



# The Dignity Digest

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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

## ***A Woman of Valor: Arlene Germain***

### **Disability Issues**

Spring 2023 Vol.43 No. 2

By Sandy Alissa Novak

[Arlene Germain Interview by Sandy Novak](#)

I recently had the privilege of interviewing Arlene Germain, co-founder of Dignity Alliance Massachusetts. The following interview has been edited to fit in Disability Issues.

**Sandy Novack:** Arlene, please tell us your first introduction to concerns about disability and aging.

**Arlene Germain:** I always had an affinity for older folks, mostly because of my relationship with my grandmother. When I was about 8 years old, my grandmother moved in with my parents and me after my grandfather died, and I shared a bedroom with her for several years. Sadly, my grandmother developed dementia, but we continued to have a close relationship, even when she eventually withdrew. Both my parents had strokes later in their lives. My mother's stroke destroyed her short-term memory, so she could not be left alone. My father took care of her for years until he died suddenly. I was able to keep my mother in her home with caregivers for a few years, but eventually I moved her to a nearby non-profit nursing home. I visited her several times a week, mostly late at night since I often worked overtime, plus my mother and I were always night owls. What I witnessed during late night visits and when I stayed overnight when my mother was dying was an eye opener.

Over the past 20 years, seven of my family and friends have lived in nursing homes. Sadly, I have witnessed poor care and many injustices, not only to my loved ones, but to other nursing home residents. My loved ones suffered dehydration, malnutrition, over-drugging, aggression by another resident not addressed by the facility, intimidation by staff, bed sores, and many unnoticed health needs. They suffered inadequate care despite the efforts of many dedicated certified nursing assistants (CNAs). No matter how hard the CNAs tried to provide good care it was impossible because they were constantly under-staffed. Witnessing the suffering and injustices my loved ones endured, and so many more residents still endure, is the reason behind my advocacy work. Advocacy is not easy. It is emotional, requires strength, and it takes years. But there are a lot of people behind you,

so never give up!

**SN:** Can you tell our readers more about your advocacy work and how you got started?

**AG:** Because I saw many injustices, I called AARP to ask who was advocating for nursing home residents. They put me in touch with the National Consumer Voice for Quality Long-Term Care in D.C. I attended their annual conference and learned about Family and Resident Councils, which advocate for residents nursing homes. I started a family council at my mother's nursing home. Over the years, I served several terms on the Consumer Voice Board. In 2000, Greater Boston Legal Services attorney, Kathy Fitzgerald, was visiting family councils around the state to educate them about a bill to increase CNA wages. She noticed that the councils didn't know about one another, so it was her idea to link them up which was the beginning of the Massachusetts Advocates for Nursing Home Reform (MANHR). Kathy and her supervisor, Attorney Wynn Gerhard, ran MANHR and I was one of several co-founders. MANHR's goal was to advocate for improvements in the care, dignity, and quality of life for Massachusetts nursing home residents, including supporting family-run councils. In those early years, we assisted nearly 30 family councils. MANHR's first initiative was supporting family council legislation. In 2004, Massachusetts became the third state in the country to enact family council law (MA General Law Chapter 111 Section 72Z, Circular Letter).

When Kathy moved out of state in 2004, I assumed a leadership position for the duration of MANHR's existence. MANHR achieved 501C-3 non-profit status in 2006 and was an all-volunteer organization until MANHR received a grant in its last two years of operation to hire an Executive Director, Alison Weingartner. For more than 20 years, MANHR represented Massachusetts nursing home residents and families as the only long-term care consumer advocacy organization in the Commonwealth. MANHR had a seat on nearly 20 statewide coalitions/committees and was sought after by local, national, and international media for advocacy comments.

In 2022, as part of my legacy before retiring, MANHR merged with Dignity Alliance Massachusetts as an educational branch. MANHR's website continues to be available as a resource.

**SN:** Arlene, can you say more about what Dignity Alliance focused on when the organization was first formed and what your roles were? (Full disclosure, I am a member of Dignity Alliance Massachusetts.)

**AG:** Dignity Alliance's first initiative involved protecting nursing home residents from being forcibly moved to other facilities to make room for COVID patients who were being moved out of overcrowded hospitals. To stop this unjust practice and find another solution to hospital overcrowding, Dignity Alliance wrote letters to Governor Baker and other officials, and published a letter to the editor in the Boston Globe.

We were successful and other venues were found to care for COVID hospital patients. Throughout the pandemic and as its ongoing mission, Dignity Alliance strives to help elders and people with disabilities in the community and in long-term care facilities. I am a co-founder of Dignity Alliance, a Board member, and Coordinating Committee member. I also lead the Nursing Home Facilities Work Group, which addresses nursing home issues. I have to say it is hard to retire. I want to support Dignity Alliance through some of the current legislative issues. We are at an important juncture with nursing home finances. Advocates have been working for decades to increase transparency on how nursing homes spend the billions of Medicare and Medicaid dollars, and now real progress is possible with potential national and state transparency ownership requirements.

**SN:** Has your attitude about aging and disability changed as you contemplate retiring?

**AG:** All my life I have valued relationships. Life is precious and it is important to live the way one wants to. Aging definitely gives us a wider perspective on life.

**SN:** When you look back at your life, can you tell our readers what being devoted to advocacy for elders and people with disabilities has meant to you?

**AG:** I have cared for many relatives and friends in nursing homes. I feel that my efforts honor them and, hopefully, have made an impact to enhance the lives of all nursing home residents. I feel good about turning over a body of advocacy work to Dignity Alliance to strengthen their efforts. Advocacy is definitely a journey, and I am glad MANHR's journey continues through Dignity Alliance.

**SN:** What advice do you have for elders, younger people with disabilities, their families, friends, and caregivers going forward? What words of mission, hope, and inspiration do you want to pass on to our readers?

**AG:** Advocacy is not easy. It is emotional, requires strength, and it takes years. But there are a lot of people behind you, so never give up! My partner, Ellery Schempp, is a physicist and an advocate. He started advocating when he was 16. He lived in Pennsylvania and protested mandated Bible reading in public schools, because he thought it wasn't right that his classmates and friends of different religions were forced to read one Bible chosen by the state. His protest turned into a 1963 landmark Supreme Court decision responsible for eradicating Bible reading in public schools. We are both advocates, and we understand about standing up for what matters.

[Arlene Germain Interview by Sandy Novak](#)

*“People really want to be able to depend on a job, and to be able to invest in it and respect is a huge thing — how much you feel the respect of the people around you.”*

Caroline Suh, director of the Netflix film *Working: What We Do All Day*, ‘Working: What We Do All Day’ Explores What a ‘Good’ Job Actually Is In a new limited series, **Tudum**, May 17, 2023, [What a Good Job Is](#)

*[Residential care] facilities “shouldn’t have it both ways. You can’t on one hand say: ‘Oh, we’re an alternative to nursing facilities,’” and then when something bad happens say: “Well, we can’t be expected to have expertise on that stuff. We’re a social facility. We’re a nonmedical model.”*

Eric Carlson, director of long-term services and support advocacy at Justice in Aging, *As Residential Care Homes Expand in Maine, Seniors Don’t Always Get the Care They Need*, **ProPublica**, May 21, 2023, [Residential care homes in Maine](#)

*“The law establishes mechanisms for at least a moderate review of the character and competence of an applicant [for ownership of a nursing home. The failure to provide complete information on a provider’s past performance fundamentally undermines the review process.”*

Richard Mollot, director of the Long-Term Care Community Coalition in New York, *How N.Y.’s Biggest For-Profit Nursing Home Group Flourishes Despite a Record of Patient Harm*, **Gray Panthers Political Action Committee**, August 19, 2022, [Download](#)

*“These [nursing home] corporations are engaged in buying and selling of real estate with very favorable tax rewards. The corporations can practice medicine and also profit from Medicare, Medicaid, and other programs that can be hijacked for the corporation’s benefit rather than for the benefit of those in their care.”*

*Gray Panthers’ Statement on the American Nursing Home System: “Restructure the Industry and Defund the Existing System.”* **Tallgrass Economics**, May 27, 2023, [Restructure the NH Industry](#)

*The truth is that the federal and state governments allow for a charade in which facility-specific costs are submitted without any clarity about cash flowing to holding*

	<p><i>companies and parent corporations. We don't really know how much Medicaid and Medicare revenue in the privatized nursing home system is extracted for dividends, and executive pay.</i></p> <p>David Kingsley, <i>The State of Nursing Home Financial Reporting in Post Truth America</i>, Tallgrass Economics, May 24, 2023, <a href="#">Financial Reporting Post Truth America</a></p>
<p>Dignity Alliance Massachusetts 2022 Annual Report</p>	<p><b>1. Dignity Alliance Massachusetts 2022 Annual Report</b></p> <p>In many ways, 2022 was a turning point for Dignity Alliance Massachusetts (DignityMA). Since coming together as an all-volunteer, ad hoc group during the COVID-19 pandemic, we have now established ourselves as an organization wholly committed to transformational systems change for older adults, people with disabilities, and their caregivers. Two major events marked the year. First, we launched Dignity Votes 2022, a non-partisan education and advocacy campaign that sought to educate and engage candidates for state constitutional and legislative office on relevant issues. We provided candidates with educational materials and invited them to share their thoughts, through a questionnaire and recorded interviews, with constituents, advocates, elected and government officials, and others. We posted the interviews and the surveys on our website. We continue to be grateful to all those who took the time to learn about the issues that impact some of our most vulnerable fellow residents and look forward to forging strong working relationships with many elected officials in 2023 and beyond.</p> <p>The second event that marked a turning point for DignityMA this year was our merger with the Massachusetts Advocates for Nursing Home Reform (MANHR) and our assumption of its non-profit 501(c)(3) status. For more than 20 years, MANHR was the only statewide consumer group advocating for improvements in the care, dignity, and quality of life for Massachusetts nursing home residents. With MANHR's leadership approaching retirement, the organization has now transitioned into a critical educational program of DignityMA, complementing the organization's ongoing advocacy around long-term care options. MANHR continues to maintain a comprehensive website to educate the community on long-term care issues: <a href="http://www.manhr.org">www.manhr.org</a>, which can be accessed directly or through the DignityMA website <a href="http://www.dignityalliancema.org">www.dignityalliancema.org</a>. Building on the advocacy and education work of DignityMA—now well established and recognized by policymakers—we plan, for the first time, to sponsor legislation, while continuing to endorse bills filed by others that address our values, mission, and goals.</p> <p><b>Download the <a href="#">2022 Dignity Alliance Massachusetts Annual Report (pdf)</a></b></p>
<p>From Our National Colleagues</p>	<p><b>2. Tallgrass Economics</b>  May 27, 2023  <i>Gray Panthers' Statement on the American Nursing Home System: "Restructure the Industry and Defund the Existing System."</i>  By David Kingsley  <b>Reissuing an Important &amp; Elegantly Written Document by the National Council of Gray Panthers Networks.</b>  A couple of years ago, the Gray Panthers issued a statement on the nursing</p>

home industry in the United States. Entitled “Restructure the Industry and Defund the Existing System,” it was elegantly written and to the point of what we need in public discourse regarding the suffering of institutionalized disabled and elderly Americans in long-term care – suffering due to the precedence of shareholder value over humane care. Hence, the document is well worth reading today since recognized reform movements in Washington, D.C. over the past couple of years have been sympathetic to the industry and unwilling to confront the truth.

The authors were too modest to take credit and list their names on the statement. I assume that Jan Bendor, Art Persyko, Lydia Nunez, and Clint Smith had a hand in writing it. But perhaps it involved more members or perhaps all of the GP Senior Housing Committee.

**The following are excerpts from the summary:**

“The ‘enemy’ is a monster created by federal policy, allowing for-profit corporations to own chains of long-term care facilities, and lavishing on the owners the incentives and benefits in our tax laws regardless of their performance in caregiving.”

“These corporations are engaged in buying and selling of real estate with very favorable tax rewards. The corporations can practice medicine and also profit from Medicare, Medicaid, and other programs that can be hijacked for the corporation’s benefit rather than for the benefit of those in their care.”

**Problems & Recommendations**

In stating the problems on page 2, focus of the statement was on lack of accountability for the massive loss of life due to COVID, weak regulation by government agencies, underpaid staff in understaffed facilities, and the political clout of the industry through lobbying. Recommendation appropriately included accounting of Medicare length of stay fraud, wrongful discharges that occur, accountability for misreporting of data regarding harm and finances, overuse of antipsychotics.

**Download the Gray Panther Statement on Nursing Homes Here:**

[Download](#)

**If the U.S. Moved in the Direction the Gray Panthers are Suggesting, Americans May Not Hate the Thought of Needing Long-Term Care in a “Nursing Home.”**

Inside the Washington, D.C. beltway reform efforts are beset with influence from the powerful forces that have a vested interest in keeping the nursing home system the way it is. It is time for some honest discussion about why the status quo is only gaining strength with a small tweak here and there that serves as appearances and nothing more.

[Restructure the NH Industry](#)

**3. Tallgrass Economics**

May 24, 2023

*The State of Nursing Home Financial Reporting in Post Truth America*

By David Kingsley

**American Tolerance of Corporate Deceit & Predatory Economics is Perplexing**

Misinformation can be harmful and even deadly. We have seen evidence of this maxim during the COVID crisis. We have seen it in the debate over climate change and in so many other critical issues confronting society. In post-truth America, it has become acceptable to put forth any mistruth or unverified and unverifiable claim and escape embarrassing denunciation, excoriation, and censure. In no case is this more apparent than in the mistruths spread by for profit corporations in the nursing home business.



It isn't difficult to compile objective evidence that nursing home industry hardship pleas of low profits, thin margins, and other such claims are false and misleading. The American Health Care Association/National Center for Independent Living, the industry's lavishly funded propaganda organ, consistently spreads the narrative that corporations in the Medicaid and Medicare funded long-term care business are struggling financially and need a significant increase in reimbursements.

A highly qualified financial sleuth isn't needed for debunking the industry's financial narrative of low profits and struggling investors. Therefore, it may be difficult to understand how nursing home reform commissions and politicians escape public opprobrium for ignoring the patently obvious. However, it should be understandable that the finer points of nursing home finance aren't on most peoples' radar. We need to put it on everyone's radar.

### **The Nursing Home Industry is Lying to the American People and Getting by with It**

The truth is that the federal and state governments allow for a charade in which facility-specific costs are submitted without any clarity about cash flowing to holding companies and parent corporations. We don't really know how much Medicaid and Medicare revenue in the privatized nursing home system is extracted for dividends, and executive pay. ONE BIG EXCEPTION, HOWEVER, IS THE ENSIGN GROUP.

With an annual revenue in 2022 of over \$3 billion, the Ensign Group is the largest single provider of nursing home care in the United States. It is also the only publicly listed company that earns revenue solely from Medicaid and Medicare funded long-term care. More importantly for understanding the financial realities of the nursing home business, it is a publicly listed corporation and therefore must file financial reports with the Securities & Exchange Commission (SEC).

The Ensign Group annual 2021 10-K report submitted to SEC notes a net income of 8.5 percent and earnings before interest, taxes, depreciation, and amortization (EBITDA) of 13.7 percent. However, an examination of their six facilities in Kansas reveals a combined net revenue of \$55,567,680 and a combined operating negative net of -3,201,123 (-5.7%). Five of the six facilities reported a negative net income.

### **Facility-Specific Cost Reports: How the Big Lie Works.**

A review of Ensign Group cost reports in one state, i.e., Kansas, provides insight into how the misleading state-specific and facility-specific financial system works. Ensign operates six facilities in the state of Kansas. Comparing the facility-specific cost reports to the consolidated financial report submitted by Ensign to the SEC is instructive in demonstrating the inadequacy of the cost reports as a measure of financial performance.

For instance, **Table 1** contains cost report data from an Ensign owned facility known as Riverbend Nursing Home in Kansas City, Kansas (incorporated and licensed as Big Blue, LLC). The data indicates that the facility, with a slight negative net operating income, lost money (this is 2021 data). It is typical for facility cost reports to show a very low or negative income but that doesn't reflect what parent corporations are earning from the operations.

<b>Riverbend Nursing Home</b>	
<b>Patient Revenue</b>	<b>\$9,747,945</b>
<b>Operating Expense</b>	<b>\$9,750,015</b>
<b>Net Operating Income</b>	<b>\$-2,070</b>
<b>Net % Operating “Margin”</b>	<b>-.02%</b>

**Table 1: Net Operating Margin**

**Form CMS 2540-10: Home Office Allocation & Related Parties**

Parent Corporations with a chain of facilities incorporated as LLCs can claim an allocation to their home office based on corporate expenses for operating each facility. The “home office allocation” appears to be a large allowance for expenditures that are not fully clarified, not decipherable by the public, and, I believe, not understood by state auditors. For instance, **Table 2**, includes claims for **Ensign** home office allocation and payments to their subsidiaries paid for insurance and real estate.

<b>Part I – Costs Incurred <u>And</u> Adjustments Required As A Result of Transactions With Related Organizations Or Claimed Home Office Costs</b>				
<b>Cost Center</b>	<b>Expense Items</b>	<b>Amount Allowable in Cost</b>	<b>Amount Included in Wkst. A. Col. 5</b>	<b>Adjustments (col. 4 minus col. 5)</b>
Administration & General	Home Office Allocation	\$535,381	\$467,515	\$67,866
Cap Rel Costs – Bldgs. & Fixtures	Home Office Allocation	\$6,049		\$6,049
Cap Rel Costs – Moveable Fixtures	Home Office	\$7,426		\$7,426
Skilled Nursing Facility	Home Office	\$281,540		\$281,540
Cap Rel Costs – Bldgs. & Fixtures	Real Estate Lease		\$585,770	\$-585,770
Employee Benefits	Health Insurance	\$264,938	\$271,076	\$-6,138
Cap Rel Costs – Bldgs. & Fixtures	Real Estate Depreciation	\$221,512		\$221,512
Administrative & General	Liability Insurance	\$66,759	\$118,238	\$-51,520
Administrative & General	Workers Compensation	\$44,850	\$130,437	\$-85,587
Cap Rel Costs – Moveable Equipment	Real Estate Depreciation	\$140,548		\$140,548
Administrative & General	Data Center Fees		\$29,146	\$-29,146
Support Services	KCI Wound Vac	\$4,684	\$4,825	\$-141
<b>TOTALS</b>		<b>\$1,573,687</b>	<b>\$1,607,057</b>	<b>\$-33,370</b>

**Table 2: Part I, Riverbend Form CMS 2540-10**

**Corporate Hubris: They Don’t Need to Answer Questions Required by Law**

A state auditor with whom I had a conversation recently asked me if I had any insight into the home office allocation that might be helpful for auditing purposes. This person knew that I had been looking at cost reports across the U.S.



and thought practices in other states might be something of a guide. That the auditor wasn't sure about how to evaluate funds extracted from revenue and sent up the chain of LLCs (often shell companies) to home offices tells us much.

The auditor is in fact not the problem. Statutes governing Part I of Form CMS-2540-10 (42 CFR 413.17) states that "such cost must not exceed the amount a prudent and cost conscious buyer would pay for comparable services, facilities, or supplies that could be purchased elsewhere." Commonsense suggests that pricing goods and services sold to related parties requires some sophisticated and extensive analyses. Do states have the regulatory capacity to do that? Advocates and scholars need to raise that issue with legislators and demand to see any evidence supporting decisions to approve claimed expenditures to related parties.

**Part II of Form CMS 2540-10: How Vague Can They Be?**

Part II of Form CMS 2540-10 requires far more detail than shown in **Table 2**, which reflects the exact data submitted by the Ensign Group for its facilities. For instance, the statute requires that an entity listed in Column 4 "enter a percent of ownership in the provider." That may not be a logical question because Ensign corporate owns everything. Gateway Healthcare is a shell company that merely hides the flow of capital, avoids taxes, and protects the facility from liability. Theoretically, Gateway owns 100% of Riverbend, but Ensign owns 100% of Gateway (an LLC incorporated in Nevada).

Therefore, Ensign's facility-specific cost reports merely ignore statutory reporting requirements. That appears to be acceptable to state auditors. This kind of "catch us if you can" hubris is typical when an industry has an extraordinary amount of money to spread around in Washington and the 50 state legislatures.

Part II – Interrelationship to Related Organization(s)/Or Home Office					
The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet. This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII					
(1) Symbol					
1	2	3	4	5	6
B			Ensign Services		Acctg. IT Legal HR Services
B			Standard Bearer		Insurance
B			Little Blue Health Holdings		Real Estate
B			Gateway Healthcare, Inc.		Home Office
<b>(I) Use the following symbols to indicate interrelationship to related organizations:</b>					
A. Individual has financial <u>interest</u>			E. Individual is director, officer, administrator or key person of provider and related <u>organization</u>		
B. Corporation, partnership or other organization has financial interest in <u>provider</u>			F. Director, officer, administrator or key person of related organization or relative of such person has financial interest in <u>provider</u>		
C. Provider has financial interest in corporation, partnership, or other <u>organization</u>			G. Other (financial or non-financial) specify.		
D. Director, officer, administrator or key person of provider or organization					
Form CMS-2540-10 (05/2011) (Instructions for this worksheet are published in CMS PUB. 15-2, Section 4117 ( <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R7PR241.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R7PR241.pdf</a> ))					
Rev.7					08-16

**Table 3: Part II, Riverbend Form CMS 2540-10**

**Summary: CMS Allows States to Regulate Nursing Homes & Looks the Other Way**

CMS is not likely to fix the corrupt and inadequate nursing home financial reporting system. They will noodle with advocates and mull over all sorts of well-founded and sensible proposals but without pressure from legislators to counter the industry’s power in Washington and in the 50 states, the status quo will prevail.

The political will just isn’t there at the national level. We need to change that. Advocates are likely to make more progress at the state level by compiling cost reports in their respective states and taking their analyses to the media and state representatives. The critical – life and death – nature of this problem should lead the public to revolt if they understand it and have the evidence to clearly see that the industry narrative is false.

Lack of staff and poor quality of care leads to shortened lives and considerable suffering. That could be fixed by stopping the excessive extraction of cash sent up the line to investors and executives. That will only be stopped by a narrative based on verifiable fact and a coordinated effort to spread that narrative in the media and among state legislators. Financial data may not seem interesting on the evening television news or in the print media. But we are obligated to make it understandable, interesting.

**4. Gray Panthers**

August 9, 2021

*Nursing Home Crisis Action - Restructure the Industry and Defund the Existing System*

*A Gray Paper for Elected Leaders*

**Summary**

In 2020, the COVID-19 pandemic not only brought an unprecedented mass death of disabled and elder residents in nursing homes and long term care facilities— but it has also exposed the pre-existing dysfunction, incompetence, danger, and corruption of the entire system of corporate institutional care in the United States. In this report, we begin to investigate how such horror has happened, why, and who is paying the enormous price. At the conclusion, we will have met the enemy, as Pogo said, and “he is us.”

“The enemy” is a monster created by federal policy, allowing for-profit corporations to own chains of long-term care facilities, and lavishing on the owners the incentives and benefits in our tax laws regardless of their performance in caregiving. Worse, with no transparency of ownership, these facilities have become havens for dark money investors, and even opportunities for criminal money-laundering.

These corporations are engaged in buying and selling real estate with very favorable tax rewards.

The corporations can practice medicine and also profit from Medicare, Medicaid, and other programs that can be hijacked for the corporation's benefit rather than for the benefit of those in their care.

We begin here to focus on the legislation necessary to support patient and resident-owned cooperatives. For example, creating a banking system like the Farm Credit Bureaus. The government should specifically fund cooperative medicine organizations that own their real estate.

**Overview of Crisis Data**

[Complete Report](#)

**Problems**

- Over 186,7403 disabled people have died of COVID in Long-Term Congregate (LTC) institutions during the pandemic.
- More than 1,983 Skilled Nursing Facility (SNF) workers<sup>4</sup> died of COVID-19 during the pandemic.
- There were over 662,495 known resident cases of COVID-195 in Skilled Nursing Facilities (SNF).
- There were over 593,451 confirmed COVID-19 cases among SNF staff.
- More than 40,000 SNF residents died of other causes during the pandemic due to chronic dangerous understaffing levels and other persistent problems.
- 82% (13,299) of SNFs surveyed<sup>8</sup> had persistent infection control practices. Infection control deficiencies were widespread and persistent prior to the pandemic.
- At the beginning of the pandemic despite dire warnings from health officials around the world, the long-term ‘care’ industry placed profit over the lives and flourishing of their staff, disabled people, and the wider community. The industry and federal and state governments willfully neglected to engage in meaningful pandemic (infection control) preparations
- Regulation and oversight of LTC institutions are dangerously deficient. We allow

	<p>a rapacious industry to self-police. Disabled people continue to be forced into substandard institutions due to the Medicaid institutional bias despite the Americans with Disabilities Act (ADA) and the Supreme Court Olmstead decision; then we abandon them to predatory corporations and their representatives.</p> <ul style="list-style-type: none"> <li>• At the industry’s behest during the pandemic (despite years of glaring deficiencies), Health and Human Services eased inspections, waived training requirements, and lifted reporting. To make matters worse, the industry bemoaned the cost of personal protective equipment for staff and residents or the costs of increased staffing levels; they demanded that taxpayers subsidize their cost of doing business.</li> <li>• During the pandemic, negligent industry practices resulted in the solitary confinement of disabled people in their charge. Underpaid staff were forced to work at multiple facilities without adequate PPE. Staff came and went spreading COVID-19 throughout facilities, while staff endangered their own lives, the lives of their families, those of residents, and our communities.</li> <li>• The LTC industry lobbies against state and federal requirements that would ensure the human rights of disabled people are protected. Consumers cannot compete with a powerful billion dollar industry.</li> <li>• Understaffing in SNFs has been a deadly issue since the inception of nursing homes as outlined in government reports. These deadly understaffing practices lead to human rights abuses of disabled people from physical and chemical restraints to neglect, abuse, deaths, and underreporting.</li> <li>• The COVID Tracking Project at The Atlantic reports that, while less than 1 percent of the nation’s population resides in nursing homes and other long-term-care facilities, these accounted for 34 percent of all U.S. COVID-19 deaths during a ten-month period under review. For nursing homes, this amounted to nearly 10 percent of all residents.</li> <li>• On top of all that, the site says, <i>“the most complete figures we can assemble are both an estimate and a severe undercount of the true impact on long-term-care residents. Because of the historical deaths missing from both state and federal data, nonstandard state reporting, and the absence of federal reporting requirements for long-term-care facilities, we believe that the true toll of the pandemic among these residents is higher than these figures can show.</i></li> </ul> <p><b>Take Action NOW</b></p> <p>“This nursing home industry needs to be defunded and abolished. Its food source is an abundant supply of disabled people who are too politically powerless to turn anywhere else for help. The way to starve it is to give people a genuine choice in determining how, where, and from whom we will receive assistance.” Disability rights activist Mike Ervin, Smart Ass Cripple, Progressive Magazine.</p> <p>Many Americans suffer from the misguided notion that the present inherently corrupt and oppressive system that dumps disabled people in nursing homes with no possibility of parole can be reformed. It cannot.</p> <p>What makes people in nursing homes vulnerable? It’s not their perceived “frailty.” It is the self-fulfilling prophecy that nursing homes should be the means of first resort for delivering long-term care. If there are no better options, then by design the belief has become reality.</p> <p>Full report: <a href="#">Download</a></p>
Webinars and Online Sessions	<p><b>5. Administration on Community Living</b>  <i>Focus on Aging Webinar: Resilience in Dementia Caregiving</i></p>

	<p>Monday, June 5, 2023, 1:30 to 3:00 p.m.</p> <p>Join the <a href="#">Focus on Aging: Federal Partners' Webinar Series</a> on June 5, 2023, for "Resilience in Dementia Caregiving." This webinar series is a joint project of eight of the federal agencies that support the health and wellness of older adults. Caregivers provide indispensable support to those who live with dementia. They help to meet the medical and functional needs of these individuals, while also maintaining commitments to work, family, community, and their own health. Many caregivers provide support on an unpaid basis, often over extended periods of time. Caregiving for a person living with dementia requires resilience — a capacity to adapt and persevere in the face of stress. In light of the growing prevalence of dementia in the United States and the necessity of dementia caregiving, research on caregiver resilience is critical, as are practical tools and strategies for building resilience among dementia caregivers.</p> <p>"Resilience in Dementia Caregiving" will feature the latest research on resilience in dementia caregiving and provide real-world insights from dementia caregivers who are helping others to learn about resilience. A captioned video recording of the webinar will be made available on the <a href="#">Focus On Aging: Federal Partners' Webinar Series webpage</a> shortly after the live broadcast.</p> <p><b>Presentations and Speakers:</b></p> <ul style="list-style-type: none"> <li>• "Resilience in Dementia Caregiving: A National Research Perspective" <ul style="list-style-type: none"> <li>○ Presented by Fawn Cothran, Hunt Research Director, National Alliance for Caregiving</li> </ul> </li> <li>• "From Despair to Resilience: The Four Lessons I Learned from Being My Mom's Mom" <ul style="list-style-type: none"> <li>○ Presented by Loretta Veney, author and inspirational speaker</li> </ul> </li> <li>• "Developing a Behavioral Framework of Resilience in Dementia Care Partners" <ul style="list-style-type: none"> <li>○ Presented by Yuanjin Zhou, Assistant Professor, Steve Hicks School of Social Work, University of Texas at Austin</li> </ul> </li> <li>• "Bringing Light to Younger-Onset Dementia" <ul style="list-style-type: none"> <li>○ Presented by Diana Shulla Cose, Founding Executive Director, Lorenzo's House</li> </ul> </li> </ul> <p>Contact <a href="#">Erin Long</a> with any questions.  <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>
<p>Nursing Homes</p>	<p><b>6. Gray Panthers Political Action Committee</b>  August 19, 2022  <i>How N.Y.'s Biggest For-Profit Nursing Home Group Flourishes Despite a Record of Patient Harm</i></p> <p>Avalon Gardens Rehabilitation &amp; Health Care Center on Long Island. . . is one of several in a group of for-profit homes affiliated with SentosaCare, LLC, that have a record of repeat fines, violations, and complaints for deficient care in recent years.</p> <p>Despite that record, SentosaCare founder Benjamin Landa, partner Bent Philipson and family members have been able to expand their nursing home ownerships in New York, easily clearing regulatory reviews meant to be a check on repeat offenders. SentosaCare is now the state's largest nursing home network, with at least 25 facilities and nearly 5,400 beds.</p> <p>That unhindered expansion highlights the continued weakness of nursing home</p>



	<p>oversight in New York, an investigation by ProPublica found, and exposes gaps in the state’s system for vetting parties who apply to buy shares in homes. State law requires a <a href="#">“character-and-competence”</a> review of buyers before a change in ownership can go through. To pass muster, other health care facilities associated with the buyers must have a record of high-quality care. The decision maker in these deals is the state’s <a href="#">Public Health and Health Planning Council</a>, a body of appointed officials, many from inside the health care industry. The council has substantial leverage to press nursing home applicants to improve quality, but an examination of dozens of transactions in recent years shows that power is seldom used. Moreover, records show that the council hasn’t always had complete information about all the violations and fines at nursing homes owned by or affiliated with applicants it reviewed. That’s because the Department of Health, which prepares character-and-competence recommendations for the council, doesn’t report them all. . . Advocates for nursing home patients say that instead of a backstop, New York’s approval process has become a rubber stamp. <a href="#">Download</a></p>
Residential; Care Homes	<p><b>7. ProPublica</b>  May 21, 2023  <i>As Residential Care Homes Expand in Maine, Seniors Don’t Always Get the Care They Need</i>  by Rose Lundy, The Maine Monitor; Research by Mariam Elba; Photography by Tara Rice for ProPublica</p> <p>The disappearance of nursing home beds is sending thousands to “nonmedical” residences that aren’t equipped to handle more intensive health needs. In the mid-1990s, Maine’s lawmakers and health officials made a pivotal decision to reduce the state’s reliance on nursing homes, a move intended to redirect elderly residents toward “more homelike, less institutional” alternatives. The policy change, enacted in 1993 amid a severe budget crunch, helped spark a dramatic transformation of the elder care system in Maine, where 21.7% of the population is <a href="#">65 or older</a> — the highest percentage in the country. Between 1996 and 2022, the number of nursing home beds dropped by nearly 3,680, from a high of more than 10,000, sparing Maine the financial burden of subsidizing them. During the same period, the number of beds at what are known as residential care facilities almost doubled, jumping by more than 4,200. As a result, older Mainers and other residents with significant medical needs live in these homes. Residential care facilities in Maine resemble what are known generally as assisted living facilities. Although the state considers residential care facilities to be <a href="#">“nonmedical institutions,”</a> an investigation by The Maine Monitor and ProPublica found that these facilities are routinely called on to provide medical care to their residents — those suffering from advanced dementia or requiring medication management for conditions such as seizures and heart disease. Maine’s standards for these facilities are more robust than those in some other states, long-term care advocates say. But given the significant shift of beds for seniors from nursing homes to residential care, advocates say that those regulations are inadequate and in urgent need of updating and tightening. A review by the Monitor and ProPublica of state inspection records underscored concerns about how these facilities are regulated. State monitoring and</p>

	<p>investigation reports revealed that of the almost 700 violations issued from 2020 to 2022, roughly 200 involved “medications and treatments.” The analysis focused on citations at many of the state’s roughly 190 largest residential care facilities, called Level IV, which serve the largest number of people. In May 2021, for instance, state inspectors found that one facility had administered morphine to the wrong resident. The mistake led to the resident being hospitalized and treated for a week in the intensive care unit. Problems with medical care also showed up in other violation categories beyond the 200 related to medication and treatment. Another facility was cited with a resident’s rights violation in May 2022 for failing to get from the pharmacy a resident’s medication for cardiac issues, nicotine cessation, pain control and seizure activity for three days. The resident became agitated about not receiving the medications and went to the hospital at their family’s request over safety concerns.</p> <p>These facilities “shouldn’t have it both ways,” said Eric Carlson, director of long-term services and support advocacy at Justice in Aging, a nonprofit legal advocacy group focused on ending poverty among seniors.</p> <p>“You can’t on one hand say: ‘Oh, we’re an alternative to nursing facilities,’” and then when something bad happens say:” ‘Well, we can’t be expected to have expertise on that stuff. We’re a social facility. We’re a nonmedical model,’” Carlson said.</p> <p>While medical errors happen at even the most highly equipped facilities, Maine’s residential care facilities are not set up to handle the level of need they are currently seeing in residents, said Jess Maurer, executive director of Maine Council on Aging, a network of organizations focused on issues affecting the elderly. She said these facilities are grappling with the consequences of the state’s policy change.</p> <p>“We’re pushing people with a higher level of need than should be in assisted living into assisted living facilities because there are no alternatives,” Maurer said. According to a <a href="#">2021 report</a> by the Maine Health Care Association, which represents the state’s elder care facilities including nursing homes, the needs of residents in assisted housing, including residential care facilities, had increased 30% since 1998, and 47% of them suffered from dementia. By 2028, the number of Mainers over 65 is <a href="#">projected to increase about 45%</a> over the decade prior. And 35,000 Mainers are <a href="#">projected to have Alzheimer’s in 2025</a>. . .</p> <p>Paula Banks, a geriatric social worker who has been licensed in Maine for 30 years and runs a geriatric consulting and care management firm, said the current staff ratios are not stringent enough, particularly at the residential care facilities housing residents with cognitive problems. Under the state’s medical standards, one direct-care worker is allowed to manage 30 residents overnight, but she said that’s not reasonable when the residents suffer from dementia and may not know what time it is. “It’s impossible — those ratios,” she said.</p> <p><a href="#">Residential care homes in Maine</a></p>
Home and Community Based Services	<p><b>8. Tudum</b>  May 17, 2023  <i>‘Working: What We Do All Day’ Explores What a ‘Good’ Job Actually Is In a new limited series</i>  By Amanda Richards  May 17, 2023  Host Barack Obama visits 3 American workplaces.</p>

	<p>In an ideal world, every job would offer every worker good pay, purpose, and a chance to grow. However, the ways in which we earn money and seek out a livelihood are much more complicated, especially when you consider the spiraling inequities many Americans face in the workplace today. Those nuances are explored in <i>Working: What We Do All Day</i>, a new limited series. . .</p> <p>The <i>Working</i> series was inspired by a classic 1974 nonfiction work called <i>Working: People Talk About What They Do All Day and How They Feel About What They Do</i> by Pulitzer Prize-winning writer Studs Terkel. Told through oral history, it chronicled over 100 everyday Americans of the era, their jobs and how employment impacted their lives. In the nearly 50 years since it was published, Americans have faced explosive changes in the way they work, all in the face of increasing inequality.</p> <p><i>Working</i> applies the spirit of Terkel’s book to contemporary times, focusing on three different industries: home care, tech and hospitality, and shares the stories of <a href="#">12 people</a> representing the breadth of experiences therein.</p> <p>In the home care sector, the story follows a company called <b>At Home Care Mississippi</b>, a home health service primarily funded through Medicaid. Over the course of four episodes, <i>Working</i> follows <b>Randi</b>, a home care aide; <b>Sheila</b>, a supervisor overlooking more than 100 in-home care aides; <b>Kenny Wayne Jones</b>, a former state senator and lobbyist for At Home Care; and <b>Jeanette</b>, the founder and CEO of the organization who takes a lower salary to better support her employees and clients. . .</p> <p>“A job isn’t inherently a good job or a bad job,” Suh says. “Pay is number one, and it’s kind of undeniable. Seeing how Carmen doesn’t even get a minimum wage driving for Uber and is just really reliant on tips. The variability of never knowing how far she has to drive, or how long it’s going to take and how much money she’s going to make. That’s really tough.”</p> <p>Suh also says that in addition to fair pay, stability is key.</p> <p>While pay, stability and a sense of respect may seem like obvious answers, Suh says that working on this series made her realize there’s a less tangible quality that stands out across industries and employment levels.</p> <p>“There’s beauty in any job that’s done well,” Suh says. “There’s a positive affirmation there about the world, when you see someone doing a job well, no matter what it is.”</p> <p><a href="#">Working: What We Do All Day</a> is available to watch on Netflix now.</p> <p><a href="#">What a Good Job Is</a></p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>
<p>Websites</p>	<p><b>Disability Issues Newsletter</b> <a href="http://disabilityvisibility.com/">http://disabilityvisibility.com/</a></p> <p>Disability Issues Newsletter is published quarterly and shares current information about the world of disability, new initiatives, and other helpful information to the disability community in Massachusetts. Subscription sign up and back issues available at <a href="http://disabilityvisibility.com/resources/disability-issues/">http://disabilityvisibility.com/resources/disability-issues/</a>.</p> <p>Note: Sandy Novak, a Dignity Alliance Massachusetts member, is a member of the Editorial Board.</p>

	<p><b>Gray Panthers Political Action Committee</b>  <a href="https://graypantherspac.com/about/">https://graypantherspac.com/about/</a>  <a href="https://graypantherspac.com/abolishing-nursing-homes/">https://graypantherspac.com/abolishing-nursing-homes/</a>  <a href="https://graypantherspac.com/10-point-plan/">https://graypantherspac.com/10-point-plan/</a></p> <p>Maggie Kuhn formed the Gray Panthers in 1970 after being fired from her job for the crime of turning 65. Named for the fearless activism of the Black Panther Party, for 52 years Gray Panthers have fought against ageism throughout the country and have organized to form a more perfect union for all.</p> <p>The Gray Panthers Political Action Committee supports politicians and initiatives that promote the interests of seniors and the general public. The PAC fights for Abortion Rights, Affordable Health care, Social Security and Medical preservation, the Age Discrimination Employment Act, Criminal Justice Reform, LGBTQ rights, environmentalism, and many other progressive issues.</p> <p>Voting is seniors’ greatest power. Our goal is to shape public policy at the local, state, and national level. Help us ensure the pandemic does not reduce the voting power of older people.</p>
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>
Nursing homes with admission freezes	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i></p> <p>On November 6, 2021 the state <a href="#">announced</a> that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.</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: <ul style="list-style-type: none"> <li>• Number of new COVID-19 cases within the facility</li> <li>• Staffing levels</li> <li>• Failure to report a lack of adequate PPE, supplies, or staff</li> <li>• Infection control survey results</li> <li>• Surveillance testing non-compliance</li> </ul> </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</p>

	<p>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 May 10 , 2023. Red font – newly added</b></p> <table border="1" data-bbox="488 239 1502 333"> <thead> <tr> <th data-bbox="488 239 857 296">Name of Facility</th> <th data-bbox="857 239 1068 296">City/Town</th> <th data-bbox="1068 239 1227 296">Date of Freeze</th> <th data-bbox="1227 239 1360 296">Qualifying Factor</th> <th data-bbox="1360 239 1502 296">Star Rating</th> </tr> </thead> <tbody> <tr> <td data-bbox="488 296 857 333">Hillside Rest Home</td> <td data-bbox="857 296 1068 333">Amesbury</td> <td data-bbox="1068 296 1227 333">5/2/2023</td> <td data-bbox="1227 296 1360 333">Cases</td> <td data-bbox="1360 296 1502 333">N/A</td> </tr> </tbody> </table>	Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating	Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A
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<p>Massachusetts Department of Public Health Determination of Need Projects</p>	<p><b>Massachusetts Department of Public Health</b> <b>Determination of Need Projects: Long Term Care</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</a> <a href="#">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</p>										



nursing home.

**What can advocates do with this information?**

- 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.

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

**Newly added to the listing**

- Somerset Ridge Center, Somerset  
<https://somersetridgerehab.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare  
<https://www.nextstephc.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.genesisihcc.com/glenridge>

	<p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></p> <ul style="list-style-type: none"> <li>• Hathaway Manor Extended Care (1)  <a href="https://hathawaymanor.org/">https://hathawaymanor.org/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225366">https://projects.propublica.org/nursing-homes/homes/h-225366</a></p> <ul style="list-style-type: none"> <li>• Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)  <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a></li> </ul> <p>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</li> </ul> <p>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></p> <ul style="list-style-type: none"> <li>• Plymouth Rehabilitation and Health Care Center (10)  <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a></li> </ul> <p>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></p> <ul style="list-style-type: none"> <li>• Tremont Health Care Center, Wareham (10)  <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a></li> </ul> <p>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></p> <ul style="list-style-type: none"> <li>• Vantage at Wilbraham (5)  No website</li> </ul> <p>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></p> <ul style="list-style-type: none"> <li>• Vantage at South Hadley (12)  No website</li> </ul> <p>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></p>										
<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 data-bbox="570 1703 938 1875"> <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> </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>
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Nursing Home Compare	<p><b>Centers for Medicare and Medicaid Services (CMS)</b></p> <p><i>Nursing Home Compare Website</i></p> <p>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 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.</p> <p><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></p> <p><i>Data on Ownership of Nursing Homes</i></p> <p>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></p> <p><i>Long-Term Care Facilities Specific COVID-19 Data</i></p> <p><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	Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a> Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a> Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a> LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a> Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a> Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>																																															
<p><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>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td><a href="mailto:bhenning@bostoncouncil.org">bhenning@bostoncouncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></td> </tr> <tr> <td>Communications</td> <td>Pricilla O'Reilly Lachlan Forrow</td> <td><a href="mailto:prisoreilly@gmail.com">prisoreilly@gmail.com</a> <a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a></td> </tr> <tr> <td>Facilities (Nursing homes)</td> <td>Arlene Germain</td> <td><a href="mailto:agermain@manhr.org">agermain@manhr.org</a></td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td><a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a></td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td><a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a></td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td><a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a></td> </tr> <tr> <th>Interest Group</th> <th>Group lead</th> <th>Email</th> </tr> <tr> <td>Assisted Living and Rest Homes</td> <td>In formation</td> <td></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td><a href="mailto:bhenning@bostoncouncil.org">bhenning@bostoncouncil.org</a></td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td><a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a></td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a></td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td><a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a></td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td><a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a></td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncouncil.org">bhenning@bostoncouncil.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)	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>	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>	Interest Group	Group lead	Email	Assisted Living and Rest Homes	In formation		Housing	Bill Henning	<a href="mailto:bhenning@bostoncouncil.org">bhenning@bostoncouncil.org</a>	Veteran Services	James Lomastro	<a href="mailto:jiplomastro@comcast.net">jiplomastro@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:jiplomastro@comcast.net">jiplomastro@comcast.net</a>	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>		
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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>																																														
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<b>The Dignity Digest</b>	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																																															
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> <li>Michael Festa</li> <li>Dick Moore</li> <li>Brianna Zimmerman</li> </ul> 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 <u>The Dignity Digest</u> or have questions or</i>																																															

comments, please submit them to [Digest@DignityAllianceMA.org](mailto: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](http://www.DignityAllianceMA.org).*