Newsweek

statista

August 20th, 2025

America's Best Nursing Homes 2026 – Methodology

Methodology – America's Best Nursing Homes US 2026

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1. Introduction

America's Best Nursing Homes 2026 highlights the nation's top nursing homes based on performance data, peer recommendations, accreditations and resident satisfaction. Nursing homes in the 33 states with the highest number of facilities (according to the Centers for Medicare & Medicaid Services (2025)) were included in the study[1].

a. Included States

The following states were included in the analysis:

- Alabama
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Florida
- Iowa
- Georgia
- Illinois
- Indiana
- Kansas
- Kentucky
- Louisiana
- Massachusetts
- Maryland
- Minnesota
- Michigan
- Mississippi
- Missouri
- North Carolina
- Nebraska

[1] Additional information about the number of Nursing Homes and the Centers for Medicare & Medicaid Services is available at: https://www.cms.gov/.
The 33 states reflect the total number of all included states, with the 25 states with the highest number of facilities from each size category.

- New Jersey
- New York
- Ohio
- Oklahoma
- Pennsylvania
- South Carolina
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

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[2].
- 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).
- The selection of the 25 states included in each ranking list is based on the number of facilities per size category (nursing homes with 50–99 beds, 100–149 beds, and more than 150 beds).

Out of 14,752[3] nursing homes, 10,778 met the criteria described above. Of these, the best 1,200 Nursing Homes were awarded by Newsweek and Statista, resulting in a varying number of nursing homes awarded per state: e.g., New York had the most nursing homes awarded with 75 facilities in the category of 150 and more certified beds, while Colorado, Louisiana and Kentucky are represented with 5 nursing homes each.

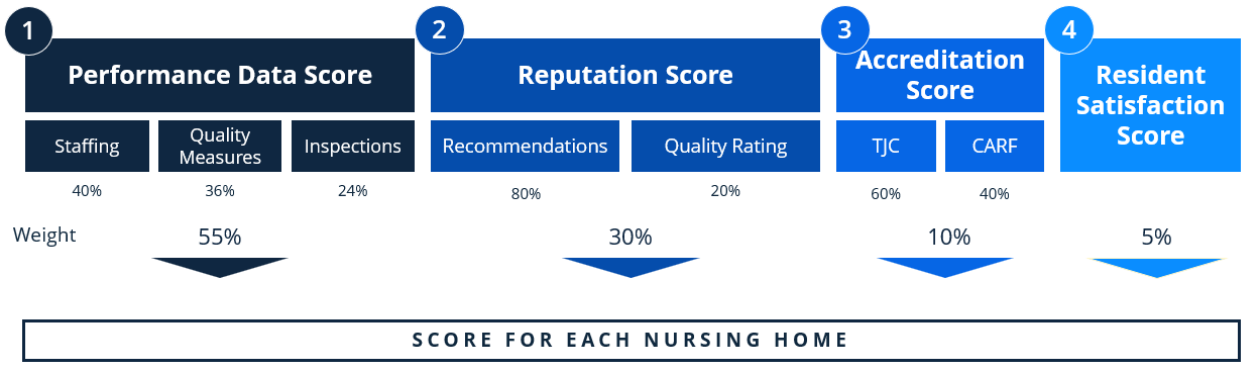
[2] According to the July 2025 Nursing Home Compare data files
[3] According to the July 2025 Nursing Home Compare data files

c. New Features and Changes in the 2026 Edition

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

- **Increased nursing homes performance data weighting:** This year the weighting of the nursing homes performance data pillar was increased within the scoring model to reflect the emphasis on the nursing homes specific performance indicators.
- **Addition of new quality measures:** Short- and long-term vaccination rates of residents for the seasonal influenza vaccine and the pneumococcal vaccine were added to the quality measures score.
- **Increased number of awarded states:** Each of the three size categories is represented by the 33 states with the highest number of facilities, resulting in a total of 33 states awarded.
- **Expansion of the ranking:** Due to increased data availability, a total of 1,200 nursing homes nationwide are being recognized. The medium-size category features 375 nursing homes (last year: 300), while the small-size category includes 325 awarded nursing homes (last year: 250).

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: Performance Data Score, Reputation Score, Accreditation Score and Resident Satisfaction Score.

a. Performance Data Score

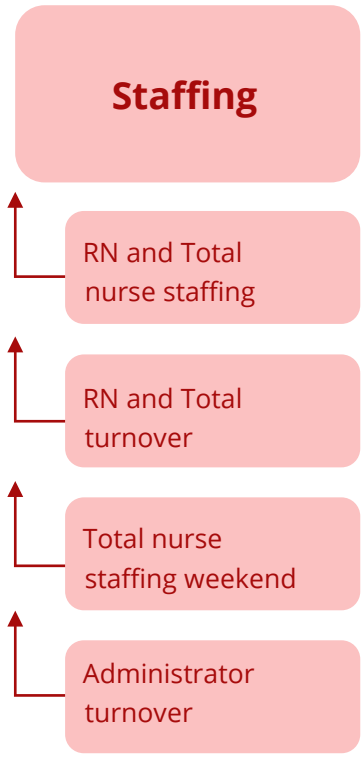
The U.S. Centers for Medicare & Medicaid Services (CMS) provides monthly updated performance data for each nursing home that participates in Medicare or Medicaid. The Nursing Homes including rehab services website (https://data.cms.gov/provider-data/topics/nursing-homes) administered by CMS assigns an 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 for facilities with 150 and more certified beds and at least 3 stars for facilities with 50-99 and 100-149 certified beds.

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, awarded nursing homes in all three size categories 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 2025 to determine the performance of nursing homes. This data was 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 was weighted more heavily with 40%, followed by the quality of care score with 36% and then followed by the health inspection score with 24%.

i. Staffing Domain



The Payroll-Based Journal (PBJ) system allows nursing homes to submit the number of hours facility staff is paid to work each day. The information collected is auditable to ensure accuracy and reflects average staffing over an entire quarter. Staffing data of directors of nursing homes, registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants (CNAs), medication assistants, and nurse assistants in training is reported through this system.

The daily resident census is derived by CMS from MDS resident assessments.

CMS rates each nursing home based on: **Registered nurse (RN) hours per resident per day**, **total staffing** (the sum of registered nurse, licensed practical nurses and nurse assistants) **hours per resident per day**, **total nurse staffing hours per resident per day on the weekend, total nurse turnover** within a given year, **RN turnover** within a given year and **number of administrators who have left the nursing home** within a given year

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[4] were 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 can be illustrated using the example of the staffing score. For example, to achieve 10 points in the staffing measures

[4] A rating cut point is the threshold where a rating switches from a rating of e.g. 10 to 9

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 was derived by calculating the arithmetic average of both staffing ratings. If the overall staffing was not a whole number, the average was 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.

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	**≥ 0.891**	**≥ 0.729**	**≥ 0.633**	**≥ 0.561**	**≥ 0.509**	**≥ 0.452**	**≥ 0.398**	**≥ 0.343**	**≥ 0.270**	**< 0.270**
Total	**≥ 4.588**	**≥ 4.213**	**≥ 3.931**	**≥ 3.740**	**≥ 3.570**	**≥ 3.404**	**≥ 3.231**	**≥ 3.015**	**≥ 2.686**	**< 2.686**

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	**≥ 0.893**	**≥ 0.723**	**≥ 0.637**	**≥ 0.570**	**≥ 0.509**	**≥ 0.449**	**≥ 0.396**	**≥ 0.338**	**≥ 0.270**	**< 0.270**
Total	**≥ 4.685**	**≥ 4.245**	**≥ 3.966**	**≥ 3.784**	**≥ 3.628**	**≥ 3.485**	**≥ 3.328**	**≥ 3.150**	**≥ 2.866**	**< 2.866**

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	**≥ 1.087**	**≥ 0.881**	**≥ 0.762**	**≥ 0.667**	**≥ 0.586**	**≥ 0.516**	**≥ 0.429**	**≥ 0.387**	**≥0.301**	**< 0.301**
Total	**≥ 5.055**	**≥ 4.546**	**≥ 4.234**	**≥ 3.995**	**≥ 3.791**	**≥ 3.601**	**≥ 3.418**	**≥ 3.209**	**≥2.910**	**< 2.910**

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	**≤ 19.0**	**≤ 25**	**≤ 30.8**	**≤ 35.98**	**≤ 40.45**	**≤ 45.5**	**≤ 50.0**	**≤ 57.82**	**≤ 66.7**	**> 66.7**
Total	**≤ 26.51**	**≤ 31.5**	**≤ 36.1**	**≤ 40.0**	**≤ 43.6**	**≤ 47.2**	**≤ 51.2**	**≤ 56.0**	**≤62.2**	**> 62.2**

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**	**≤ 27.3**	**≤ 33.3**	**≤ 40.0**	**≤ 44.4**	**≤ 50.0**	**≤ 57.1**	**≤ 63.6**	**≤ 73.3**	**> 73.3**
Total	**≤ 30.4**	**≤ 35.94**	**≤ 40.2**	**≤ 43.9**	**≤ 47.7**	**≤ 51.3**	**≤ 55.3**	**≤ 60.0**	**≤ 66.1**	**> 66.1**

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	**≤ 16.7**	**≤ 25.0**	**≤ 30.8**	**≤ 37.5**	**≤ 42.9**	**≤ 50.0**	**≤ 55.6**	**≤ 62.5**	**≤ 72.7**	**> 72.7**
Total	**≤ 29.1**	**≤ 34.8**	**≤ 39.3**	**≤ 42.9**	**≤ 46.7**	**≤ 50.0**	**≤ 54.4**	**≤ 59.66**	**≤ 67.1**	**> 67.1**

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**
150 or more	**≥ 4.101**	**≥ 3.765**	**≥ 3.533**	**≥ 3.347**	**≥ 3.187**	**≥ 3.023**	**≥ 2.845**	**≥ 2.649**	**≥ 2.359**	**< 2.359**
100 - 149	**≥ 4.128**	**≥ 3.755**	**≥ 3.543**	**≥ 3.386**	**≥ 3.220**	**≥ 3.076**	**≥ 2.936**	**≥ 2.747**	**≥ 2.499**	**< 2.499**
50 – 99	**≥ 4.503**	**≥ 4.036**	**≥ 3.743**	**≥ 3.530**	**≥ 3.367**	**≥ 3.189**	**≥ 3.011**	**≥ 2.816**	**≥ 2.555**	**< 2.555**

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%, while the turnover score and the weekend score with 21.5% each.[5]

[5] 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

Data for quality of resident care measures come from the Minimum Data Set (MDS) national database and Medicare claims data. MDS assessments are performed on all residents of Medicare- or Medicaid-certified nursing homes and address the residents' health, physical functioning, mental status, and general well-being.

Medicare claims data, which was created when nursing homes and hospitals submit bills to Medicare for payment purposes, was used to calculate emergency department visits, hospitalizations, re-hospitalizations, and community discharges. This includes data on long-stay residents as well as people in nursing homes for a short period of rehabilitation or nursing care. In total, the CMS quality measure ratings are based on the performance of 14 MDS-based quality measures and four measures that are derived from Medicare claims data.

The quality measure (QM) 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 long-stay residents with pressure ulcers **[update]**
- Percentage of long-stay residents assessed and appropriately given the pneumococcal vaccine **[new]**
- Percentage of long stay residents assessed and appropriately given the seasonal influenza vaccine **[new]**

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
- 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
- Percentage of short-stay residents assessed and appropriately given the pneumococcal vaccine **[new]**
- Percentage of short-stay residents who were assessed and appropriately given the seasonal influenza vaccine **[new]**

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.

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

Different weights were used to assign QM points to individual quality measures. Nursing homes were grouped into quantiles where the maximum of QMs was 100 points. Nursing homes in the lowest performing quantile receive 20 points. Points were increased in 20-point steps for each quantile to a maximum of 100 points.

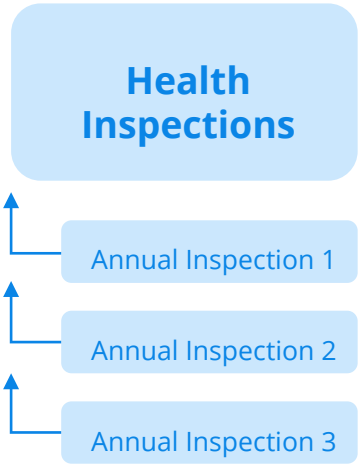
All long-stay QM points and all short-stay QM points were then summed for each nursing home. The difference in weightings and number of measures resulted in a maximum of 1100 points for the long-stay QM score and a maximum of 700 for the unadjusted short-stay QM score. A factor of 1100/700 was applied to the unadjusted short-stay QM score, so that both QM sub-scores counted equally in the overall QM score.

Statista and Newsweek modified 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 were used. The achievable maximum score of the long-stay and short-stay measures are were calculated individually for each nursing home. In order to calculate a maximum score, a minimum of 3 out of 7 QMs for the short-stay score and a minimum of 4 out of 9 QMs for the long-stay score are set. The individual short-stay and long-stay score were then adjusted with a factor of 1100 divided by the individual maximum score.

For example, if data for 3 short-stay measures is reported that each have a maximum score of 100, the individual maximum score for the respective nursing home would be 300. If the summed score of these 3 measures was 250, the adjusted short-stay score would be determined by multiplying the value with an adjustment factor of 1100/700. This was done so that both QM sub scores count equally in the overall score. Both scores and the combined overall QM score of these two were then assigned a rating by using the thresholds in the table below. Statista and Newsweek followed the CMS approach, but based the rating assignment on a finer evaluation of the score distributions.

QM Rating	Long-Stay QM Rating Threshold	Short-Stay QM Rating Threshold	Overall QM Rating Threshold
1 Point	220 – 480	220 – 440	520 – 1006
2 Points	481 – 540	441 – 528	1007 – 1103
3 Points	541 – 580	529 – 566	1104 – 1175
4 Points	581 – 620	567 – 616	1176 – 1235
5 Points	621 – 660	617 – 660	1236 – 1294
6 Points	661 – 684	661 – 691	1295 – 1359
7 Points	685 – 720	692 – 733	1360 – 1425
8 Points	721 – 770	734 – 786	1426 – 1501
9 Points	771 – 825	787 – 849	1502 – 1599
10 Points	826 – 1100	850 – 1100	1600 – 2078

iii. Health Inspection Domain



Medicare and/or Medicaid certified nursing homes are inspected annually by states on behalf of CMS, with an inspection rarely happening longer than fifteen months apart. The unannounced inspections assess deficiencies in areas as resident rights, quality of life, medication management, skin care, resident assessment, nursing home administration, environment, and kitchen/food services.

The health inspection rating is based on the three most recent inspection surveys that are conducted by a team of healthcare professionals. More recent surveys are weighted more heavily than earlier surveys. The most recent survey is weighted with 1/2, the previous survey with a factor of 1/3 and the third survey with a factor of 1/6.

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.[6]

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 followed this approach but based 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 received a health inspection rating of ten points.
- The middle 70 percent of facilities received a rating of two, three, four, five, six, seven, eight or nine points. The 70 percent was divided into eight sections, each representing 8.75% of the distribution, with points awarded according to where they placed.
- The bottom 20 percent received a one-point rating.

[5] 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 were included in the Special Focus Facility (SFF) program and nursing homes which had not been assigned a weighted score by CMS had 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 (LPN) / licensed vocational nurses (LVN), 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 August 2025.

Participants were distributed as follows – 42.5% therapists and medical doctors, 48.8 % registered nurses in a nursing home, 4.6% LPN, LVN and nursing assistants, and 4.0% 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 had 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 accounted 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 2024 and 2023 were also considered.

Lastly, 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. Overall nurse staffing (qualifications, experience, number of courses)
3. Quality of service (e.g. meals, leisure activities)

4. Accommodation & amenities (e.g. size of room, quality of furnishing)

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 accounted for 20% of the total reputation score (as shown in the ranking model at the beginning of chapter 2).

c. Accreditation Score

Accreditation Scores reflect a range of structural and/or quality requirements 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 accounted for 10% of the overall nursing homes score.

d. Resident Satisfaction Score

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 accounted for 5% of the overall nursing homes score.

e. Overall Rating and State Rank

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

The best 1,200 nursing homes are awarded with a rank in their own state, resulting in 33 individual lists for all three size categories 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 quality metrics, peer recommendations, accreditations and resident satisfaction. 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, any events preceding and following the period August 20th, 2024 – August 20th, 2025, and/or pertaining to individual persons affiliated/associated to the facilities were not considered 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 the facility. The quality of nursing homes that are not included in the rankings is not disputed.