How a personal care home can understand its local territory

Use available licensing, bed-supply, and demographic context to research a personal care home's territory and prepare more purposeful community outreach.

Personal care homes

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A practical example workflow for evaluating CareMetric Intel. Benefits described are potential benefits, not measured customer results.

Why research the territory around a personal care home?

Territory research shows a personal care home who lives nearby, which homes operate there, and which organizations see people who can no longer live alone. A home preparing its community outreach plan may have a familiar list of local organizations but need a better picture of the area around the home. Before spending more time on introductions, the manager can review the territory and decide which research questions matter for this residential-care market.

Use information that fits residential care

The personal care home view emphasizes available licensed-home information, bed supply, and demographic context, including older-adult populations and people aged sixty-five and older living alone. Residential-care questions differ from Medicare post-acute provider rankings. State licensing coverage and the detail available can vary considerably by location.

The manager checks whether the relevant licensing file is available and how current it is. An absent record should not be treated as proof that an area has no other homes. Licensed beds also describe a permitted supply measure; they do not establish current occupancy, quality, prices, or which residents may be looking for a home.

Which states publish a list of licensed homes?

Personal care and assisted living homes are licensed by states, not by Medicare, so each state's list is different. Some states publish a complete file. Ohio's Department of Health and North Carolina's Division of Health Service Regulation, for example, publish facility listings with licensed beds. Other states publish part of the picture: Illinois publishes a list of its Medicaid Supportive Living Program sites, not every licensed home.

CareMetric Intel shows a partial list as a list of homes with their sizes and a note, never as a county total, share or rank. In a state whose complete list is loaded, a county with no homes counts as zero. Where no list is loaded, the county shows no figure at all, because a missing list is not the same as no homes.

What do licensed beds tell you?

Licensed beds are the number of residents a home is licensed to serve, and they are the only size measure most states publish. CareMetric Intel ranks a county's personal care, assisted living, memory care and domiciliary care homes by licensed beds. Nursing homes are counted separately, from CMS files.

A share of licensed beds is withheld while any home in the county lists no capacity. Without that rule, one missing figure would inflate every other home's share. Licensed beds also say nothing about occupancy, staffing, prices or quality, so treat a large home as a question to research rather than a verdict on the market.

Which older-adult measures help?

Three Census measures frame a residential-care territory: residents aged 65 or older, residents aged 85 or older, and older adults living alone. The American Community Survey's five-year estimates supply them by county and by ZIP code area. Growth since 2020 comes from the Census Bureau's population estimates, which are published for counties only, so a ZIP code area carries its county's growth.

Five-year estimates carry margins of error that grow as the area gets smaller. A difference of a few hundred people between two small ZIP code areas may be noise. Compare counties first, then use ZIP code areas to choose towns for community outreach.

Turn the territory review into purposeful outreach

The team compares the counties or local areas relevant to its actual service and community relationships. Available home profiles, supply measures, and older-adult demographics provide a starting point for a territory discussion. The manager combines that context with firsthand knowledge of the home's services, accessibility, and practical reach.

After the territory review, the team identifies community and care organizations it wants to research more carefully. For a personal care home, those are usually hospitals, nursing homes finishing short-term rehabilitation stays, home health agencies, hospices, and primary care and geriatric clinicians. Each sees older adults who can no longer live safely alone.

Each proposed introduction has a purpose: understanding a professional organization's role, explaining the home's services accurately, or following up on an existing business conversation. Population measures inform the questions; they do not identify individual prospects or prove demand for a particular home.

What should the manager ask before committing the budget?

The manager should ask what the research adds to existing local knowledge. Which areas have been compared? What does the licensed-bed measure mean? Why is a particular organization on the outreach list? What still needs verification through appropriate business research?

The team should keep residential-care marketing analysis separate from patient or resident records, clinical placement decisions, and intake workflows. Market data should not be described as a list of people needing care. The team can manage professional relationships, outreach, and recorded referrals in the CRM using its chosen personal care service line.

Where a practical benefit could appear

The home could spend less time assembling the same market background for separate planning conversations and gain a clearer rationale for community outreach. A more deliberate plan could also make budget discussions easier to explain. Any time savings, inquiries, or move-ins would need to be evaluated using the home's own records; they should not be inferred from the research alone.

Evaluate the research against your local questions

Use the trial to check the geography and source coverage that matter to your organization before relying on the information in a broader plan.

- Is the relevant state licensing information available for your territory?
- Can the team distinguish licensed capacity from actual occupancy?
- Do the demographic measures help frame useful local questions?
- Does the proposed outreach list reflect a clear purpose and the home's actual services?

Sources and further reading

CareMetric Intel data sources and use
https://caremetricintel.com/data-use

Pennsylvania Department of Human Services: personal care homes
https://www.dhs.pa.gov/providers/Providers/Pages/Personal-Care-Homes.aspx

U.S. Census Bureau: American Community Survey
https://www.census.gov/programs-surveys/acs

U.S. Census Bureau: population estimates
https://www.census.gov/programs-surveys/popest.html