



The Dignity Digest

Issue # 134

April 10, 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

Dignity for All: Increase Scrutiny of Nursing Home Finances
National Consumer Voice for Quality Long-Term Care

Materials Available from Consumer Voice Webinar

Despite receiving tens of billions of dollars each year in Medicare and Medicaid dollars, there is little accountability for how nursing homes spend taxpayer dollars. Consumer Voice and Ernie Tosh discussed our new report, "[Where do the Billions of Dollars Go? A Look at Nursing Home Related Party Transactions.](#)" The report takes an in-depth look at how nursing home owners and operators funnel billions of dollars through companies they own with little to no accountability for how that money is used each year. In addition, we offered examples and solutions to address this industry-wide problem to ensure public dollars are going toward resident care.

Webinar Materials:

- [Slides](#)
- [Where do the Billions of Dollars Go? A Look at Nursing Home Related Party Transactions](#) report
- [Dignity for All campaign webpage »](#)

Take Action Now!

The Biden Administration is on the brink of implementing important reforms for nursing homes - requiring staffing standards and increasing transparency and accountability for owners and use of public money. We need Members of Congress to show their support for these proposals that will promote meaningful improvements in care for residents. Tell your Members to support nursing home staffing and transparency!

[Send a message to your Members of Congress »](#)

Spotlight

Assisted-living homes are rejecting Medicaid and evicting seniors

***Washington Post**

By Christopher Rowland

April 6, 2023

Some residents who drained their nest eggs to cover private-pay rates have been evicted after turning to Medicaid to pay their bills. A recent spate of evictions has ousted dozens of assisted-living residents in Wisconsin who depended on Medicaid to pay their bills — an increasingly common practice, according to industry representatives.

The evictions highlight the [pitfalls of the U.S. long-term care system](#), which is showing fractures from the pandemic just as a wave of 73 million baby boomers is hitting an age where they are likely to need more day-to-day care. About 4.4 million Americans have some form of long-term care [paid for by Medicaid](#), the state-federal health system for the poor, a patchy safety net that industry representatives say pays facilities too little.

Residents of assisted-living facilities — promoted as a homier, more appealing alternative to nursing homes — face an especially precarious situation. While federal law protects Medicaid beneficiaries in nursing homes from eviction, the law does not protect residents of assisted-living facilities, leaving them with few options when turned out. In Wisconsin, residents who entered facilities on Medicaid, as well as those who drained their private savings after moving in and subsequently enrolled in Medicaid, have been affected.

“It’s a good illustration of how Medicaid assisted-living public policy is still in its Wild West phase, with providers doing what they choose in many cases, even though it’s unfair to consumers,” said Eric Carlson, a lawyer and director of long-term services and support advocacy at the nonprofit group Justice in Aging. “You can’t just flip in and out of these relationships and treat the people as incidental damage.” The U.S. government does not monitor or regulate assisted-living facilities, and no federal data is available on the frequency of evictions. In Wisconsin, The Washington Post counted at least 50 Medicaid-related evictions since the fall based on statements by operators, as well as nonprofit and government Medicaid agencies. . . . Advocates for assisted-living residents worry that pandemic-induced economic conditions are contributing to the problem in pockets of the country. Profits in assisted-living facilities are threatened by a shortage of staff and big spikes in labor costs, inflation that is jacking up the costs of goods, and higher interest rates. Meanwhile, occupancy rates continue to lag behind pre-pandemic peaks. . . . Harbor Retirement Associates did not respond to requests for comment.

The evictions carry an especially harsh sting for residents who enter assisted-living facilities paying full rates out of pocket with the understanding that, once their nest egg has been spent down, they can remain in the facility under Medicaid. Such arrangements are common across the country and are discussed with families by marketing staff, according to elder-law attorneys and industry experts.

But facilities may have strict limits on the number of beds they designate as Medicaid-eligible, or they can back out of state Medicaid contracts completely. Such caveats may be buried in the fine print of resident agreements or are not addressed at all in the contracts,

	<p>according to contract provisions in the Wisconsin cases reviewed by The Post. Families often sign such contracts in a time of stress, as they are seeking a safe place for a parent who can no longer remain in their own home.</p> <p>https://tinyurl.com/AssistedLivingRejectMedicaid</p>
<p>Quotes of the Week</p>	<p><i>[Elder] abuse is experienced by about one in 10 community-dwelling older adults each year. The COVID-19 pandemic created more opportunities for elder mistreatment with people sheltering in place and more isolated.</i></p> <p>Utilizing Public Health to Address Elder Abuse, National Center on Elder Abuse, April 6, 2023, https://tinyurl.com/PublicHealthElderAbuse</p> <p><i>“There are not a lot of people in nursing homes with children under 25. This would absolutely relieve nursing homes of any accountability for a wrongful death.”</i></p> <p>Zayne Smith, director advocacy at AARP Florida, <i>Suing Florida nursing homes for wrongful death will get harder if this bill passes</i>, Tampa Bay Times, March 7, 2023, https://tinyurl.com/SuingFLNH</p> <p><i>“The decision [by the Commonwealth to relax masking mandates] has been made behind closed doors without any input by people most impacted.”</i></p> <p>Dr. Lara Jirmanus, a primary care physician and instructor at Harvard Medical School who cofounded the Massachusetts Coalition for Health Equity, <i>Health groups call on Mass. to keep mask mandates in health care settings</i>, *Boston Globe, April 5, 2023 (updated), https://tinyurl.com/KeepMaskingMandates</p> <p><i>"Some [residents] have been told they will be homeless if they do not accept proposed placements, often far from their communities and against residents’/families’ needs and choice."</i></p> <p>From the complaint filed with the Massachusetts Office of the Attorney General by Stavros Center for Independent, <i>Fast closures of nursing homes in Massachusetts raise alarms and worry over patients</i>, NBC News, April 4, 2023, https://tinyurl.com/FastClosuresNursingHomes</p>

<p>Mini-Summits on Serious Medical Care</p>	<p>1. Massachusetts Coalition for Serious Illness Care <i>Mini Summits 2023</i> Springfield Wednesday, May 10 Baystate Medical Center Lunch: 11am-1pm Register for Springfield</p> <p>Danvers Tuesday, May 23 Care Dimensions Breakfast: 8-10am Register for Danvers</p> <p>Boston Thursday, June 1 Blue Cross (Prudential Center) Breakfast: 8-10am Register for Boston</p> <p>Worcester Wednesday, June 7 UMass Memorial Medical Center Breakfast: 8-10am Register for Worcester</p> <p>We've got four Mini-Summits this spring to bring us back together! Thank you to our Coalition members who will be graciously hosting us around the state, including Baystate Medical Center in Springfield, Care Dimensions in Danvers, Blue Cross in Boston, and UMass in Worcester.</p> <p>There's so much going on with the Coalition. We have a new strategic plan. MOLST to POLST is really and truly moving along. And we're also starting something new – a Community Review Board to help all of us bring more of the voices of patients, caregivers, and advocates into our work.</p> <p>BUT MOST OF ALL, we want to hear from you – how you've been and what you've been up to.</p>
<p>Dignity Alliance Members in the News</p>	<p>2. NBC News April 4, 2023 <i>Fast closures of nursing homes in Massachusetts raise alarms and worry over patients</i> By Nicole Acevedo Advocates for elderly and disabled nursing home residents are calling for answers, citing the speed with which facilities shut down and the lack of options to patients.</p> <p>Hundreds of elderly residents and people with disabilities from four nursing homes in western Massachusetts are quickly being displaced as the company that owns them appears to be accelerating the pace in which such centers stand to close down.</p> <p>Sarah Vilanova, who is blind and is missing a leg, had been living in the Willimansett Center East nursing home in Chicopee for about a year and a half when staffers told her in February that she would be transferred the next day to another nursing home 45 minutes away. . .</p>

	<p>Stavros Center for Independent Living, a social services organization helping people with disabilities, filed a complaint with the Massachusetts Office of the Attorney General on March 8.</p> <p>Based on the organization’s visits to the facilities and the public hearings, the four nursing homes began the closure process several weeks before the Public Health Department approved the closure plan, the complaint stated.</p> <p>The organization pointed out that residents are being given little choice on where they can be transferred, something they say goes against state regulations. . .</p> <p>The closure of these nursing homes comes at a time when not enough facilities exist to satisfy the need of elder and disabled residents in the area, said Betty Tegel of Dignity Alliance Massachusetts, a coalition of groups working to improve long-term care.</p> <p>For this reason, Dignity Alliance Massachusetts and Stavros have been urging the state to take control of the facilities during the closure process to ensure rules are being followed and families treated fairly.</p> <p>With less than a dozen residents left to relocate, Brianna Zimmerman, a systems change advocate at Stavros, said the biggest hope right now would be to have the attorney general open an investigation.</p> <p>"At this point, the damage has been done," Zimmerman said. . .</p> <p>Tegel raised concerns over the transitional trauma most of the displaced residents have faced in the midst of these closures.</p> <p>"They've been in a nursing home for so long. They knew the staff, they knew the routine. They've built all these relationships over the years," she said.</p> <p>"Readjusting for a new placement is just devastating for everybody involved." Tegel added that statistics show these frail residents, especially if they have Alzheimer’s or other severe medical conditions, may not survive very long in a new setting.</p> <p>https://tinyurl.com/FastClosuresNursingHomes</p>
In-person programs	<p>3. Massachusetts Older Adult Behavioral Health Network</p> <p>Tuesday, May 9, 2023, 8:30 a.m. to 4:00 p.m.</p> <p>College of the Holy Cross 1 College Street, Worcester</p> <p><i>"Healing in Community: Promoting Social Connection and Mental Wellbeing Among Diverse Older Adults"</i></p> <p>Keynote Speakers</p> <p>Jacqueline Dyer, PhD <i>Director, Simmons University Doctorate of Social Work (DSW) Program</i></p> <p>Dr. Sunita Puri, MD <i>Program Director Hospice Palliative Medicine fellowship at UMass Chan Medical School</i> <i>Author of "That Good Night: Life and Medicine in the Eleventh Hour"</i></p> <p>Conference Schedule</p> <p>8:30 - 9 a.m. Registration</p> <p>9 - 9:30 a.m. Welcome & Older Adult Behavioral Health and Aging in Massachusetts Beth Lucas, Deputy Commissioner of Mental Health Services, Department of Mental Health Robin Lipson, Deputy Secretary of Executive Office of Elder Affairs</p>

	<p>9:30 - 10:15 a.m. <i>Morning Keynote:</i> Rev. Jacqueline Dyer, PhD, Director of the DSW Program and Associate Professor of Practice at Simmons University's School of Social Work</p> <p>10:15 - 11:15 a.m. <i>Plenary Interfaith Panel:</i> Spirituality, Aging and Mental Health</p> <p>11:30 a.m. - 12:30 p.m. <i>Concurrent Workshops: Session 1</i> Choose from workshops on behavioral health innovation, using poetry in the care of older adults, death doulas, and more.</p> <p>12:30 - 1:30 p.m. Lunch</p> <p>1:30 - 2:30 p.m. <i>Afternoon Keynote:</i> Dr. Sunita Puri, MD, Program Director of the Hospice Palliative Medicine fellowship at UMass Chan Medical School</p> <p>2:45 - 3:45 p.m. <i>Concurrent Workshops: Session 2</i> Choose from workshops on sharing your personal recovery story, mindfulness practices, death journaling, and loneliness and isolation. Registration: https://tinyurl.com/HealingInCommunityMay9</p>
Webinars and Online Sessions	<p>4. Social Security Administration Wednesday, April 19, 2023, 1:00 to 3:00 p.m. <i>National Disability Forum – Focusing on Aspects of Childhood Disability and Childhood SSI</i> The purpose of Part 1 of the forum is to learn from advocates, educators, pediatricians, other health professionals, researchers, social workers, foster care agencies, and the public about:</p> <ul style="list-style-type: none"> • Overcoming potential barriers to Childhood SSI; • Developing non-medical evidence; and • Specific medical evaluation issues. <p>To participate in the forum, register by Monday, April 17, 2023.</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
Medicare	<p>5. *STAT+ April 5, 2023 <i>Medicare Advantage plans will have to stop denying required care, federal officials say</i> By Bob Herman The Biden administration is moving forward with proposals that would crack down on Medicare Advantage insurers that deny care inappropriately — including if companies use algorithms to turn down coverage. https://tinyurl.com/StopDenyingCare</p>
Covid	<p>6. *Boston Globe April 5, 2023 (updated) <i>Health groups call on Mass. to keep mask mandates in health care settings</i> By Kay Lazar Some expressed concern for those with compromised immune systems and other conditions. A coalition of health groups is urging the Healey administration to maintain universal masking in health care settings when the federal and state public health emergencies for COVID-19 lift on May 11. . .</p>

	<p>Now, with community levels listed as low across the state — and across roughly 90 percent of the country — Massachusetts health officials have acknowledged to hospital administrators and others that they are planning to lift that rule in May. The plan has triggered an outpouring of concern from health groups focused on equity and protection for people who are vulnerable to serious complications from infection, such as the elderly, those with compromised immune systems, people with severe breathing problems, and other health conditions. . .</p> <p>Some states that had maintained masking in health care settings, such as California, New York, Oregon, and Washington, recently lifted those requirements. Yet other jurisdictions, such as Los Angeles County, have maintained mask rules.</p> <p>Universal masking is more effective than one-way masking, especially when a masked person is surrounded by many unmasked people, some studies have found. With new deaths and COVID infections still reported daily, health care administrators are sorting through data, even carefully monitoring new COVID variants, to try to determine how they will approach the state’s lifting of the mask rule.</p> <p>“While most of the general population has been out and about, there are certainly people who have been very cautious not going out because they are immunosuppressed, and we want them to be safe coming into a health care environment,” said Dr. Richard Ellison, hospital epidemiologist at UMass Memorial Medical Center, the largest health care provider in Central Massachusetts.</p> <p>https://tinyurl.com/KeepMaskingMandates</p>
Elder Abuse	<p>7. National Center on Elder Abuse</p> <p>April 6, 2023</p> <p><i>Utilizing Public Health to Address Elder Abuse</i></p> <p>By Karon Phillips, Ph.D., MPH, CHES, Policy Development Manager and Megan Wolfe, JD, Senior Policy Development Manager at Trust for America’s Health</p> <p>By 2030, one in five people will be aged 65 and over. With this incredible increase in longevity, it is important to make sure that the problems of today do not become the problems of tomorrow, and that new generations of older adults have the tools and resources they need to thrive and age healthily. Public health has shown great progress in addressing the needs of older adults, from programs relating to fostering healthy brains to Healthy People 2030 including as one of its goals to “improve health and well-being for older adults.” The COVID-19 pandemic exposed the breadth of health challenges of older adults and underscored the need for public health attention to this growing population. One of those challenges that was exacerbated during the pandemic is elder abuse.</p> <p>While there is limited data on the phenomenon—primarily due to underreporting—elder abuse is experienced by about one in 10 community-dwelling older adults each year. The COVID-19 pandemic created more opportunities for elder mistreatment with people sheltering in place and more isolated; at least 54% of calls to the National Center on Elder Abuse (NCEA) reported abuse during the first year of the pandemic, primarily physical and emotional (although this does not prove a causal link). Elder mistreatment can cause depression and keep older people from engaging with others. It has the potential to result in hospitalization or institutionalization. It has been shown to</p>

	<p>impact cognitive health and even cause premature death.</p> <p>There are currently some public health resources that exist to address elder abuse, but they are limited. The CDC’s National Center for Injury Prevention and Control has a website that includes some prevention principles and resources for public health practitioners. But the resources available through the Injury Center are more broadly focused and not just on older adults. In addition, dedicated public health funding to address elder abuse is frequently inadequate, resulting in limited resources and support for public health engagement in this crucial area of concern.</p> <p>Elder mistreatment is a public health issue, but there is little guidance in how public health practitioners can prevent abuse and better support those who become victims. Trust for America’s Health, which leads the national Age-Friendly Public Health System movement, offers a framework (see graphic below) that describes roles and policies for public health practitioners to build capacity and develop programs for healthy aging.</p> <p>The AFPHS 6Cs framework provides some valuable first steps for public health engagement in elder abuse.</p> <ol style="list-style-type: none"> 1. Create and lead policy and systems change: public health leaders can familiarize themselves and their colleagues on the health impacts of elder abuse and systemic factors that put older people at risk for abuse. 2. Connect and convene community partners: public health practitioners can convene multi-sector partners, including older adults and their families, hospitals, pharmacies, emergency personnel, and the aging services sector to assess needs and target interventions. 3. Communicate public health information and best practices: public health departments can use their messaging channels to highlight the risk factors, such as social isolation, as well as signs of elder abuse, and promote methods of reporting abuse. 4. Collect and analyze data: public health practitioners can assess and identify indicators of elder abuse, and enhance data collection on risks, health impacts, and incidents of elder mistreatment. 5. Coordinate existing services and supports public health can identify and coordinate community screening services and help to improve access to existing services. 6. Complement existing services and programs: once existing programs are identified, public health departments can work with community coalitions and other partners to create new ways to capture data, develop and deliver screenings, and ensure that all of their staff are well-positioned to recognize and address elder mistreatment. <p>https://tinyurl.com/PublicHealthElderAbuse</p>
Veteran Services	<p>8. *Washington Post April 6, 2023 <i>Readers respond: Don’t touch veterans’ disability benefits</i> Various letters to the editor in response to the editorial: “The military gets modernized. So why not veterans’ benefits?”</p>
News from Around the Nation	<p>9. *Tampa Bay Times March 7, 2023 <i>Suing Florida nursing homes for wrongful death will get harder if this bill passes</i> By Hannah Critchfield</p>

	<p>A new bill would make it harder to sue Florida nursing homes and other long-term care facilities after the death of a resident.</p> <p>House Bill 1029, along with its companion Senate Bill 1304, would raise the bar for these cases to the current requirements for medical negligence suits in Florida.</p> <p>If passed, only spouses and surviving children under 25 would be able to file wrongful death suits against long-term care facilities in the Sunshine State. . .</p> <p>A new bill would make it harder to sue Florida nursing homes and other long-term care facilities after the death of a resident.</p> <p>House Bill 1029, along with its companion Senate Bill 1304, would raise the bar for these cases to the current requirements for medical negligence suits in Florida.</p> <p>If passed, only spouses and surviving children under 25 would be able to file wrongful death suits against long-term care facilities in the Sunshine State.</p> <p>https://tinyurl.com/SuingFLNH</p> <p>10. *Tampa Bay Times February 10, 2023 <i>Florida nursing homes see spike in serious violations</i> By Hannah Critchfield A Tampa Bay Times investigation found that these incidents have nearly doubled since 2019. A man in a wheelchair was left outside a St. Petersburg nursing home on a 95-degree summer day. When the nursing home’s staff discovered him two hours later, he was unresponsive. His body temperature had climbed to 106. https://tinyurl.com/FLNHViolationsSpike</p>
	*May require registration before accessing article.
Dignity Alliance Massachusetts Legislative Endorsements	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net .
Websites	
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . 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 https://dignityalliancema.org/funding-opportunities/ .
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/
Nursing home closures	<ul style="list-style-type: none"> Chapin Center, Springfield 160 beds; current census: 91 Owner: The Northeast Health Group, Inc. Star rating: 3 stars Closed: April 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Governor’s Center, Westfield 100 beds; current census: 70 Owner: The Northeast Health Group, Inc.

	<p>Star rating: 1 star Closed: April 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF)</p> <ul style="list-style-type: none"> Willimansett Center East, Chicopee 85 beds; current census: 65 Owner: The Northeast Health Group, Inc. Star rating: 4 stars Notice date: February 6, 2023 Closed: March 2023 Willimansett Center West, Chicopee 103 beds; current census: 71 Owner: The Northeast Health Group, Inc. Star rating: 5 stars Closed: April 6, 2023 Notice of Intent to Close and Draft of Closure and Relocation Plan (PDF) Voluntary nursing home closure process When a facility decides to voluntarily close, there are several requirements that it must fulfill before it can complete the closure. This process is outlined in the Licensure Procedure and Suitability Requirements for Long-Term Care Facilities regulations (105 CMR 153.000). 									
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> On November 6, 2021 the state announced 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.</p> <p>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.</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Number of new COVID-19 cases within the facility Staffing levels Failure to report a lack of adequate PPE, supplies, or staff Infection control survey results Surveillance testing non-compliance <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>Updated on April 7, 2023. Red font – newly added</p> <table border="1" data-bbox="487 1822 1521 1879"> <thead> <tr> <th data-bbox="487 1822 857 1879">Name of Facility</th> <th data-bbox="857 1822 1068 1879">City/Town</th> <th data-bbox="1068 1822 1224 1879">Date of Freeze</th> <th data-bbox="1224 1822 1360 1879">Qualifying Factor</th> <th data-bbox="1360 1822 1521 1879">Star Rating</th> </tr> </thead> </table>					Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
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	Alliance Health at Rosewood	Peabody	4/6/2023	Cases	4
	Labelle's Rest Home	Shelburne	3/29/2023	Cases	N/A
	Sancta Maria Nursing Facility	Cambridge	3/29/2023	Cases	3
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated October 26, 2022</p> <p>CMS has published a new list of Special Focus Facilities (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>What can advocates do with this information?</p> <ul style="list-style-type: none"> • 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. • Post the list on your program's/organization's website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included. • Urge residents and families in a candidate facility to ask the administrator what is being done to improve care. • 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. • 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. <p>Massachusetts facilities listed (updated July 27, 2022) Newly added to the listing</p> <ul style="list-style-type: none"> • None <p>Massachusetts facilities not improved</p> <ul style="list-style-type: none"> • Attleboro Healthcare, Attleboro https://tinyurl.com/AttleboroHealthcare <p>Massachusetts facilities which showed improvement</p> <ul style="list-style-type: none"> • Marlborough Hills Rehabilitation and Health Care Center, Marlborough https://tinyurl.com/MarlboroughHills <p>Massachusetts facilities which have graduated from the program</p> <ul style="list-style-type: none"> • Oxford Manor, Haverhill • Worcester Health Center, Worcester <p>Massachusetts facilities that are candidates for listing</p>				

	<ul style="list-style-type: none"> • Charwell House Health and Rehabilitation, Norwood https://tinyurl.com/Charwell Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225208 • Medway Country Manor Skilled Nursing and Rehabilitation, Medway https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Savoy Nursing and Rehabilitation Center, New Bedford No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225423 • South Dennis Healthcare, South Dennis https://www.nextstephc.com/southdennis Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225320 • Tremont Health Care Center, Wareham https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 • Watertown Rehabilitation and Nursing Center, Watertown (added in June) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225425 https://tinyurl.com/SpecialFocusFacilityProgram
<i>Nursing Home Inspect</i>	ProPublica <i>Nursing Home Inspect</i> 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 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,

	<p>when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <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"> • Staff turnover: 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. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <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. https://tinyurl.com/NursingHomeCompareWebsite</p>																								
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <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 data.cms.gov and updated monthly.</p>																								
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <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>																								

	Table of Contents <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data 		
DignityMA Call to Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org		
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Workgroup	Workgroup lead	Email
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	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Cassie Cramer 		

- Wynn Gerhard
- Anna Gosline
- Dick Moore
- Julian Rich
- Dorothy Weitzman

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If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.

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.

Previous issues of The Tuesday Digest and The Dignity Digest are available at: <https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.