changes in mobility or behavior frequently go unnoticed until an incident occurs.
- High-acuity residents require more supervision than current models anticipate.
- Care-plan updates lag behind real clinical needs.

This creates an environment in which care is reactive—and staff must constantly triage rather than proactively support residents. Not only does this threaten care quality and clinical outcomes, but research on this reactive cycle identifies it as a major predictor of both staff burnout and turnover,^{5,6} further intensifying the staffing dilemma.

The visibility solution: Staffing.

Better insight into staffing needs and earlier understanding of risk can improve retention, elevate care quality, and drive financial results for communities. In fact, workforce and quality studies repeatedly affirm that better alignment between resident needs and staffing allocation reduces turnover, improves resident satisfaction, and stabilizes financial performance.^{5,6}

The leaders we surveyed strongly agreed that better visibility into daily staff activity would improve both workflow and retention. And when asked how visibility would influence outcomes, they pointed to improvements in resident safety, care plan alignment, length of stay (LOS), staff efficiency, and readiness for new admissions.

These perspectives closely match SafelyYou's internal analytics demonstrating that real-time visibility into staff time-in-room supports both fall reduction and more timely level of care (LOC) assessments.^{10, 12, 15}



Senior living leaders described three specific opportunities for staffing improvement.

1

Standardizing staffing models to reflect actual acuity, not historic norms.

2

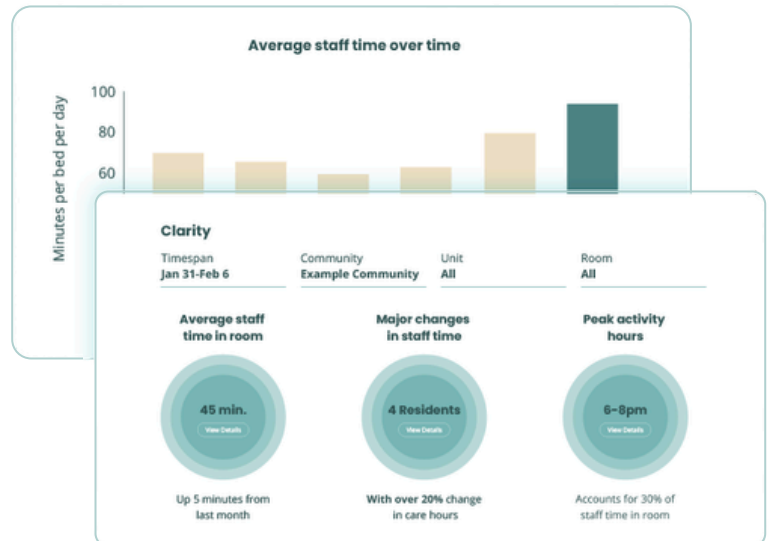
Creating visibility into time-in-room patterns to understand whether needs are matched with support.

3

Reducing documentation burdens that pull staff away from resident interaction.



The tools to support these improvements exist. They can measure staff to resident care, identify trends and time-in-room changes to note change of condition sooner, and streamline workflows so staff spend less time interacting with technology and more time interacting with residents. By increasing visibility with innovation, communities can both address their staffing issues and better meet their residents' needs, helping to drive both clinical and financial success.



Current AI tools can:

1

Measure staff to resident care ambiently and accurately.

2

Identify trends and time-in-room changes to note change of condition sooner.

3

Streamline workflows so staff spend less time interacting with technology. And more time interacting with residents.

Resident wellness



From the leader's POV:



"Understanding the clinical needs of our residents upon move-in and as important, increased visibility into changes in care needs on a real-time basis, are at the forefront of our operating model. Continuing to adjust our staffing capabilities and time allocation proactively means improved outcomes for residents and a rewarding and successful environment for our staff."

Brandon Ribar, CEO, Sonida Senior Living

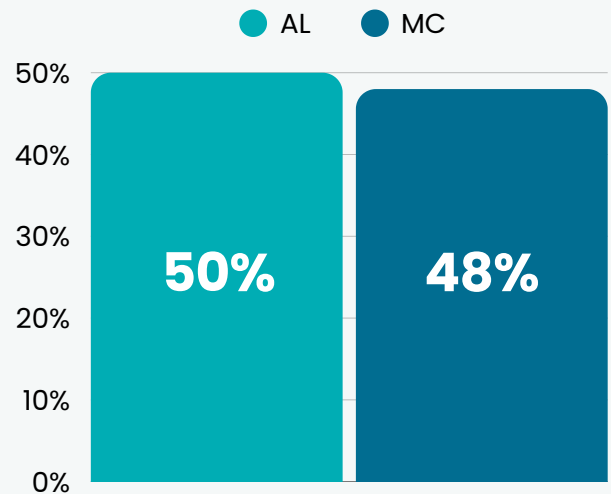


Resident wellness: The need to spot change before crisis.

Senior living leaders across AL and MC describe wellness and acuity monitoring as one of the most critical—but currently underpowered—elements of senior living operations. Rising resident acuity, later move-ins, and more complex chronic conditions make it increasingly difficult for communities to rely on scheduled assessments or staff observation alone. In fact, 50% of AL leaders surveyed and 48% of MC leaders surveyed cite rising acuity as a top barrier to delivering high-quality care. Which makes the need for technology that supports this identification all the more urgent.

And leaders describe resident acuity as increasing across nearly every dimension: mobility, cognition, continence, behavioral health, and ADL support. This mirrors national evidence showing that senior living residents now exhibit higher levels of functional and cognitive impairment at move-in than earlier cohorts.³

Senior living leaders cite rising acuity as a top barrier to delivering high-quality care.



But the deeper issue is visibility.

Senior living leaders consistently report organizational blind spots, such as:



Subtle gait or balance changes that go unnoticed until a fall occurs.



Repeated staff presence in a room that indicates rising supervision needs.



Increasing time alone or withdrawn behavior that signals functional decline.



Disrupted sleep or circadian rhythm changes, which often precede confusion or falls.

These signals are well documented in clinical literature as early markers of elevated risk in older adults, particularly those with cognitive impairment.^{1,13} However, leaders emphasize that without real-time monitoring or integrated systems, these early markers are often recognized only in hindsight—and after an incident has occurred, putting both residents and communities at greater risk.

The visibility solution: Resident wellness.

Early visibility drives both clinical and financial outcomes for operators. Which is why senior living leaders emphasize that wellness and acuity monitoring provides critical insight that acts as not only a clinical function, but also an operational and financial stabilizer as well.

This is in line with SafelyYou internal analyses, which have shown that earlier identification of rising acuity and fall detection and prevention can extend LOS by 200-250 days, real-time visibility into staff time in-room improves care plan accuracy and billing alignment, and that clear video of incidents reduces unwitnessed falls, which are associated with the highest downstream costs.^{11,15}

And these findings mesh with broader national data showing that proactive wellness monitoring reduces acute care utilization and strengthens resident stability.¹



In fact, early visibility can help:



Reduce fall risk, which is a top cost driver.



Improve accuracy in care level billing.



Support more predictable staffing patterns.



Prevent emergency department transfers that may lead to health declines and vacancy.



Increase LOS by keeping residents stable longer.

Senior living leaders clearly understand the link between insights into resident wellness and better outcomes. They repeatedly connect wellness visibility with:

- Care-plan precision.
- Improved staff efficiency.
- Reduced risk events.
- Clearer family communication.
- Higher occupancy stability.

In their view, wellness insight—and earlier visibility— isn't an add-on, it's a foundation for stabilized residents, optimized staffing, and successful operations.

Which is why the 2026 Cost of Senior Care study reveals a consistent need for operators: earlier visibility into the subtle changes in resident condition that often precede falls, hospitalizations, behavioral escalation, or care-plan drift. Senior living leaders overwhelmingly recognize that proactive insight—not reactive response—is central to stability. Fortunately, innovation is available to help support that need, and AI leads the way.

Among survey respondents already using AI-enabled tools, leaders report meaningful gains in visibility and responsiveness, with 93% of AI users reporting faster response to falls, 73% reporting improved remote monitoring of high-risk residents, and 61% reporting earlier identification of behavioral or health changes.¹⁶

Senior living leaders describe AI as most valuable not because it replaces staff observation, but because it reveals patterns that staff cannot reliably see in real time, especially across overnight shifts or during high workload periods.

This is consistent with documented research demonstrating that automated monitoring can reduce fall risk, improve supervision accuracy, and flag deterioration earlier.¹³

Earlier visibility, as enabled by AI solutions, can help operators:

- 1 Identify wellness trends and change in resident condition sooner, as well as respond to incidents faster.
- 2 Initiate assessments more frequently.
- 3 Detect small changes that could otherwise be missed.

These solutions help communities understand which residents need more attention, when and why to adjust care plans, and how to staff appropriately, helping to improve quality of care—and quality of life—for residents.

In fact, those using AI report :



of AI users report faster response to falls.



report improved remote monitoring of high-risk residents.



report earlier identification of behavioral or health changes.

[Learn more about AI solutions >](#)



What senior living leaders are saying about AI:

"Helps us catch changes before they become problems."

"AI sees the small stuff we miss."

"We use it to know where to spend our time."



Safety & falls



From the leader's POV:



"If we have insight into why incidents occur, we significantly increase our chances of not having them happen again. Without that visibility, we're making a best guess. With that visibility, we can be more proactive. And we can develop specific interventions based on fact. We're empowered to keep our residents safer."

Joel Thiesen, CEO and Founder, Lifespark



A single fall is felt across the senior living ecosystem.

Safety remains one of the most consequential dimensions of senior living operations, and across both assisted living and memory care settings, leaders describe residents falls as among the most disruptive unplanned events, shaping not only immediate clinical response, but also staff workload, family communication, documentation demands, and resident stability.

Their experiences echo a broader pattern well documented across the sector: fall events are not isolated clinical moments, but incidents that ripple across workflows, staff time, and financial performance. And their costs are rising.

Falls and their impact.

Staffing and workflow disruption:

A fall often requires response from several team members. Leaders consistently describe the resulting documentation, supervision, clinical follow-up, and environmental adjustments. All of which contribute to task delays, stress, and reduced capacity for preventive care.^{10,14}

Family communication and trust:

Unwitnessed or late-identified falls can erode family confidence, necessitating time-intensive communication from clinical leaders and administrators.^{10,14} National literature similarly notes that falls often trigger heightened concern and scrutiny from families.²

Transitions and move-out risk:

Falls can lead to hospitalization, short-term rehabilitation, or a permanent move to higher levels of care.^{1,10} This impacts vacancy days, turnover costs, and the organization's reputation.



Fall costs have increased as much as 107% in the last 3 years.

National studies show that more than one in four adults aged 65+ experiences a fall each year, and fall-related injuries account for more than \$50 billion in annual medical spending.¹

Falls are the leading cause of injury and injury-related death in older adults, and individuals with cognitive impairment face even higher risk due to mobility challenges, impaired judgment, and reduced hazard awareness.¹ These national patterns help explain why leaders in this study report such high operational and financial sensitivity to fall events.



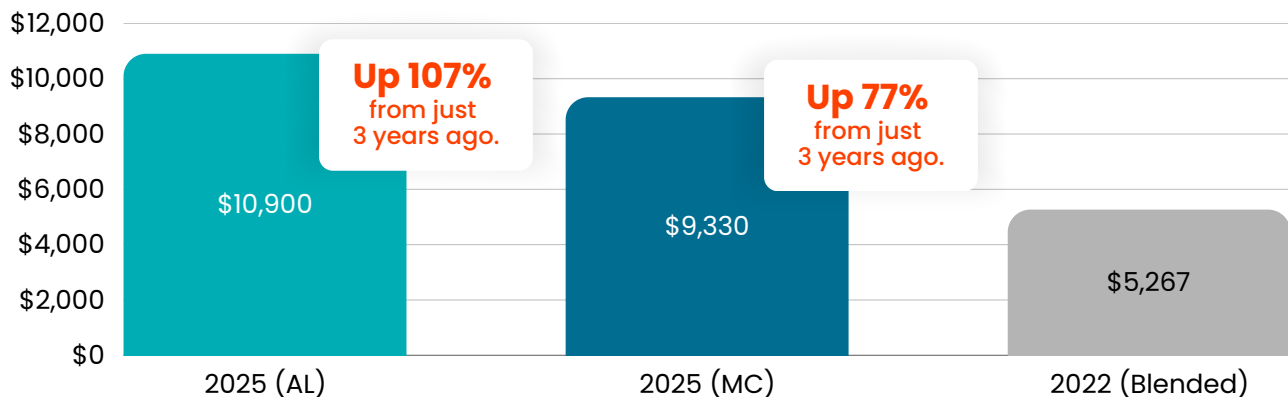
1 in 4 adults 65+
experiences a fall each year.

Fall-related injuries cost
\$50 billion+
in annual medical spending.

When asked to estimate the cost of a fall, most leaders selected ranges between \$5,000 and \$19,999, with average estimates of approximately \$10,900 per fall in AL and \$9,300 in MC. Roughly one in four leaders in both settings estimate fall costs at \$10,000 or more, underscoring the perceived financial risk associated with safety events.

These numbers are dramatically higher than just three years ago, which showed the average cost of a fall to be \$5,267, which means falls costs have increased as much as 107%. This demonstrates a significant rise in costs, and with falls expected to reach 52 million per year by 2030 for older adults, points to remarkable expense for both operators and families.





The cost of senior care: average cost of a fall.



Senior living benchmarks align closely with the estimates from the survey respondents. CNA data show average fall-related claim severity exceeds \$200,000, though modeled costs across all fall events—including minor, non-claim incidents—suggest a per-community exposure of approximately \$12,500 per 100 occupied units annually.² While CDC analyses show that hospital episode costs for fall-related injuries frequently exceed \$30,000.¹ According to the SafelyYou Cost of Falls Report, when combined with staff time, documentation burden, clinical follow-up, and revenue loss from vacancy or transition, fall-related incidents can accumulate to an average of \$380,000 per community per year.¹⁰

Unwitnessed and underreported falls amplify this risk. SafelyYou analytics indicate that up to 40% of falls in AL and up to 80% of falls in MC may go unwitnessed or unreported, complicating clinical evaluation and family communication when injuries are involved.^{10,14} Leaders frequently acknowledge this blind spot, noting that unwitnessed falls often trigger greater downstream cost due to delayed clinical assessment, higher hospitalization risk, and increased family concern.

When combined with:

-  staff time
-  documentation burden
-  clinical follow-up
-  revenue loss from vacancy or transition

fall-related incidents can accumulate to an average of
\$380,000
per community per year.

Senior living leaders in the study associate fall-related costs with several operational drivers, including:



Direct care time and staff overtime.



Increased supervision requirements.



Emergency transport and hospital care.



Liability exposure and insurance impact.



Temporary or permanent vacancy due to hospitalization or move-out.



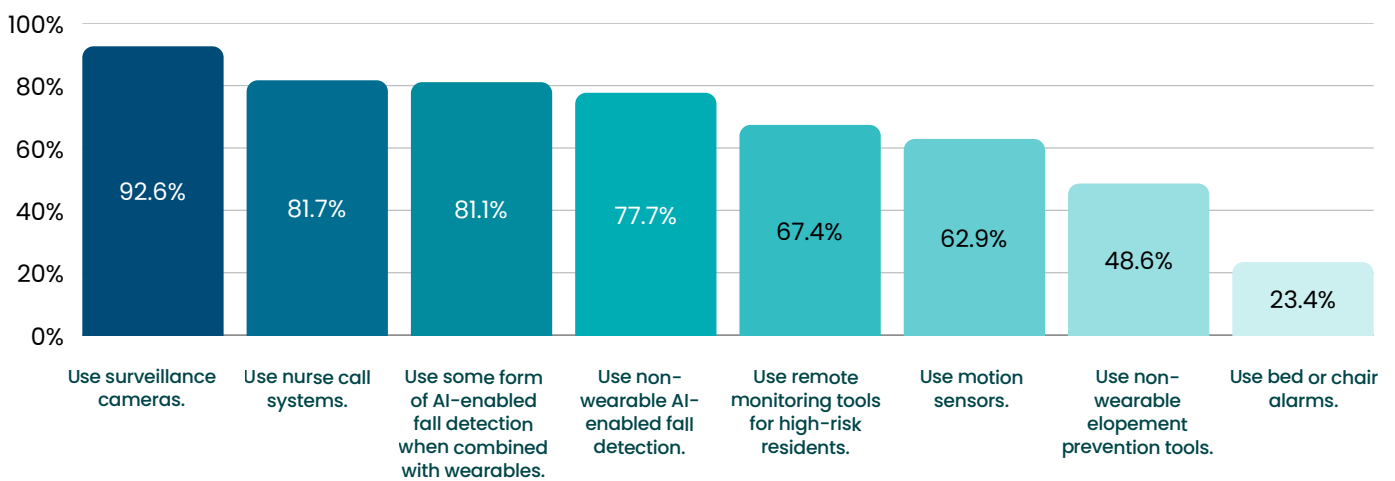
Documentation, incident review, and care-plan revisions.

These combined effects help explain why falls remain one of the most resource-intensive and disruptive events that senior living communities must manage.

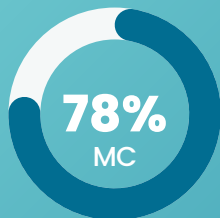
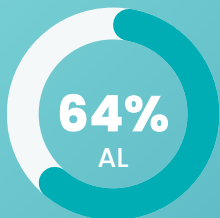
The visibility solution: Falls and safety.

Visibility proves to be powerful for fall management and safety, too, with some solutions helping operators to detect falls sooner and respond to them faster, while also better understanding fall risk to help prevent future falls. Senior living leaders in the survey report high adoption of safety and visibility tools.

Safety and visibility tools currently in use by senior living leaders.



Among operators using AI-enabled fall detection, 64% of AL and 78% of MC leaders identify SafelyYou as their system of choice. And satisfaction is high: 82% of senior living leaders report being satisfied with their fall-safety practices.¹⁶



SafelyYou is the AI leader senior living relies on.

Among operators using AI-enabled fall detection, 64% of AL and 78% of MC leaders identify SafelyYou as their system of choice.



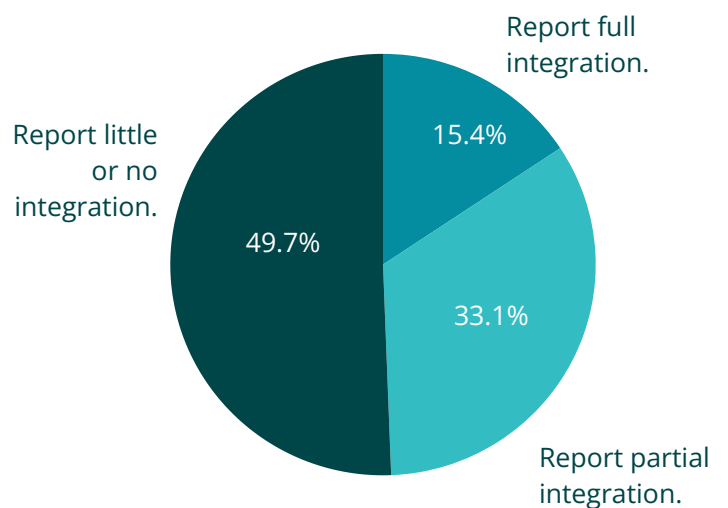
But strong adoption does not mean strong integration. When asked about connectivity with their electronic health record (EHR), only 15.4% report full integration, 33.1% report partial integration, and 49.7% report little to no integration.

This aligns with broader technology analyses conducted for the senior living industry showing that care providers commonly struggle with interoperability and rely on manual documentation to bridge gaps between siloed systems.^{7,9}

However, SafelyYou offers seamless integration with a number of partners, ensuring that comprehensive data is readily available—and fully secure—so staff have a complete view of residents’ wellness, risk, and care needs, helping to increase visibility.

Visibility into falls reduces risk for both residents and communities, while helping to improve response time for staff and outcomes for seniors. It can reduce falls and unnecessary ER visits, cutting costs for families and communities, and extend resident LOS, helping residents age in place longer and helping operators stabilize census. In short, when residents stay safer, they stay in their communities longer. And insight into on-the-ground events—including visibility into how and why these incidents occur—is critical to that safety, as well as to communities’ success.

Current tools’ integration with EHR.



Technology and ROI: Estimations and expectations.

Based on patterns across survey responses and executive interviews, organizations can be broadly characterized as follows:

- A small minority use fully standardized cost-calculation methods.
- Many rely on partially standardized or use-case-specific models.
- A large share depends on ad hoc estimation or informal analysis.
- Some remain unsure how ROI is calculated in practice.

This mirrors the fragmentation described in earlier sections:

- Systems don't connect.
- Data lives in silos.
- Timing of events and interventions aren't consistently captured.

As a result, leaders often describe financial impact as something they "feel" rather than something their systems reliably calculate. They want better models—not to inflate estimates, but to manage to specific targets and demonstrate ROI with confidence.

And while leaders generally understand where major costs originate, their ability to evaluate ROI consistently varies across organizations.

Expectations for ROI are pragmatic but demanding. More than half of leaders indicate that required returns and acceptable payback periods depend on the specific use case, and a small but notable subset report that they do not formally measure ROI for AI solutions at all. Together, these findings point to wide variation in how organizations assess financial impact and make investment decisions.

These expectations reflect the financial pressures communities face.

The bar is high—but for good reason. Operators need solutions that stabilize their biggest sources of financial risk.

1/3

About one-third of leaders report clearly positive ROI from AI tools currently in use.

And leaders set clear expectations for technology investments.

29–36%

expect to break even or $\geq 2\times$ ROI.

39%

want payback within 12 months.

37%

report positive ROI from current AI tools.

Too early

Many indicate it's "too early to tell," reflecting challenges with data visibility and system integration.

These expectations reflect the financial pressures communities face. Which means technology must:

- Address major cost drivers directly.
- Reduce safety incidents.
- Improve staff efficiency.
- Enhance acuity alignment.
- Support earlier interventions.
- Integrate with existing workflows.
- Produce measurable outcomes.

Care planning



From the leader's POV:

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"Care planning requires significant time and resources, yet it still isn't as frequent or as effective as it needs to be. The ideal state is one where data is fully integrated, workflows are automated, and change happens as close to real time as possible. That allows teams to continuously reassess and adjust, instead of reacting after outcomes deteriorate."

Matt Stevenson, COO, Oakmont Senior Living



Care planning optimization: Turning insight into aligned action.

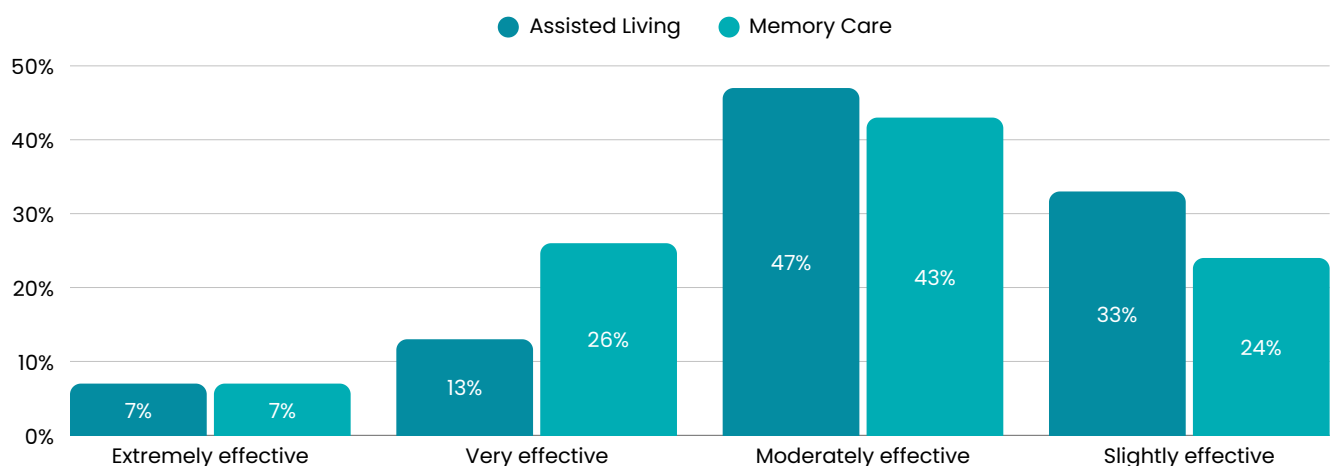
Across the 2026 Cost of Senior Care study, care planning emerges as one of the most powerful—but currently under-optimized—levers for improving clinical quality, staff efficiency, resident stability, and financial performance. Senior living leaders consistently describe care plans as the engine that connects what residents need, what staff do, and what communities bill. Yet they also acknowledge that current processes struggle to keep up with rising acuity, fragmented systems, and the pace of daily change.

The story that emerges is consistent across AL and MC: care plans are essential, but they lag behind real needs. Updating them takes too long, relies on limited clinical resources, and follows fixed schedules rather than real-time resident changes. As a result, communities are often delivering higher levels of service than what is documented or reimbursed—while also absorbing elevated safety and staffing risk.

Invested time, ineffective process.

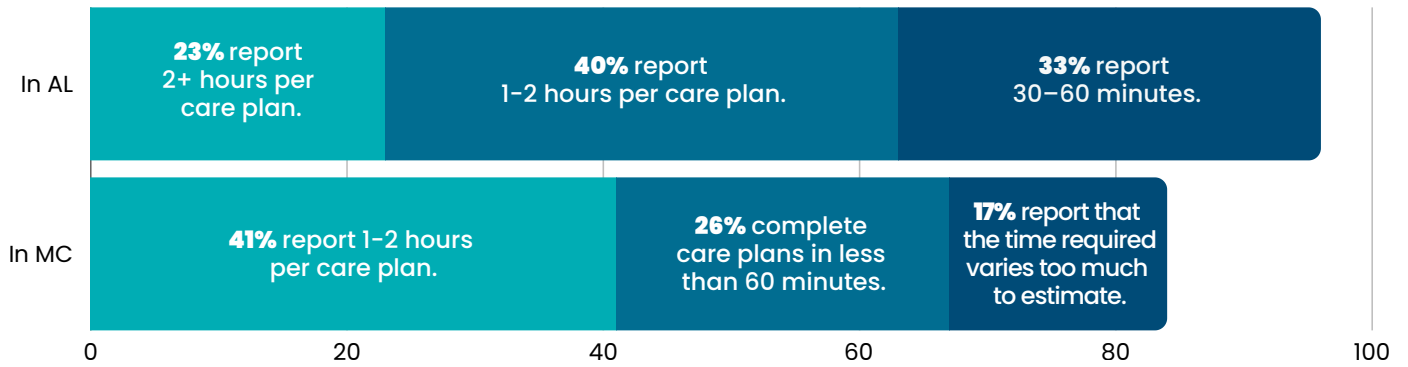
Even when communities detect changes in condition, leaders report difficulty translating insight into action, with the ability to create timely, aligned care plans. And most cite the whole process as only moderately effective, despite the significant amount of time and resources it takes. In fact, only 20% of AL leaders and only 33% of MC leaders rate their care plan process as “very or extremely effective,” while 43-47% describe it as only moderately effective. The remainder of senior living leaders across both assisted living and memory care consider the care planning process to only slightly effective—or not effective at all.

Effectiveness of the care planning process



This is especially concerning given not only the potential impact to resident outcomes, but also the amount of time and resources care planning takes. Our study shows that most care plans require at least one hour of clinical time.

How long care planning takes

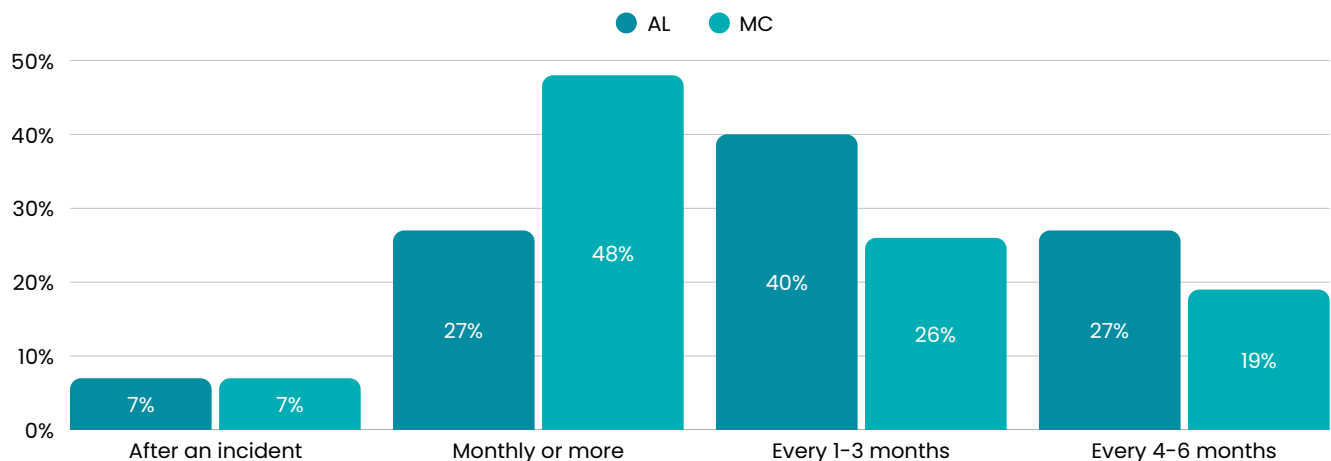


And the workload falls heavily on clinical leaders—roles already stretched by staffing shortages, documentation demands, and rising resident acuity.

Even more concerning, senior living leaders often describe a gap between documentation completeness and operational usefulness. Plans may meet regulatory standards but fail to capture real needs or drive real change.

Part of the issue is that the majority of operators update care plans every 1–3 months or every 4–6 months—far slower than changes in resident condition occur. This is especially true among memory care residents, who can experience health decline rapidly. National clinical research shows that functional and cognitive changes in older adults—especially with dementia—can emerge weekly or daily, not quarterly.¹¹

Current care plan update patterns



Yet, this lag between care assessments and change in condition is highly consistent with both internal SafelyYou analyses and national research showing that residents' needs may evolve suddenly and subtly, and not always on a scheduled quarterly basis when many level of care (LOC) reassessments are mandated.^{3,11,15}

Delayed LOC reassessments can have severe consequences, increasing risk for both residents and operators, with financial impacts for families and communities.

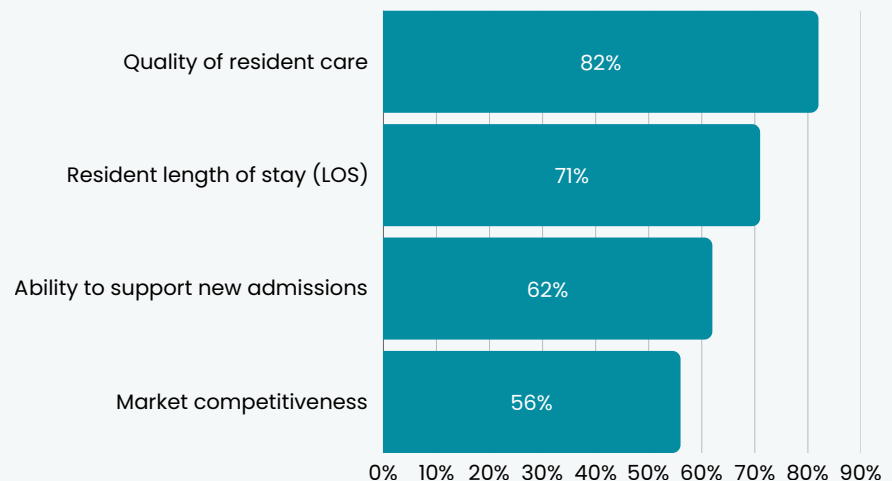
Consequences for delayed LOC reassessments can include:

- Insufficient supervision of residents during high-risk periods.
- Increase in falls, hospital transfers, and behavioral episodes.
- Rising family distress from perceived instability about their loved one's care.
- Reduced new admissions due to reputational harm when acuity increases aren't addressed promptly.
- Services provided exceeding services billed.

With these impacts, it's no surprise then, that senior living leaders overwhelmingly view care planning as central to community performance—not solely a compliance requirement—affecting quality of care, length of stay, the ability to support new admissions, and market competitiveness.

These priorities mirror national evidence showing that better care-plan alignment reduces adverse events, improves resident well-being, extends LOS, and builds family trust.^{5,6,11} In short: care planning is where clinical quality, operational stability, and financial accuracy meet. And senior living leaders' message is consistent: care planning must become dynamic—tied to real-time wellness signals—not calendar schedules.

Where would an improved care planning process have the greatest impact?



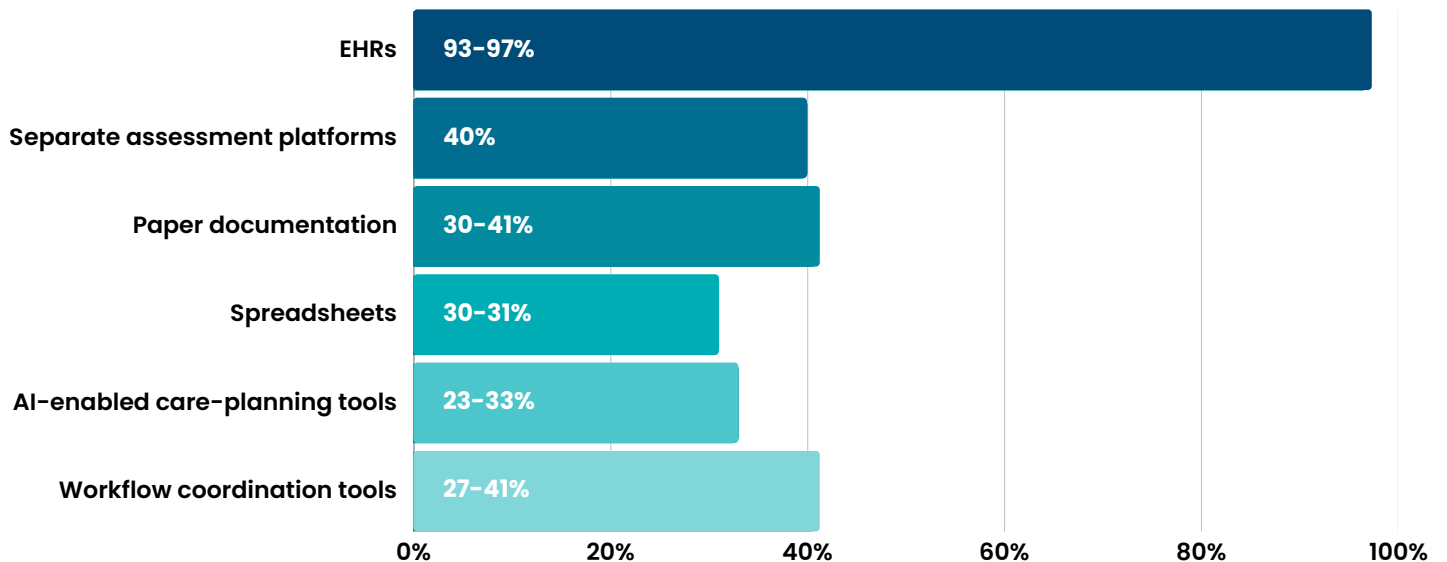
The visibility solution: Care planning.

According to respondents in the 2026 Cost of Senior Care, care planning today relies on a patchwork of systems rather than a unified workflow. This fragmentation results in:

- Duplicated data entry.
- Inconsistent access to the most up-to-date information.
- Manual reconciliation between systems.
- Limited visibility for frontline staff.

Which means staff struggle to get the information they need when they need it, are doubling efforts to record needed data, and may be missing key insights. All of which deter efficiency and effectiveness, compromising care plans—and care quality.

Care planning tools currently in use across AL and MC



These issues mirror findings from CAST and other industry analyses emphasizing how lack of interoperability increases workload and reduces care-plan accuracy.^{7,9}

And across the study, senior living leaders recognize that care planning is not only a clinical process, but also a financial one, with impacts to avoidable risk, LOS, staffing efficiencies, and uncaptured revenue.

Critical financial implications of the care planning process:

- Uncaptured revenue when service levels rise before care plans are updated.
- Shorter length of stay when residents' needs are identified late.
- Avoidable falls and hospitalizations, which are among the highest cost drivers in the sector.^{1,10}
- Staffing inefficiencies due to unclear expectations or mismatched coverage.
- Transition-related costs when unmanaged acuity accelerates move-outs.

SafelyYou internal analyses reinforce these dynamics. Communities using proactive, data-informed care-level identification achieved 200–250 additional days of average resident LOS, more accurate acuity-based billing, earlier intervention after emerging risk patterns, and reduced unwitnessed falls, which significantly decreased downstream costs.^{11,15} The connection is clear: care-plan accuracy is a direct driver for NOI improvement.

Our study reveals a strong consensus among senior living leaders, which is that the care plan must become a living document, one which evolves with resident needs—automatically, continuously, and along with wellness data and staffing patterns.

The care plan model senior living leaders envision.

- Risk signals trigger reassessment prompts.
- Staff presence data calibrates supervision levels.
- Falls, behavior, and mobility changes flow directly into care plan updates.
- Automation reduces documentation burden.
- AI recommends likely adjustments, allowing clinicians to validate.
- Frontline staff see clear, dynamic expectations for each resident.
- Billing accurately reflects actual care delivered.



This is the natural evolution of senior living operations—from reactive workflows to proactive, insight-driven care. Visibility is critical to this evolution for care planning, ensuring wellness trends are quickly identified and analyzed, data is integrated and readily accessible, automation streamlines workflows, and care provided matches billing received. Solutions, driven by AI, exist to support these changes, helping communities care plan more frequently—and more accurately—with seamless, comprehensive views of residents' well-being, accurate measurement of staff time spent in-room, and expert clinician analysis of wellness data.

When senior living leaders were asked where they are most interested in applying AI technology in the future, the most common use cases were:



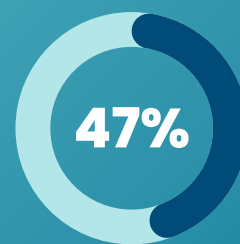
Resident engagement and wellness insights.



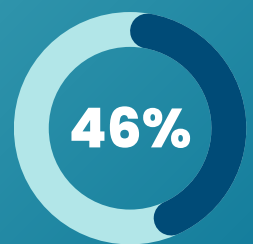
Documentation and administrative automation.



Predictive analytics for changes in condition.

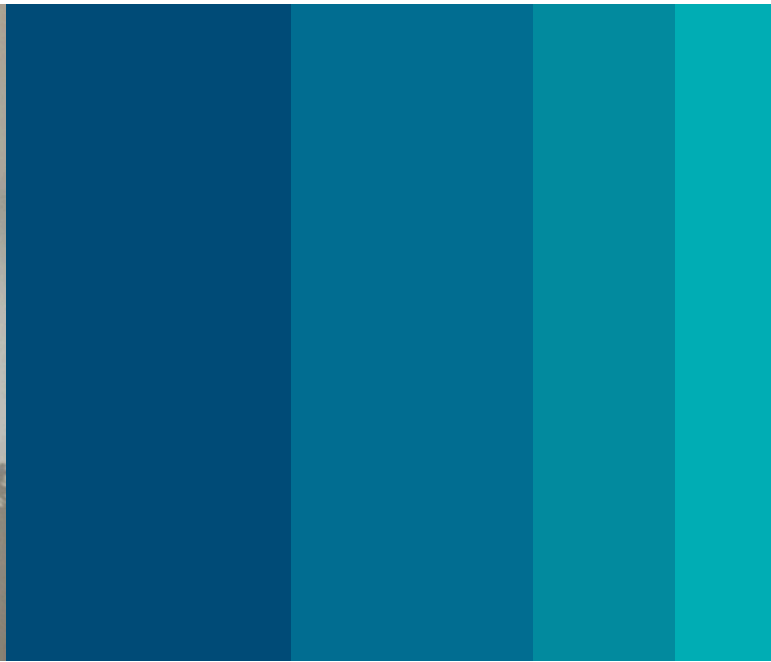


Care plan recommendations and adjustments.



Vital signs monitoring.

Cost drivers & prevention



From the leader's POV:

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"Falls, as well as both resident and staff turnover. They're definitely a few of our biggest cost drivers, and these issues impact many facets of our operations. A more proactive response to these challenges can mean significant improvements not only in quality of life for residents, but also in clinical, operational, and financial outcomes."

Meg Davidson, COO, Leisure Care



The largest cost drivers are preventable.

Senior living leaders describe financial variability as one of the biggest challenges they face—not because costs are sometimes difficult to pinpoint, but because they’re distributed across events, workflows, and systems that often remain unconnected. The 2026 Cost of Senior Care study reveals a clear pattern: the largest drivers of financial exposure are also some of the most preventable. Falls, staff turnover, and resident transitions together represent the bulk of unplanned cost, and each is influenced by how quickly communities can identify risk, align care, and respond to changes in need.

The story that emerges isn’t one of financial uncertainty, but of financial opportunity—a chance to transform insight into predictable performance.

Across the survey, three areas consistently emerged as the dominant sources of unplanned cost:

- Fall-related events.
- Staff turnover, both frontline and clinical.
- Resident turnover and transitions.

These categories align with national research showing that injury events, workforce instability, and unplanned transitions are among the most expensive drivers in senior living operations.^{1,2,5,10} Leaders echoed this pattern, describing how each issue carries both direct expenses and substantial indirect costs that ripple across workflow, occupancy, staff time, and family confidence.

A key insight: the financial burden grows when organizations lack early visibility into risk.

As we discussed earlier, falls cost an average of \$10,900 per incident in AL and \$9,300 per incident in MC. While staffing costs run from \$7,150 to replace a frontline worker to up to \$21,660 to replace a clinical leader.

Why are the costs so high?

Leaders associate fall-related expenses with:

- 1 Emergency response and documentation.
- 2 Hospital transfer and follow-up care.
- 3 Increased supervision and staffing adjustments.
- 4 Temporary vacancy during hospitalization or recovery.
- 5 Potential permanent move-outs.
- 6 Liability exposure.
- 7 Family communication and service recovery time.

With staffing, indirect costs often exceed direct costs. Staff turnover also drives:

- 1 Increased overtime and agency staffing.
- 2 Lower task completion rates.
- 3 Delays in assessments and care-plan updates.
- 4 Workflow inconsistency across shifts.
- 5 Increased risk of incidents.
- 6 Training and supervisory burden.
- 7 Lower staff morale and higher burnout.

Resident turnover is the third major category of financial exposure, often underestimated because its costs are distributed across departments.

These figures align with findings from SafelyYou's 2024 LOS meta-analysis, which showed that communities without proactive visibility experienced 86%+ annual resident turnover, highlighting the scale of occupancy volatility.¹¹

Crucially, leaders link many transitions to changes in condition, falls, or family concerns—all issues that are deeply influenced by early visibility and care-plan accuracy.^{1,10,11,14,15}

When emerging changes are detected late, families may lose confidence, residents may decline more quickly, and communities may lose revenue earlier than necessary.

When cost estimates are aggregated into a model for a typical 100-resident AL or MC community, the scale of exposure becomes even more clear.

The cost of senior care: resident turnover.

Community Type	Cost
AL	\$8,480
MC	\$8,760

What drives resident turnover costs?

- Vacancy days while the unit is refilled.
- Marketing and sales labor.
- Move-out, cleaning, and apartment turnover.
- Reassessments and onboarding for new residents.
- Staff workload disruption during transitions.

Estimated costs for a typical 100-resident AL or MC community based on survey results

Category	Unit cost	Annual frequency	Annual impact
Falls	~\$10,000	35–45	\$350K–\$450K
Frontline staff turnover	~\$7,000	40–50 staff	\$280K–\$350K
Clinical leader turnover	~\$20,000	4–5 leaders	\$80K–\$100K
Resident turnover	~\$8,500	25–30 residents	\$210K–\$255K
Total Estimated Exposure			\$900K–\$1.15M

These figures are directional, but they illustrate an important truth: even modest improvements across safety, staffing, wellness, and care planning can produce substantial financial gains. The greatest opportunity lies in shifting from reactive to proactive operations.

 Safely You | 2026 Cost of Senior Care

Transformation



From the leader's POV:



"Senior living is full of opportunity. Because each moving part influences the next one, there's real value in both better integration and a broad view of how challenges connect to each other. It's my deep belief that earlier visibility into risk and the way it ripples across an organization can help transform the industry."

Chris Hyatt, Co-CEO, New Perspective Senior Living



An opportunity for transformation.

Across the 2026 Cost of Senior Care study, a clear narrative emerges: senior living doesn't operate through independent variables. Safety, staffing, wellness, care planning, and financial performance influence one another continuously. Changes in one area create ripples across all others. Leaders understand this intimately, and the study confirms it with striking consistency.

What has been missing isn't insight into the individual challenges—it's visibility across them. The story that emerges is simple and powerful: earlier visibility and better-integrated systems are the strongest predictors of stability. Without early visibility, teams are forced into reactive mode. With early visibility, they regain control.

The study's findings reinforce what operators intuitively know, but rarely see quantified:

Safety incidents are both clinical and financial events.

Falls disrupt workflows, increase documentation, heighten family concern, and often precede transitions. Leaders estimate costs between \$5,000 and \$19,999 per fall.

Wellness changes appear earlier than teams can detect.

Mobility shifts, engagement changes, sleep disturbances—leaders describe how these early signs are often visible in hindsight but not surfaced in time to intervene.^{1,11,13-16}

Staffing challenges arise from misalignment as much as shortage.

Turnover rates in the mid-30% range, combined with inconsistent task completion across shifts, reflect systems that are not yet aligned with rising resident acuity.

Care planning is a high-value but under-optimized lever.

Most care plans take an hour or more and are updated monthly to quarterly, yet resident acuity shifts daily or weekly. Leaders agree that more accurate, timely care planning would extend LOS, reduce incidents, and improve financial accuracy.^{10,11,15}

Financial variability is the outcome of operational visibility.

The largest unplanned costs—falls, turnover, and resident transitions—are each tied to how quickly communities see change and respond to it. When insight is early and systems are connected, the financial picture stabilizes.^{1-2,4-5,10-11,14-16}

Ultimately, the 2026 Cost of Senior Care study points toward a future in which senior living communities have the insight and tools needed to operate with confidence.

The path forward isn't abstract—it's practical and increasingly achievable:

- Measure what used to be invisible.
- Integrate the systems that support daily care.
- Use early warning signals to guide proactive action.
- Align staffing, care plans, and wellness indicators into one connected workflow.
- Link operational improvements directly to financial outcomes.

Senior living has always been grounded in human care. The next chapter of that mission is grounded in visibility.

The 2026 Cost of Senior Care study shows that when operators can see risk earlier, align teams more effectively, and update care plans with greater precision, they not only improve safety and resident experience—they also create stronger, more resilient communities.

The cost of care is no longer just a challenge. It's an opportunity for transformation. And the leaders who embrace the tools for visibility—enabling integration and proactive action—will shape the future of the industry and guide the success of their organizations.



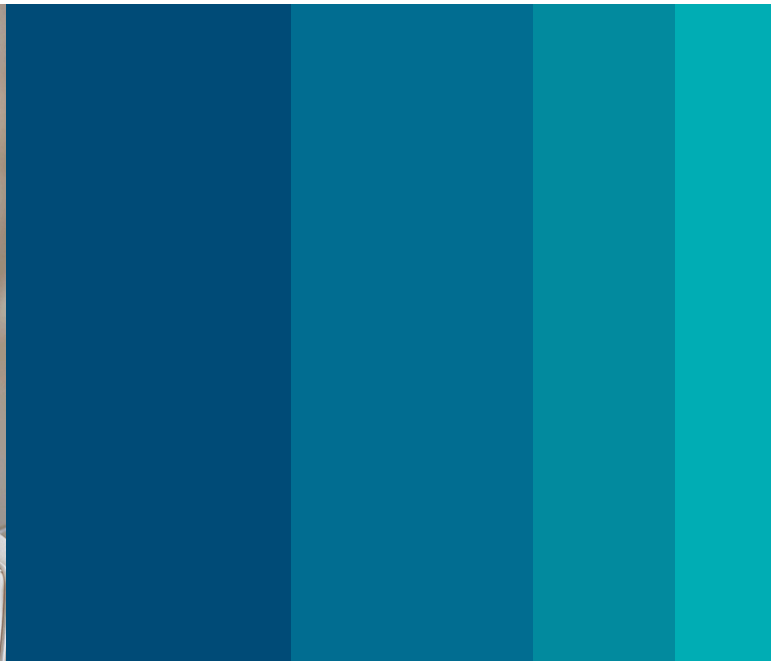
Connect with us to learn more.

For more on how SafelyYou can provide greater visibility into safety, wellness, staffing, and care planning for your communities, with AI solutions that are built for the future and deliver what you need now, reach out to us at contact@safely-you.com.



safely-you.com

Methodology



Methodology.

Understanding the true cost of care in senior living requires insight from the leaders responsible for directing daily care delivery, coordinating clinical and operational teams, and shaping organizational strategy. The 2026 Cost of Senior Care study intentionally captures these perspectives, drawing on responses from 175 senior living leaders nationwide. This respondent group reflects the individuals who experience cost pressures most directly—those who must interpret clinical events, manage staffing constraints, allocate resources, and maintain resident stability in a rapidly evolving environment.

The senior living leaders who participated in the study included:

- Executives.
- Operations leaders.
- Clinical and care leaders.
- Corporate-level and community-level respondents.

To participate, respondents were required to:

- Be currently employed by a U.S. senior living organization.
- Hold decision-making or influential responsibility within AL, MC, or combined operations.
- Have direct visibility into daily operations, financial considerations, or care-delivery processes.

To ensure statistically sufficient representation across care environments, quotas were applied during recruitment for both Assisted Living and Memory Care. Because many leaders oversee freestanding AL or MC buildings, combined AL/MC communities, or multi-setting campuses, totals for AL and MC exceed 100%. This reflects the operational structure of the sector rather than duplication of responses.

No weighting or post-fielding adjustments were applied to the dataset.

The study used a mixed-mode data-collection approach:

- Most surveys were administered by telephone, conducted by trained interviewers from the independent research firm.
- Remaining surveys were completed online through the programmed questionnaire.
- A portion of surveys were completed through Argentum media channels, where respondents accessed the same instrument.

Regardless of mode, all participants received the identical questionnaire, question order, and response options, ensuring clean comparability across the sample. SafelyYou commissioned Merrill Research to conduct this quantitative and qualitative research. The research was conducted in Q3 of 2025.

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