



# The Dignity Digest

Issue # 122

January 18, 2023

*The Dignity Digest* is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Monday.

\*May require registration before accessing article.

Spotlight:  
Minimum Staffing  
Standards

## ***Why Nursing Homes Need a Minimum Staffing Standard***

By the National Consumer Voice for Quality Long-Term Care

January 2023

[Read the new issue brief for more information.](#)

In April 2022, the Centers for Medicare & Medicaid Services (CMS) [announced](#) it was beginning the process of implementing a minimum staffing standard for nursing facilities. This standard would require nursing homes to have enough staff to provide each resident with a minimum amount of direct care each day. Since the announcement, CMS has undertaken a study to determine the standard and intends to publish proposed rules in early 2023. When implemented, this standard will be the most significant increase in protections for nursing homes in decades.

Staffing nursing homes adequately has multiple benefits to residents. Numerous studies have found that there is a correlation between higher staffing levels and improved care quality. A 2001 CMS study found that nursing home residents require 4.1 hours per resident day (hprd) of direct nursing care to avoid being at an increased risk of harm. The study found that every day residents need, at a minimum, .75 hours of care performed by a Registered Nurse, .55 hours of care performed by a Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN), and the remaining 2.8 hours of care to be performed by a Certified Nursing Assistant (CNA). Any new federal staffing standard should separately mandate staffing hours for each nursing staff category, i.e., RN, LPN/LVN, CNA. A 2020 paper recommended a guide for determining adequate staffing that resulted in a proposal for six different minimum staffing standards based on PDPM resident acuity levels.

Consumer Voice strongly supports the creation of a staffing standard that creates different minimum staffing baselines based on the acuity of nursing home residents. It is essential that this standard provide minimum staffing levels based on resident acuity and be broken down into nursing staff to resident ratios. A minimum staffing standard will

	<p>save countless lives and result in better health outcomes for nursing home residents across the country.</p> <p><a href="#">Read the new issue brief for more information.</a></p>
<p>Spotlight: Inappropriate Use of Antipsychotics</p>	<p><b><i>Biden-Harris Administration Takes Additional Steps to Strengthen Nursing Home Safety and Transparency</i></b></p> <p>Centers for Medicare &amp; Medicaid Services January 18, 2023 <a href="https://tinyurl.com/CMSStrengthenNHSafety">https://tinyurl.com/CMSStrengthenNHSafety</a></p> <p><i>CMS to increase oversight of inappropriate antipsychotics use</i></p> <p>As part of the continuing efforts under President Biden’s initiative to improve nursing home transparency, safety and quality, and accountability, today the U.S. Department of Health and Human Services (HHS), through the Centers for Medicare &amp; Medicaid Services (CMS), announced new actions to reduce the inappropriate use of antipsychotic medications and to bring greater transparency about nursing home citations to families.</p> <p>“President Biden issued a call to action to improve the quality of America’s nursing homes, and HHS is taking action so that seniors, people with disabilities, and others living in nursing homes receive the highest quality care,” said HHS Secretary Xavier Becerra. “No nursing home resident should be improperly diagnosed with schizophrenia or given an inappropriate antipsychotic. The steps we are taking today will help prevent these errors and give families peace of mind.”</p> <p><b>CMS to Reinforce Safeguards against Unnecessary Medications and Treatments</b></p> <p>Beginning this month, CMS will conduct targeted, off-site audits to determine whether nursing homes are accurately assessing and coding individuals with a schizophrenia diagnosis. Nursing home residents erroneously diagnosed with schizophrenia are at risk of poor care and prescribed inappropriate antipsychotic medications. Antipsychotic medications are especially dangerous among the nursing home population due to their potential devastating side effects, including death. This action advances the Biden-Harris Administration’s goal of reinforcing safeguards against unnecessary medications and treatments that was outlined in <a href="#">President Biden’s State of the Union Action Plan for Protecting Seniors by Improving Safety and Quality of Care in the Nation’s Nursing Homes</a>.</p> <p>“We have made significant progress in decreasing the inappropriate use of antipsychotic medications in nursing homes, but more needs to be done,” said CMS Administrator Chiquita Brooks-LaSure. “People in nursing homes deserve safe, high-quality care, and we are redoubling our oversight efforts to make sure that facilities are not prescribing unnecessary medications.”</p> <p>This action furthers the Administration’s objective to improve the accuracy of the quality information that is publicly reported and the</p>

nursing home Five-Star Rating System. The use of antipsychotic medications among nursing home residents is an indicator of nursing home quality and used in a nursing home's Five-Star rating, however it excludes residents with schizophrenia. If an audit identifies that a facility has a pattern of inaccurately coding residents as having schizophrenia, the facility's Five-Star Quality Measure Rating on the Care Compare site will be negatively impacted. For audits that reveal inaccurate coding, CMS will downgrade the facility's Quality Measure ratings to one star, which would drop their Overall Star Rating as well. CMS will monitor each facility's data to determine whether they have addressed the identified issues. After that, CMS will decide whether any downgrades should be reversed.

**CMS to Post Citations Under Dispute on Care Compare**

Separately, CMS plans to take a new step to increase the transparency of nursing home information by publicly displaying survey citations that facilities are disputing. Currently, when a facility disputes a survey deficiency, that deficiency is not posted to Care Compare until the dispute process is complete. This process usually takes approximately 60 days; however, some cases can take longer.

While the number of actual deficiencies under dispute is relatively small, they can include severe instances of non-compliance such as Immediate Jeopardy (IJ) citations. This level of citation occurs when the health and safety of residents could be at risk for serious injury, serious harm, serious impairment, or death. Displaying this information while it is under dispute can help consumers make more informed choices when it comes to evaluating a facility. This new information will begin appearing on Care Compare on January 25, 2023. While the citations will be publicly displayed, they will not be included in the Five-Star Quality Rating calculation until the dispute is complete.

Today's actions by CMS are the latest among several actions the agency has taken over the years to strengthen public reporting and the Five-Star Quality Rating System. These actions include:

- Adding the results of focused infection control surveys to the Care Compare website and Five-Star Quality Rating System,
- Increasing the Quality Measure rating thresholds to incentivize improved quality, and
- Adding measures of staff turnover to inform consumers of the stability of a nursing home's staff (which is linked to the quality of care a nursing home provides).

The QSO memo — Updates to the Nursing Home Care Compare website and Five-Star Quality Rating System: Adjusting Quality Measure Ratings Based on Erroneous Schizophrenia Coding, and Posting Citations Under Dispute — is available [here](#).

## ***Feds to investigate nursing home abuse of antipsychotics***

AP News

January 18, 2023

<https://tinyurl.com/APNewsFedsToInvestigate>

The federal government says it will begin a targeted crackdown on nursing homes' abuse of antipsychotic drugs and misdiagnoses of schizophrenia in patients.

The Centers for Medicare and Medicaid Services is launching investigations this month into select nursing homes, aimed at verifying whether patients have been properly diagnosed with the psychiatric disorder.

Evidence has mounted over decades that some facilities wrongly diagnose residents with schizophrenia or [administer antipsychotic drugs to sedate them](#), despite dangerous side effects that could include death, according to the agency.

"No nursing home resident should be improperly diagnosed with schizophrenia or given an inappropriate antipsychotic," Health and Human Services Secretary [Xavier Becerra](#) said in a statement Wednesday. "The steps we are taking today will help prevent these errors and give families peace of mind."

Some facilities may be dodging increased scrutiny around gratuitous use of antipsychotic medications by coding residents as having schizophrenia, even when they do not show signs of the extremely rare disorder, a government report last year found. Less than [1% of the population](#) is believed to have schizophrenia, which is marked by delusions, hallucinations and disordered thinking.

In 2012, the federal government began tracking when nursing homes use antipsychotics on residents — doing so can impact the facility's [quality rating in a public database](#) — but only for those who have not been diagnosed with schizophrenia.

Antipsychotics for those nursing home residents has dropped to under 20% in recent years, according to federal data.

A November [report from the HHS Office of the Inspector General](#), however, revealed that the number of residents reported as having schizophrenia without a corresponding diagnosis skyrocketed between 2015 and 2019, with 99 nursing homes in the country reporting that 20% or more of their residents have the disorder.

"The number of unsupported schizophrenia diagnoses increased and in 2019 was concentrated in relatively few nursing homes," the report concluded.

CMS will start targeted audits to ask nursing homes for documentation of the diagnoses in the coming days, focusing on nursing homes with existing residents who have been recorded as having schizophrenia.

	<p>The rating scores for nursing homes that have a pattern of inaccurately coding residents as having schizophrenia will be negatively impacted, CMS said in a statement released Wednesday, stopping short of threatening to levy fines against facilities. The agency does not have plans to immediately intervene in the patients' care directly or notify relatives of residents who have been wrongly coded or given antipsychotics, according to senior HHS officials who insisted on anonymity to brief The Associated Press on the matter on Tuesday. CMS will monitor the facilities to make sure the issues are corrected, officials said.</p>
<p><i>Quotes of the Week</i></p>	<p><i>A minimum staffing standard will save countless lives and result in better health outcomes for nursing home residents across the country.</i>  <i>Why Nursing Homes Need a Minimum Staffing Standard, National Consumer Voice for Quality Long-Term Care, January 2023, <a href="https://tinyurl.com/MinimumStaffingCV">https://tinyurl.com/MinimumStaffingCV</a></i></p> <p><i>“When I wake up in the morning, I never know how much energy I’m going to have because of my chronic illness.”</i>  <i>Fortesa Latifi, Spoon theory: What it is and how I use it to manage chronic illness. *Washington Post, January 14, 2023, <a href="https://tinyurl.com/WPSpoonTheory">https://tinyurl.com/WPSpoonTheory</a></i></p> <p><i>“No nursing home resident should be improperly diagnosed with schizophrenia or given an inappropriate antipsychotic.”</i>  <i>Health and Human Services Secretary Xavier Becerra, Feds to investigate nursing home abuse of antipsychotics, AP News, January 18, 2023, <a href="https://tinyurl.com/APNewsFedsToInvestigate">https://tinyurl.com/APNewsFedsToInvestigate</a></i></p> <p><i>Researchers across the social and medical sciences have found a strong link between mental health and green space or being outdoors. Even seeing a tree out your window can help you <a href="#">recover from illness faster</a>.</i>  <i>The happiest, least stressful, most meaningful jobs in America, *Washington Post, January 6, 2023, <a href="https://tinyurl.com/HappiestLeastStressful">https://tinyurl.com/HappiestLeastStressful</a></i></p> <p><i>To age is to live. But living well into our later years of life is not a guarantee. To do that, you need a plan.</i></p>

	<p><i>Join the Movement: Every State Should Have a Multisector Plan for Aging, Generation – American Society on Aging, January 11, 2023, <a href="https://tinyurl.com/ASAMultisectorPlans">https://tinyurl.com/ASAMultisectorPlans</a></i></p> <p><i>A whopping 34% of Asian Americans have experienced discrimination when seeking Alzheimer's care.</i></p> <p><i>One Size Does Not Fit All: Asian Americans and Dementia Risk, Generations – American Society on Aging, January 10, 2023, <a href="https://tinyurl.com/AsianAmericansDementiaRisk">https://tinyurl.com/AsianAmericansDementiaRisk</a></i></p> <p><i>“Sometimes you have to wait two, maybe three hours to have your brief changed. You’re sitting in a wet brief for that amount of time. It’s terrible. We just feel so helpless.”</i></p> <p><i>Patty Bausch, 62, resident in an Athena nursing home, Nursing home parent Athena under fire in 3 New England states, Republican American, January 15, 2023, <a href="https://tinyurl.com/AthenaUnderFire">https://tinyurl.com/AthenaUnderFire</a></i></p> <p><i>Governments around the world are failing to adopt disability-inclusive climate adaptation and mitigation strategies, even though climate change disproportionately affects persons with disabilities.</i></p> <p><i>Towards Disability-Inclusive Climate Resilience, Harvard Law School Project on Disability, January 9, 2023, <a href="https://tinyurl.com/DisabilityClimateResilience">https://tinyurl.com/DisabilityClimateResilience</a></i></p> <p><i>Brentwood [Rehabilitation and Healthcare Center in Danvers], however, has a below-average overall rating from the federal agency on its nursing home website. The facility also scores in the bottom 4% of nursing homes in Massachusetts, according to the state’s nursing home performance tool. . . The facility has been fined four times by the federal government in the last three years for serious health or fire safety violations.</i></p> <p><i>Nurse’s Aide Accused of Sex Abuse, Salem News, January 12, 2023, <a href="https://tinyurl.com/AccusedOfSexAbuse">https://tinyurl.com/AccusedOfSexAbuse</a></i></p>
Public Policy	<p><b>1. Generation – American Society on Aging</b>  January 11, 2023  <i>Join the Movement: Every State Should Have a Multisector Plan for Aging</i>  To age is to live. But living well into our later years of life is not a guarantee. To do that, you need a plan.</p>

By 2040, more than one in five people in the United States, will be ages 65 and [older](#). The aging of America impacts all of us—as individuals, family members, friends, and community members. It affects our nation’s collective ability to provide care and cover the range of services needed for our increasingly diverse population of older adults, as well as for people with disabilities and family caregivers.

That’s why every state needs a blueprint for aging well. No matter what you call it—Master Plan for Aging, Action Plan on Aging Well, Strategic Action Plan on Aging—a detailed and comprehensive plan will ensure that a state’s residents can live and age well in their communities and get support if and when needed. A Multisector Plan allows states and local communities to directly address what matters most to people as they age. For example, it covers topics such as wellness, access to services and support, and community engagement such as volunteering, employment, and recreation. Often, state activities aimed at addressing the needs of an aging population are fragmented, making the intersections unclear.

A Multisector Plan communicates how various policies and programs come together under one platform as part of a shared state vision. States can take various approaches to plan for an aging population in response to their unique strengths, capacity, and policy environment. While many states have some form of stakeholder involvement, engaged leadership from the governor is a strong catalyst for implementing a meaningful Multisector Plan.

Philanthropic engagement also can make an enormous impact on catalyzing momentum for a Multisector Plan. Just look at what has been accomplished with the help of funders including [West Health](#), [The SCAN Foundation](#), [The John A. Hartford Foundation](#), [The May and Stanley Smith Charitable Trust](#), [The Health Foundation for Western and Central New York](#) and [The West End Home Foundation](#), which have supported a range of Multisector Plan–related activities across the country.

#### ***The Vision***

The overall vision, under a Multisector Plan, is for people to be able to finance the care and support they need as they age, regardless of what form that support takes. This vision would impact everyone, not just older adults. Goals may include:

- Older adults being able to live in the community with appropriate services and supports in place
- People of all ages who have disabilities being included in community activities
- Private and public agencies working together to develop resources for aging
- The general public viewing aging as an asset rather than a burden
- Equity being addressed in all stages of life

#### ***More Than a Dozen States Are Engaged in Planning***

Across the country, states are recognizing the need to conduct high-level, cross-sector planning to prepare for the aging population and ensure that the needs of older adults, people with disabilities and family caregivers are met over the coming decade. A Multisector Plan establishes a long-term blueprint that guides the restructuring of state and local policy and programs while connecting the public, private and independent sectors in modernizing and, where necessary, creating systems-based solutions that touch all major areas of the aging life

experience—areas such as health, human services, housing, transportation, consumer affairs, employment, and income security. To help states with this planning, The Center for Health Care Strategies’ [Multisector Plan for Aging Learning Collaborative](#) is a multistate learning community that is helping states advance their strategic aging plans. The 12-month collaborative supports 10 states—Colorado, Illinois, Indiana, Minnesota, North Carolina, North Dakota, Oregon, South Carolina, Tennessee, and Vermont—to build upon work already underway in their states. Additional states can get involved in a soon-to-be-announced second cohort of the Learning Collaborative.

***How You Can Get Involved***

American Society on Aging (ASA) members in a variety of roles can get involved with Multisector Plans for Aging:

- State staff, including those from aging departments, public health, departments of labor or transportation—in short, anyone whose work touches older adults.
- Local leaders of aging-focused organizations, including area agencies on aging, who would like to improve the experience of older adults in their communities.
- Philanthropic organizations can play an important role in organizing and convening stakeholders interested in Multisector Plans on Aging. Grantmakers in Aging also has a funders community on MPA.
- Researchers and academics. Evaluation and accountability for implementation are key components of a successful plan. Researchers can help states identify key metrics and indicators of success and measure progress toward those goals.
- Representatives of disability groups, who advocate for inclusive policies for their members as they age.
- Policymakers developing specific policies and funding for a strategic plan for aging.
- Providers working to deliver the 4Ms (What Matters, Medications, Mentation, and Mobility) of age-friendly healthcare.
- Legislators who care about the experience of their constituents as they age.

***What ASA Is Doing to Propel Multisector Plans for Aging***

ASA is creating a series to advance understanding of how to bring together a multidisciplinary audience to develop statewide Multisector Plans for Aging and expand thought leadership to ultimately influence the development of a national Multisector Plan for Aging. This will include a year-long virtual educational program, written thought leadership in ASA’s [Generations](#) publication site, and convening an inaugural Multisector Plan for Aging National Symposium at ASA’s national conference, On Aging 2023. More ways for ASA members to also get involved:

- Attend the ASA Multisector Plan for Aging–related Future Proof sessions and provide input on what you and your state need to advance a multisector plan. Register for the first session [here](#).
- Join the [ASA Multisector Plan for Aging](#) online community to stay connected with leaders advancing Multisector Plan for Aging activities across the United States.



	<ul style="list-style-type: none"> <li>• Come to the Multisector Plan for Aging National Symposium, sponsored by West Health, the SCAN Foundation and The John A. Hartford Foundation, at On Aging 2023. Learn more and register <a href="#">here</a>.</li> </ul> <p>Whether you are in a state that is already working toward a Multisector Plan for Aging or just planting the seeds, join us as we build this movement. Please register <a href="#">here</a> for an upcoming Future Proof Live on this topic on Wednesday, January 25, 1:00 to 2:00 p.m.  <a href="https://tinyurl.com/ASAMultisectorPlans">https://tinyurl.com/ASAMultisectorPlans</a></p>
Inspiration	<p><b>2. ABC News</b>  January 11, 2023  <i>Great-grandmother graduates with master's degree at age 89</i>  Joan Donovan fulfilled a lifelong dream in December 2022 when she graduated from Southern New Hampshire University with a master's degree in creative writing.  <a href="https://tinyurl.com/GreatGrandmotherGraduates">https://tinyurl.com/GreatGrandmotherGraduates</a></p> <p><b>3. ABC News</b>  October 23, 2023  <i>Tennis player without left forearm and hand hopes to inspire others</i>  Born without a left forearm and hand, 16-year-old Clay Watson is a force for good on the tennis court.  <a href="https://tinyurl.com/PlayerWithoutLeftForearm">https://tinyurl.com/PlayerWithoutLeftForearm</a></p>
Public Policy	<p><b>4. Real Lives Law</b>  The law gave people with disabilities and their families the right to choose the services and supports that they need through the Massachusetts Department of Developmental Services (DDS).  People with intellectual and developmental disabilities should have the right to make choices about how they live their own lives. Just like everyone else, people with disabilities must be permitted to choose and set their own goals, make life decisions and advocate for what they want and need.  This is called “self-determination”. In Massachusetts it’s guaranteed by the Real Lives Law signed into law in 2014. Research shows that people living a self-determined life are happier, better employed and educated and have a better overall quality of life.  People with disabilities and their families across the Commonwealth report that critical information and resources that they need to self-direct is not provided by DDS. Many individuals and families can’t find out how to spend their state budget or learn how it’s calculated. And, eight years after it was ordered by state lawmakers to be “transparent,” regulations have not been promulgated and information about self-direction rates has not been made publicly available.  <a href="#">MA21 Real Lives Law Fact Sheet</a>  Advocacy discussions are being held for more information and registration:  <a href="#">Register for Sessions Here</a></p>
Online Data Resources	<p><b>5. PHI - The National Direct Care Workforce Resource Center</b>  <i>The Direct Care Workforce State Index</i>  Direct care workers are essential—yet their jobs are rife with challenges that impoverish and force many of them out of this field. While a growing number of state leaders have begun responding to this crisis by prioritizing this workforce, every state must invest in these workers to address the staffing crisis devastating this sector. PHI's new online tool—the Direct Care Workforce State Index—helps policymakers, advocates, and other stakeholders understand how states support</p>

	<p>direct care workers, where they can improve, and how they compare to other states.</p> <p>Created and led by PHI—the nation’s leading expert on direct care workers—the Direct Care Workforce State Index offers a data-driven picture of how states’ public policies support direct care workers and how these workers fare financially. This online interactive tool enables users to rank and compare states based on two composite measures: the range of policies states have enacted to support these and other low-income workers, and the economic status of direct care workers.</p> <p>Massachusetts is ranked sixth on the Direct Care Workforce State Index. See: <a href="https://www.phinational.org/state/massachusetts/pdf">https://www.phinational.org/state/massachusetts/pdf</a>  <a href="https://www.phinational.org/state-index-tool/">https://www.phinational.org/state-index-tool/</a></p>
Dignity Advocates 2023	<p><b>Healey / Driscoll Transition Team</b>  <a href="https://healeydriscolltransition.com">https://healeydriscolltransition.com</a></p> <p><b>Andrea Campbell Transition Committee</b>  <a href="https://www.andreacampbell.org/transition/">https://www.andreacampbell.org/transition/</a></p> <p><b>Diana DiZoglio Transition Committee</b>  <a href="mailto:info@dianaforma.com">info@dianaforma.com</a></p> <p><b>6. AARP Massachusetts</b>  Tuesday, January 31, 2023, 11:00 a.m. to 12:00 p.m.  <i>AARP MA Virtual Volunteer State Legislative Briefing - 1/31/23</i>  Join AARP Massachusetts for a virtual volunteer state legislative briefing. The 2023-2024 Massachusetts legislative session offers new opportunities to raise your voice and speak up in support of family caregivers, nursing home residents, retirement security, and people age 50 and older across the Commonwealth.  Join this virtual event to learn about legislation being considered in Massachusetts and what you can do to help get it passed into law. We need you to make your voice heard!  Everyone is welcome, including AARP Members, Non-Members, and existing AARP Volunteers.  <a href="#">REGISTER HERE</a></p>
Webinars and Online Sessions	<p><b>7. Massachusetts Alliance for 21st Century Disability Policy (MA21)</b>  Tuesday, January 17, 2023, 1:30 p.m.  Tuesday, March 21, 2023, 1:30 p.m.  Tuesday, May 16, 2023, 1:30 p.m.  <i>Advocacy for MA DDS Self-Directed Services as envisioned by the 2014 Real Lives Law</i>  Join the conversation about Massachusetts Alliance for 21st Century Disability Policy (MA21) advocacy for changes to MA DDS Self-Directed Services to comply with the 2014 Real Lives Law.  Help improve regulations and waivers at the Dept. of Developmental Services (DDS) to increase transparency, flexibility, and self-determination.  Other dates to be posted. Your voice is needed!  Check out the MA21 Real Lives Law Fact Sheet for some background:  <a href="#">MA21 Real Lives Law Fact Sheet</a>  <a href="#">Register for Sessions Here</a></p> <p><b>8. American Society on Aging</b>  Wednesday, January 25, 2023, 1:00 to 2:00 p.m.</p>

*Multisector Plan for Aging: A Future Proof Live Event*

How can states plan to transform infrastructure and coordination of services to address the needs of a rapidly aging population?

Panelists will discuss what a Multisector Plan for Aging is, what it looks like at different stages, across different communities and with different priorities. Key tools and concepts to create a movement toward change through an aging and disability lens will be explored.

In season six of Future Proof Live, West Health, The SCAN Foundation and The John A. Hartford Foundation have come together to provide an in-depth look at how states can plan strategically to transform infrastructure and coordination of services to address the needs of a rapidly aging population.

Presenters:

John Cochran, Deputy Executive Director of the New York State Office for the Aging

Anna Lea Cothron, Director of Systems Transformation for the Division of TennCare

Michelle Gayette, Assistant Director, ND HHS

Carrie Graham, PhD, Director of Long-term Services and Supports at the Center for Health Care Strategies

Register for the first session [here](#).

**9. National Center on Law and Elder Rights**

Thursday, January 26, 2023, 2:00 to 3:00 p.m.

*Free Webinar: Reentry: Advocating for Formerly Incarcerated Older Adults*

As the prison population rapidly ages, older adults reentering our communities after incarceration face significant barriers to their ability to reintegrate and live securely. In particular, older adults of color are disproportionately represented in the reentry population, and, due to structural discrimination, are at risk of being unable to access the health and economic security programs that could help them live securely in the community.

Legal services attorneys and elder rights professionals are uniquely situated to assist older adult clients with reentry. This training will equip advocates with knowledge of issues that older adults reentering our communities face in accessing public benefits, health care, and housing and will provide strategies for advocating on behalf of clients.

[This training](#) will address:

- Strategies for accessing housing in reentry
- Understanding Medicaid and Medicare limitations for older adults in reentry
- Navigating common Social Security eligibility issues for older adults in reentry

**Presenters:**

- Jennifer Kye, Senior Attorney, Justice in Aging
- Georgia Burke, Director, Medicare Advocacy, Justice in Aging
- Trinh Phan, Director, State Income Security, Justice in Aging

[Register Here](#)

**10. The Long Term Care Discussion Group**

Monday, January 30, 2023, 1:00 to 2:00 p.m.

*What Might Secure 2.0 Mean for LTC....and what is the future for state long-term care legislative proposals?*

Secure 2.0 is largely focused on expanding opportunities for employee participation in retirement savings plans and making it easier for employers to

	<p>offer those plans. Will a renewed focus on saving for retirement raise awareness of the importance of saving for LTC needs? Will Section 334 that allows penalty-free withdrawal from retirement savings (but not tax-free withdrawal) encourage “on the fence” individuals to purchase LTC insurance? Will new incentives boost demand for deferred annuity QLAC products? What are the latest rumblings on state-based public long-term care insurance? What other political forces and legislative trends should we be watching? This session will explore these issues and more.</p> <p>Speaker: Howard Gleckman is a senior fellow at the Urban Institute, where he is affiliated with the Tax Policy Center and the Program on Retirement Policy. He writes regular columns on both aging policy and tax policy for Forbes.com.</p> <p>Join Zoom Meeting  <a href="https://umassboston.zoom.us/j/91834611104">https://umassboston.zoom.us/j/91834611104</a>  Meeting ID: 918 3461 1104  Phone access: 646 931 3860 US</p> <p><b>11. AARP Massachusetts</b>  Tuesday, January 31, 2023, 11:00 a.m. to 12:00 p.m.  <i>AARP MA Virtual Volunteer State Legislative Briefing - 1/31/23</i>  Join AARP Massachusetts for a virtual volunteer state legislative briefing. The 2023-2024 Massachusetts legislative session offers new opportunities to raise your voice and speak up in support of family caregivers, nursing home residents, retirement security, and people age 50 and older across the Commonwealth.</p> <p>Join this virtual event to learn about legislation being considered in Massachusetts and what you can do to help get it passed into law. We need you to make your voice heard!</p> <p>Everyone is welcome, including AARP Members, Non-Members, and existing AARP Volunteers.  <a href="#">REGISTER HERE</a></p> <p><b>12. National Long-Term Care Ombudsman Resource Center (NORC)</b>  Tuesday, January 31, 2023, 2:00 to 3:30 p.m.  <i>Webinar on Ombudsman Program Communications and Media Relations</i>  Join the National Long-Term Care Ombudsman Resource Center (NORC) for a webinar on Communications and Media Relations to Raise Awareness of the Long-Term Care Ombudsman Program. Media experts Kristin Hyde and Katie Hewett will provide an overview of media relations, offer tips on how to respond to media inquiries to elevate the awareness of the Ombudsman program, and discuss how to successfully use social media and digital communication tools to engage targeted audiences to attract more volunteers and gain support for the program. This webinar is intended for State Long-Term Care Ombudsmen and program representatives.  <a href="#">Register Now</a></p>
	<p><b>Previously posted webinars and online sessions can be viewed at:</b>  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
Nursing Homes	<p><b>13. *Boston Globe</b>  January 16, 2023  <i>Northborough nurse sentenced for tampering with patient’s morphine</i></p>

A registered nurse was sentenced in federal court last week for tampering with morphine prescribed to a patient in her care at a Worcester County nursing home, according to the Massachusetts US Attorney's office. Gwen Rider, 43, was sentenced to 52 months in prison and three years of supervised release.

<https://tinyurl.com/NorthboroNurse>

#### 14. Republican American

January 15, 2023

*Nursing home parent Athena under fire in 3 New England states*

Athena Health Care Systems, one of the biggest long-term care providers in Connecticut, has come under the scrutiny of officials in three New England states after receiving consistent complaints about conditions in its nursing homes. Athena is also facing multiple lawsuits alleging that the company failed to pay employee health benefits and that it didn't pay for temporary staffing during the pandemic.

The Farmington, Conn.-based company recently agreed to pay a \$1.75 million fine to the Massachusetts Attorney General's office – the largest nursing home fine ever in that state – for admitting people with substance abuse issues to its nursing homes without being able to provide them with appropriate treatment, leading to "numerous overdoses," according to the Attorney General's office. . . The company operates more than 40 long-term care facilities in Connecticut, Massachusetts, and Rhode Island. . .

Three consent orders were issued by the Massachusetts Department of Public Health for patient safety issues and staffing shortages, and Rhode Island officials issued a consent order after investigators discovered unsanitary conditions, such as people eating on Styrofoam/plastic foam plates for six months because there was no dishwasher.

A wrongful-death lawsuit was filed in Massachusetts by the estate of Robert Boucher, who was a resident at the Oxford Rehabilitation and Health Care Center in Haverhill when, in October 2019, his roommate beat him in the head repeatedly with a walker before staff intervened. Boucher died from his injuries. . .

In some Athena homes, residents reported seeing 20 residents assigned to one certified nursing aide. A typical ratio to ensure residents are receiving good care is one worker to every eight or 10 residents, depending on the needs of residents, Painter said.

THE MOST COMMON COMPLAINT is lack of access to care, typically stemming from understaffing, she said. That might mean a resident is left waiting a long time without assistance to go to the bathroom or is left in bed when the person instead wants to get up for the day.

<https://tinyurl.com/AthenaUnderFire>

#### 15. Salem News

January 12, 2023

*Nurse's Aide Accused of Sex Abuse*

Three residents of the Brentwood Rehabilitation and Healthcare Center were sexually abused by a nurse's aide who was allowed to work despite not being certified, according to a government report.

The report said the uncertified aide was left alone on a unit at the Danvers nursing home for about an hour during an overnight shift last summer and

	<p>abused three residents in their rooms in separate incidents. One of the victims was taken to the emergency room and admitted to the hospital. . .</p> <p>The government report said staff at Brentwood failed to immediately report the allegations of sexual abuse to the facility’s administrator. The reports also said the facility failed to conduct a background check before Bueh was allowed to work. Brentwood was fined \$30,830. . .</p> <p>In the statement, Fondi said Brentwood has a four-star quality rating from the Centers for Medicare and Medicaid Services and “places the highest priority on the health, safety and welfare of the residents in our community, and is in compliance with all regulations.”</p> <p>Brentwood, however, has a below-average overall rating from the federal agency on its nursing home website. The facility also scores in the bottom 4% of nursing homes in Massachusetts, according to the state’s nursing home performance tool.</p> <p>Brentwood is owned by Tryko Partners, a real estate investment group based in New Jersey, and is operated as a for-profit business. The facility has been fined four times by the federal government in the last three years for serious health or fire safety violations, according to the Medicare.gov website.</p> <p>In 2019, government inspectors concluded that Brentwood failed to protect residents after residents reported several instances of verbal and physical abuse, including choking and being dragged into a room and left alone. . .</p> <p>A nurse practitioner at Brentwood told the government inspector that the three alleged victims were “reliable and credible” and that she believed their reports of sexual abuse. The nurse practitioner said one of the victims was “shaking, crying, and looked very traumatized” when she met with the resident two days after the alleged assault. The resident who was taken to the emergency room was admitted to the hospital after becoming “agitated and acutely psychotic, with hallucinations,” according to the report.</p> <p><a href="https://tinyurl.com/AccusedOfSexAbuse">https://tinyurl.com/AccusedOfSexAbuse</a></p>
Elder Abuse	<p><b>16. Adult Protective Services Technical Assistance Resource Center</b> January 2023</p> <p><i>Highlights from the Adult Maltreatment Report 2021</i></p> <p>It has been six years since the <a href="#">Administration for Community Living</a> implemented the <a href="#">National Adult Maltreatment Reporting System (NAMRS)</a>, a data reporting system developed for the purpose of better understanding the phenomena of adult maltreatment in the United States. NAMRS collects annual data on adult protective services (APS) investigations, and non-identifying information about the clients, victims (i.e., individuals with a substantiated report of maltreatment) and perpetrators involved in those investigations. Currently, NAMRS data is submitted by adult protective services (APS) programs in all 50 states, the District of Columbia, and every U.S. territory. The information is summarized and published in the <a href="#">Adult Maltreatment Report</a> (AMR) each year. This blog discusses some highlights from the <a href="#">Adult Maltreatment Report 2021</a>.</p> <p>Below are a few of the key data points regarding APS programs and the individuals they served as reported for federal fiscal year (FFY) 2021 (October 1, 2020 to September 30, 2021):</p> <ul style="list-style-type: none"> <li>▪ APS programs received <b>1,349,154 referrals</b> of alleged adult maltreatment.</li> <li>▪ There were <b>8,287 full-time equivalent (FTE) hotline workers and investigators</b> and <b>1,882 FTE supervisory staff</b> working in APS programs.</li> <li>▪ There were <b>268,902 victims</b> of adult maltreatment.</li> </ul>

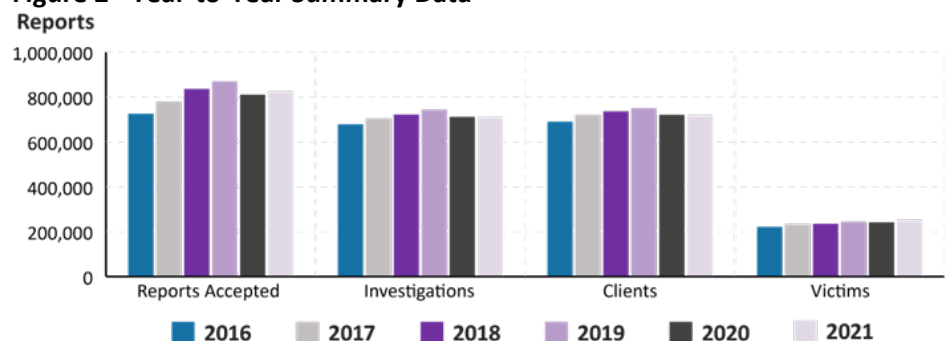
- The most common disabilities for APS clients were **cognitive difficulty** and **independent living difficulty, each at 26% of clients**. The most common disability for victims was **ambulatory difficulty with 31.9% of victims** identified.
- There were **176,047 victims of self-neglect**, which was more than all other maltreatment types combined as shown in the exhibit below from the AMR 2021.



### A Look at Trends

Because we now have NAMRS data going back to 2016, the APS TARC can now begin to look at trends for several APS data elements. In addition, we looked at the potential impacts of COVID-19 on APS programs, as we did last year. One area where trend data was compiled looked at the numbers of reports, investigations, clients, and victims. As shown in the AMR 2021 exhibit below, the numbers for each data element consistently increased every federal fiscal year (October through September) prior to FFY 2020 when there was a decrease across all elements. Although the numbers of accepted reports and victims both increased in FFY 2021 (+1.8% and +4.2%, respectively), there were very slight decreases in the number of investigations (-0.1%) and the number of clients (-0.4%).

**Figure 2 - Year-to-Year Summary Data**



### The Potential Impact of COVID-19

FFY 2021 data provided a more comprehensive picture of APS data during the height of the COVID-19 pandemic. Social distancing and other public health protocols were in effect for the much of the federal fiscal year, and APS programs had made adjustments to policies and practices to ensure both worker and client safety. The data reported to NAMRS did not identify clients or victims with COVID-19, so while certain patterns were detectable in the data, it was not possible to establish that the patterns were attributable solely or in part to

	<p>COVID-19. That said, in the 2021 report we did look at several NAMRS data elements to identify areas where significant trends in the data aligned with certain time periods during the pandemic.</p> <p>Data on the number of APS reports accepted and not accepted at intake and the number of investigations over the past three years (2019 – 2021) indicated a drop in both the number accepted and the number of investigations. After seeing a drop in investigations during the initial shutdown months of the pandemic (March – May 2020), the number of APS investigations returned to the usual seasonal patterns and has remained stable as shown in the exhibit below from the report.</p> <p><a href="https://tinyurl.com/APRTARC2021Report">https://tinyurl.com/APRTARC2021Report</a></p>
<p>Alzheimer’s and Other Dementias</p>	<p><b>17. *Washington Post</b>  January 17, 2023  <i>Isolated elderly 28 percent more likely to develop dementia than peers</i>  Older people who are socially isolated face a 28 percent greater chance of developing dementia than do their counterparts who are not socially isolated, <a href="#">according to a study</a> by Johns Hopkins researchers published in the Journal of the American Geriatrics Society.  <a href="#">Social isolation</a> is generally defined as having few social relationships and few people to interact with regularly.  The study involved 5,022 U.S. residents 65 and older (with an average age of 76) who were dementia-free at the start of the study and were not living in a nursing home, residential care facility or other institution. About 23 percent were considered socially isolated, but most participants (77 percent) were not. . .  The study found no significant differences by race or ethnicity. It did not focus on why or how social isolation increased the prevalence of dementia, but prolonged <a href="#">social isolation</a> has been linked to proven physical and mental health risk factors for dementia, including hypertension, heart disease, depression and reduced cognitive activity, according to the National Institute on Aging.  <a href="https://tinyurl.com/IsolatedMoreDementia">https://tinyurl.com/IsolatedMoreDementia</a></p> <p><b>18. Generations – American Society on Aging</b>  January 10, 2023  <i>One Size Does Not Fit All: Asian Americans and Dementia Risk</i>  Asian Americans represent more than 30 nationalities and ethnic <a href="#">groups</a>, yet typically are categorized as Asian or AAPIs (Asian Americans and Pacific Islanders) for health data, research and reporting. Classifying Asian Americans as a single, monolithic population obscures our immense diversity and has significant implications for the health and wellness of our communities, especially when it comes to the diagnosis and treatment of chronic conditions like Alzheimer's disease and related dementias (ADRD). . .  [Data are] not available for AAPIs, despite our being among the fastest-growing population of older Americans in the United <a href="#">States</a>. While six origin groups—Chinese, Indian, Filipino, Vietnamese, Korean and Japanese—account for 85% of all Asian Americans, there is significant variability among these six and other subgroups due to distinct cultures, languages, immigration histories and socioeconomic statuses.  <a href="https://tinyurl.com/AsianAmericansDementiaRisk">https://tinyurl.com/AsianAmericansDementiaRisk</a></p>
<p>Disability Topics</p>	<p><b>19. *Washington Post</b>  January 14, 2023  <i>Spoon theory: What it is and how I use it to manage chronic illness</i></p>



	<p>Each spoon represents a finite unit of energy; people with chronic illnesses have to ration them just to get through the day</p> <p>In the <a href="#">chronic illness and disability world</a>, there’s something called “spoon theory.” Writer <a href="#">Christine Miserandino</a> started it while explaining to a friend what chronic illness feels like, and grabbed a handful of spoons to make her point. In the theory, each spoon represents a finite unit of energy. Healthy people may have an unlimited supply of spoons, but people with chronic illnesses have to ration them just to get through the day.</p> <p>Spoon theory has become a shorthand for chronically ill people to explain how they’re feeling and coping day-to-day.</p> <p><a href="https://tinyurl.com/WPSpoonTheory">https://tinyurl.com/WPSpoonTheory</a></p> <p><b>20. Harvard Law School Project on Disability</b> January 9, 2023 <i>Towards Disability-Inclusive Climate Resilience</i> <i>What researchers can do to close the disability climate change equity gap</i> Governments around the world are <a href="#">failing to adopt disability-inclusive climate adaptation and mitigation strategies</a>, even though <a href="#">climate change disproportionately affects persons with disabilities</a>. . .</p> <p>Importantly, the authors point to other ways <a href="#">climate researchers can support disability-inclusive climate action</a>. . .</p> <p>Ultimately, climate researchers must be aware of their critical role in pushing back against disability-related inequities in the global climate agenda as well as their duty to contribute to <a href="#">ongoing efforts to promote disability-inclusive climate action</a>.</p> <p><a href="https://tinyurl.com/DisabilityClimateResilience">https://tinyurl.com/DisabilityClimateResilience</a></p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
Websites	<p><b>The National Direct Care Workforce Resource Center</b> <a href="https://www.phinational.org/national-resource-center/">https://www.phinational.org/national-resource-center/</a></p> <p>The National Direct Care Workforce Resource Center is the country’s premier online library of information on the direct care workforce. Updated and relaunched in 2020 by PHI, the National Direct Care Workforce Resource Center supports researchers, policymakers, practitioners, advocates, and journalists in better understanding—and building the knowledge base on—this critical workforce of 4.5 million home care workers, nursing assistants, and other direct care workers.</p> <p><b>What You Will Find</b></p> <ul style="list-style-type: none"> <li>• The latest research, analysis, and information from the field on the direct care workforce—the largest-growing occupation in the country</li> <li>• Hundreds of reports, briefs, fact sheets, multimedia resources, and select journal articles published largely since 2010—a library of shareable materials that will grow over time</li> <li>• A range of search tools that allow users to easily identify resources by issue area, topic, publication type, date, region, and more</li> <li>• The ability for leaders in the field to submit their original items for consideration in the Resource Center—ensuring it remains current</li> </ul>

Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .												
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .												
Pending nursing home change of ownership in Massachusetts	<ul style="list-style-type: none"> <li>• Royal Health Cape Cod</li> <li>• Royal Health Cotuit</li> <li>• Royal Health Falmouth</li> <li>• Royal Health Megansett</li> <li>• Royal Health Meadow View – North Reading</li> <li>• Royal Health Wayland</li> <li>• Royal Wood Mill – Lawrence</li> <li>• Royal Health Fairhaven</li> <li>• Royal Health Braintree</li> <li>• Royal Health Norwell</li> </ul> <a href="https://www.royalhealthgroup.com">https://www.royalhealthgroup.com</a>												
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>												
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b></p> <p><i>Temporary admissions freeze</i></p> <p>On November 6, 2021 the state <a href="#">announced</a> that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety. There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include:</p> <ul style="list-style-type: none"> <li>• Number of new COVID-19 cases within the facility</li> <li>• Staffing levels</li> <li>• Failure to report a lack of adequate PPE, supplies, or staff</li> <li>• Infection control survey results</li> <li>• Surveillance testing non-compliance</li> </ul> <p>Facilities are required to notify residents’ designated family members and/or representative when the facility is subject to an admissions freeze. In addition, a list of facilities that are currently required to stop new admissions and the reason for this admissions freeze will be updated on Friday afternoons, and as needed when the Department of Public of Health determines a facility can be removed from the list.</p> <p><b>Updated on January 17, 2023. Red font – newly added</b></p> <table border="1" data-bbox="500 1732 1511 1879"> <thead> <tr> <th>Name of Facility</th> <th>City/Town</th> <th>Date of Freeze</th> <th>Qualifying Factor</th> </tr> </thead> <tbody> <tr> <td>Bear Mountain West Springfield</td> <td>West Springfield</td> <td>1/10/2023</td> <td>Not stated</td> </tr> <tr> <td>Cedarwood Gardens</td> <td>Franklin</td> <td>1/5/2023</td> <td>Not stated</td> </tr> </tbody> </table>	Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Bear Mountain West Springfield	West Springfield	1/10/2023	Not stated	Cedarwood Gardens	Franklin	1/5/2023	Not stated
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Cedarwood Gardens	Franklin	1/5/2023	Not stated										

	Holyoke Healthcare Center	Holyoke	1/5/2023	Not stated
	Lynn Shore Rest Home	Lynn	1/5/2023	Not stated
	Mount Carmel	Lenox	1/10/2023	Not stated
	Palmer Healthcare Center	Palmer	1/10/2023	Not stated
	Tremont Health Care Center	Wareham	1/5/2023	Not stated
	Walpole Healthcare	Walpole	1/10/2023	Not stated
	Watertown Rehab & Nursing Center	Watertown	1/5/2023	Not stated
List of Special Focus Facilities	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  Updated October 26, 2022</p> <p>CMS has published a new list of <a href="#">Special Focus Facilities</a> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.</li> <li>• For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.</li> </ul> <p><b>Massachusetts facilities listed (updated July 27, 2022)</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities not improved</b></p> <ul style="list-style-type: none"> <li>• Attleboro Healthcare, Attleboro  <a href="https://tinyurl.com/AttleboroHealthcare">https://tinyurl.com/AttleboroHealthcare</a></li> </ul> <p><b>Massachusetts facilities which showed improvement</b></p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough  <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a></li> </ul>			

	<p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• Oxford Manor, Haverhill</li> <li>• Worcester Health Center, Worcester</li> </ul> <p><b>Massachusetts facilities that are candidates for listing</b></p> <ul style="list-style-type: none"> <li>• Charwell House Health and Rehabilitation, Norwood  <a href="https://tinyurl.com/Charwell">https://tinyurl.com/Charwell</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225208">https://projects.propublica.org/nursing-homes/homes/h-225208</a></li> <li>• Medway Country Manor Skilled Nursing and Rehabilitation, Medway  <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></li> <li>• Mill Town Health and Rehabilitation, Amesbury  No website  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225318">https://projects.propublica.org/nursing-homes/homes/h-225318</a></li> <li>• Plymouth Rehabilitation and Health Care Center  <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225207">https://projects.propublica.org/nursing-homes/homes/h-225207</a></li> <li>• Savoy Nursing and Rehabilitation Center, New Bedford  No website  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225423">https://projects.propublica.org/nursing-homes/homes/h-225423</a></li> <li>• South Dennis Healthcare, South Dennis  <a href="https://www.nextstephc.com/southdennis">https://www.nextstephc.com/southdennis</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225320">https://projects.propublica.org/nursing-homes/homes/h-225320</a></li> <li>• Tremont Health Care Center, Wareham  <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225488">https://projects.propublica.org/nursing-homes/homes/h-225488</a></li> <li>• Vantage at Wilbraham  No website  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225295">https://projects.propublica.org/nursing-homes/homes/h-225295</a></li> <li>• Vantage at South Hadley  No website  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a></li> <li>• Watertown Rehabilitation and Nursing Center, Watertown (added in June)  No website  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225425">https://projects.propublica.org/nursing-homes/homes/h-225425</a>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b>  <b><i>Nursing Home Inspect</i></b>  Data updated November 2022  This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial</p>

	<p>or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing:  <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a>  <b>Deficiencies By Severity in Massachusetts</b>  <a href="#">(What do the severity ratings mean?)</a></p> <table border="0"> <tr> <td># reported</td> <td>Deficiency Tag</td> </tr> <tr> <td><a href="#">250</a></td> <td><a href="#">B</a></td> </tr> <tr> <td><a href="#">82</a></td> <td><a href="#">C</a></td> </tr> <tr> <td><a href="#">7,056</a></td> <td><a href="#">D</a></td> </tr> <tr> <td><a href="#">1,850</a></td> <td><a href="#">E</a></td> </tr> <tr> <td><a href="#">546</a></td> <td><a href="#">F</a></td> </tr> <tr> <td><a href="#">487</a></td> <td><a href="#">G</a></td> </tr> <tr> <td><a href="#">31</a></td> <td><a href="#">H</a></td> </tr> <tr> <td><a href="#">1</a></td> <td><a href="#">I</a></td> </tr> <tr> <td><a href="#">40</a></td> <td><a href="#">J</a></td> </tr> <tr> <td><a href="#">7</a></td> <td><a href="#">K</a></td> </tr> <tr> <td><a href="#">2</a></td> <td><a href="#">L</a></td> </tr> </table>	# reported	Deficiency Tag	<a href="#">250</a>	<a href="#">B</a>	<a href="#">82</a>	<a href="#">C</a>	<a href="#">7,056</a>	<a href="#">D</a>	<a href="#">1,850</a>	<a href="#">E</a>	<a href="#">546</a>	<a href="#">F</a>	<a href="#">487</a>	<a href="#">G</a>	<a href="#">31</a>	<a href="#">H</a>	<a href="#">1</a>	<a href="#">I</a>	<a href="#">40</a>	<a href="#">J</a>	<a href="#">7</a>	<a href="#">K</a>	<a href="#">2</a>	<a href="#">L</a>
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<p>Nursing Home Compare</p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <i>Nursing Home Compare Website</i>  Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information on the that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> <li>• <b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting of this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.  <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																								
<p>Data on Ownership of Nursing Homes</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>Data on Ownership of Nursing Homes</i>  CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>																								

<p>Long-Term Care Facilities Specific COVID-19 Data</p>	<p><b>Massachusetts Department of Public Health</b>  <i>Long-Term Care Facilities Specific COVID-19 Data</i>  <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p><b>Table of Contents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Daily Dashboard</a></li> <li>• <a href="#">COVID-19 Weekly Public Health Report</a></li> <li>• <a href="#">Additional COVID-19 Data</a></li> <li>• <a href="#">CMS COVID-19 Nursing Home Data</a></li> </ul>		
<p>DignityMA Call to Action</p>	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA</a>.</b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage Social Media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
<p>Access to Dignity Alliance social media</p>	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Please contact workgroup lead for more information</p>	<p><b>Workgroup</b></p> <p>General Membership</p> <p>Behavioral Health</p> <p>Communications</p> <p>Facilities (Nursing homes, rest homes, assisted living)</p> <p>Home and Community Based Services</p> <p>Housing</p> <p>Legislative</p> <p>Legal Issues</p> <p>Veteran Services</p>	<p><b>Workgroup lead</b></p> <p>Bill Henning Paul Lanzikos</p> <p>Frank Baskin</p> <p>Pricilla O’Reilly Lachlan Forrow</p> <p>Arlene Germain</p> <p>Meg Coffin</p> <p>Bill Henning</p> <p>Richard Moore</p> <p>Jeni Kaplan</p> <p>James Lomastro</p>	<p><b>Email</b></p> <p><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>  <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></p> <p><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></p> <p><a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a>  <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a></p> <p><a href="mailto:agermain@manhr.org">agermain@manhr.org</a></p> <p><a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a></p> <p><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a></p> <p><a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a></p> <p><a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a></p> <p><a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a></p>
<p><b><i>The Dignity Digest</i></b></p>	<p>For a free weekly subscription to <i>The Dignity Digest</i>:  <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a>  Editor: Paul Lanzikos  Primary contributor: Sandy Novack  MailChimp Specialist: Sue Rorke</p>		
<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> <li>• Wynn Gerhard</li> <li>• Arlene Germain</li> <li>• Nina Loewenstein</li> <li>• Dick Moore</li> </ul>		

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<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities. Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them. The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of <u>The Tuesday Digest</u> and <u>The Dignity Digest</u> are available at: <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	