

# The State of Care Report

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The people, pressures, and  
possibilities shaping care today.



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## A Letter from Raj

# One number in this report has stayed with me.

Asked how they'd use an extra hour in their shift, seven in ten community leaders and caregivers said they'd spend it on resident engagement or direct care. Not documentation. Time with residents. That tells you almost everything about the people doing this work and their priorities.



Creating that space in their day is harder than it should be. Leaders tell us residents are arriving with more complex needs, and they are stretched between running a community, supporting their teams, and preparing for a decade of growing demand. Caregivers carry that same complexity in a different form: in every resident interaction, every task competing for attention, every handoff to the next shift.

We built this research to understand those experiences more closely. The State of Care 2026 combines the perspectives of 510 senior living professionals with operational data from communities using Sage. We wanted to know where care teams need support, and what a closer look at daily care could teach leaders that a P&L can't.

Some of what we found confirms what many already feel. Switching between systems remains the top technology frustration, cited by 44% of community leaders and caregivers, and more than half say they end their shifts mentally exhausted most days or every day. Other findings are less visible day to day but no less real. Alerts during the morning shift change are 60% more likely to wait 20 minutes or more for a response than during the rest of the day.

What struck me most was the openness. Nearly two-thirds of community leaders and caregivers are open to AI supporting their work, even though only a third say their current technology helps them. That gap isn't skepticism. It's a request. And it gives companies like ours a clear responsibility: build tools that earn that trust and make the work lighter. We're already seeing what that trust can earn: in an early analysis of higher-risk assisted living residents using our fall-detection technology, hospitalizations following falls dropped 73%.

My hope is that this report starts real conversations inside communities. Ask your teams what pulls their time away from residents. Look at how care needs and response patterns shift over the course of a day. And include the people using the technology in decisions about what comes next, because they'll tell you more than any dashboard can.



Raj Mehra | CEO, Sage

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# About this Report

The State of Care 2026 combines original survey research with operational data from communities using Sage.

**Sage surveyed 510 senior living professionals in 2026.** Respondents were divided into two groups based on the questions they answered:

**Executive Leadership, 138 respondents:**

CEOs and Presidents, VPs, COOs, Chief Clinical Officers, EVPs and SVPs, Owners and Portfolio Managers, and Chiefs of Wellness. In the executive group, the largest roles were CEO/President (40), VP (35), and COO (19).

**Community Leadership and Caregivers, 372 respondents:**

CNAs and caregivers, Executive Directors, Nurses, Directors of Nursing, Wellness Directors, Regional Leaders, and IT/Facilities Leaders. In the community group, the largest roles were CNAs and caregivers (135), Executive Directors (89), and Nurses (63).

Throughout the report, figures attributed to executives or operators come from the 138-person executive group. Figures attributed to community teams, caregivers, or frontline teams come from the 372-person community leadership and caregiver group.

The Sage Care Index is Sage's analysis of operational data from communities using the Sage platform. It examines real-world care activity, including alert volume, response patterns, labor performance, falls, and other care events, to identify where performance varies and where operators may have opportunities to improve.

Care Index appears alongside survey findings so that what leaders and teams report experiencing can be compared with what operational patterns show in practice. Individual analyses use different populations, time periods, and methodologies, each detailed in the Methodology section. Analyses are labeled as benchmarks, portfolio analyses, or proof points to reflect the scope of evidence behind them.



## The State of Care:

# Five Key Findings



1

**Your staffing problem isn't just about headcount**

81% of executives say resident acuity has increased.

Resident acuity is rising, and that changes what good staffing looks like. The same census can create very different levels of care demand, so staffing increasingly needs to reflect the work being done, not just the number of residents.

2

**The morning handoff is a response-time pressure point and it's impacting your occupancy**

Alerts during the morning shift-change window are 60% more likely to wait 20+ minutes for a response.

Morning handoff concentrates care needs, competing workflows, and information exchange into a short window. The Sage Care Index data makes that pressure visible, giving operators a specific point in the day to examine more closely. The longer response times can also plummet resident satisfaction and more than double 90-day resident move-outs.

3

**Your technology problem isn't too many alerts. It's too many systems**

44% of community teams cite switching systems as a frustration, compared with just 12% who cite too many alerts.

Caregivers may move between nurse call, fall management, and the EHR just to respond and document care. The bigger opportunity is not another point solution, but a connected workflow that reduces the number of systems caregivers have to navigate.

## 4 Caregivers aren't the barrier to AI adoption.

63% are open to AI, while only 32% say their current technology helps.

Community teams appear ready for better technology. The bar for AI is not simply adoption. It is whether new tools can earn trust, fit naturally into the workflow, and deliver measurable value for residents and teams.

## 5 Give caregivers time back, and they'll give it to resident.

7 in 10 community leaders and caregivers would spend an extra hour on care and connection.

When community teams imagine having more time, they want to spend it with residents. That gives operators a clear standard for efficiency: reduce the work that pulls teams away from residents and return more time to care.

### What the Sage Care Index shows

The Sage Care Index adds an operational lens to the survey, showing where care demand, response performance, labor opportunity, and resident outcomes appear in real-world community data.



**~\$200 per resident per month identified;  
\$42 per resident per month realized**

ongoing revenue from level-of-care increases identified over a 12-month period. Operators have captured \$42 per resident per month of the identified opportunity.

**76.6%**

of fall alerts are claimed within 10 minutes at the median community, across 118 communities meeting the benchmark threshold.

**\$23 per resident per month**

estimated cost savings associated with the difference in 90-day move-out rates between faster- and slower-response communities.

**~\$70 per resident per month  
available (average)**

revenue opportunity from level-of-care increases available in a typical month, including newly identified opportunity and unrealized opportunity carried over from previous months, across 200+ assisted living communities.

# Your staffing problem isn't just about headcount.

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81%

of executives say resident acuity has increased.

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Finding 1: Staffing and Acuity

Resident needs are getting more complex, and that changes the staffing equation. Two communities with the same census can require very different levels of caregiver time depending on resident needs, care activity, and when that demand occurs.

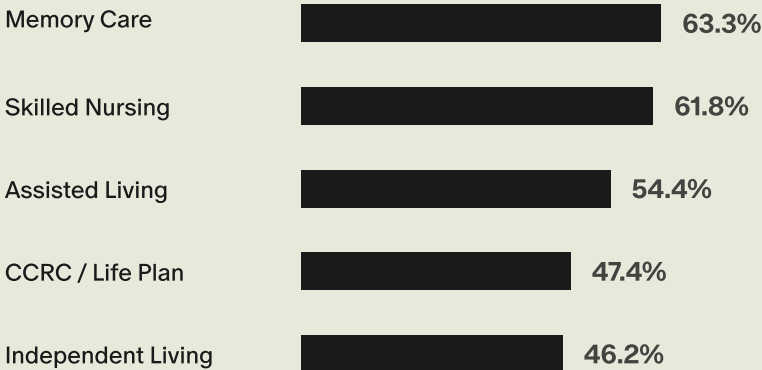
As acuity rises, staffing has to reflect the work being done, not just the number of residents in the building. The pressure is already showing up inside communities. Executives tend to see burnout through operational signals, including increased turnover (64%) and rising call-offs (51%), while community teams experience it more personally: 56.2% say they end their shifts mentally exhausted most or every day, and only 12% say they always have enough team members to provide the level of care residents deserve.

For operators, the opportunity is to use care-demand data to align labor more precisely, putting hours where they are needed most while identifying where spend can be optimized.

Executive views on rising community complexity and resident acuity



Care pressure varies by setting



Reported exhaustion is highest in Memory Care (63.3%) and Skilled Nursing (61.8%), followed by Assisted Living (54.4%), CCRC/Life Plan communities (47.4%), and Independent Living (46.2%). Reported burnout changes little by community size, suggesting that care setting and acuity may matter more than size alone.

Sage Benchmark

Revenue Opportunity Identified  
~\$200 per resident per month  
in ongoing monthly revenue opportunity identified over 12 months

Across 200+ assisted living communities, an average of \$70 per resident per month in level-of-care revenue opportunity is available in a typical month. This benchmark includes newly identified opportunity and unrealized opportunity carried over from previous months.

Over a 12-month period, Sage identified approximately \$200 per resident per month in ongoing revenue opportunity, with \$42 per resident per month realized by operators.

Sage Proof Point

Labor Optimization Efforts  
\$100 PRPM Decreased in 4 months

Across 22 Assisted Living and Memory Care communities within one enterprise, clinical labor spend decreased by approximately \$100 PRPM from January to August 2026 following labor optimization efforts informed by Sage Labor Insights.

# The morning handoff is a response-time pressure point impacting occupancy.

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## 60% more likely

Alerts during the morning shift-change window are this much more likely to wait 20+ minutes for a response.

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Finding 2: Response Time

Morning shift change concentrates a lot of activity into a short period of time. Teams are handing off information, residents are waking, scheduled care is beginning, and new needs are emerging, all at once. The Sage Care Index shows that this transition is also when response performance is under the most pressure.

Between 6 and 8 a.m., 13.3% of alerts take more than 20 minutes to receive a response, compared with just over 8% during the rest of the day. Response performance is also weakest between 6 and 7 a.m., even though alert volume peaks later. That suggests the slowdown is not simply a volume problem. It is a workflow problem worth examining more closely.

For operators, that creates a more specific question than whether a community has enough staff overall. Where are handoffs, scheduled care, coverage, and competing demands colliding in a way that makes timely response harder? It's a narrower question than a staffing question, and a more answerable one.

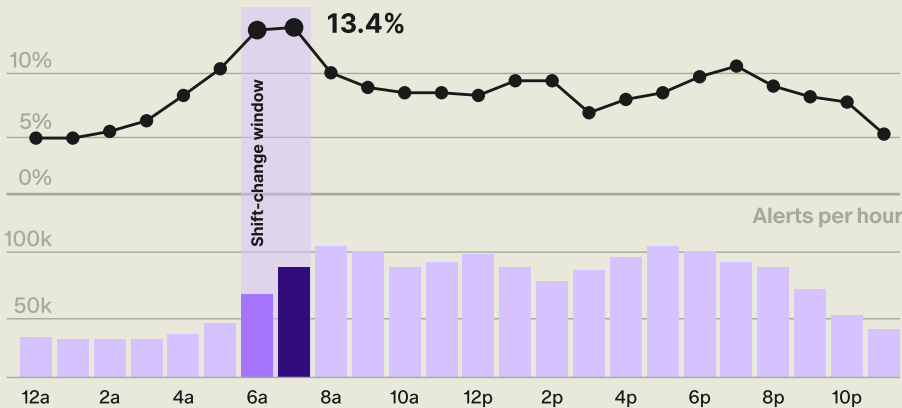
Sage Benchmark

Estimated Financial Impact  
**\$23 PRPM** across 130 communities

The financial implications may be meaningful too. In a separate Sage analysis across roughly 130 communities, slow caregiver response is associated with twice as many 90-day move-outs. The observed difference between faster- and slower-response communities represents approximately \$27,600 annually per 100 residents, or about \$23 PRPM, in estimated financial impact.

Long response delays peak during the morning handoff

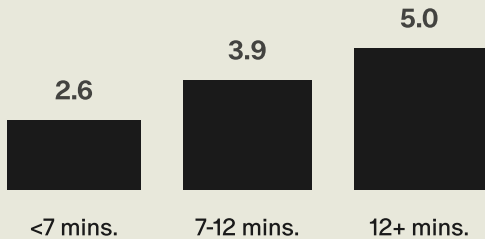
The share of alerts waiting more than 20 minutes



Source: Sage Care Index. 1,749,400 alerts, all enterprises. Hour is community local time.

Move-out rate by average response time

90-day move-outs per 100 residents per year



**\$27,600**  
Estimated annual impact per 100 residents

**\$23**  
PRPM

Source: Sage internal analysis of 90-day move-outs across approximately 130 communities, 20+ enterprises and 4 EHR systems, January 2025 to April 2026, benchmarked against ALIS industry data. Preliminary analysis. Association, not causation.

Your technology problem  
isn't too many alerts.  
It's too many systems.

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44%

of community teams cite switching  
systems as a frustration, compared with  
just 12% who cite too many alerts.

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Finding 3: Technology and Workflow

Technology is already widespread across senior living. The issue is how many places caregivers have to go to complete a single workflow.

A caregiver may need to move between nurse call, fall management, and the EHR just to understand what happened, respond, and document the care. That fragmentation adds steps to work that is already complex.

The survey makes the problem clear: switching systems is the leading technology frustration, with documentation burden and poor communication between systems reinforcing the same friction.

For operators, that changes the technology question. The goal is not simply to add another tool. It is to reduce the number of systems caregivers have to navigate and create one connected workflow that makes it easier to respond, document, and move on to the next resident.

What frustrates caregivers most about current technology

Switching between multiple systems is the top complaint at 44.1%, nearly four times the rate of “too many alerts” (12.1%), which ranks sixth of seven.



Sage Proof Point

CSAT Improvement  
15% Increase after Sage Tasking

At one community, caregiver CSAT increased 15 percentage points after Sage Tasking, an EHR-integrated care workflow, was introduced.

# Caregivers aren't the barrier to AI adoption.

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63%

are open to AI, while only 32% say their current technology helps.

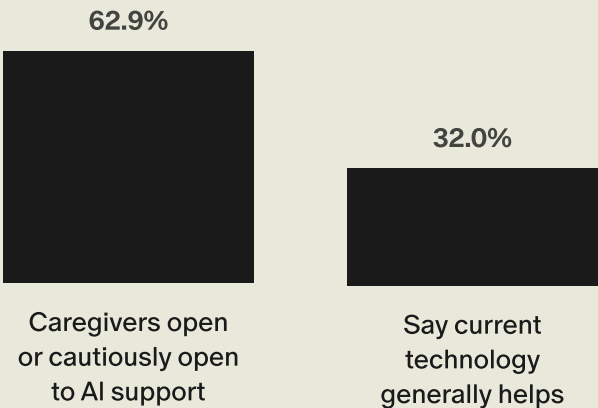
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Finding 4: AI and Fall Management

Nearly two-thirds of community leaders and caregivers say they are very or cautiously open to AI supporting their work, while only 32% say the technology they use today generally helps them. That gap suggests the challenge is not simply openness to new technology, but whether the technology is useful enough to earn trust.

Executives point to similar priorities. Cost, privacy, and reliability all rank ahead of caregiver resistance as concerns about AI adoption. For leaders, that raises the bar: AI needs to prove that it can improve outcomes, reduce operational burden, and fit naturally into existing care workflows.

Openness to AI vs. satisfaction with current tools



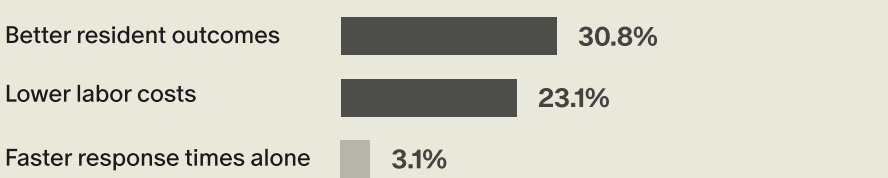
Top executive AI concerns and justifications

The bigger barrier to AI adoption is not staff resistance. It is confidence that the technology is trustworthy, reliable, and worth the investment.

Top executive concerns about AI

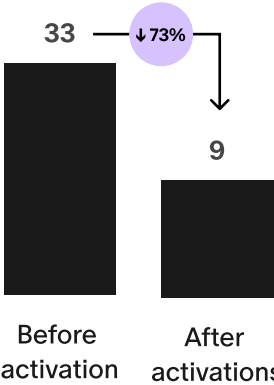


What would justify AI investment



Sage Proof Point

Fewer Hospitalizations



Prior-fall assisted living residents, hospitalizations before vs. after Detect activation. Early data from 88 residents, not yet a portfolio-wide result.

Falls are one area where that value can be measured. Among a group of Assisted Living residents with at least one recorded fall in the 90 days before Sage Detect activation, recorded falls decreased 28%. Simultaneously, hospitalizations following falls decreased 73% during the 90 days after activation.

Those results come from a higher-risk subgroup, not the full Detect portfolio, but they show the kind of outcome operators will increasingly expect from AI: not simply more alerts or more data, but better visibility that supports earlier intervention and better resident outcomes.

# Give caregivers time back, and they'll give it to resident.

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## 7 in 10

community leaders and caregivers would spend an extra hour on care and connection.

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Finding 5: Time Back for Care

For all the focus on staffing efficiency, technology, and automation, community teams are remarkably clear about what they would do with more time: spend it with residents.

Asked how they would use an additional hour in their shift, 39.8% chose resident engagement and 30.6% chose direct care. Only 5.6% said documentation.

That distinction matters. The goal of efficiency should not simply be to fit more tasks into the day. It should be to reduce the administrative and workflow burden that pulls caregivers away from the work they value most.

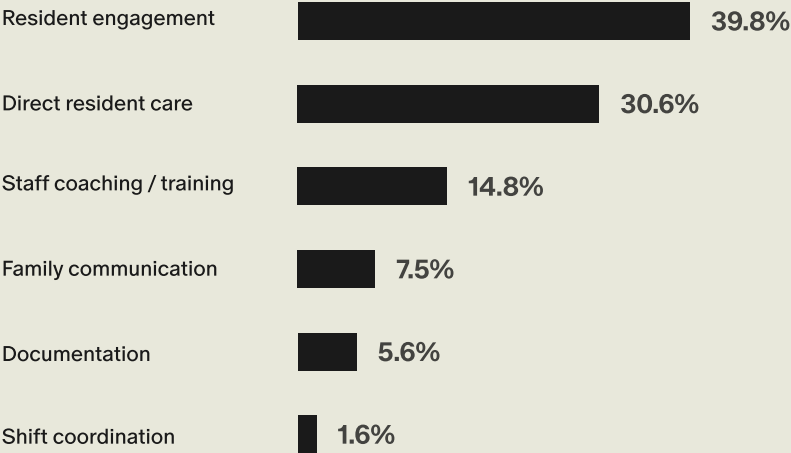
The open-ended responses make that even clearer. Community teams described meaningful work in human terms: knowing residents' stories, building trust, making someone's day easier, and helping people through difficult transitions.

For operators, that creates a useful test for every staffing, workflow, or technology decision: **does this give caregivers more capacity to be present with residents?**

That matters to the business too. Finding two showed that communities with faster response see fewer early move-outs. Capacity and presence aren't separate from performance, they're upstream of it.

How community teams would use an extra hour in their shift

7 in 10 caregivers (70.4%) would put the hour toward resident engagement or direct care; only 5.6% would spend it on documentation.



# Methodology

The State of Care 2026 combines two sources of evidence: original survey research and the Sage Care Index data which is operational data from communities using Sage.

The survey captures what senior living executives, community leaders, and caregivers report experiencing. Sage operational analyses examine patterns in care activity, response performance, labor, falls, and resident outcomes. These sources represent different populations and should not be interpreted as one combined dataset.

Where sample size and methodology support broader comparisons, we present Sage benchmarks. Smaller analyses are identified as portfolio analyses or proof points. Percentages in the report may be rounded to the nearest whole number for readability; underlying values are shown to one decimal place where additional precision is useful.

## Survey

Sage surveyed 510 senior living professionals between July 9 and August 31, 2026 using an online questionnaire administered through Alchemer. The sample included 138 executive leaders and 372 community leaders and caregivers. Respondents were routed to different question sets based on role.

Approximately 80 respondents came from Sage's customer and industry contact lists. The remainder were recruited through Alchemer's verified B2B panel. Of 1,023 submissions, 510 complete responses met the screening criteria and are included in the report. No weighting was applied.

Survey findings are self-reported and should be read as descriptive rather than representative of the entire senior living workforce. Some subgroup analyses use smaller samples and are treated as directional.

## Sage operational data

Operational analyses draw on separate populations of communities using Sage and vary by the question being examined. Each analysis uses its own population, time period, and methodology.

## Response performance and morning shift change

Sage analyzed alerts across 323 communities from June through August 2026 to understand how response performance varies throughout the day and around morning shift change. The morning shift-change window is defined as 6:00 to 8:00 a.m. Within that window, 13.3% of alerts took more than 20 minutes to receive a response, compared with 8.2% during the rest of the day.

The analysis is observational and does not include verified staffing schedules, so it cannot establish that staffing levels or shift change itself caused the observed response patterns.

## Response time and resident move-outs

A separate preliminary analysis examines 90-day move-outs across roughly 130 communities, more than 20 enterprises, and four EHR systems from January 2025 through April 2026. Communities were grouped by average caregiver response time and compared on annualized 90-day move-out rates.

The analysis found an association between faster caregiver response and lower early move-out rates. Financial impact was estimated using an \$11,500 cost per early move-out, based on operating assumptions from one community: approximately \$2,500 for a waived community fee, \$4,000 for room turn costs, \$1,000 for furniture removal, and \$4,000 in lost assisted living revenue. Because these cost assumptions are based on one community, the resulting financial estimate should be treated as illustrative and may vary by operator and market.

## Labor optimization

Labor analyses include Assisted Living and Memory Care communities using Sage Labor Insights. One portfolio analysis examines 22 communities within a single enterprise and compares clinical labor spend from January through August 2026.

## Level-of-care revenue opportunity

A Sage benchmark across 200+ Assisted Living communities live on Sage for at least one full month found approximately \$70 PRPM in active level-of-care revenue opportunity in a typical month. Over the prior 12 months, approximately \$200 PRPM in net opportunity was identified, with \$42 PRPM realized to date.

## Fall response benchmark

Sage analyzed fall alerts recorded between June 1 and August 31, 2026. The published benchmark includes 118 communities with at least 30 recorded fall alerts. The primary measure is the percentage of fall alerts claimed within 10 minutes, calculated for each community and reported as the unweighted median across communities.

## Sage Detect outcome analysis

A separate Detect analysis includes 21 communities and 943 residents with at least 90 days of Detect use.

The report highlights a higher-risk subgroup of 88 Assisted Living residents who had at least one recorded fall in the 90 days before their individual Detect activation. Outcomes during the 90 days before activation were compared with the 90 days after activation. In this subgroup, recorded falls declined from 184 to 132 and hospitalizations following falls declined from 33 to 9.

These results apply to that higher-risk subgroup and should not be interpreted as representative of the full Detect portfolio.

## Interpretation and limitations

Operational analyses are observational and reflect communities using Sage. They are not designed to establish causation.

Response-time analysis does not include verified staffing schedules and therefore cannot establish that staffing levels or shift change itself caused the observed patterns. Similarly, before-and-after portfolio and customer analyses may reflect factors beyond Sage technology or the operational changes described.

Benchmarks, portfolio analyses, and customer proof points are labeled separately throughout the report to reflect the strength and scope of the underlying evidence.

# Sources & Notes

## 1 Response performance and morning shift change

Sage internal analysis of response performance and morning shift change across 323 communities, June through August 2026. The morning shift-change window is defined as 6:00 to 8:00 a.m. Within that window, 13.3% of alerts took more than 20 minutes to receive a response, compared with 8.2% during the rest of the day. The analysis is observational and does not include verified staffing schedules, so it cannot establish that staffing levels or shift change itself caused the observed response patterns.

## 2 Response time and resident move-outs

Sage internal analysis, “90-Day Move-Out Rate Impact of Sage” and “Response Time vs. Move-Out Rate Analysis.” Approximately 130 communities, 20+ enterprises, and four EHR systems, January 2025 through April 2026. Communities were grouped by average caregiver response time and compared on annualized 90-day move-out rates. The analysis is observational and shows association, not causation.

Estimated financial impact uses an illustrative \$11,500 cost per early move-out, based on operating assumptions from one community: approximately \$2,500 for a waived community fee, \$4,000 for room turn costs, \$1,000 for furniture removal, and \$4,000 in lost Assisted Living revenue. Because these assumptions are based on one community, actual financial impact may vary by operator and market.

## 3 Level-of-care revenue opportunity

Sage internal analysis across 200+ Assisted Living communities live on Sage for at least one full month. The benchmark measures active, identified, and realized level-of-care revenue opportunity on a per-resident, per-month basis. Sage identifies approximately \$70 PRPM in active level-of-care revenue opportunity in a typical month. Over the prior 12 months, approximately \$200 PRPM in net opportunity was identified, with \$42 PRPM realized to date.

## 4 Labor optimization proof point

Sage internal labor analysis across 22 Assisted Living and Memory Care communities within one enterprise, January through August 2026. Clinical labor spend decreased by approximately \$100 PRPM over that period following labor optimization efforts informed by Sage Labor Insights. This is a portfolio proof point and should not be interpreted as a benchmark across all Sage communities.

## 5 Fall response benchmark

Sage internal fall-response benchmark based on fall alerts recorded June 1 through August 31, 2026. The published benchmark includes 118 communities meeting a minimum threshold of 30 recorded fall alerts. The primary measure is the percentage of fall alerts claimed within 10 minutes, calculated for each community and reported as the unweighted median across communities.

## 6 Sage Detect outcome analysis

Sage internal Detect analysis including 21 communities and 943 residents with at least 90 days of Detect use. The report highlights a higher-risk subgroup of 88 Assisted Living residents who had at least one recorded fall during the 90 days before their individual Detect activation. Outcomes during the 90 days before activation were compared with the 90 days after activation. In this subgroup, recorded falls declined from 184 to 132 and hospitalizations following falls declined from 33 to 9. These results apply to this higher-risk subgroup and should not be interpreted as representative of the full Detect portfolio.

