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# America's Best Nursing Homes 2025 – Methodology

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## Methodology – America’s Best Nursing Homes US 2025

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## 1. Introduction

America's Best Nursing Homes 2025 highlights the nation's top nursing homes based on performance data, peer recommendations, accreditations and resident satisfaction. Nursing homes in the 25 states with the highest number of facilities, according to the Centers for Medicare & Medicaid Services (2024) were included in the study<sup>1</sup>.

### a. Included States

The following states were included in the analysis:

- Alabama
- Arizona
- California
- Colorado
- Connecticut
- Florida
- Georgia
- Illinois
- Indiana
- Kentucky
- Louisiana
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- New Jersey
- New York
- North Carolina
- Ohio
- Pennsylvania
- South Carolina

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<sup>1</sup> Additional information about the number of Nursing Homes and the Centers for Medicare & Medicaid Services is available at: <https://www.cms.gov/>. An adjustment in the selection of the 25 states will be made if the order of states with the highest number of facilities has changed in three consecutive years. The number of facilities is based on nursing homes with 150 or more certified beds.

- Tennessee
- Texas
- Virginia

## b. Scope of Nursing homes included in the Survey

- Included are single branches of nursing homes (e. g. Okeechobee Health Care Facility), no nursing home groups or chains.
- A nursing home had to have a capacity of at least 50 certified beds to be considered<sup>2</sup>.
- Nursing homes that are included in the Special Focus Facility (SFF) program were not considered.
- Nursing homes had to achieve a threshold score, calculated by using performance data (see chapter 2a).

→ Out of 14,858<sup>3</sup> nursing homes in the 25 considered states, 10,161 met the criteria described above. Of these, the best 1050 Nursing Homes were awarded by Newsweek and Statista, resulting in a varying number of nursing homes awarded per state: New York had the most nursing homes awarded with 69, while Colorado, Kentucky and North Carolina are represented with 5 nursing homes each.

## c. New features and changes in the 2025 edition

The following list provides a brief overview of all major changes in this year's edition of America's Best Nursing Homes:

- **Expansion of the ranking:** For the first time, a list of the top 250 Nursing Homes with 50 to 99 certified beds according to the Centers for Medicare & Medicaid Services (CMS) will be featured in the 20 states with the highest number of facilities<sup>4</sup>.

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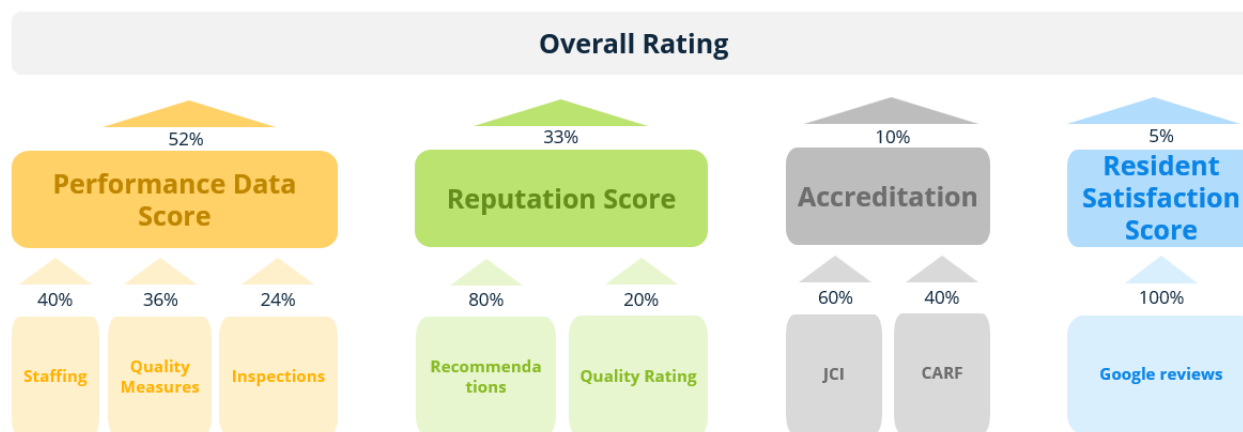
<sup>2</sup> According to the June 2024 Nursing Home Compare data files

<sup>3</sup> According to the June 2024 Nursing Home Compare data files

<sup>4</sup> Additional information about the number of Nursing Homes and the Centers for Medicare & Medicaid Services is available at: <https://www.cms.gov/>. The number of facilities is based on nursing homes with 150 or more certified beds.

- **Increased performance data weighting:** This year the weighting of the performance data pillar was increased within the scoring model to reflect the emphasis on the medical key performance indicators.
- **Addition of metrics:** CMS metrics on staff turnover rates for administrators and total nurse staffing hours per resident per day on weekends have been added to the scoring model.

## 2. Scoring Model



A score was calculated for every nursing home that was part of the analysis. The evaluation is based on the following four pillars

### a. Performance Data Score

The U.S. Centers for Medicare & Medicaid Services (CMS) provides monthly updated performance data for each nursing home that participates in Medicare or Medicaid. The Nursing Homes including rehab services website (<https://data.cms.gov/provider-data/topics/nursing-homes>) administered by CMS assigns an overall ranking of one to five stars based on a nursing home's performance on three separate measures: health inspections, staffing, and quality measures. All three domains have their own star ratings from one to five stars. Better quality is indicated by more stars. Awarded nursing homes must have achieved an overall star rating of at least 2.

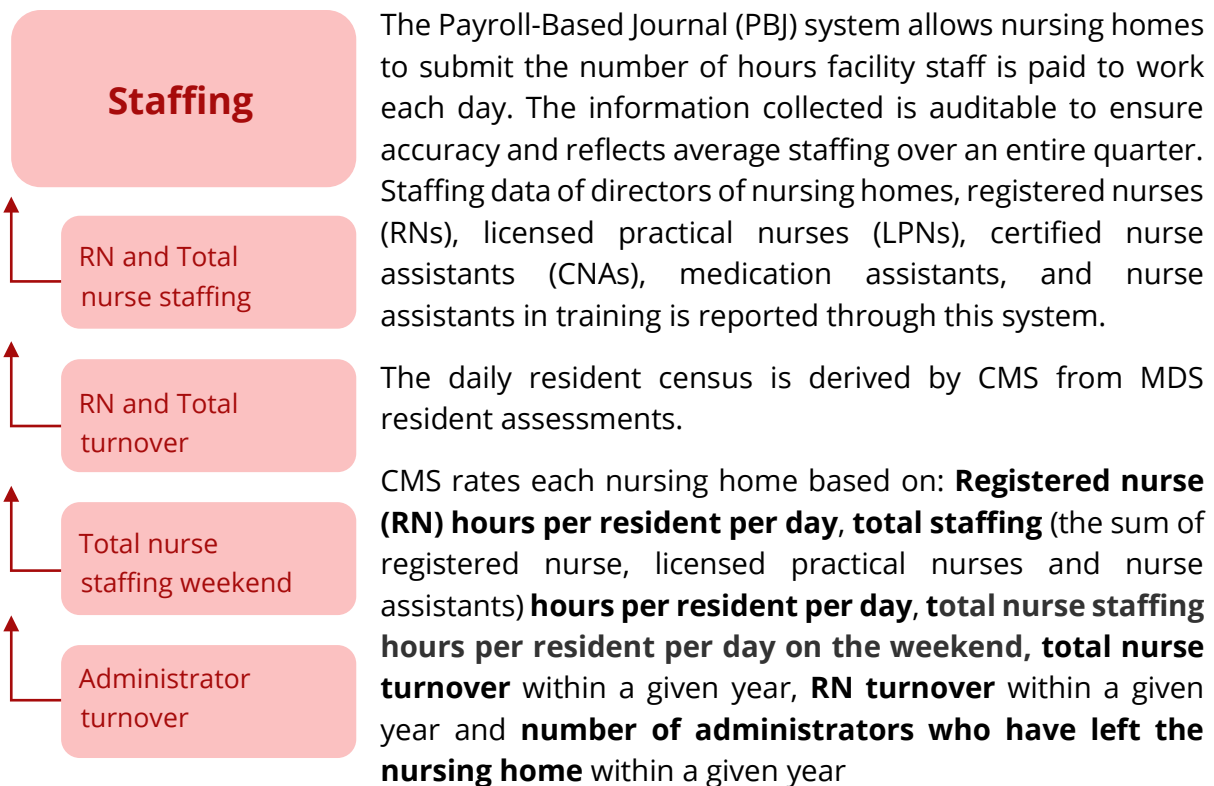
Statista modified the CMS approach by redistributing the assignment of the underlying measures to a 10-point score instead of 5 stars to allow for a finer evaluation of a nursing home performance. In addition, an awarded nursing home with at least 150 beds must have an average of 5.5, awarded nursing homes with 100 – 149 beds and 50 – 99 beds must have an average of 6 out of a maximum of 10 points across all three measures, such

that only nursing homes that show at least a satisfactory level of performance are awarded.

Statista used CMS data that was published in July 2024 to determine the performance of nursing homes. This data is derived from three main sources: the Minimum Data Set (MDS), a standardized assessment tool that measures health status of nursing home residents, the Centers for Medicare & Medicaid Services (CMS) health inspection database, and Medicare claims data, representing claims for various types of services that Medicare pays for including prescription drug purchases, inpatient and outpatient utilization, and more.

The ranking of nursing home domains by survey participants was used to determine the weights for creating the overall performance data score. The nurse staffing score is weighted more heavily with 40% than the quality of care score with 36% followed by 24% for the health inspection score.

i. Staffing Domain



For the staffing measures, CMS assigns ratings of 1 to 5 stars based on rating cut points. Statista and Newsweek follow this approach but base the rating on a finer evaluation of the adjusted hours per resident day distribution of the three staffing types. Similar to the staffing measures, staff turnover measures are derived from CMS data which is reported

through the PBJ. The turnover rates require data from six consecutive quarters. For more information of the CMS Star Rating and the formulars for calculating the rates can be found in the CMS methodology via the following link: <https://data.cms.gov/provider-data/topics/nursing-homes/technical-details>

For this analysis, rating cut points<sup>5</sup> are set using a percentile-based method according to the three size groups, i.e. one set of thresholds is determined for nursing homes with 150 or more beds, one for nursing homes with 100 to 149 beds and another for nursing homes with 50 to 99 beds. Each point category from 1 to 10 represents 10 percent of the respective distributions.

The calculation of the four sub-scores in the staffing domain is illustrated using the example of the staffing score. For example, to achieve 10 points in the staffing measures a larger nursing home (150 beds or more) must have provided an adjusted average of at least 4.472 hours of total nursing staff per resident per day and at least 0.857 hours of registered nurse hours per resident per day. The same principle is applied to the medium-sized and small nursing homes.

In the next step, an overall staffing rating is derived by calculating the arithmetic average of both staffing ratings. If the overall staffing is not a whole number, the average is rounded towards the registered nurse rating. E.g., if a nursing homes RN rating is 10 and total staff rating 7, the average is 8.5. This result is rounded to an overall staffing rating of 9.

Using the same percentile-based logic as with staffing rates for the three groups of nursing homes evaluated, facilities could receive up to 10 points for the weekend and turnover score. Similar to CMS, facilities which had higher turnover rates for nurses received fewer points.

The calculation of the administrator score follows the principle of the turnover score, where a higher number of leaves results in fewer points. The point allocation was done as follows: all nursing homes with a turnover rate above the 90th percentile receive 1 point, between the 80th and 90th percentile 2 points, 5 points if they fall between the 60th and 80th percentile, and 10 points if they are below the 60th percentile.

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<sup>5</sup> A rating cut point is the threshold where a rating switches from a rating of e.g. 10 to 9

For a more detailed overview of the individual thresholds, see the following tables.

**Staffing thresholds for nursing homes with 150 or more beds**

Staff Type	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
Registered Nurse	≥ 0.857	≥ 0.711	≥ 0.615	≥ 0.552	≥ 0.489	≥ 0.439	≥ 0.388	≥ 0.336	≥ 0.262	< 0.262
Total	≥ 4.472	≥ 4.102	≥ 3.850	≥ 3.660	≥ 3.504	≥ 3.356	≥ 3.171	≥ 2.951	≥ 2.646	< 2.646

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

**Staffing thresholds for nursing homes with 100 - 149 beds**

Staff Type	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
Registered Nurse	≥ 0.863	≥ 0.711	≥ 0.617	≥ 0.551	≥ 0.493	≥ 0.437	≥ 0.380	≥ 0.324	≥ 0.254	< 0.254
Total	≥ 4.425	≥ 4.054	≥ 3.841	≥ 3.674	≥ 3.530	≥ 3.382	≥ 3.222	≥ 3.057	≥ 2.798	< 2.798

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

**Staffing thresholds for nursing homes with 50-99 beds**

Staff Type	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
Registered Nurse	≥ 1.044	≥ 0.849	≥ 0.726	≥ 0.633	≥ 0.554	≥ 0.484	≥ 0.421	≥ 0.356	≥ 0.282	< 0.282
Total	≥ 4.808	≥ 4.343	≥ 4.046	≥ 3.857	≥ 3.668	≥ 3.490	≥ 3.327	≥ 3.096	≥ 2.842	< 2.842

Note: Adjusted staffing values are rounded to three decimal places before the cut points are applied.

**Turnover thresholds for nursing homes with 150 or more beds**

Staff Type	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
Registered Nurse	≤ 20.0	≤ 27.58	≤ 33.3	≤ 38.1	≤ 42.9	≤ 48.18	≤ 53.8	≤ 60.0	≤ 68.8	> 68.8
Total	≤ 27.0	≤ 33.0	≤ 37.6	≤ 41.7	≤ 45.8	≤ 49.5	≤ 53.6	≤ 58.6	≤ 65.73	> 65.73

Note: Adjusted turnover values are rounded to one decimal place before the cut points are applied.

**Turnover thresholds for nursing homes with 100 - 149 beds**

Staff Type	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
Registered Nurse	≤ 20.0	≤ 28.6	≤ 36.0	≤ 41.7	≤ 46.7	≤ 53.3	≤ 60.0	≤ 66.7	≤ 76.9	> 76.9
Total	≤ 32.0	≤ 37.5	≤ 42.1	≤ 46.3	≤ 50.0	≤ 53.7	≤ 57.9	≤ 62.5	≤ 68.5	> 68.5

Note: Adjusted turnover values are rounded to one decimal place before the cut points are applied.



**Turnover thresholds for nursing homes with 50 – 99 beds**

Staff Type	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
Registered Nurse	≤ 30.0	≤ 36.2	≤ 40.5	≤ 44.4	≤ 48.2	≤ 52.1	≤ 56.3	≤ 61.3	≤ 69.0	> 69.0
<b>Total</b>	≤ 16.7	≤ 27.3	≤ 33.3	≤ 40.0	≤ 44.4	≤ 50.0	≤ 57.1	≤ 66.7	≤ 77.8	> 77.8

Note: Adjusted turnover values are rounded to one decimal place before the cut points are applied.

**Weekend thresholds for nursing homes**

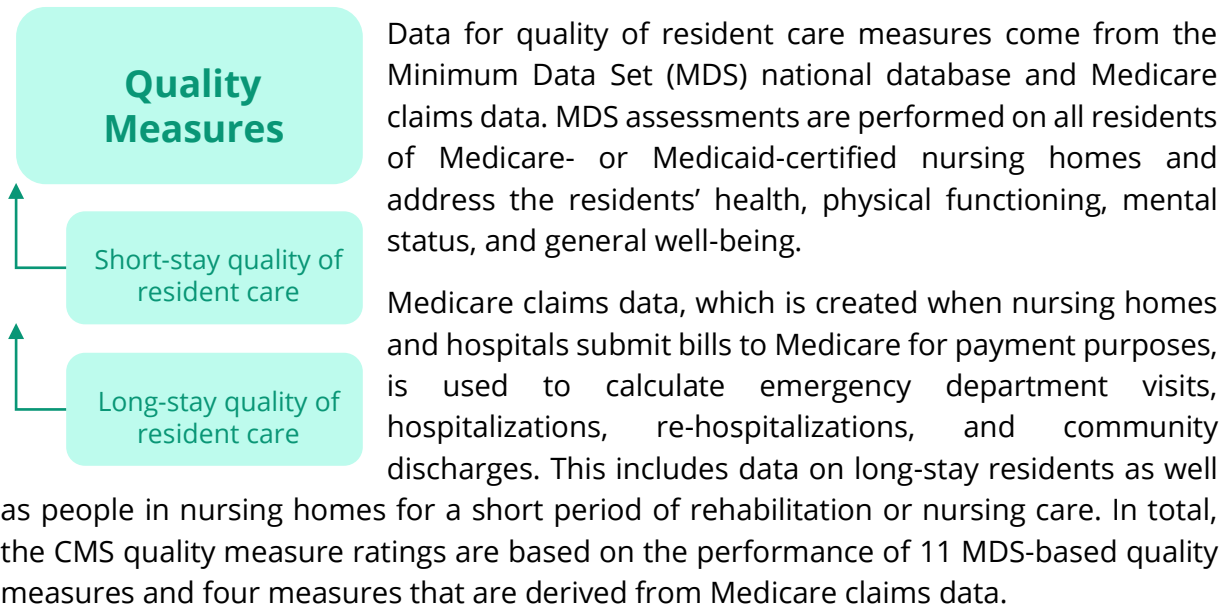
Number of beds	10 points	9 points	8 points	7 points	6 points	5 points	4 points	3 points	2 points	1 point
<b>150 or more</b>	≥ 3.940	≥ 3.630	≥ 3.410	≥ 3.260	≥ 3.101	≥ 2.951	≥ 2.764	≥ 2.547	≥ 2.301	< 2.301
<b>100 - 149</b>	≥ 3.919	≥ 3.606	≥ 3.401	≥ 3.248	≥ 3.110	≥ 2.970	≥ 2.810	≥ 2.644	≥ 2.413	< 2.413
<b>50 - 99</b>	≥ 4.257	≥ 3.849	≥ 3.598	≥ 3.405	≥ 3.234	≥ 3.074	≥ 2.905	≥ 2.711	≥ 2.462	< 2.462

Note: Adjusted weekend values are rounded to three decimal places before the cut points are applied.

A final weighted score was calculated between staffing, weekend, turnover and administration score. The staffing score having a weight of 44%, the administration score 13% and the turnover score as well as the weekend score with 21.5% each.<sup>6</sup>

<sup>6</sup> The weighting applied is in line with the CMS staffing weighting. This ensures that the approach is comparable with CMS but allows for a more differentiated facility quality metrics score than merely using an overall Star Rating

## ii. Quality Measure Domain



The quality measure domain consists of three ratings. An overall QM rating, a long-stay QM rating and a short-stay QM rating. Short-stay resident quality measures show the average quality of resident care in a nursing home for those who stayed in a nursing home for 100 days or less. Long-stay resident quality measures show the average quality of care for certain care areas in a nursing home for those who stayed in a nursing home for 101 days or more. Some nursing homes only have long-stay or only short-stay QM ratings. In this case, the overall QM rating is equal to the long-stay or the short-stay QM rating.

Measures to determine the long-stay rating are:

- Number of hospitalizations per 1000 long-stay resident days
- Number of outpatient emergency department visits per 1000 long-stay resident days
- Percentage of long-stay residents whose need for help with daily activities has increased
- Percentage of long-stay residents who received an antipsychotic medication
- Percentage of long-stay residents whose ability to move independently worsened
- Percentage of long-stay residents with a catheter inserted and left in their bladder
- Percentage of long-stay residents with a urinary tract infection

- Percentage of long-stay residents experiencing one or more falls with major injury
- Percentage of high risk long-stay residents with pressure ulcers

Measures to determine the short-stay rating are:

- Percentage of short-stay residents who were re-hospitalized after a nursing home admission
- Risk-Standardized discharge to Community Rate
- Percentage of short-stay residents who made improvements in function
- SNF residents with pressure ulcers that are new or worsened
- Percentage of short-stay residents who newly received an antipsychotic medication
- Percentage of short-stay residents who had an outpatient emergency department visit

CMS used imputation for nursing homes with missing data that do not reach the minimum of 20 MDS assessments or 20 nursing home stays in terms of missing claims data. All available assessments (or stays) are used by CMS and are supplemented by state average values to reach the minimum number. Data for quality measures that use imputed data are not reported on the Nursing Home website and are also not included in the downloadable datasets at [data.cms.gov](https://data.cms.gov).

The four most recent quarters for which data is available are used to determine the ratings. In the case of claims-based measures and the short-stay pressure ulcer measure a full year of data is used without being broken out by quarter.

Different weights are used to assign QM points to individual quality measures. Some measures have a maximum of 150 points whereas others have a maximum of 100 points. In case of a maximum of 150 points Nursing homes are grouped into deciles based on the national distribution of the individual QMs. The lowest performing decile receives 15 points, increased incrementally each decile by 15 to a maximum of 150 points for the best performing decile.

Nursing homes are grouped into quantiles where the maximum of QMs is 100 points. Nursing homes in the lowest performing quantile receive 20 points. Points are increased in 20-point steps for each quantile to a maximum of 100 points.

All long-stay QM points and all short-stay QM points are then summed for each nursing home. The difference in weightings and number of measures results in a maximum of 1150 points for the long-stay QM score and a maximum of 800 for the unadjusted short-

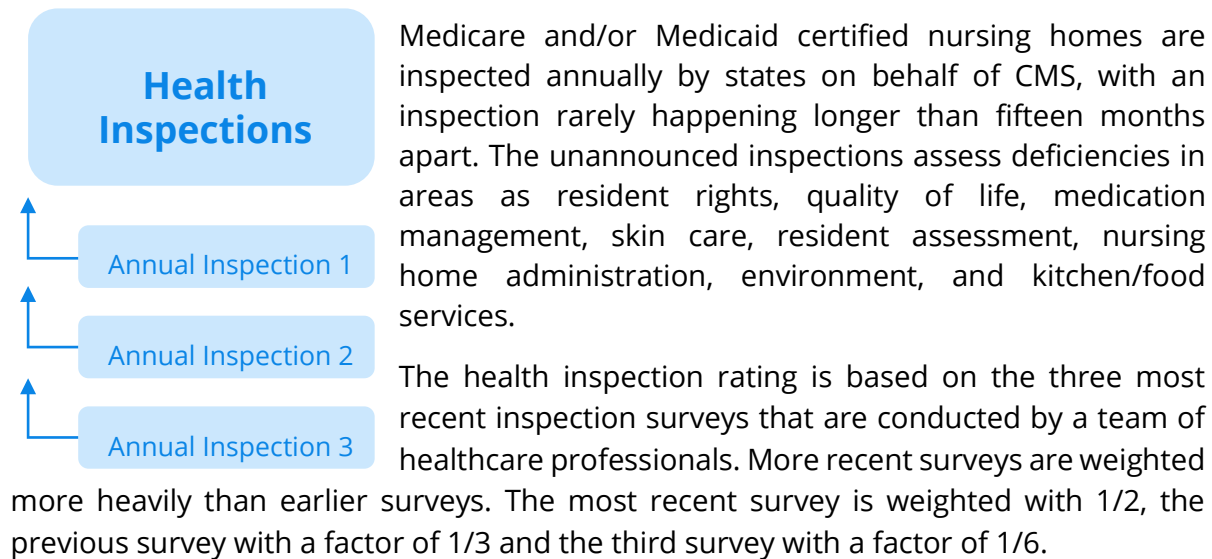
stay QM score. A factor of 1150/850 is applied to the unadjusted short-stay QM score, so that both QM sub-scores count equally in the overall QM score.

Statista and Newsweek modify this approach by not interpolating missing data from MDS assessments or nursing home stays with the state average. Instead, only the available QMs of the respective nursing home are used. The achievable maximum score of the long-stay and short-stay measures are calculated individually for each nursing home. In order to calculate a maximum score, a minimum of 3 out of 6 QMs for the short-stay score and a minimum of 5 out of 9 QMs for the long-stay score are set. The individual short-stay and long-stay score is then adjusted with a factor of 1150 divided by the individual maximum score.

For example, if data for 5 long-stay measures is reported that each have a maximum score of 150 the individual maximum score for the respective nursing home is 750. If the summed score of these 5 measures is 580 the adjusted long-stay score is determined by multiplying the value with an adjustment factor of 1150/750. This is done so that both QM sub scores count equally in the overall score. Both scores and the combined overall QM score of these two are then assigned a rating by using the thresholds in the table below. Statista and Newsweek follow the CMS approach but base the rating assignment on a finer evaluation of the score distributions.

<b>QM Rating</b>	<b>Long-Stay QM Rating Threshold</b>	<b>Short-Stay QM Rating Threshold</b>	<b>Overall QM Rating Threshold</b>
1 Point	161 – 445	115 – 438	361 – 995
2 Points	446 – 515	439 – 513	996 – 1103
3 Points	516 – 570	514 – 568	1104 – 1182
4 Points	571 – 615	569 – 611	1183 – 1250
5 Points	616 – 655	612 – 654	1251 – 1314
6 Points	656 – 700	655 – 690	1315 – 1376
7 Points	701 – 745	691 – 740	1377 – 1439
8 Points	746 – 800	741 – 791	1440 – 1511
9 Points	801 – 865	792 – 870	1512 – 1607
10 Points	866 – 1150	871 – 1150	1608 – 2106

### iii. Health Inspection Domain



CMS assigns points to individual health deficiencies according to their extent and severity. Widespread deficiencies receive more points than isolated deficiencies and severe deficiencies receive more points than those which pose minimal harm for residents.<sup>7</sup>

As health inspections are based on federal regulations, the inspection process and outcome vary between states. The variations derive from many factors, which include but are not limited to differences in survey management, state licensing laws and policies in the state-administered Medicaid program. To address this, CMS health inspection ratings are based on the relative performance of a nursing home within a state.

Statista and Newsweek follow this approach but base the rating on a finer evaluation of the health inspection point distribution in each state.

- The top 10 percent (with the lowest health inspection weighted scores) in each state receive a health inspection rating of ten points.
- The middle 70 percent of facilities receive a rating of two, three, four, five, six, seven, eight or nine points. The 70 percent is divided into eight sections, each representing 8.75% of the distribution, with points awarded according to where they placed.
- The bottom 20 percent receive a one-point rating.

<sup>5</sup> Scores for different types of deficiencies can be looked up in the Technical User's Guide of the Nursing home compare website on <https://data.cms.gov/provider-data/topics/nursing-homes/technical-details>

Nursing homes, that are included in the Special Focus Facility (SFF) program and nursing homes which have not been assigned a weighted score by CMS have not received a health inspection rating from Statista and Newsweek.

## b. Reputation Score

In cooperation with Newsweek, Statista invited thousands of medical professionals (registered nurses, nursing home managers and administrators, licensed practical nurses / licensed vocational nurses, nursing assistants, therapists and physicians) to an online survey. Additionally, professionals from all over the US could participate in the survey of the Best Nursing Homes by State on newsweek.com. It was mandatory to perform an email verification and self-recommendation was not possible (e.g. recommendations for the same nursing home at which a respondent was employed were not counted in the evaluation). The survey data was collected from June to July 2024.

Participants were distributed as follows – 66,7% therapists and medical doctors, 25 % registered nurses, 5,2% LPN, LVN and nursing assistants, and 3,1% managers and administrators.

Participants were asked to name up to ten of the best nursing homes in their respective state and up to five of the best nursing homes in the US. They were asked to recommend nursing homes by considering the quality of care offered, staff training level, and the number of on-duty personnel.

Entry of recommendations was aided by an autocomplete function, which showed nursing homes based on the letters that have already been entered. It was also possible to recommend any nursing home that was not proposed by the autocomplete list. The number of state and national recommendations were weighted equally. A score was assigned to each nursing home based on the number of recommendations. Additionally, the professional experience of the participant was taken into account.

The score based on the number of recommendations accounts for 60% of the reputation score (as shown in the ranking model at the beginning of chapter 2). The in-state and out-of-state recommendations for nursing homes from the survey period June to July 2023 were also considered.

Last, participants were asked to rate the recommended nursing homes in their own state in 3 different categories:

1. Quality of care (e.g. treatments/ therapies, consultation with doctor/ therapist)

2. Accommodation & Service (e.g. size of room, quality of furnishing, meals, leisure activities)
3. Overall nurse staffing (e.g. Qualifications, experience, number of nurses)

For each category, the respondents were asked to rate the respective nursing home on a scale from 1 ("Poor") to 10 ("Excellent").

The 3 categories were used to calculate the quality score, which also accounts for 20% of the total reputation score (as shown in the ranking model at the beginning of chapter 2).

### c. Accreditations

Accreditations reflect a range of structural and/or quality requirement which are now relevant to the nursing homes rankings.

Accreditations from the following institutions were considered (where available):

- TJC (The Joint Commission) is the largest standards-setting and accrediting body in health care. The nursing care center accreditation accounts for 60% to the accreditation score.  
<https://www.jointcommission.org/what-we-offer/accreditation/health-care-settings/nursing-care-center/>
- CARF International (Commission on Accreditation of Rehabilitation Facilities) is an independent, nonprofit accreditor of health and human services. The following specialty programs were included in the scoring model: Aging Services and Medical Rehabilitation. Each specialty program accounts for 20% to the accreditation score.  
<https://www.carf.org/Programs/>

The accreditations score accounts for 10% of the overall nursing homes score.

### d. Resident Satisfaction

As a minor additional pillar of the scoring, evaluations from residents and relatives from Google were included for each nursing home. Based on the available data, Nursing homes received a resident satisfaction rating between 0 and 5 stars. To receive a resident satisfaction score, the nursing homes must have a minimum threshold of at least 10 reviews

The resident satisfaction score accounts for 5% of the overall nursing homes score.

### e. Overall Rating and State Rank

The overall rating is the weighted average of the performance data score, the reputation score, the resident satisfactions score and the accreditation score.

The best 1050 nursing homes are awarded with a rank in their own state, resulting in 25 individual lists for nursing homes with 100 – 149 and over 150 certified beds and 20 individual lists for nursing homes with 50 – 99 beds that are published by Newsweek.

### **3. Disclaimer**

The rankings are comprised exclusively of nursing homes that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data collection and analysis, is a reflection of the last 12 months only. Furthermore, events preceding or following the period 21/08/2023 - 21/08/2024 and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations.

The information provided in this ranking should be considered in conjunction with other available information about nursing homes or, if possible, accompanied by a visit to a facility. The quality of nursing homes that are not included in the rankings is not disputed.