



# The Dignity Digest

Issue # 137

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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  
Commonwealth v. Clinton

Decision of the  
Masachusetts Supreme  
Court regarding the  
Holyoke Soldiers' Home

*SJC reinstates criminal charges against managers of Holyoke Soldiers' Home, where 76 died early in pandemic*

**Boston Globe**

April 27, 2023

[SJC Reinstates Charges](#)

By Ivy Scott and John R. Ellement

Families of the veterans say the decision offers 'a glimmer of hope' as they prepare for the upcoming trial.

The state's highest court reinstated criminal charges on Thursday against Bennett Walsh and Dr. David Clinton, two former top officials of the Holyoke Soldiers' Home who were accused of neglecting veterans during the COVID-19 pandemic in which at least 76 residents died.

In a 5-2 ruling, the Supreme Judicial Court decided that while the deaths may not constitute a crime, the state attorney general's office should have the opportunity to present its criminal case against the two men in Hampden Superior Court.

"Of course, sometimes bad things happen for no discernible reason, and no one is to blame. At any subsequent trial, prosecutors will need to prove their case," Justice Dalila A. Wendlandt wrote for the majority. "We conclude only that they will have the opportunity to do so."

Relatives of the veterans who died celebrated the ruling, but said they are steeling themselves for the trial ahead.

"Obviously there's no real justice yet, but just the fact that it's moving forward is something to be hopeful about," said Laurie Beaudette, whose father, James Mandeville, was one of the veterans to die of COVID-19 at the soldiers' home in 2020.

The outbreak was exacerbated by what then-attorney general and now Governor [Maura Healey called "tragic and deadly" decision-making](#) by management at the veterans home, which included combining two dementia units due to alleged staffing shortages.

Attorney General Andrea Campbell, who is now prosecuting the case, called the court's decision "welcome and important news" and said her office remains focused "once again on securing accountability for the tragic and preventable deaths at the soldiers' home in Holyoke."

The ruling "affirms what we already knew," Campbell said in a statement. "The leaders and managers of facilities like the soldiers' home share responsibility for the health and safety of their residents."

Michael Jennings, a lawyer for Walsh, said that he was "a little

disappointed” in the ruling, but that his team has been preparing for trial and welcomes the opportunity to defend his client.

“We’ll be ready when that opportunity comes,” he said.

Jeffrey Pyle, an attorney for Clinton, pointed to a dissenting opinion in the case, which he said “eloquently explains why this prosecution is misguided, and why Dr. Clinton is not guilty.”

In that dissenting opinion, Justices David Lowy and Elspeth Cypher argued that Bennett and Clinton were making decisions at a time when best medical practices were changing daily and that none of their actions were taken wantonly or recklessly, as required by law for them to be criminally charged.

“At its core, this prosecution is nothing more than an exercise in assigning blame with the benefit of hindsight,” Lowy wrote.

The [grand jury indictments](#) against Walsh, who as superintendent was the facility’s top manager, and Clinton, its medical director, were handed out in September 2020. Each was charged with elder neglect and permitting bodily injury involving five veterans after their choice to combine two dementia units allegedly put elderly veterans at risk. The case is believed to be the first US prosecution of nursing home caregivers over their handling of the pandemic.

In November, the charges were thrown out by Hampden Superior Court Judge Edward J. McDonough, who said there was no “reasonably trustworthy evidence” that their actions harmed veterans. Two months later, lawyers from the [attorney general’s office asked the SJC to restore the criminal charges](#).

On Thursday, the SJC said there is sufficient probable cause to have the case proceed to trial as both men could be considered “caretakers” under state law, although they were not in direct contact with patients.

“Each is an individual who contractually is duty-bound, answerable, or accountable for the health, well-being, and safety of an elder or person with a disability,” the majority concluded.

David Schumacher, who has worked as both a prosecutor and a defense attorney and has closely followed the case, said the emotions underpinning the prosecution are likely to play a significant role in a trial. Still, he noted, prosecutors have the high burden of proving wanton or reckless behavior beyond a reasonable doubt.

“This was a tragedy, an awful, awful tragedy . . . and there’s going to be a completely understandable instinct to hold somebody responsible for that,” he said. But “everyone’s forgetting what it was like at the beginning of COVID. It was an unprecedented pandemic, and nobody knew what was going on . . . so I think it would be a close case.”

As the victims’ families praised the ruling, which some called overdue, they also expressed hope mingled with apprehension for the trial ahead, which has not yet been scheduled.

“We’ve been waiting an awful long time,” said Susan Kenney, whose father, Chuck Lowell, died during the outbreak. “I was certainly very

	<p>ecstatic when I heard that [the lower court’s decision] was reversed, and hopefully . . . they will be found guilty as they should.”</p> <p>Donna DiPalma, who lost her father, Emilio DiPalma, said she feels “a slight glimmer of hope” but is concerned that Walsh’s political connections in Springfield could influence the trial. His mother is a Springfield city councilor and his father is the city’s former veterans services director; his uncle and lawyer, William Bennett, is also the former district attorney for Hampden County, where the trial will take place.</p> <p>“An unbiased hearing? I’m not sure that we can count on that because of all his connections,” she said. “I was hopeful when it was moved to Boston, but . . . the thought of bringing it back to the Springfield area is kind of a bummer.”</p> <p>Jennings, Walsh’s attorney, said the jury selection process should eliminate any concern about bias.</p> <p>Susan Regensburger, whose father, John MacKay, died in the outbreak, said that after more than a year of grief and anger, she no longer blames Walsh and Clinton. Instead, she is more upset with <a href="#">the then-state officials who appointed them</a>, and with the health care system in general.</p> <p>“If you’re going to bring somebody in to run a facility like that, they need to have medical background,” Regensburger said. “But over the last year and a half, I’ve just come to realize that unfortunately it was a freak thing that should never have happened. Wherever you were in the United States, people were doing the best they could.”</p> <p>Many families said the cautious joy they feel is also dampened by the reality of having to relive the death of their loved ones. Holding back tears, DiPalma said that even three years later, when she picked up her father’s American flag in Holyoke last week, she couldn’t bear to open it. “There have been so many ups and downs that I think we just want this wrapped up,” she said, “so we can 100 percent move on.”</p> <p><a href="#">SJC Reinstates Charges</a></p> <ul style="list-style-type: none"> <li>• The text of the decision by the Massachusetts Supreme Court is available at <a href="#">Commonwealth v. Clinton</a>.</li> <li>• Dignity Alliance Massachusetts filed an amicus brief with the Court in this matter which may be viewed here: <a href="#">Amicus Brief</a>.</li> </ul>
Quotes	<p><i>When residents of a country are shut out of the flow of information critical to knowledge of how their taxes are utilized, they have no say in governance, and, therefore, no real democracy. They cannot advocate intelligently and effectively for their rights as funders of programs that should benefit them. When they are kept in the dark and subjected to what monied interests choose to tell them,</i></p>

*they lose their right to expect a competently run program for which they are paying.*

David Kingsley, PhD, *The AHCA/NCAL & Brown University Long Term Care Data Cooperative: A Horrifying Move by the Nursing Home Industry to Control Nursing Home Data Analytics*. **Tall Grass Economics**, April 30, 2023, [LTC Data Cooperative](#)

*We can work to build an even better community for our older residents by:*

- *Not limiting our thinking about aging,*
- *Exploring and combating stereotypes,*
- *Emphasizing the many positive aspects of aging,*
- *Inspiring older adults to push past traditional boundaries, and*
- *Embracing our community's diversity.*

Sample Proclamation, **Administration on Community Living**, *Older Americans Month 2023*, [Sample proclamation](#)

*"It's banging on the door. It's getting harder. It's getting tougher. Every day gets tougher, but that's the way it is. Who do I see about that?"*

*"All these subtle ways it gets you. You don't die from Parkinson's. You die with Parkinson's. I'm not gonna be 80."*

Michael J. Fox, age 61 who has had Parkinson's Disease for 32 years, *Michael J. Fox talks mortality, Parkinson's: 'I'm not gonna be 80.'* **\*Washington Post**, April 30, 2023 (updated), [Not gonna be 80](#)

*"Forty-two disabled veterans, five of whom were named in the indictments. . . were crowded into a locked space designed to house at most 25 patients. As one witness told the grand jury, there were 'bodies on top of bodies.' '[T]ightly packed together and sick,' and 'coughing on top of each other,' the veterans at this state-run facility were left in their 'johnnies,' were placed in beds less than two feet apart, and were deprived of adequate hydration and food."*

Massachusetts Supreme Court Justice Dalila A. Wendlandt, writing for the

court majority, *Justice for Holyoke home victims back on track*, \***Boston Globe**, April 29, 2023 (Updated), [Justice for Holyoke Home](#)

*“Walking directions are a lot different than rolling directions. Potholes can tip over a chair. The quickest route isn’t always the safest route.”*

Jake Haendel, age 34, who has a rare neurological disorder, *After a harrowing life journey, Boston entrepreneur looks to build a ‘Waze for accessibility’*, \***Boston Globe**, , April 29, 2023, [Waze for accessibility](#)

*Research over decades has shown this strong association: The higher the level of nurse staffing, the more [likely you are](#) to be [discharged alive](#), or to have a good outcome. Ratios sound bureaucratic, but they tell a real story: If you are hospitalized, your nurse might be assigned four patients, or they might be assigned, for instance, eight patients. That's not unusual. What that ratio means for you, though, is that you may or may not get the care that you need, because a nurse can't be in eight different places at once.*

*Sarah DiGregorio on how supporting nurses helps all of us*, **Sunday Morning (CBS) (video report)**, April 30, 2023, [Supporting Nurses](#)

*The purpose of nursing is to maximize people's health and well-being. So, we need to make sure nurses have the working conditions that make it possible for all of us to get the care we deserve.*

*Sarah DiGregorio on how supporting nurses helps all of us*, **Sunday Morning (CBS) (video report)**, April 30, 2023, [Supporting Nurses](#)

*We don’t want to be caught off guard again. Governments at all levels should be continuing to build the virus-tracking capacity that was hastily created as the Covid crisis grew.*

*Our Covid Data Project Is Over, but the Need for Timely Data Is Not*, \***New York Times**, April 30, 2023, [Timely Data](#)

*There is good evidence that masks can protect people who use them correctly and consistently.*

*How Well Does Masking Work? And Other Pandemic Questions We Need to*

Answer, **\*New York Times**, April 30, 2023, [Does Masking Work](#)

*“Of course, we could have done better. We tried. If you look at what I was saying in the months before I stepped down, and what Ashish Jha is saying to this day, it’s that if you are vaccinated and boosted and have available therapy, you are not going to die, no matter how old you are. We were very explicit in saying that. Did people hear that? I don’t know. How loud do you have to say something for people to understand? How often have you got to say it?”*

Dr. Anthony Fauci, *Dr. Fauci Looks Back: ‘Something Clearly Went Wrong’*, **\*New York Times Magazine**, April 24, 2023, [Dr. Fauci Looks Back](#)

*“Private equity sees a huge opportunity to take smaller businesses that lack sophistication, lack the ability to grow, lack the capital investment, and private equity says, ‘We can come in there, cobble these things together, get standardization, get visibility and be able to create a better footprint, better access, and more opportunities.’”*  
*But, “it is a little scary. There are people that have no business being in health care” looking to invest in hospice.*

[Steve Larkin, CEO of Charter Healthcare](#), a hospice chain owned by the private equity firm Pharos Capital Group, **Fortune**, July 27, 2023, *Hospices have become big business for private equity firms, raising concerns about end-of-life care*, [Hospices as Big Business](#)

*Nursing facilities are a multi-billion-dollar industry that can be inefficient, cruel, and lethal.*

Margaret Morganroth Gullette, *The neglect in nursing facilities is no accident*, **WBUR Cognoscenti**, May 1, 2023, [Neglect in Nursing Homes](#)

*The crisis across the care continuum is urgent. But out of sight is out of mind until it's you/your family. There's an important comment by former Sen Richard Moore about the need for transparency. Why do for-profit companies buy nursing homes if they're unprofitable?*

State Senator Patricia Jehlen (D- Somerville), **Twitter**, February 27, 2023, read the full link here: [Sen. Patricia Jehlen](#)

From our colleagues around the nation

## 1. Tall Grass Economics

April 30, 2023

*The AHCA/NCAL & Brown University Long Term Care Data Cooperative: A Horrifying Move by the Nursing Home Industry to Control Nursing Home Data Analytics.*

### **What is the Long Term Care Data Cooperative?**

The lavishly funded American Health Care Association/National Center for Assisted Living publishes *Provider Magazine* – a very slick piece of propaganda, the purpose of which is promotion of the nursing home industry. In the November/December 2022 issue, the magazine included an article entitled *Where Innovation Meets Data: The Long Term Care Data Cooperative*.

This newly minted institution is, according to the author, “the first of its kind in the world.” The author provided – unwittingly, I’m certain – a scary and chilling description of this so-called “innovation:” “Formed in partnership by AHCA/NCAL and Brown University and funded by the National Institute of Aging, the Cooperative is an effort to improve the quality of care within skilled nursing care centers through a new – and collaborative – approach to gathering and sharing patient data.”

According to the article this is a “large-scale effort” in which any long-term or post-acute center can enroll. The data will apparently come from multiple electronic record (EMR) software vendors “into a single repository of information.”

### **Who Gets the Data?**

Given the industry’s money and political power, advocates, researchers, and activists should be very wary of any flow of data through the health care system controlled by the AHCA/NCAL. I can think of no other government data set collected from taxpayer funded contracts that is controlled by an industry as opposed to the funding agency. This cooperative – industry front organization – will provide the data to “vetted federally funded researchers.”

And how will the vetting process work? According to the article, it will work this way: ***“Researchers will need to move through an extensive approval process to gain access to the Long Term Care Data Cooperative, which will include input from participating providers, who have the opportunity to review each application and decide on appropriate uses of data.”***

### **Advocate, Researchers: Reread the Above Quote and Think Seriously About It!**

If providers and the AHCA/NCAL decide who has access to the data and how it is used, this entire enterprise will benefit the industry without any commitment to evaluation of care on behalf of the U.S. taxpayers. Those of us with an allegiance to science, integrity, and research ethics and who have had access to large government datasets, can quickly recognize how scientifically and ethically flawed this process is.

Think about what the industry has been able to pull off with the imprimatur of Brown University and the National Institute of Aging. A government agency is funding industry control over data that belong to the people of the United States. This has huge scientific, democratic, and moral implications. This is not the way the government should work, and as far as I know, has ever worked in relationships with qualified researchers.

### **Why is Hospital Data So Accessible While Nursing Home Data is So Inaccessible?**

My department chair at Kansas University Medical Center asked me to design

a course on large datasets and statistics – essentially a data analytics course for PhD students. I did that. In that endeavor, I used the H-CUP hospital dataset, which I purchased each year for \$300 from the Agency for Health Quality & Research (AHRQ). The file included approximately 200 variables and eight million cases (de-identified patient data).

The process for obtaining this dataset is rather simple (see: <https://hcup-us.ahrq.gov/>). Researchers simply need a legitimate purpose for using the data and be willing to sign a data use agreement. No hospital corporation had any role in vetting users of the data nor a say in the nature of the research. Although I retired from KUMC, I can continue to obtain the data and have indeed ordered it on occasion.

### **Democracy Requires Openness and Information to Which the Public Has Access**

When residents of a country are shut out of the flow of information critical to knowledge of how their taxes are utilized, they have no say in governance, and, therefore, no real democracy. They cannot advocate intelligently and effectively for their rights as funders of programs that should benefit them. When they are kept in the dark and subjected to what monied interests choose to tell them, they lose their right to expect a competently run program for which they are paying.

When powerful industries withhold, misrepresent, and misuse data, the taxpaying public will of necessity be cheated. In a democracy, residents have a right to know the results of programs which they need and for which they are paying. However, as authoritarianism grows, concentrated wealth and power increasingly filter information.

The AHCA/NCAL misrepresents financial data on behalf of its corporate members with impunity. They not only get a pass on their lack of integrity, their claims regarding providers' financial hardships due to low Medicaid reimbursement are repeated by some well-known economists in peer reviewed journals. Never have I seen evidence provided for these claims. Conversely, I can produce, and have, produced an abundance of evidence to the contrary.

It is critically important that advocates, activists, and, hopefully, journalists confront the industry's misrepresentations. Their propaganda is deadly. Rather than provide adequate care, too many nursing homes extract maximum cash while providing minimal care. It seems to me that AHCA/NCAL-Brown University data enterprise is configured to continue that unsavory characteristic of long-term care industry.

[LTC Data Cooperative](#)

### **2. Long Term Care Data Cooperative**

This is the website for the Long Term Care Data Cooperative, a collaboration of Brown University, the American Health Care Association/National Center for Assisted Living, and the National Institute of Aging.

<https://www.ltcdatacooperative.org/Pages/default.aspx>

### **3. Administration on Community Living**

*Older Americans Month 2023*

Every May, the Administration for Community Living leads the nation's observance of Older Americans Month (OAM). The 2023 theme is ***Aging Unbound***, which offers an opportunity to explore diverse aging experiences and discuss how communities can combat stereotypes. Help promote flexible thinking about aging – and how we all benefit when older adults remain





	<p>engaged, independent, and included.</p> <p><b>Available now:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Logos*</a></li> <li>• <a href="#">Posters*</a></li> <li>• <a href="#">Social media graphics*</a></li> <li>• <a href="#">Masthead</a></li> <li>• <a href="#">Activity ideas</a></li> <li>• <a href="#">Sample article and proclamation template</a></li> </ul> <p>*Available in English and Spanish  <a href="https://acl.gov/oam/2023/older-americans-month-2023">https://acl.gov/oam/2023/older-americans-month-2023</a></p>
<p>Transitions</p>	<p><b>4. New Positions</b>  <i>Anna Krieger</i>  Executive Director  <a href="#">Massachusetts Advocates for Children</a>  Massachusetts Advocates for Children’s mission is to remove barriers to educational and life opportunities for children and youth.</p> <p><i>Betsey Crimmins</i>  Executive Director  <a href="#">Mass Home Care</a>  Association of Aging Service Access Points and Area Agencies on Aging</p>
<p>Dignity Alliance  Massachusetts Members in the News</p> <p><i>Margaret Morganroth Gullette</i> is an author. Her forthcoming book, "American Eldercide" will be published in 2024. She also wrote "Ending Ageism, or How Not To Shoot People." She is a resident scholar at the Women's Studies Research Center at Brandeis University.</p>	<p><b>5. WBUR Cognoscenti</b>  May 1, 2023  <i>The neglect in nursing facilities is no accident</i>  By Margaret Morganroth Gullette  In 40 years of driving, I’ve had only one accident — a fender-bender. And it wasn’t even on the road, but in the parking lot beneath my mother’s apartment building. I was in the midst of driving her car to the hospital to find her a bedpan.  My mother, a healthy 83-year-old, had broken her hip. But she didn’t tell me. (I’m an author — and I was on a book tour — so, displaying her typical independence and consideration for my career, she kept the news to herself and simply arranged the replacement operation.) As soon as I heard, I flew to Florida for support and stayed in her apartment, which was some miles from the hospital where she was recovering. Around midnight, she called and woke me up. The call-button had produced no result, and she couldn’t find anyone to bring her a bedpan.  A bedpan that arrives 15 minutes late is a humiliation; half an hour late, torture; any time after that, stench and despair.  Backing her car out of a tight spot, I didn’t stop for the ghastly scraping noise as the fender raked a giant cement column. I drove to the hospital without further incident, got to her silent floor — still no one in the nurse’s station — located her room, waved quickly and stalked around the corridors like a demon, calling out until I found a person who could help.  I think of my mother’s missing bedpan with fury as we round year three of the COVID era. A lot of residents of nursing homes and rehab facilities find themselves in my mother’s situation — and far worse. Helpless and bereft, abandoned.  For them, this is an interminable and disastrous public-health crisis. Staffing remains painfully, cruelly low. Patients with mobility issues call out because they need to be repositioned to avoid bedsores. An unheeded call could be someone</p>

having a heart attack or a stroke.

[People](#) lie dehydrated and unwashed in soiled beds, leading to urinary tract infections and skin problems. Others whose [needs were ignored](#) too long may need hospitalization, or even die in their beds. One woman died [outside in the cold](#).

Some residents have no family to call. Some can't or don't complain, but the neglect is obvious. Relatives see loved ones losing weight, with unkempt hair, untrimmed nails. After the first year of COVID, a survey by the National Consumer Voice For Quality Care found that [87% of families](#) had noticed similar deteriorations. To add insult to injury, in a report called "[Broken Promises](#)," the Long Term Care Community Coalition, reviewing 290,000 harm reports, found many atrocious deficiencies cited by state supervisors as "not harm."

Understaffing also destroys morale among aides. In a series of interviews captured on video by Consumer Voice, a resident named Margarite G. said that aides "go home crying" because they can't properly care for all their clients. Forty-five people per floor, with just three aides, makes victims of both groups. Weekends can be especially miserable. "They're tired," resident Maurice M. kindly observed, of staff, "They're just tired." Some aides leave, burnt out or unable to live on the subpar pay scale. Turnover can go as high as 50% or more over a year.

Ombudsman's complaints can't change this. These problems are happening nationwide. They require political will on the part of states and Congress that has not been exercised for decades.

Despite what the public may think, it was not always staff illnesses or resignations that created the atrocious neglect in nursing facilities over the past three years of COVID. Nursing facilities are a multi-billion-dollar industry that can be inefficient, cruel and lethal. Some are decent employers, but in many facilities, understaffing, underpaying and overworking employees — and thus, out of necessity abusing residents — are part of the standard business model. Many for-profit owner/operators slyly siphon off the money to "[related parties](#)" they *also* own, like realtors or janitorial services, to give stockholders their expected dividends. Their advocates misleadingly name that despicable system "flexible" staffing.

In September 2020, Massachusetts had the [worst record in the U.S.](#): There were 125 COVID-19 deaths per 1,000 residents in nursing homes in Massachusetts. By March 2021 at least 8,647 residents had [died of COVID-related illness](#) in the state — almost a quarter of all the residents who were alive in 2020.

This year Massachusetts' legislators have bills in front of them to approve safe staffing ratios. [Bill H623](#), now in front of the Joint Committee on Elder Affairs, would mandate a minimum of 4.1 hours per person per day. It could be improved; experts recommend 4.5 hours. Safe minimums attract and retain employees and give them time to provide the dignified, companionable care that residents deserve.

An amendment to Section 10 of an omnibus bill an "[Act to improve quality and oversight of long-term care](#)," would establish a living wage for direct-care staff. The pay would go directly to them, with grateful thanks — not through the pockets of the owners.

Massachusetts flunked one test of responsible caring in 2018, when Proposition 1 --which concerned safe hospital staffing ratios — was brought to voters. The lobby of the hospital association swayed voters with their menaces that

	<p>hospitals would close. Now it may be the nursing-facility lobby that gets to lawmakers by threatening closures. But typically, for-profit owners can well afford higher staffing ratios. Their income is assured by Medicaid and Medicare payments, not to mention that clients on Medicaid must hand over their Social Security checks.</p> <p>There's a national movement now to better conditions in all facilities. Massachusetts reformers, including Senator Pat Jehlen and Rep. Thomas Stanley, are in the Legislature. Dignity Alliance MA — a grass-roots coalition of aging and disability service and advocacy organizations — has endorsed the omnibus bill, which if enforced would not dabble at reform but <i>transform</i> nursing facilities in our state.</p> <p><a href="#">Neglect in Nursing Homes</a></p>
Webinars and Online Sessions	<p><b>6. National Paralysis Resource Center (operated by the Christopher &amp; Dana Reeve Foundation)</b>  Friday, May 12, 2023, 2:00 p.m.  <i>Webinar: USAging Resources for the Paralysis Community</i>  The National Paralysis Resource Center (operated by the Christopher &amp; Dana Reeve Foundation) is hosting a webinar entitled “USAging Resources for the Paralysis Community.” Join USAging’s Sara Tribe Clark for a webinar on two national call centers, the Eldercare Locator and Disability Information and Access Line, and find out how to connect with local aging, disability, and caregiver resources anywhere in the United States.</p> <p>The presentation will also include information about how to reach the call centers via phone, email, online chat, text, and using USAging’s website to access resources. Links to resources and outreach materials will be provided for easy access to USAging’s call centers and to help spread the word!</p> <p><a href="#">Register for the webinar.</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>7. *Boston Globe</b>  Aprile 29, 2023 (updated)  <i>Man charged with murder in roommate’s death at Rhode Island nursing home</i>  A resident of a Rhode Island nursing home was charged with murder for allegedly suffocating his elderly roommate late Thursday night, according to officials and a media report.</p> <p>Robert Hill, 76, is accused of killing 81-year-old John Sullivan inside Crestwood Nursing and Rehabilitation in Warren, R.I., late Thursday, according to the Warren Police Department and the Rhode Island attorney general’s office. Hill was charged with murder in the first degree and was arraigned in district court in Providence on Friday where he was ordered to undergo a competency evaluation, according to court records. His next court date is May 8. . .</p> <p>Hill was taken out of the room and allegedly told employees that Sullivan “tried to kill me first. He’s been trying to kill me for five, 10 years,”</p> <p><a href="#">NH Roommate Death</a></p>
Public Policy	<p><b>8. Salem News (Associated Press)</b>  May 1, 2023  <i>Congress eyes work rules for millions covered by Medicaid</i>  By Amanda Seitz</p> <p>More than a half million of the poorest Americans could be left without health insurance under legislation passed by House Republicans that would require</p>

	<p>people to work in exchange for health care coverage through Medicaid. It's one of dozens of provisions tucked into a GOP bill that would allow for an increase in the debt limit but curb government spending over the next decade. The bill is unlikely to become law, though. It is being used by House Republicans to draw Democrats to the negotiating table and avoid a debt default. . .</p> <p>The work requirements say able-bodied adults ages 19 to 55 who don't have children or other dependents would be required to work, train for a job or perform community service to stay on Medicaid. They would have to put in at least 80 hours a month to stay on the government-sponsored health care coverage.</p> <p>About 84 million people are enrolled in Medicaid, and the Congressional Budget Office estimates 15 million would be subject to the requirement. The Health and Human Services Department, however, predicts millions more — about a third of enrollees altogether — would be required to work.</p> <p><a href="#">Work Rules</a></p>
Disability Topics	<p><b>9. *Washington Post</b>  April 30, 2023 (updated)  <i>Michael J. Fox talks mortality, Parkinson's: 'I'm not gonna be 80.'</i>  By Tara Parker-Pope</p> <p>The actor said he is less steady on his feet and has broken several bones. But he says gratitude has helped him remain optimistic.</p> <p>In a revealing interview, the actor Michael J. Fox spoke about his own mortality and the challenges of living with Parkinson's disease for more than 30 years, including his experiences with falling and breaking bones.</p> <p><a href="#">The interview</a>, with Jane Pauley of "CBS Sunday Morning," was to promote his new documentary "Still," <a href="#">to be released May 12.</a> . .</p> <p>Parkinson's disease is a progressive and debilitating disorder that causes uncontrollable jerks and twitches, shaking, slurred speech, and difficulty with balance and coordination, among other things. The disease, which progresses as <a href="#">nerve cells in the brain</a> weaken or die, is <a href="#">more common in men</a>, although researchers don't know why. The actor <a href="#">Richard Lewis</a>, 75, recently announced he has Parkinson's. . .</p> <p>In 2000, Fox launched the Michael J. Fox Foundation for Parkinson's Research, which has supported some of the most ambitious research in the field. In April, researchers announced <a href="#">a major breakthrough</a>, identifying forms of a protein and a testing method that can be used to diagnose Parkinson's much earlier and reduce the numbers of people who are wrongly diagnosed with the disease.</p> <p><a href="#">Not gonna be 80</a></p> <p><b>10. Sunday Morning (CBS)</b>  April 30, 2023  <i>Michael J. Fox on Parkinson's and how he finds "optimism is sustainable"</i>  (Video Interview) with Jane Pauley  <a href="#">Michael J. Fox on Parkinson's</a></p> <p><b>11. *Boston Globe</b>  April 29, 2023  <i>After a harrowing life journey, Boston entrepreneur looks to build a 'Waze for accessibility'</i>  By <a href="#">Aaron Pressman</a></p> <p>Great ideas sometimes come to people in the shower or while stuck in traffic. For Jake Haendel, lightning struck when he was accidentally locked in a</p>

	<p>bathroom stall at a nightclub near North Station. Haendel, 34, suffers from a rare neurological disorder, has trouble with fine motor control, and needs an electric scooter to get around. After being unable to grasp and unlock the stall door, he had to text his friends at their table in the restaurant next door, Guy Fieri’s Tequila Cocina, to come help. . .</p> <p>After Haendel’s friends freed him from the bath stall, the group wondered why there wasn’t an app like Google Maps or Yelp cataloging accessibility features at restaurants and other venues, using crowdsourcing like Waze does. Existing apps didn’t provide the kind of detailed and accurate information people with accessibility issues needed. One of his friends at the table that night was Justin Robinson, who learned quite a bit about app development when he <a href="#">cofounded liquor delivery service Drizly back in 2012</a>. . .</p> <p>Dubbed Ahoi, the <a href="#">app collects ratings and photos</a> crowdsourced from users who file accessibility reports at the level of detail needed to guide people with a variety of physical disabilities. It also lets users input their own needs and returns personalized scores for the accessibility of venues. (The initial focus is on the Boston area, where more than 1,000 locations have already been rated.) . . .</p> <p>A tremendous number of people could benefit from an app like Ahoi if it caught on and gathered enough venue ratings. According to a survey by the US Department of Transportation, <a href="#">more than 24 million adults have disabilities</a> related to mobility. More than half need to use a walker or cane, and about 20 percent use a wheelchair or motorized scooter. . .</p> <p>Some earlier efforts have tried to take on the accessibility data challenge. The website <a href="#">WheelchairTravel.org</a> has advice for people traveling to 25 major US cities, including Boston, Dallas, and Seattle. The city reports cover general accessibility information for public transit systems and tourist destinations, but not specific hotels and restaurants. The website <a href="#">AccessNavigators.com</a> collects crowdsourced accessibility information as Ahoi does, but has guidance available for only a few cities in Maine, New Hampshire, and Massachusetts.</p> <p><a href="#">Waze for accessibility</a></p> <p><b>12. Sunday Morning (CBS)</b>  July 25, 2021  <i>Surviving locked-in syndrome: How one man confounded expectations of death</i>  When 28-year-old Jacob Haendel was rushed to a Massachusetts emergency room four years ago, doctors thought the one-time chef, as young as he was, was having a stroke. But he wasn't; his scans showed something very different, and very strange: Jake's brain seemed to be unplugging itself from the rest of his body.</p> <p>"The wires weren't sending signals from place to place," said Dr. Brian Edlow, who examined Haendel in the ICU. He wasn't sure at first what was causing it, until Haendel made a confession. He told him he partied hard, and that included doing drugs — opioids, mostly — until he turned to street heroin.</p> <p><a href="#">Locked In Syndrome</a></p>
Covid	<p><b>13. *New York Times</b>  April 30, 2023  <i>How Well Does Masking Work? And Other Pandemic Questions We Need to Answer</i>  By Jennifer B. Nuzzo</p> <p>When the coronavirus took off in 2020, the unknowns were immense, as was the urgency. It was clear that the virus was novel, that it was spreading widely</p>

and that it was killing many of the people it infected. And there was no vaccine or proven drug treatment. This was the context in which states first mandated masks, issued stay-at-home orders and closed schools, among other measures — an emergency.

But now we should have more data from this pandemic to guide our decisions. We don't send rockets into space without collecting data to monitor their progress and detect if they are veering off course. And yet we witnessed more than one million Covid-19 deaths in the United States without a clear plan to assess whether we were doing all we could to prevent more. . .

Questions about masking, for example, were recently revived by a Cochrane [study](#) reporting that masking (with surgical ones or respirators like N95) makes "little or no difference" in reducing infection at the population level, such as among health care workers or in communities. Some mask opponents claim this validates their assertions that masks don't work. Some mask supporters are raising questions about the study's authors and attempting to discredit their conclusions. Which side is right?

As with most things about the Covid pandemic, the answer is most likely somewhere in between.

There is good evidence that masks can protect people who use them correctly and consistently. Laboratory studies clearly show that wearing a mask properly, when in the presence of the virus, will reduce a person's exposure to it. Other studies show that higher-quality masks, such as N95 respirators, are better able to keep the virus out than less well-fitting surgical masks or cloth masks. . .

We need to develop clear plans for randomized and other well-designed studies and get them funded. A [review](#) of research by investigators affiliated with U.S. governmental public health entities during the pandemic found very few studies that evaluated the impact of measures to control the spread of disease. It is ludicrous to simply hope academic researchers will spontaneously choose and muster the resources necessary to address the most pressing pandemic response questions. Just as we have established research networks and protocols to conduct the highest-quality evaluations of the effectiveness of vaccines, we should have the same for nonpharmaceutical interventions, like masking. We can and must identify the highest-priority research questions and the funding to systematically and rigorously investigate them.

[Does Masking Work](#)

#### 14. \*New York Times

April 30, 2023

*Our Covid Data Project Is Over, but the Need for Timely Data Is Not*

By Beth Blauer, Lauren Gardner, Sheri Lewis and Lainie Rutkow

The four of us spent the last three years immersed in collecting and reporting data on Covid-19 from every corner of the world, building one of the most trusted sources of information on cases and deaths available anywhere. But we stopped in March, not because the pandemic is over ([it isn't](#)), but because much of the vital public health information we need is no longer available.

This is a dangerous turn for public health. The data on cases and deaths is critical for tracking and fighting the coronavirus, which has killed more than [1.1 million](#) people in the United States and nearly [6.9 million](#) worldwide. For the week of April 13 to April 19, [1,160](#) people were reported to have died from the virus in the United States. This is, in all likelihood, an underestimate.

Unfortunately, nearly all states have stopped frequent public reporting of new cases and deaths, making it difficult to enable us to see how the virus is trending. And the widespread use of at-home tests has meant that most positive results almost never get recorded in public health databases, making it virtually impossible to detect and monitor outbreaks in a timely way. . .

The seven-day averages of cases and deaths still reported weekly by the C.D.C. are valuable but of limited use for spotting and reacting to trends. As testing data has declined and the public health emergency is about to end, hospitalization data collected and reported by the U.S. Department of Health and Human Services is the best information available, but it is insufficient to fully track and understand the pandemic because hospitalizations lag several weeks beyond infections.

We don't want to be caught off guard again. Governments at all levels should be continuing to build the virus-tracking capacity that was hastily created as the Covid crisis grew. There is still much to do to fix the hodgepodge of antiquated, disconnected surveillance data systems that exist across governments. This is important not only for the next pandemic — and there will be one — but also to help the public health community understand and address other threats that kill people every day: infectious diseases, drug addiction, gun violence, obesity, and poverty

Here's what we should be doing:

- Establish uniform standards.
- Diversify skills and collaborate.
- Invest in the tools we need.
- Health security is national security. It should be funded like it.

[Timely Data](#)

**15. ^New York Times**

April 26, 2023

*Who's to Blame for a Million Deaths?*

By David Wallace-Wells

It has been a brutal three years. As the Covid-19 death toll first grew past 100,000 and then did that 11 times over, the country cast around desperately for those to blame, not just for the growing mountain of American deaths but also for unprecedented disruptions to the lives of survivors.

[Blame For a Million Deaths](#)

**16. \*New York Times Magazine**

April 24, 2023

*Dr. Fauci Looks Back: 'Something Clearly Went Wrong'*

By David Wallace-Wells

In his most extensive interview yet, Anthony Fauci wrestles with the hard lessons of the pandemic — and the decisions that will define his legacy.

[Dr. Fauci Looks Back](#)

**17. Office of Governor Maura Healey and Lt. Governor Kim Driscoll**

March 15, 2023

*Healey-Driscoll Administration Announces End of COVID-19 Public Health Emergency in Massachusetts*

Administration also files legislation to extend certain staffing flexibilities for health care providers; Will rescind vaccine mandate for Executive Branch employees on May 11

The Healey-Driscoll Administration announced that the state's COVID-19 public

	<p>health emergency will end on May 11, 2023, to align with the end of the federal public health emergency. The announcement this week, ahead of the 45-day notice required by state law, allows additional time for impacted organizations to prepare for the end of the public health emergency.</p> <p>Governor Healey will also file legislation that would extend key flexibilities provided by the public health emergency, particularly around staffing for the health care industry and emergency medical services (EMS). The Governor also announced that on May 11 she plans to rescind Executive Order 595 that required all Executive Branch state employees to have received their primary series COVID-19 vaccines.</p> <p>“Thanks to the hard work of our health care providers and communities, we’ve made important progress in the fight against COVID-19,” said <b>Governor Healey</b>. “We know that we have the tools to manage this virus – vaccines, masking, testing, getting treatments and staying home when sick – and we’ve reached the point where we can update our guidance to reflect where we are now. I’d also like to acknowledge the leadership of Governor Baker and his administration, who saved countless lives by putting these important measures in place in a time of immense crisis.”</p> <p>“Executive Order No. 595 has been a successful tool for boosting vaccination rates and reducing the spread and severity of COVID-19 in Massachusetts. We’re grateful to the state employees who did their part to keep themselves, their coworkers, and their communities safe,” said <b>Lieutenant Governor Driscoll</b>. “We encourage Massachusetts residents to continue taking important prevention measures to keep our communities healthy, like getting boosted, masking and staying home when you’re feeling sick.”</p> <p>“We are fortunate that in Massachusetts, the wide availability of vaccines, tests, effective treatments, and PPE changed the course of a pandemic that brought loss and hardship to so many. Three years on from the start of the pandemic, we are now in a very different place,” said <b>Secretary of Health and Human Services Kate Walsh</b>. “While we will continue living with COVID-19, we can now incorporate the tools to manage this virus into our standing response to respiratory illness within our communities and healthcare system.”</p> <p>Governor Healey’s legislation would:</p> <ul style="list-style-type: none"> <li>• Continue flexibilities currently in place regarding staffing for out-of-hospital dialysis centers. This would apply for 6 months to allow dialysis centers time to return to pre-COVID staffing levels.</li> <li>• Authorize certain non-Medication Administration Program (MAP) certified staff to administer certain prepackaged medications in community settings. This would apply for 6 months to enable DPH to finalize reforms that streamline the MAP program training requirements.</li> <li>• Allow staffing of Advanced Life Support level ambulance transports with a single EMT provider and a first responder driver (rather than 2 certified EMTs). This would be a permanent change based on the positive experience of this staffing model over the last three years.</li> </ul> <p><a href="#">End of Public Health Emergency</a></p>
Veteran Services	<p><b>18. *Boston Globe</b>  April 29, 2023 (Updated)  <i>Justice for Holyoke home victims back on track</i>  By The Editorial Board  As the pandemic <a href="#">nears its official end</a> — more than three years after it began —</p>



	<p>it would be easy to put those dark days behind. But that’s not so easy for the families of the dozens of veterans who died needlessly at the Holyoke Soldiers’ Home in the early stages of the pandemic — victims of an unparalleled level of incompetence and bad decision-making.</p> <p>And for three years the questions remained: Will anyone pay the price? Will anyone be held accountable for those deaths?</p> <p>Today at last there’s a chance that can happen.</p> <p>The state Supreme Judicial Court Thursday reinstated criminal charges against the home’s former superintendent, Bennett Walsh, and its former medical director, David Clinton. The charges had been <a href="#">dismissed in 2021</a> by Superior Court Judge Edward McDonough, who found the state’s elder abuse law, which applies to “caretakers,” simply didn’t apply to the two administrators in the case brought by then-Attorney General Maura Healey in September 2020.</p> <p>Not so, the <a href="#">high court’s 5-2 decision</a> found, establishing that “caretaker” refers to “an individual who contractually is duty bound, answerable, or accountable for the health, well-being, and safety of an elder,” not necessarily just a direct-care worker or family member.</p> <p>The SJC also found that because the facts “presented to the grand jury constituted probable cause to believe that the defendants violated the elder neglect statute,” the superior court judge had erred in dismissing the case against the two. . .</p> <p>number of <a href="#">governing reforms</a>, passed by the Legislature, are now in place, aimed at ensuring there are qualified leaders at the state’s two soldiers’ homes — the second in Chelsea. The reforms also establish a clear chain of command that includes a new Cabinet-level secretary of Veterans Services position now filled by the able <a href="#">Jon Santiago</a>, an Army veteran, former state representative, and emergency medicine physician.</p> <p><a href="#">Justice for Holyoke Home</a></p>
Workforce	<p><b>19. Sunday Morning (CBS) (video report)</b>  April 30, 2023  <i>Sarah DiGregorio on how supporting nurses helps all of us</i>  By Sarah DiGregorio  If I say "nurse," what do you think of?  Maybe it's a nurse who cared for you, or of nurses going to work during the pandemic.</p> <p>Or perhaps what springs to mind are countless dire headlines: Nursing shortages, nurses quitting, nurses striking. It can all blur together into a nebulous miasma of bad news. After all, many of us already know that the health care system isn't working well for <i>us</i>. So, when we non-nurses hear about nurses striking for better staffing, it might sound just like another intractable, inside-baseball, health care dispute.</p> <p>But that couldn't be farther from the truth.</p> <p>Nurses strike because they know what the public doesn't: Your survival can depend on whether or not your nurse has time to care for you. Nurse-to-patient ratios can be a matter of life or death.</p> <p>Research over decades has shown this strong association: The higher the level of nurse staffing, the more <a href="#">likely you are</a> to be <a href="#">discharged alive</a>, or to have a good outcome. Ratios sound bureaucratic, but they tell a real story: If you are hospitalized, your nurse might be assigned four patients, or they might be assigned, for instance, <i>eight</i> patients. That's not unusual. What that ratio means</p>

	<p>for you, though, is that you may or may not get the care that you need, because a nurse can't be in eight different places at once.</p> <p>Nurses are often the first to notice signs of a stroke, of liver failure, of a need for more intensive respiratory support. Without a nurse to notice and address those complications, sometimes patients die avoidable deaths.</p> <p>This is such a real risk that nursing has a term for it: failure to rescue.</p> <p>Hospitals often claim that labor costs are too high, and that's one reason nurses are asked to work short-staffed. But hospital administrator pay has <a href="#">continued to rise</a> in recent years. Just for instance, the CEO of Hospital Corporation of America made over <a href="#">\$14 million in 2022</a>. Unlike the correlation between nurse staffing and patient outcomes, researchers have found <a href="#">no correlation</a> between hospital CEO pay and patient mortality or value to the community.</p> <p>This leads to a question: What is the purpose of a hospital? And should its budget reflect its purpose?</p> <p>The purpose of nursing is to maximize people's health and well-being. So, we need to make sure nurses have the working conditions that make it possible for all of us to get the care we deserve.</p> <p><a href="#">Supporting Nurses</a></p> <p><b>For more info:</b></p> <ul style="list-style-type: none"> <li>• <a href="#">"Taking Care: The Story of Nursing and Its Power to Change Our World"</a> by Sarah DiGregorio (HarperCollins), in Hardcover, eBook and Audio formats, available May 2 via <a href="#">Amazon</a>, <a href="#">Barnes &amp; Noble</a> and <a href="#">Indiebound</a></li> </ul>
Hospice	<p><b>20. Kaiser Health News</b> July 29, 2022 <i>Hospices have become big business for private equity firms, raising concerns about end-of-life care</i> By Markian Hawryluk and Kaiser Health News</p> <p>Hospice care, once provided primarily by nonprofit agencies, has seen a remarkable shift over the past decade, with more than two-thirds of hospices nationwide now operating as for-profit entities. The ability to turn a quick profit in caring for people in their last days of life is attracting a new breed of hospice owners: private equity firms.</p> <p>That rapid growth has many hospice veterans worried that the original hospice vision may be fading, as those capital investment companies' demand for return on investment and the debt load, they force hospices to bear are hurting patients and their families. . .</p> <p>According to a <a href="#">2021 analysis</a>, the number of hospice agencies owned by private equity firms soared from 106 in 2011 to 409 in 2019, out of a total of 5,615 hospices. Over that time, 72% of hospices acquired by private equity were nonprofits. And those trends have only accelerated into 2022.</p> <p><a href="#">Hospice Big Business</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:rmoores8473@charter.net">rmoores8473@charter.net</a>.</p>
Websites	<p><b>Ahoi!</b> <a href="https://ahoimate.com/">https://ahoimate.com/</a> Ahoi helps people who struggle with environmental obstacles in their community. It</p>

	<p>helps people to be confident that they can go out into the world successfully and know the places that work for them.</p> <p><b>SoundPrint</b>  <a href="https://www.soundprint.co/">https://www.soundprint.co/</a>          SoundPrint allows you to discover the quieter venues in your city. Using the app’s internal decibel meter, you can measure the actual noise level of any venue, which is then submitted to a SoundPrint database that anyone can access to find out if a certain venue is quiet or loud. SoundPrint was born for the hearing-impaired community, but even those with typical hearing can benefit. SoundPrint is also helpful for the blind, those with autism, or those who simply prefer quiet environments.</p>															
Previously recommended websites	<p>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>.</p>															
Previously posted funding opportunities	<p>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>.</p>															
Websites of Dignity Alliance Massachusetts Members	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>															
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i>          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.</p> <ul style="list-style-type: none"> <li>• 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:</li> <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 representatives 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 April 20, 2023. Red font – newly added</b></p> <table border="1" data-bbox="488 1738 1500 1890"> <thead> <tr> <th>Name of Facility</th> <th>City/Town</th> <th>Date of Freeze</th> <th>Qualifying Factor</th> <th>Star Rating</th> </tr> </thead> <tbody> <tr> <td>Baker-Katz Skilled Nursing and Rehabilitation Center</td> <td>Haverhill</td> <td>4/18/2023</td> <td>Cases</td> <td>2</td> </tr> <tr> <td>Sancta Maria Nursing Facility</td> <td>Cambridge</td> <td>3/29/2023</td> <td>Cases</td> <td>3</td> </tr> </tbody> </table>	Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating	Baker-Katz Skilled Nursing and Rehabilitation Center	Haverhill	4/18/2023	Cases	2	Sancta Maria Nursing Facility	Cambridge	3/29/2023	Cases	3
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Sancta Maria Nursing Facility	Cambridge	3/29/2023	Cases	3												

<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p><b>Massachusetts Department of Public Health</b> <b><i>Determination of Need Projects: Long Term Care</i></b> <b>2023</b> <a href="#">Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</a> <a href="#">Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</a> <b>2022</b> <a href="#">Ascentria Care Alliance – Laurel Ridge</a> <a href="#">Ascentria Care Alliance – Lutheran Housing</a> <a href="#">Ascentria Care Alliance – Quaboag</a> <a href="#">Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</a> <a href="#">Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</a> <a href="#">Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</a> <a href="#">Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</a> <a href="#">Next Step Healthcare LLC-Conservation Long Term Care Project</a> <a href="#">Royal Falmouth – Conservation Long Term Care</a> <a href="#">Royal Norwell – Long Term Care Conservation</a> <a href="#">Wellman Healthcare Group, Inc</a> <b>2020</b> <a href="#">Advocate Healthcare, LLC Amendment</a> <a href="#">Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</a> <a href="#">Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation</a> <b>2020</b> <a href="#">Advocate Healthcare of East Boston, LLC.</a> <a href="#">Belmont Manor Nursing Home, Inc.</a></p>
<p>List of Special Focus Facilities</p>	<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 March 29, 2023 CMS has published a new list of <u>Special Focus Facilities</u> (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. 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. This is important information for consumers – particularly as they consider a nursing home. <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> </ul>

- 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.

**Massachusetts facilities listed (updated March 29, 2023)**

**Newly added to the listing**

- Somerset Ridge Center, Somerset  
<https://somersestridgerehab.com/>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare  
<https://www.nextstephpc.com/southdennis>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225320>

**Massachusetts facilities not improved**

- None

**Massachusetts facilities which showed improvement**

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough  
<https://tinyurl.com/MarlboroughHills>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225063>

**Massachusetts facilities which have graduated from the program**

- The Oxford Rehabilitation & Health Care Center, Haverhill  
<https://theoxfordrehabhealth.com/>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225218>
- Worcester Rehabilitation and Health Care Center, Worcester  
<https://worcesterrehabcare.com/>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225199>

**Massachusetts facilities that are candidates for listing (months on list)**

- Charwell House Health and Rehabilitation, Norwood (15)  
<https://tinyurl.com/Charwell>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225208>
- Glen Ridge Nursing Care Center (1)  
<https://www.genesishcc.com/glenridge>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225523>
- Hathaway Manor Extended Care (1)  
<https://hathawaymanor.org/>  
 Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225366>
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)

	<p><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></p> <ul style="list-style-type: none"> <li>• Mill Town Health and Rehabilitation, Amesbury (14) 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 (10) <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>• Tremont Health Care Center, Wareham (10) <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 (5) 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 (12) 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> <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 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"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <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> </tbody> </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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Nursing Home Compare	<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 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>
Data on Ownership of Nursing Homes	<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>
Long-Term Care Facilities Specific COVID-19 Data	<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>
DignityMA Call Action	<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>
Access to Dignity Alliance social media	<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></p>

	Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>		
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>
	Communications	Pricilla O'Reilly Lachlan Forrow	<a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>
	Facilities (Nursing homes, rest homes, assisted living)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>
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	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>
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	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
<b>The Dignity Digest</b>	<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>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> <li>Dick Moore</li> </ul> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</i></p>		
<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 The Tuesday Digest and The Dignity Digest 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>			