



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.**

Notice

***The Dignity Digest* will not be issued for the week of June 19th. Issue #144 will be issued on Monday, June 26.**

Spotlight

Scandal in Plain Sight – Virginia’s Failed Regulation of Law-Avoiding Nursing Home Owners

Bacon’s Revolt

June 10, 2023

by James C. Sherlock

[Scandal in Plain Sight](#)

One of the most important and heart-wrenching decisions families make for their elderly loved ones is whether they are able to keep them in their homes as they get older and sicker. . .

We should be able to expect patients to receive at least basic standards of care. A high percentage in Virginia has not .

In a five-star system, the Centers for Medicare and Medicaid Services (CMS) [rates](#) 98 of Virginia’s 289 nursing homes at one star – defined as much below average. More than a *third*.

[Nationwide](#), only the worst 20 percent receive a one-star rating.

The [last time I reported](#), in October of 2021, those figures were 54 one-star facilities out of 288. *Nineteen percent*. So, our nursing homes have gotten precipitously worse over time.

By definition of the way that Medicare compiles records and assigns scores, they have been bad for a long time. The ratings are backward-looking a couple of years, so the measured declines discussed here did not start recently.

People have suffered and died from the lack of effective oversight. And I have encountered nothing to indicate that this situation has improved.

Ownership of many nursing facilities, *especially the worst ones*, has become a shell game subject to high-frequency shifts of ownership and changing facility names. . .

on the financial performance of medical facilities in the state.

A nursing home that routinely loses money, assuming the financial reporting is accurate, which is a known problem in facilities owned by some private equity firms, is a risk regardless of the latest CMS star ratings.

But, for whatever reason, the financial data published by [vhi.org](#) are preposterously out of date. The data posted on [February 28 of this year](#) are from fiscal year 2021. They are better than nothing.

Facility name and ownership problems. A search of federal and state

nursing home records available to the public shows a significant pattern of discrepancies of facility names and ownerships among:

- *vhi.org* for the state;
- CMS *Medicare Compare* data for the federal government; and
- the current actual ownership and names of facilities.

My research shows a *large majority* of Virginia nursing homes caught up in that specific form of chaos.

CMS and *vhi.org* don't even agree on how *many* nursing homes there are in Virginia. They clearly use different criteria. We just don't know what the differences are. . .

Rapid assembly of large Virginia chains. Eastern Healthcare Group suddenly owns 14 nursing homes in Virginia, primarily from buying out Portopiccino Group's Virginia facilities.

Flushing, New York's [Hill Valley Healthcare](#), equally suddenly, owns 18 nursing homes in Virginia, closing the purchases on most of them in January.

Eastern and *Hill Valley* each recently bought portfolios containing some of the worst nursing homes in the state as rated by CMS. That can be a good thing if each has the resources and the will to invest in upgrading staffing and facilities.

Question for government. We must question whether the government agencies themselves know who owns the facilities in a timely manner.

- How soon are they notified after a sale?
- Is the state notified *before* a sale?
- If so, does the state have any authority to vet new buyers?
- What happens when a new owner takes over a one-star rated facility? How does that affect regulation activities?

We ask those questions because there are ownership groups, some of whom have operated in Virginia, [notorious](#) for:

- buying nursing homes;
- stripping staff to far below CMS-required levels regardless of the effects on *Medicare Compare* star ratings;
- pocketing the profits; and
- within a couple of years reselling facilities at a higher price based on the higher cash flows.

That has been done widely in the Commonwealth.

Bottom line. Government agencies which we count on for both nursing home information and regulation appear unable to reliably provide either.

Recommendations. If current laws have been broken, Commonwealth's Attorneys should prosecute. If regulations have been broken, pursue the owners who broke them.

Regardless, a thorough review and report by the Department of Health and the Department of Medical Assistance Services (DMAS) of their nursing home regulatory, oversight and public information programs is

	<p>necessary prior to the next General Assembly session to determine how to improve them.</p> <p>Virginia needs mechanisms to:</p> <ul style="list-style-type: none"> • track and report nursing home ownership and facility names in near-real time; • stop Medicaid reimbursement of nursing homes in violation of health regulations; and • block Virginia acquisitions by ownerships with bad track records or insufficient assets. <p>The VDH already has the authority to remove the licenses from operators who disregard regulations as a business model.</p> <p>If legislation or regulation changes are necessary, propose them.</p> <p>In the meantime, Virginia’s elected constitutional officers and General Assembly members may wish to examine campaign donations and stop taking/refund money from Virginia’s worst nursing home operators.</p> <p>This is the first in a series on this issue.</p> <p>Scandal in Plain Sight</p>
<p>Quotes</p>	<p><i>The pandemic left millions of people who suffer with lingering symptoms. To grapple with this legacy, we must continue research to find answers to a series of biomedical questions. First among them is to establish a definition of “long covid” and identify the most common symptoms.</i></p> <p><i>The mystery of long covid needs to be unraveled. We’re getting closer.</i></p> <p>*Washington Post, June 11, 2023, Mystery of Long Covid</p> <p><i>“One of the big take-aways from this study [about long Covid] is [that] long COVID is not just one syndrome; it’s a syndrome of syndromes.”</i></p> <p>Dr. Andrea Foulkes of the RECOVER Data Resource Core, Harvard Medical School, and Massachusetts General Hospital, <i>Toward a deeper understanding of long COVID</i>, National Institute of Health, June 6, 2023, Deeper Understanding of Long Covid</p> <p><i>“We’re not going to get profiteering out of the business until we make changes.”</i></p> <p>Larry Atkins, chief policy officer of the National Partnership for Healthcare and Hospice Innovation, which represents about 100 nonprofit hospices. <i>Hospice Is a Profitable Business, but Nonprofits Mostly Do a Better Job</i>, New York Times (free access), June 10, 2023, Hospice</p> <p><i>“It’s clear we need to strengthen oversight, but we must also modernize payment programs to meet the needs of</i></p>

patients and make it harder for people to game the system.”

Representative Earl Blumenauer, an Oregon Democrat who has long been involved in end-of-life legislation, *Hospice Is a Profitable Business, but Nonprofits Mostly Do a Better Job*, **New York Times (free access)**, June 10, 2023, [Hospice](#)

“[Hospice is] a small segment of the health care system, but it’s such an important one. If you screw it up, people don’t forget.”

Dr. Joan Teno, a Brown University health policy researcher, *Hospice Is a Profitable Business, but Nonprofits Mostly Do a Better Job*, **New York Times (free access)**, June 10, 2023, [Hospice](#)

[T]he number of people with I/DD receiving Medicaid home and community-based services and living with family has increased by 143% between 1998 and 2018. An estimated 1 million households in the U.S. include an adult with I/DD living with and supported by an aging caregiver, and this number is growing.

CMS Releases Resources on Supporting Adults with I/DD and Their Aging Caregivers, **Administration on Community Living**, June 12, 2023, [Aging Caregivers](#)

“When state survey agencies do not have adequate staffing to visit and investigate the complaints, residents may be left at the mercy of non-caring facility staff and ownership who are not held accountable ... This negatively impacts not only the physical well-being of residents, but their dignity and emotional health as well.”

Victor Orija, North Carolina’s long-term care ombudsman, *Inadequate oversight: Lack of inspectors leaves some nursing home complaints unaddressed for months*, **NC Health News**, June 12, 2023, [inadequate oversight](#)

“It’s not local people who own these buildings anymore. Even the administrators of these facilities feel like they can’t make changes or make a difference because of the out-of-state ownership.”

Hillary Kaylor, nursing home ombudsman in Mecklenburg County, North

	<p>Carolina, <i>Inadequate oversight: Lack of inspectors leaves some nursing home complaints unaddressed for months</i>, NC Health News, June 12, 2023, inadequate oversight</p> <p><i>On June 8, 2023, the United States Supreme Court granted long-term care residents the right to sue state-run facilities under federal laws. This opinion creates a new line of litigation against state long-term care facilities.</i></p> <p><i>The U.S. Supreme Court Expands Lawsuit Options Against State Long Term Care Facilities</i>, JD Supra, June 9, 2023, Expands Lawsuit Options</p> <p><i>Ownership of many nursing facilities, especially the worst ones, has become a shell game subject to high-frequency shifts of ownership and changing facility names. The game exceeds the demonstrated ability of governments to track those changes for purposes of public information. That game has to at least complicate regulation if not thwart it. . .</i></p> <p><i>A nursing home that routinely loses money, assuming the financial reporting is accurate, which is a known problem in facilities owned by some private equity firms, is a risk regardless of the latest CMS star ratings.</i></p> <p><i>Scandal in Plain Sight – Virginia’s Failed Regulation of Law-Avoiding Nursing Home Owners</i>, Bacon’s Revolt, June 10, 2023, Scandal in Plain Sight</p>
<p>From Our Colleagues around the Nation</p>	<p>1. Tallgrass Economics June 10, 2023 <i>H.H.C of Marion County v. Taleveski Decision Issued on Thursday: The Supreme Court Hands Nursing Home Patients and Their Families a Magnificent Human Rights Victory</i> By: Dave Kingsley</p> <p>Thanks to Susie and Ivanka Taleveski, Seven Supreme Court Justices, and Individuals and Organizations Filing Amicus Briefs, the Federal Nursing Home Rights Act Has Been Strongly Reinforced.</p> <p>In a decision written by Justice Ketanji Brown Jackson and reported on Thursday, the U.S. Supreme Court held that unambiguous provisions of the Federal Nursing Home Rights Act (FNHRA) are enforceable by private individuals under Section 1983 of the Civil Rights Act of 1871 (<i>H.H.C. of Marion County v. Taleveski</i>^[1]). This is a big deal because it means that practices such as use of chemical restraints and arbitrary transfer are illegal and a cause for action in federal courts. Patients and their families cannot be restricted only to medical malpractice suits in state courts and/or to state administrative remedies.</p> <p>Susie Taleveski, an attorney, initially filed a suit in Federal District Court on</p>

behalf of her mother Ivanka after her father Gorgi Taleveski was arbitrarily transferred to a facility an hour and a half from their home. The transfer occurred after the Taleveski family consulted with outside physicians and hired a neurologist to evaluate the regimen of drugs administered to Mr. Taleveski. It appeared that his health deteriorated after the drug regimen was initiated and improved after six powerful psychotropic medications were terminated from the regimen.

In conversations with Susie and her colleagues in Indiana, I've learned that it is very difficult to navigate the Indiana tort liability laws and even make it into state courts with a suit against a nursing home. As in most states, awards for victims of medical malpractice are capped and not more than a hand slap in Indiana.

Furthermore, as most of us who advocate for nursing home patients know, there is no real remedy at the state level in most states for any type of redress when abuse and neglect occur. Administrative remedies through state agencies tend to end up in the "nothing to see here" file.

In the final analysis, patients and families have the best chance for redress in federal courts when nursing homes illegally violate rights granted by FNHRA. I applaud Susie's courage in fighting this case all the way to Supreme Court. In agreement with H.H.C. of Marion County's claim that she didn't have standing to sue in federal court, the district court threw out her case. She appealed to the 7th Circuit, which overturned the decision of the district court. H.H.C. of Marion County appealed, and the Supreme Court granted certiorari.

H.H.C. of Marion County v. Taleveski Should not be Below the Radar, but it is.


On Thursday, the Supreme Court voting rights decision and the indictment of former President Donald Trump grabbed all of the headlines and *H.H.C. of Marion County v. Taleveski* seems to have escaped media notice. I hope this case is discussed widely and in depth by advocates and scholars. The back story and the legal implications of the case are far more extensive and complicated than I want to deal with in this brief blog post. Protection of the right to be free from chemical restraints and capricious behavior of nursing home providers should not be left to state tort law and/or the whim of state agencies, many of which have a propensity to protect the interests of the industry at the expense of patients and families. Certainly, Indiana has one of the most anti-consumer torts laws in the U.S.

It was shocking to read the argument of the U.S. Solicitor General on behalf of the provider (H.H.C. of Marion County) before the Supreme Court. He claimed that administrative channels at the state level were sufficient to insure FNHRA rights. This naivete on his part is one more example of how out of touch federal administrative agencies are in assuming that individuals are not in serious jeopardy of having their rights violated or ignored within individual states.

The "Medicaid Unwinding:" An Orwellian Euphemism for Abject Cruelty & Profound Ignorance

Fortunately, the Taleveski family, the 7th Circuit, and seven Supreme Court justices could see that individual civil rights granted to all U.S. citizens by Congress should be protected in the federal courts under the Civil Rights Act of 1871, Section 1983. The precedents for this case have pertained mostly to Medicaid rights in general.

During COVID, the Federal Matching Percentage (FMAP) for state Medicaid programs was increased by a hefty percentage for the purpose of preventing the

	<p>administrative burden on Medicaid beneficiaries who are required to reapply each year and prove their eligibility for the program. As a condition for receiving the FMAP uplift, states could not disenroll individuals from the Medicaid program. The number of people receiving Medicaid benefits, i.e., had access to medical care, grew at a vast rate. That program ended on May 1st, and now the so-called unwinding, i.e., kicking people off, has resulted in a precipitous drop in enrollees.</p> <p>With weak state regulation of healthcare providers, it is likely that states will regularly violate the rights of U.S. residents to medical care. Especially in states with far-right wing legislatures, harassment of poor individuals and families needing medical care and other assistance is ordinary and ongoing. In Arkansas, a state that tried for a waiver from CMS to force Medicaid enrollees to undergo drug tests, the current governor, Sara Huckabee Sanders, has come up with “Arkansas Renew” as the Orwellian label for her disenrollment program.</p> <p>All realms of human rights and civil rights are critically important if we are to retain a semblance of Democracy. Drugging and disappearing people into out of the way institutions is one of the most chilling and horrifying practices imaginable in any society. Certainly, it is characteristic of fascist, authoritarian governments. That it happens on behest of corporations attempting to optimize return for shareholders, executives, and other special interests, doesn’t make it any less odious.</p> <p>[1] https://www.supremecourt.gov/opinions/22pdf/21-806_2dp3.pdf. Taleveski Decision</p>
<p>Consumer Voice 2023 Resident's Voice Challenge</p>  <p>National Consumer Voice for Quality Long-Term Care</p>	<p>2. Consumer Voice <i>Residents Invited to Participate in 2023 Resident's Voice Challenge</i></p> <p>Creative writing and artistic expression are meaningful and compelling ways to highlight the importance of residents’ rights and how these rights can be carried out in all long-term care settings. The Resident’s Voice Challenge, a part of Residents' Rights Month, encourages residents to submit essays, poems, artwork, drawings, or videos related to the theme.</p> <p>This year’s theme emphasizes a community of long-term care residents coming together to make their voices heard. As part of the Resident’s Voice Challenge, we are inviting residents to create videos amplifying their voices. Residents are encouraged to create a video sharing who you are and how you amplify your voice by answering the questions: What does it mean to be heard and how do you make yourself heard? Alternatively, residents can respond to the Resident’s Voice Challenge in writing (essays, poems, word collages), artwork (posters, paintings, drawings), audio (songs or spoken word), or photos.</p> <p>Visit our website for more information on how to participate. Submissions are due September 1, 2023.</p>
<p>Housing Advocacy</p>	<p>3. Federal Housing Finance Agency June 9, 2023 <i>Opportunity to Provide Input on Tenant Protections</i></p> <p>Last week, the Federal Housing Finance Agency (FHFA) issued a Request for Input (RFI) on tenant protections in multifamily properties. FHFA will use stakeholder input to identify possible new renter protections for tenants living in properties with federally-backed mortgages. This RFI is part of the Biden Administration’s efforts to advance fairness in the rental market, as outlined in the White House Blueprint for a Renters Bill of Rights. Advocates can submit comments by July 31, 2023, and also sign on to the National Low Income</p>

	Housing Coalition’s national support letter calling on FHFA to create robust federal renter protections.
Podcast	<p>4. National Consumer Voice for Quality Long-Term Care <i>No Country for Old People</i> Description Consumer Voice has long been concerned with the use of antipsychotics and other drugs in long-term care, as they are too often used as chemical restraints in place of providing adequate care. In this episode, Consumer Voice Executive Director, Lori Smetanka, is joined by award-winning writer/director Susie Singer Carter and former federal prosecutor Rick Mountcastle to discuss their upcoming documentary, <i>No Country for Old People</i>. Susie and Rick are collaborating on the film to promote conversations about the improper treatment and poor conditions many individuals in long-term care endure and spur action to address these failures in care. The documentary was inspired by Susie’s mother and the ordeal she experienced in what was advertised as a five-star long-term care residence in Los Angeles.</p> <p>Without Susie’s consent, her mother was given Depakote, a medication that was not approved for the treatment of dementia-related agitation. When she eventually came off the drug, which had a black-box warning, Susie noticed her mother’s personality return to a limited degree, but her quality of life significantly worsened, and she would never walk again. As was true for many with family members in long-term care, the COVID-19 pandemic drew the curtain on what was really going on, even in reputable facilities. Susie connected with Rick, who led the investigation and charges against Depakote’s manufacturer, Abbott Laboratories. Rick is also known for his prosecution of Purdue Pharma and its top executives for the false marketing of oxycontin and their contribution to the opioid crisis in America, as featured in the miniseries <i>Dopesick</i>. After they spoke, Susie realized that the use of chemical restraints in long-term care – as well as harmful neglect of residents – were systemic issues nationwide, not limited to her mother’s facility in California. The two teamed up to co-produce the documentary, united in their sense of urgency to make this story heard.</p> <p>Consumer Voice agrees that a culture change is necessary to hold these facilities – many of which receive public funds – accountable for how they treat their residents. <i>No Country for Old People</i> is in development, and Susie and Rick intend to make the film available to as many people as possible. Learn more about the documentary and make a donation to its production.</p> <p>Subscribe to the <i>Pursuing Quality Long-Term Care</i> podcast on Spotify and Apple Podcasts.</p> <p>You can also listen on YouTube, SoundCloud, Facebook, or our website.</p>
Webinars and Online Sessions	<p>5. Reeve Foundation Tuesday, June 13, 2023, 2:00 p.m. <i>Living with paralysis and mental health</i></p> <p>Join Dr. John Chang for a discussion on the intersections of mental health and paralysis! Although mental health is often overlooked for people with paralysis, people with disabilities experience mental health issues at rates significantly higher than people without physical disabilities. Loss of mobility and independence can leave individuals feeling anxious, depressed, and overwhelmed with grief.</p> <p>Self-esteem and body image can also be impacted, and social isolation can lead</p>

	<p>to one’s mental health worsening even more. Acknowledging and talking about these emotions is a necessary step towards caring for yourself as a whole person – hear from Dr. Chang as he shares insight and experience on this crucial topic.</p> <p>Disclaimer: This is for educational purposes only. For psychological services, please contact your state psychological association for referral. This event is FREE for everyone to attend. Live captioning will be available.</p> <p>Paralysis and Mental Health</p> <p>6. Justice in Aging Thursday, June 22, 2023, 2:00 to 2:45 p.m. <i>Access to SSI – Improving Language Access for SSI and Social Security Beneficiaries</i></p> <p>The complex and paperwork-intensive process of applying for Supplemental Security Income (SSI) and Social Security disability benefits can be daunting for everyone. For individuals with limited English proficiency (LEP), language access is an additional barrier that can make this process even more daunting. Efforts to improve language access should happen at multiple levels, such as by providing more forms and notices in non-English languages, extending SSI eligibility to more LEP individuals, and reviewing the Social Security Administration’s current language access systems and data in order to make improvements.</p> <p>This webinar, Access to SSI – Improving Language Access for SSI and Social Security Beneficiaries, will provide a brief outline of how language access works for SSI and Social Security applicants and beneficiaries, and offer specific proposals to reduce barriers to access in this area. The webinar expands on our issue brief released this past fall, Improving Language Access for SSI and Social Security Beneficiaries.</p> <p>Who Should Participate: Advocates working with older adults and people with disabilities who are eligible for SSI or Social Security, and individuals who work in communities with, or on behalf of, LEP older adults.</p> <p>Presenters: Tracey Gronniger, Managing Director, Economic Security, Justice in Aging Trinh Phan, Director, State Income Security, Justice in Aging</p>
	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>7. McKnight’s Long Term Care News June 12, 2023 <i>State courts push back on nursing homes’ federal right to arbitrate</i> By Kimberly Marselas</p> <p>A spate of recent battles over arbitration agreements may force courts and lawmakers to once again tackle who can enter one on behalf of a nursing home resident — and whether they can ever be mandated as a condition of admission. The Centers for Medicare & Medicaid Services last fall enacted a rule that prevents nursing homes from requiring such agreements in order for residents to start or continue receiving care.</p> <p>But a ruling in Illinois earlier this month illustrates the conflict that can arise in states that view arbitration as a financial decision rather than one related to healthcare.</p> <p>In Parker vs. Symphony of Evanston Healthcare, the Illinois Appellate Court for the First District ruled the skilled nursing provider couldn’t compel a resident’s</p>

daughter to arbitrate her negligence claims because the daughter held only a healthcare power of attorney. In Illinois, a judge said, a family member with a healthcare proxy can enter an arbitration agreement only if that agreement is a condition for receiving care.

[Push Back on Right to Arbitrate](#)

8. McKnight's Long Term Care News

June 12, 2023

As SNF staffing mandate inches closer, more lawmakers publicly question its viability

By Jessica R. Towhey

As the clock counts down to the release of the Biden administration's promised nursing home staffing mandate, providers are hoping that a growing chorus of federal lawmakers opposed to the idea will stem the potential harm.

Sen. Angus King (I-ME) (pictured) pointedly questioned an official from the Centers for Medicare & Medicaid Services about the looming mandate during a hearing last week in the US Senate Committee on Veterans' Affairs,

"You're not serving veterans if a home closes because they can't meet the staffing standards because they can't find the people," King said to Jonathan Blum, CMS' principal deputy administrator. "Let's get real here. Don't tell me you're improving service to veterans when you just said we're going to see nursing homes close."

Blum acknowledged that he misspoke, clarifying that, "What we want to see is a nursing home force that is more stable."

For months now, though, providers throughout the country along with state and national associations that represent the industry have warned that a staffing mandate would further exacerbate staffing shortages, which would result in the loss of more beds and entire facilities shuttering.

CMS is expected to release within the next 10 days a mandate that sector observers say would likely call for a minimum of about 4.1 hours of care per resident per day. A number of states have staffing requirements with requirements that range from directives on the number of hours required by specific nursing specialties to more, the general daily minimum.

A study commissioned by the American Health Care Association found that the mandate would require an additional 190,000 workers on top of the approximately 200,000 lost during the pandemic and cost \$11 billion annually. The sector picked up a key ally last week when Rep. Cathy McMorris Rodgers (R-WA), chair of the House Energy and Commerce Committee, announced during the association's annual Congressional Briefing that she opposes the mandate. She characterized the forthcoming rule as "threatening to undermine care and safety" since many facilities would not be able to comply, *McKnight's Long-Term Care News* [reported](#).

Veterans' Affairs Committee Chair Jon Tester (D-MT) and a dozen other senators representing rural states [sent a letter](#) in January to Centers for Medicare & Medicaid Services Administrator Chiquita Brooks-LaSure asking her to hit the brakes on a staffing mandate that would "undermine access to care for patients." Tester also tweeted. "Most folks in DC don't get rural America, so it's my job to stand up to bureaucrats that try to impose one-size-fits-all solutions on Montana."

[SNF Staffing Mandate](#)

9. JD Supra

	<p>June 9, 2023 <i>The U.S. Supreme Court Expands Lawsuit Options Against State Long Term Care Facilities</i></p> <p>On June 8, 2023, the United States Supreme Court granted long-term care residents the right to sue state-run facilities under federal laws. This opinion creates a new line of litigation against state long-term care facilities.</p> <p>Gorgi Talevski resided in a county-operated Indiana nursing home where he claims to have been chemically restrained and forced to transfer to another facility without notification. As a Medicaid recipient, Mr. Talevski’s care was covered by the Federal Nursing Home Reform Act, 42 U.S.C. § 1396r. The Act defines the requirements for nursing facilities, including a list of resident rights. 42 U.S.C. § 1396r(c). Among those resident rights are the right to be free from chemical restraints and to be notified and have a family member notified of transfer or discharge and the reasons, therefore. 42 U.S.C. § 1396r(c)(1)(A)(ii) and 42 U.S.C. § 1396r(c)(2)(B). . .</p> <p>The Act also clarifies that its enforcement mechanism as “in addition to those otherwise available under State or Federal law and shall not be construed as limiting such other remedies, including any remedy available to an individual at common law.” 42 U.S.C. § 1396r(h)(8). . .</p> <p>In sum, government-run long term care facilities can now be sued by residents for violations of the variety of resident rights set forth in the Federal Nursing Home Reform Act, including rights to privacy, to manage one’s finances, to possess personal belongings, to refuse treatment, and to choose activities.</p> <p>Expands Lawsuit Options</p>
Home and Community Based Services	<p>10. Justice in Aging</p> <p>June 9, 2023 <i>HCBS Equity Framework Featured at CMS Health Equity Conference</i></p> <p>This week, Justice in Aging presented our Equity Framework for Evaluating and Improving Medicaid Home and Community-Based Services (HCBS) at the inaugural Health Equity Conference hosted by the Centers for Medicare & Medicaid Services (CMS). Amber Christ, our Managing Director of Health Advocacy, joined Teresa Nguyen, the Director of the Community Living Equity Center at Brandeis University, to share how we are incorporating the lived experience of people with disabilities and using this innovative framework to identify inequities and policy solutions in HCBS access and delivery.</p> <p>Learn about the HCBS Equity Framework in our new issue brief and fact sheet.</p>
Medicare	<p>11. Centers for Medicare and Medicaid Services</p> <p>June 12, 2023 <i>CMS Releases Medicare Advantage Skilled Nursing Facility Utilization Data</i></p> <p>The Centers for Medicare & Medicaid Services (CMS) updated two data products with skilled nursing facility utilization data for beneficiaries enrolled in Medicare Advantage (MA).</p> <p>The Medicare Advantage Geographic Variation PUF (MA GV PUF) now includes metrics on skilled nursing facility utilization and beneficiary demographic characteristics for Medicare beneficiaries enrolled in MA and covers calendar years 2016-2019. The MA GV PUF only includes data for Medicare beneficiaries who were enrolled in MA for the full year. The MA GV PUF is available at: https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-geographic-comparisons/medicare-advantage-geographic-variation-national-state</p>

	<p>Additionally, the CMS Program Statistics (CPS) now includes Medicare Advantage Skilled Nursing Facility reports, containing trend, demographic, and state tables with skilled nursing facility utilization for beneficiaries enrolled in MA. The data presented in these tables include utilization reported in the MA encounter data for all Medicare beneficiaries who had any MA enrollment in the year and covers calendar years 2016 through 2019. The CMS Program Statistics tables are available at: https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-service-type-reports/cms-program-statistics-medicare-advantage-skilled-nursing-facility</p> <p>12. Centers for Medicare and Medicaid Services June 12, 2023 Public Use File on Characteristics of Medicare Beneficiaries Living Only in the Community by Low-Income Subsidy Program Enrollment Status in 2021 Now Available. CMS is pleased to announce the availability of a new public use file on socio-economic characteristics of community-dwelling Medicare beneficiaries by Low-Income Subsidy program enrollment status in 2021. The public use file uses data from the Medicare Current Beneficiary Survey and can be accessed here. CMS has public education tools about the Low-Income Subsidy program, also known as Extra Help, to assist organizations with outreach to people who might qualify. We encourage interested groups and individuals to share information about this cost-saving program and encourage individuals to find out if they qualify for Extra Help. To learn more, you can also view the Department of Health and Human Services' fact sheet here.</p>
Medicaid	<p>13. Kaiser Family Foundation June 9, 2023 <i>Latest Data on Medicaid Unwinding</i> As states unwind from Medicaid's continuous enrollment provision, more people are being disenrolled from the program. Fourteen states have reported disenrolling at least 728,000 Medicaid recipients. KFF's Medicaid Enrollment and Unwinding Tracker has been updated to summarize the latest disenrollment data publicly available across the states. Get the data</p>
Hospice	<p>14. New York Times (free access) June 10, 2023 By Paula Span <i>Hospice Is a Profitable Business, but Nonprofits Mostly Do a Better Job</i> In the nearly 20 years that Megan Stainer worked in nursing homes in and around Detroit, she could almost always tell which patients near death were receiving care from nonprofit hospice organizations and which from for-profit hospices. "There were really stark differences," said Ms. Stainer, 45, a licensed practical nurse. Looking at their medical charts, "the nonprofit patients always had the most visits: nurses, chaplains, social workers." The nonprofit hospices responded quickly when the nursing home staff requested supplies and equipment. By contrast, she said, "if you called and said, 'I need a specialized bed,' with for-profits it could take days — days when the patient is in a bed that's uncomfortable." . . . Researchers have for years reported that there are, indeed, substantial</p>

	<p>differences overall between for-profit and nonprofit hospices; a new study based on family caregivers' experiences provides additional evidence. Medicare began covering hospice care four decades ago, when most hospices were nonprofit community organizations relying heavily on volunteers. It has since become a growth industry dominated by for-profit businesses. In 2001, 1,185 nonprofit hospices and just 800 for-profits provided care for Americans with terminal illnesses who were expected to die within six months. Twenty years later, almost three-quarters of the nation's 5,000-plus hospices were for-profits, many affiliated with regional or national chains. The shift was probably inevitable, said Ben Marcantonio, interim chief executive of the National Hospice and Palliative Care Organization, which represents both types along with some government hospices. Roughly half of Americans who die each year now turn to hospice. The number of Medicare beneficiaries enrolling in hospice rose to 1.7 million in 2020 from 580,000 in 2001. . . . The most recent report from MedPAC, the independent agency advising Congress on Medicare spending, found that in 2020, for-profits received 20.5 percent more from Medicare than they spent providing services. The margin for nonprofits, whose daily per-patient expenditures are higher, averaged 5.8 percent. . . . For-profits are more likely to discharge patients before they die, a particularly distressing experience for families. "It violates the implicit contract hospice makes to care for patients through the end of life," Dr. Atkins said. Dr. Joan Teno, a Brown University health policy researcher, and her team reported in 2015 on these "burdensome transitions," in which patients were discharged, hospitalized and then readmitted to hospice. . . . Researchers and critics have also raised alarms about private equity firms acquiring hospice organizations and, intending to resell them within a few years, reducing costs through measures like cutting staff. Most of those acquisitions were previously nonprofits. Advocates, researchers and industry leaders have long lists of reforms they think will fight fraud and improve services, from strengthening the way Medicare conducts quality surveys to shifting from a per-diem payment model to more individualized reimbursement. Hospice</p>
Covid / Long Covid	<p>15. *Washington Post June 11, 2023 <i>The mystery of long covid needs to be unraveled. We're getting closer.</i> By The Editorial Board The pandemic left millions of people who suffer with lingering symptoms. To grapple with this legacy, we must continue research to find answers to a series of biomedical questions. First among them is to establish a definition of "long covid" and identify the most common symptoms. A new report adds to the expanding evidence that long covid poses a protracted health challenge to the world. Published in JAMA, it comes from a National Institutes of Health project, Researching Covid to Enhance Recovery, or Recover, which aims to discover why some people develop long-term symptoms after infection and is testing ways to detect, treat and prevent the condition. A strength of the Recover study is that it follows individuals from the time of first infection, an "acute cohort" that might be more accurate than studies that enroll people several months after infection. Also, it includes a group of</p>

uninfected individuals for comparison, which is key because many of the symptoms of long covid, such as fatigue, are felt by people with and without a past covid infection. The goal is to identify, as closely as possible, the symptoms that distinguish long covid.

An [analysis of data](#) from 9,764 participants identified 37 symptoms more often present six months or more after infection in those who caught covid, compared with those experienced by uninfected participants. A dozen such symptoms stood out: post-exercise malaise, fatigue, brain fog, dizziness, gastrointestinal symptoms, palpitations, changes in sexual desire or capacity, loss of or change in smell or taste, thirst, chronic cough, chest pain and abnormal movements. Other symptoms commonly reported included dry mouth, weakness, headaches, tremor, muscle and abdominal pain, fever, sweats, chills, and sleep disturbances. . . .

What all these studies suggest is that the long-covid problem could be quite sizable. Ten percent of the 662 million [recovered cases](#) worldwide would mean 66 million long-covid cases in the future. That suggests enormous economic costs are looming. Long covid might lead to changes in workplaces, economies and health care, and trigger cascading disability claims from workers who find they no longer have the stamina or good health they previously enjoyed. Those suffering from long covid might face not only unemployment but also lost health insurance to support their treatment.

A [number of biomedical reports](#) have suggested in recent months that the virus can spread throughout the body, [including the brain](#), although it seems to reserve most of its damage for the respiratory system. The virus might cause long-term damage to the [endothelial cells](#) that line blood vessels, leading to persistent symptoms.

A committee of the National Academies is [examining what should constitute](#) a working definition of long covid. But that is just the start. A great deal of effort lies ahead to discover, diagnose, and treat symptoms that persist in the wake of the covid catastrophe.

[Mystery of Long Covid](#)

16. National Institute of Health

June 6, 2023

Toward a deeper understanding of long COVID

At a Glance

- Researchers developed a symptom scoring system to help identify adults who may have long COVID.
- The approach may help lead to further insights into long COVID and guide the development of future treatments.

For many people, a bout with SARS-CoV-2, the virus that causes COVID-19, doesn't end when the initial symptoms subside. An array of problems may linger for months or years after infection. They can affect nearly every tissue and organ in the body. Their effects can range from mild to disabling.

These lingering health problems have become known as long COVID, or post acute sequelae of SARS-CoV-2 infection (PASC). The development of therapies for PASC has been challenged by a lack of an agreed-upon definition for the condition. It also hasn't been clear whether different sets of long COVID symptoms may reflect distinct syndromes that need different treatments.

In 2021, NIH launched the Researching COVID to Enhance Recovery (RECOVER) initiative. RECOVER aims to understand why some people develop long-term

	<p>symptoms following COVID-19. It also tests ways to detect, treat, and prevent the condition.</p> <p>In a new study, RECOVER scientists collected reports of symptoms from about 8,600 people who had been infected with COVID-19 and about 1,100 uninfected people. The researchers focused on symptoms that were reported by at least 2.5% of the study volunteers. Results were published on May 25, 2023, in JAMA. The team found that 37 symptoms were substantially more likely to occur in people who had been infected with COVID-19. Of these, 12 in particular best distinguish those with and without long COVID: post-exertional malaise (the worsening of symptoms after physical or mental activity), fatigue, brain fog, dizziness, gut symptoms, heart palpitations, sexual problems, change in smell or taste, thirst, chronic cough, chest pain, and abnormal movements such as muscle twitching or jerking.</p> <p>Using these 12 symptoms, the researchers developed a score to best differentiate those who have been infected with COVID-19 from those who have not. The team found that long COVID was more common and severe in people infected before Omicron emerged and in those who were unvaccinated at the time of infection. Among those infected during the Omicron era, reinfections were also linked to higher long COVID frequency and severity.</p> <p>The researchers also identified four clusters of symptoms that often occurred together. Other symptoms commonly reported along with the 12 differentiating ones include dry mouth, weakness, headaches, tremor, muscle and abdominal pain, fever, sweats, chills, and sleep disturbances. The authors note that this approach may evolve over time as researchers gain more insights into the symptoms of long COVID.</p> <p>“One of the big take-aways from this study is [that] long COVID is not just one syndrome; it’s a syndrome of syndromes,” says senior study author Dr. Andrea Foulkes of the RECOVER Data Resource Core, Harvard Medical School, and Massachusetts General Hospital.</p> <p>Clinical trials run through RECOVER to address many of the symptoms highlighted in the current study are expected to begin enrolling participants by the end of 2023.</p> <p>Deeper Understanding of Long Covid</p> <p>Related Links</p> <ul style="list-style-type: none"> • Bivalent Boosters Provide Better Protection Against Severe COVID-19 • Paxlovid Reduces Serious Risks from Omicron Variants • Long COVID Symptoms Linked to Inflammation • Autoimmune Response Found in Many With COVID-19 • Long COVID • Resources and Research about Long COVID • Long COVID: Community Engagement Alliance • COVID-19 Research • Long COVID or Post-COVID Conditions (CDC)(link is external) • RECOVER: Researching COVID to Enhance Recovery(link is external)
Caregiving	<p>17. Administration on Community Living June 12, 2023 <i>CMS Releases Resources on Supporting Adults with I/DD and Their Aging Caregivers</i> The Centers for Medicare & Medicaid Services (CMS) recently released a collection of resources designed to support state Medicaid and partner agencies</p>

	<p>in developing the supports and services being delivered to adults with I/DD and their aging caregivers. These resources detail ways that agencies can anticipate and meet the needs of aging caregivers and adults with I/DD, design person-centered planning processes across the lifespan, develop policies to support aging caregiver needs, and demonstrate innovative strategies that states are using in key focus areas. The materials can be used by state agencies, providers, and aging and disability networks to engage stakeholders and plan for the design and implementation of future services and supports using data to identify current and future service demands, develop interagency partnerships and relationships, and focus on assessment, early identification, and training to help families better navigate support as their needs change across the lifespan. The resources are especially important because the number of people with I/DD receiving Medicaid home and community-based services and living with family has increased by 143% between 1998 and 2018. An estimated 1 million households in the U.S. include an adult with I/DD living with and supported by an aging caregiver, and this number is growing.</p> <p>As the federal agency leading the implementation of the National Strategy to Support Family Caregivers (the Strategy), ACL is pleased to share resources that can advance implementation of the Strategy and emphasize the importance of ensuring that family caregivers are appropriately recognized and supported. The advisory councils created by the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act and the Supporting Grandparents Raising Grandchildren (SGRG) Act jointly developed the Strategy in collaboration with ACL and other federal partners with extensive input from the public (including family caregivers and the people they support).</p> <p>The ACL programs included in the set of CMS resources are:</p> <ul style="list-style-type: none"> • National Family Caregiver Strategy • Charting the LifeCourse Framework • National Center on Advancing Person-Centered Practices and Systems (NCAPPS) • No Wrong Door Systems • Bridging the Aging and Disabilities Networks • Lifespan Respite Care Program • I/DD Counts • National Family Caregiver Support Program <p>Aging Caregivers</p>
<p>Helpful Hints from Grammas</p>	<p>18. *The Washington Post June 9, 2023 <i>Use vinegar to make scratchy towels soft, and other life hacks from grandmas</i> By Cathy Free Amanda Ahlenius was feeling overwhelmed with her responsibilities as both a mother and a professional dietitian when she began thinking about her grandmother, and how easily and seamlessly she seemed to tackle household chores. . . In February, Ahlenius decided to post a quick video on TikTok, asking, “How much could we learn from each other if we all shared the random things that the women in our lives have taught us?” Overnight, the video racked up thousands of views and hundreds of comments from people offering tips from their own mothers and grandmothers, and the reaction has continued to build, she said.</p>

	<p>That first video has been viewed more than 865,000 times, and another video with a tip about how to scrape tomato paste from a can has more than 9.3 million views. In another video, she said her grandmother has a solid set of tools and expertly knows how to use them all.</p> <p>She now regularly posts life hacks contributed by her 330,000 followers from their own grandmas, including wrapping rubber bands toward the narrow ends of hangers to prevent clothes from sliding off, and adding a penny minted before 1982 to help tulips stand upright in a vase.</p> <p>Use vinegar</p>
From Other States	<p>19. NC Health News June 12, 2023 <i>Inadequate oversight: Lack of inspectors leaves some nursing home complaints unaddressed for months</i> by Charlotte Ledger</p> <p>A critical shortage of nursing home inspectors and a surge of complaints means some residents wait months for the state to investigate problems. . . .</p> <p>Across North Carolina, the number of nursing home complaints has surged. In 2016, the state received 2,682 nursing home complaints, in 2022 that number was up to 3,405 complaints.</p> <p>The larger number of complaints – coupled with a severe shortage of state inspectors – has led to longer wait times on some complaints, leaving residents and their family members in a limbo that can stretch for months. . . .</p> <p>Nursing home observers said it’s not surprising that complaints are up. Many nursing homes were already struggling before the pandemic, and COVID-19 hit them hard. Workers, overworked and underpaid even before the pandemic, fled the nursing home sector in droves.</p> <p>Although COVID-19 rates in nursing homes have markedly declined, this post-pandemic labor crunch has decimated staffing at many facilities, leading to overburdened caregivers with too many patients. Nursing homes are also dealing with declining occupancy rates and higher costs that were only partly allayed by the pandemic-era bump up in reimbursement. . . .</p> <p>In addition, the consolidation of the long-term care industry by large, for-profit corporations and private equity firms has made it more difficult for local ombudsmen to work with owners on improvements. As of May 2023, 83 percent of North Carolina’s nursing homes were owned by for-profit companies, federal data show.</p> <p>“It’s not local people who own these buildings anymore,” Kaylor said. “Even the administrators of these facilities feel like they can’t make changes or make a difference because of the out-of-state ownership.”</p> <p>inadequate oversight</p> <p>20. Bacon’s Revolt June 10, 2023 <i>Scandal in Plain Sight – Virginia’s Failed Regulation of Law-Avoiding Nursing Home Owners</i> by James C. Sherlock</p> <p>One of the most important and heart-wrenching decisions families make for their elderly loved ones is whether they are able to keep them in their homes as they get older and sicker. . . .</p> <p>We should be able to expect patients to receive at least basic standards of care. A high percentage in Virginia has not .</p>

In a five-star system, the Centers for Medicare and Medicaid Services (CMS) [rates](#) 98 of Virginia's 289 nursing homes at one star – defined as much below average. More than a *third*. [Nationwide](#), only the worst 20 percent receive a one-star rating. The [last time I reported](#), in October of 2021, those figures were 54 one-star facilities out of 288. *Nineteen percent*. So, our nursing homes have gotten precipitously worse over time.

By definition of the way that Medicare compiles records and assigns scores, they have been bad for a long time. The ratings are backward-looking a couple of years, so the measured declines discussed here did not start recently. People have suffered and died from the lack of effective oversight. And I have encountered nothing to indicate that this situation has improved.

Ownership of many nursing facilities, *especially the worst ones*, has become a shell game subject to high-frequency shifts of ownership and changing facility names. . .

on the financial performance of medical facilities in the state.

A nursing home that routinely loses money, assuming the financial reporting is accurate, which is a known problem in facilities owned by some private equity firms, is a risk regardless of the latest CMS star ratings.

But, for whatever reason, the financial data published by [vhi.org](#) are preposterously out of date. The data posted on [February 28 of this year](#) are from fiscal year 2021. They are better than nothing.

Facility name and ownership problems. A search of federal and state nursing home records available to the public shows a significant pattern of discrepancies of facility names and ownerships among:

- [vhi.org](#) for the state;
- CMS *Medicare Compare* data for the federal government; and
- the current actual ownership and names of facilities.

My research shows a *large majority* of Virginia nursing homes caught up in that specific form of chaos.

CMS and [vhi.org](#) don't even agree on how *many* nursing homes there are in Virginia. They clearly use different criteria. We just don't know what the differences are. . .

Rapid assembly of large Virginia chains. Eastern Healthcare Group suddenly owns 14 nursing homes in Virginia, primarily from buying out Portopiccolo Group's Virginia facilities.

Flushing, New York's [Hill Valley Healthcare](#), equally suddenly, owns 18 nursing homes in Virginia, closing the purchases on most of them in January.

Eastern and *Hill Valley* each recently bought portfolios containing some of the worst nursing homes in the state as rated by CMS. That can be a good thing if each has the resources and the will to invest in upgrading staffing and facilities.

Question for government. We must question whether the government agencies themselves know who owns the facilities in a timely manner.

- How soon are they notified after a sale?
- Is the state notified *before* a sale?
- If so, does the state have any authority to vet new buyers?
- What happens when a new owner takes over a one-star rated facility? How does that affect regulation activities?

We ask those questions because there are ownership groups, some of whom have operated in Virginia, [notorious](#) for:

	<ul style="list-style-type: none"> • buying nursing homes; • stripping staff to far below CMS-required levels regardless of the effects on <i>Medicare Compare</i> star ratings; • pocketing the profits; and • within a couple of years reselling facilities at a higher price based on the higher cash flows. <p>That has been done widely in the Commonwealth.</p> <p>Bottom line. Government agencies which we count on for both nursing home information and regulation appear unable to reliably provide either.</p> <p>Recommendations. If current laws have been broken, Commonwealth’s Attorneys should prosecute. If regulations have been broken, pursue the owners who broke them.</p> <p>Regardless, a thorough review and report by the Department of Health and the Department of Medical Assistance Services (DMAS) of their nursing home regulatory, oversight and public information programs is necessary prior to the next General Assembly session to determine how to improve them.</p> <p>Virginia needs mechanisms to:</p> <ul style="list-style-type: none"> • track and report nursing home ownership and facility names in near-real time; • stop Medicaid reimbursement of nursing homes in violation of health regulations; and • block Virginia acquisitions by ownerships with bad track records or insufficient assets. <p>The VDH already has the authority to remove the licenses from operators who disregard regulations as a business model.</p> <p>If legislation or regulation changes are necessary, propose them.</p> <p>In the meantime, Virginia’s elected constitutional officers and General Assembly members may wish to examine campaign donations and stop taking/refund money from Virginia’s worst nursing home operators.</p> <p>This is the first in a series on this issue.</p> <p>Scandal in Plain Sight</p>
Aging Topics	<p>21. *New York Times June 12, 2023 <i>America’s workers and leaders are older. What does that mean?</i> By Sophia Alvarez Boyd</p> <p>Many people don’t get to choose when to retire, but some do — and some are choosing to do so much later. To find some of them, look no further than Washington, D.C.: We currently have the oldest Senate — by average age — and president in U.S. history.</p> <p>The limits and bounds of an older political body and work force were the topic of last week’s episode of the “Matter of Opinion” podcast. Age will no doubt be a factor in who we elect as our next president. Our columnists thoughtfully took on that debate and challenged one another with a bigger question: When is it time for someone to let go of a job that is intrinsically tied to their identity? Is there a point when retirement becomes a duty?</p> <p>For my mom, it was about duty and dignity. It was important for her to retire at the right time. But she hasn’t completely stopped working. She’s building a business as an executive coach, and she also has time to explore creative outlets such as photography and poetry.</p> <p>I don’t know at what age I’ll retire, or what I’ll fill my days with in lieu of a full-</p>

	<p>time job when that happens. But listening to our columnists talk this through gave me a bit of hope for a world where we can have both well-earned, well-timed retirements and the possibility of careers that are worth a lifetime of work. Who knows? Maybe that is journalism for me.</p> <p>Listen to the podcast here.</p>
Notice	<p><i>The Dignity Digest</i> will not be issued for the week of June 19th. Issue #144 will be issued on Monday, June 26.</p>
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: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at rmoore8473@charter.net.</p>
Websites	
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health</p> <p><i>Temporary admissions freeze</i></p> <p>On November 6, 2021 the state announced that it would require certain high risk nursing homes and rest homes to temporarily stop all new admissions to protect the health and safety of residents and prevent further COVID-19 transmission. Stopping admissions enables homes to focus resources such as staff and PPE on the health and safety of its current residents and enables the home to stabilize before taking on new residents. Homes that meet certain criteria will be required to stop any new admissions until the Department of Public Health has determined that conditions have improved, and the facility is ready to safely care for new residents. The Commonwealth will work closely with homes during this time and provide supports as needed to ensure resident health and safety.</p> <ul style="list-style-type: none"> • There are a number of reasons why a facility may be required to stop admissions, and the situation in each facility is different. Some of the factors the state uses to make this decision include: • Number of new COVID-19 cases within the facility • Staffing levels • Failure to report a lack of adequate PPE, supplies, or staff • Infection control survey results • Surveillance testing non-compliance <p>Facilities are required to notify residents' designated family members and/or 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>

		Updated on May 10, 2023. Red font – newly added				
		Name of Facility	City/Town	Date of Freeze	Qualifying Factor	Star Rating
		Hillside Rest Home	Amesbury	5/2/2023	Cases	N/A
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health <i>Determination of Need Projects: Long Term Care</i> 2023 Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project 2022 Ascentria Care Alliance – Laurel Ridge Ascentria Care Alliance – Lutheran Housing Ascentria Care Alliance – Quaboag Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation Next Step Healthcare LLC-Conservation Long Term Care Project Royal Falmouth – Conservation Long Term Care Royal Norwell – Long Term Care Conservation Wellman Healthcare Group, Inc 2020 Advocate Healthcare, LLC Amendment Campion Health & Wellness, Inc. – LTC - Substantial Change in Service Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure Notre Dame Health Care Center, Inc. – LTC Conservation 2020 Advocate Healthcare of East Boston, LLC. Belmont Manor Nursing Home, Inc.</p>					
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://tinyurl.com/SpecialFocusFacilityProgram Updated 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. What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to 					

consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.

- Post the list on your program's/organization's website (along with the explanation noted above).
- Encourage current residents and families to check the list to see if their facility is included.
- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

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.genesishcc.com/glenridge>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
- Hathaway Manor Extended Care (1)

	<p>https://hathawaymanor.org/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225366</p> <ul style="list-style-type: none"> • Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 • Mill Town Health and Rehabilitation, Amesbury (14) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318 • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207 • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488 • Vantage at Wilbraham (5) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295 • Vantage at South Hadley (12) No website Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 <p>https://tinyurl.com/SpecialFocusFacilityProgram</p>																
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica <i>Nursing Home Inspect</i> Data updated November 2022 This app uses data from the U.S. Centers for Medicare and Medicaid Services. Fines are listed for the past three years if a home has made partial or full payment (fines under appeal are not included). Information on deficiencies comes from a home’s last three inspection cycles, or roughly three years in total. The number of COVID-19 cases is since May 8, 2020, when homes were required to begin reporting this information to the federal government (some homes may have included data on earlier cases). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="0"> <thead> <tr> <th># reported</th> <th>Deficiency Tag</th> </tr> </thead> <tbody> <tr> <td>250</td> <td>B</td> </tr> <tr> <td>82</td> <td>C</td> </tr> <tr> <td>7,056</td> <td>D</td> </tr> <tr> <td>1,850</td> <td>E</td> </tr> <tr> <td>546</td> <td>F</td> </tr> <tr> <td>487</td> <td>G</td> </tr> <tr> <td>31</td> <td>H</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H
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Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>
Long-Term Care Facilities Specific COVID-19 Data	<p>Massachusetts Department of Public Health <i>Long-Term Care Facilities Specific COVID-19 Data</i> <i>Coronavirus Disease 2019 (COVID-19) reports related to long-term care facilities in Massachusetts.</i></p> <p>Table of Contents</p> <ul style="list-style-type: none"> • COVID-19 Daily Dashboard • COVID-19 Weekly Public Health Report • Additional COVID-19 Data • CMS COVID-19 Nursing Home Data
DignityMA Call Action	<ul style="list-style-type: none"> • The MA Senate released a report in response to COVID-19. Download the DignityMA Response to Reimagining the Future of MA. • Advocate for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage Social Media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content

Access to Dignity Alliance social media	Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org			
Participation opportunities with Dignity Alliance Massachusetts Most workgroups meet bi-weekly via Zoom. Interest Groups meet periodically (monthly, bi-monthly, or quarterly). Please contact group lead for more information.	Workgroup General Membership	Workgroup lead Bill Henning Paul Lanzikos	Email bhenning@bostoncil.org paul.lanzikos@gmail.com	
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	The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> : https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
	Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> Dick Moore 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 Digest@DignityAllianceMA.org.</i>		
<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: https://dignityalliancema.org/dignity-digest/</i></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>				

