



The Dignity Digest

Issue # 178

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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.

	<p>*May require registration before accessing article.</p>
<p>DignityMA Zoom Sessions</p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.</p>
<p>Spotlight</p>	<p><u>The 'hidden profits' in the nursing home industry</u> University of California Los Angeles By Dr. Ashvin Gandhi and Dr. Andrew Olenski March 4, 2024 Summary prepared by Becker's Hospital Review A recent study led by researchers at the University of California Los Angeles study <u>found</u> reported nursing home profits may reflect only 37.1% of total profits as of 2019, suggesting a practice of profit extraction from the industry that is being "tunneled" into owners' pockets. "Tunneling" describes the transfer of assets and profits out of firms into the pockets of the people who control them. The analysis used a stacked difference-in-differences approach to document how related party transactions were used as a form of profit extraction in the nursing home industry. Researchers found that services purchases from related parties are substantially inflated and a large share of related party spending is on real estate and management services. Here are three main findings:</p> <ol style="list-style-type: none"> 1. The estimates suggest that reported nursing home profits reflect only 37.1% of profits as of 2019, and only 33.5% of facilities have no related party transactions. 2. Among firms with positive "hidden" profits, the scope of such profits ranged from \$81,834 to \$415,379. 3. The calculations suggest that firms may be substantially understating their profitability, which allows them to mislead potential plaintiffs, dissuade litigation, and ask for increased reimbursements. <p>Full report at: <u>The 'hidden profits' in the nursing home industry</u> Editor's note: Consumer Voice is holding a webinar featuring Dr. Ashvin Gandhi and Dr. Andrew Olenski on Wednesday, April 10, 2024 from 2:00 to 3:00 p.m. <u>Hidden Profits in the Nursing Home Industry</u></p>
<p>Quotes</p>	<p><i>"Safe care is not possible without an adequate number of qualified nursing staff. The devastation. . .that too many have faced is unconscionable."</i></p>

Bill Sweeney, AARP senior vice president for government affairs, [Reject Bill That Would Block Federal Nursing Home Standards, AARP Tells Congress](#), **AARP Blog**, March 8, 2024

“The \$62.5 million bipartisan allocation for continued outreach to and enrollment of low-income Medicare beneficiaries into assistance programs means millions more eligible older adults will get much-needed help affording their health care and medicine. Today’s funding package is another step closer to ensuring that every American can age with dignity.”

Statement from NCOA President and CEO Ramsey Alwin, [Assistance on the Way for Low-Income Older Americans](#), **National Council on Aging**, March 8, 2024

“We believe the level, depth and breadth of the financial mismanagement [of the Benjamin Healthcare Center] and questionable dealings [are] massive. At this point, we believe [Administrator Tony Francis’] decisions are not based on what is in the best interest of patients, staff and community but rather are designed to cover up his past misdeeds. It is imperative that the Attorney General and the Department of Public Health move now to stop him from destroying the only Black founded, owned, and operated nursing home facility in New England.”

Letter from family members, employees and community members to Attorney General Andrea Joy Campbell and Department of Public Health, [25 Investigates probes Boston nursing home’s finances](#), **Boston 25 News**, March 8, 2024

“You’re making \$600,000 to 900,000 a year, why couldn’t you take a pay cut if you realize the facility was in financial straits?”

Delroy McDonald, former bookkeeper for the Benjamin Healthcare Center, [25 Investigates probes Boston nursing home’s finances](#), **Boston 25 News**, March 8, 2024

"You have run this hospital system for 14 years, and reportedly have had access to two private jets while owning two luxury yachts. Meanwhile, suppliers were

	<p><i>unpaid, the system piled on debt, and patients in Steward hospitals ... suffered because of inadequate care."</i></p> <p>Letter to Steward Chairman and CEO Ralph de la Torre from U.S. Senators Elizabeth Warren and Ed Markey, Distressed Steward Health may have a buyer for St. Anne's Hospital in Fall River, WBUR, March 8, 2024</p> <p><i>"There was a level of collaboration during the COVID-19 crisis that made all the sense in the world. In part of our preparations for what could happen with the Steward system, I think we will need to get back to that, to make sure we can focus on taking care of patients."</i></p> <p>Steve Walsh, president of the Massachusetts Health & Hospital Association, Distressed Steward Health may have a buyer for St. Anne's Hospital in Fall River, WBUR, March 8, 2024</p> <p><i>In the US, millions of older adults struggle to afford both housing and the long-term care (LTC) services they increasingly require as they age, such as help with personal care, housekeeping, and shopping.</i></p> <p>Older Adults with Moderate Income Cannot Afford the Dual Burden of Housing and Care (Joint Center for Housing Studies of Harvard University, March 7, 2024)</p>
<p>Closure of the Benjamin Healthcare Center</p>	<p>Boston 25 News March 8, 2024 25 Investigates probes Boston nursing home's finances By Ted Daniel, Boston 25 and Marina Villeneuve</p> <p>As a Boston nursing home faces a potential closure in July, residents and community members are calling for answers and accountability from state and federal officials.</p> <p>One of their top concerns: the high pay of Edgar P. Benjamin Healthcare Center CEO Tony Francis. His salary quadrupled from at least \$156,181 in 2015 – to \$628,592 by 2021.</p> <p>25 Investigates has found that's the top reported administrator salary for any non-profit nursing home in Boston. His total compensation tops \$930,000 – including pension, insurance, and payroll taxes.</p> <p>"You're making \$600,000 to 900,000 a year, why couldn't you take a pay cut if you realize the facility was in financial straits?" the nursing home's former bookkeeper Delroy McDonald said.</p> <p>In December, 25 Investigates revealed that workers went weeks without pay and access to health insurance. And we found that when workers did get paychecks in January — they bounced.</p>

	<p>“He is getting an astronomical amount of money to run a nursing home,” Adam Owens, a Mattapan resident whose 57-year-old wife Rhonda lives at the nursing home, said.</p> <p>Francis did not agree to speak on-camera with 25 Investigates, and he did not respond to messages left at his office and at his Needham home last week.</p> <p>His spokesperson David Ball in an emailed statement said: “The Edgar P. Benjamin Healthcare Center continues to provide high-quality care in a safe environment and remains focused on assuring appropriate and orderly resident transfers. The economic climate for long-term care is devastating and continued operation of the facility is simply not sustainable.”</p> <p>Francis has told the state he wants to close the nursing home – which has served Mission Hill and Roxbury for much of the past century – on July 1 due to “insurmountable” fiscal challenges.</p> <p>Nursing homes do face challenges: the Edgar P. Benjamin nursing home is certified to provide 205 certified beds – but only 76 residents currently live there. A charter school rents one floor of the nursing home, while one wing has remained shuttered for several years. And an employee said the nursing home has converted triple and quadruple occupancy rooms to double occupancy rooms.</p> <p>Still – 25 Investigates has obtained internal documents that shed light on the home’s finances and raise troubling questions about its leadership.</p> <p>\$100,000 LOST IN A CRYPTO EXCHANGE</p> <p>Board meeting minutes dated April 27, 2023 say the home lost \$100,000 in a crypto exchange.</p> <p>“The facility lost about \$100,000 dollars through a crypto exchange,” read the minutes. “We did try to get the money back, but they said we had to put another \$20,000.00.”</p> <p>Those same minutes say two board members approved a motion for a “CEO raise of 5% and a bonus of \$70,000.”</p> <p>And board meeting minutes dated Jan. 30, 2023 describe an agreement to pay back Francis at 12% interest for his loans to the nursing home.</p> <p>“The CEO has been taking out loans from his personal account to give to the company for payroll a couple of times,” the minutes read. “He sent a note to the Board Member when he took \$64,000.00 out to add to the payroll, and then just this week, he also expected to takeout \$23,000.00.”</p> <p>“The CEO is asking the Board Members to approve of him charging the facility 12% interest anytime he takes money off his account or a loan to help pay payroll,” according to the minutes.</p> <p>Those minutes say that two board members agreed to a “motion to approve charging the facility 12% interest anytime Tony Francis takes money from his account or a loan to help pay payroll.”</p> <p>Several board meeting minutes describe issues making payroll – and potential increases in Medicaid reimbursement.</p> <p>Minutes from Sept. 28, 2023 read: “As mentioned, the CEO has been using personal funds to cover payroll shortfalls. He currently has approximately \$150,000.00 used in payroll, and we are unsure when</p>
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he can get his reimbursed funds. Payroll may get better because we are getting an increase in MassHealth reimbursement.”

Those minutes also say that the nursing home was “behind on our bills” and had to halt use of a wheelchair van.

25 Investigates also obtained copies of utility bills showing the nursing home owes hundreds of thousands of dollars.

A January 2024 bill for Boston Water and Sewer Commission shows the nursing home owes just over \$175,000.

And a January 2024 Eversource bill shows nearly \$340,000 owed.

On Feb. 28, family members, employees and community members sent a letter to Attorney General Andrea Joy Campbell and Department of Public Health asking the state to take over the nursing home [through a receivership](#).

“We believe the level, depth and breadth of the financial mismanagement and questionable dealings is massive,” reads the letter. “At this point, we believe his decisions are not based on what is in the best interest of patients, staff and community but rather are designed to cover up his past misdeeds. It is imperative that the Attorney General and the Department of Public Health move now to stop him from destroying the only Black founded, owned, and operated nursing home facility in New England.”

25 Investigates asked the AG’s office if it’s looking into concerns about potential financial wrongdoing at the nursing home.

The AG’s office declined to address whether it’s pursuing a receivership.

“Receivership is a tool available to the state under certain conditions,” the AG’s office said in a statement. “Whether, how and when to use that tool involves considerations of legal strategy that we cannot discuss publicly.”

Boston City Councilor Benjamin Weber has called for the AG’s office to look into the issue of missing and bounced paychecks – and to pursue enforcement even if the nursing home faces potential closure.

“We have a very strong wage payment law here,” he said. “We need to enforce the right of these healthcare workers to get paid what they need to get paid.”

The spokesperson for the Attorney General this month “issued a \$15,000 citation to the Center for failure to make timely payment of wages due and secured approximately \$190,000 in restitution for workers.”

The Department of Public Health said it is closely monitoring the proposed closure process and holding a public hearing on March 12. DPH would have to approve a closure plan before the nursing home could close.

Meanwhile, local lawmakers are also asking questions.

“People, the residents, including myself as an elected official, we still have, you know, deeper questions into, why is this happening right now?” Boston City Councilor Henry Santana said.

SUBSTANTIAL PANDEMIC AID, RISING LIABILITIES

The home reported \$11 million in revenue in 2021, according to its IRS 990 filings.

Most of its revenue comes from the government via Medicaid.

25 Investigates finds the home also received \$3.2 million in federal COVID-19 assistance through the federal Paycheck Protection Program.

And roughly \$900,000 a year comes from a Roxbury charter school that pays rent to lease the top floor.

In 2021, the nursing home reported \$11 million in expenses. It also reported about \$6.5 million in liabilities – including accrued payroll.

Those IRS filings documents don't shed light on what the other liabilities are.

A Feb. 28 letter that community members sent to state officials seeking a receivership questioned why the nursing home has failed to pay bills when it's received millions of dollars in COVID-19 assistance. The letter also claims that Francis did not use the COVID-19 assistance to maintain staff.

According to IRS filings, the nursing home reports it employed 117 people in 2021.

That's down from 157 in 2019, and 181 reported in 2020.

"Mr. Francis announced to the staff 2 years ago that the facility has \$2 million in reserves," reads the letter. "At a staff meeting Mr. Francis stated that the money (mostly PPP) was being saved for a rainy day. He wasn't paying basic vendor bills, such as food, utilities, water, or payroll. There is no rational explanation for any of the financial difficulties the Benjamin dealt with in 2023 and raises major questions as to the basis for Benjamin's financial difficulties."

SHRINKING BOARD OF DIRECTORS

The nursing home's former bookkeeper, Delroy McDonald, left in 2014.

He said he sat on the committee that decided to hire Francis by the fall of that year.

"He has lost the sense of his commitment to the mission of what Mr. Benjamin set in place, you know, almost 100 years ago," McDonald said.

"It hurts me a lot that that has been happening," McDonald said.

25 Investigates found the nursing home's board of directors has shrunk from 13 in 2015, to 4 currently.

That's according to our review of IRS and state corporation filings.

"Over the years, Tony's salary has increased," McDonald said. "He started to get rid of the large board."

"Tony Francis thinks that this is his private entity," McDonald said. "He can make any decision that he wants, and he brings anyone on the board that will support his ideas, and he fires anyone who challenges the decisions that he's making."

A Feb. 28 letter that community members sent to family members seeking a receivership said the board of directors bears "responsibility for what appears to be a wholesale failure of fiduciary responsibility to monitor, oversee and check the wanton and reckless behavior."

"While the by-laws historically required that local community representation and patients' family representatives serve on the Board, that policy appears to have fallen completely away," reads the letter.

The letter raises other concerns – from the amount of money Francis receives from business reimbursements on his American Express card, to the oversight of patient accounts and their own COVID-19 stimulus checks.

25 Investigates reached out to every person listed as serving on the nursing home’s board of directors.

None of them agreed to an on-camera interview.

Board member Joana Angel did not respond to 25 Investigates’ repeated requests for comment by phone and in-person.

Another board member, Tatiana Bougdaeva, said she did not have concerns with the nursing home’s management before hanging up.

Board member Demond Vicks, who answered a call from a phone number with Texas area code, said: “You would have to talk to Tony.

Thank you.”

Vicks then hung up.

Former Massachusetts state Rep. Royal Bolling was listed as a board chairman in 2021.

He told 25 Investigates by phone that he was voted out when he began raising questions about Francis’ compensation.

“No, I left that board,” Bolling said. “I have nothing to do with that institution at all.”

“I didn’t like what was going on there,” Bolling said. “When I raised questions, about it, they took a vote and voted me off the board.”

“I was informed about the compensation rate,” he said. “I was very upset about it. I voiced my concern. However, the response was to vote me off the board.”

“I was kept in the dark,” he said.

QUESTIONS ABOUT OVERSIGHT OVER NURSING HOME FINANCES

Dignity Alliance Massachusetts co-founder Paul Lanzikos said financial oversight of homes like the Benjamin is sorely lacking.

“Right now, the state is running, 2 to 3 years behind looking at the operations, the financial operations of nursing homes,” he said.

“Especially over the last few years when there’s been a real influx of additional funding, but there’s no accountability, how that money was spent.”

University of Boston gerontology professor Edward Miller said it’s up to federal and state agencies to investigate questionable use of Medicaid funds.

“Are they using it to improve patient care, to provide care to patients, or is some of it being, you know, siphoned off as profit?” he said.

25 Investigates reached out to office of the State Auditor Diana DiZoglio.

In an emailed statement, Auditor DiZoglio wrote, “The allegations raised about the Edgar Benjamin Healthcare Center are indeed incredibly concerning. The Attorney General’s Medicaid Fraud Division is the entity that has the authority to investigate and prosecute health care providers concerning allegations such as those raised. We stand at the ready should the Office of Attorney General require our assistance.”

25 Investigates also examined oversight bills sponsored by state lawmakers.

In 2023, Democratic state Sen. Patricia Jehlen sponsored a bill to require nursing homes [to submit annual, audited financial reports](#). That bill died in committee in February.

In 2017, Republican Sen. Peter Durant [sponsored a bill to limit high salaries for nonprofit executives](#). That bill died in committee in 2018.

Durant said Benjamin’s potential closure highlights the need for lawmakers to take another look at such financial issues. “It certainly needs oversight,” he said. “And it’s certainly something that we should be looking at.”

Local and state elected officials said there are parallels between the potential closure of the Edgar P. Benjamin nursing home – and worries over potential closures of area hospitals run by for-profit [Steward Health Care](#).

“The whole situation just shows that we have a huge gap in our health care system, and that the people who need to help most often are left to be in a facility where the administrator might cut costs and enrich themselves in the process,” Boston City Councilor Benjamin Weber said.

25 Investigates has revealed how families of Benjamin residents who have already started looking for beds nearby say they’re facing long waits.

“I got calls from family members stating that some places are telling them a year, six months to a year,” Director of Nursing Marie Colsoul said. “They are in despair because we have a lot of families that are out of state.”

Employees say families simply don’t have the support, time or resources to find new homes for all 76 residents by July 1.

“We are hoping that the state will come and take a look at what’s going on in here, and hopefully we’ll keep the door open for the sake of our residents,” Colsoul said.

“We are pleading for anybody to help us because our residents are distraught,” she said. “Some of the residents are telling me: ‘Marise, please save us.’ So, this is what we are doing and trying to save them because this is their home.”

Those fighting for the Benjamin to stay open say change needs to happen – so the care of elderly residents comes first.

“Don’t sit quietly and let this person bring down an institution that has been there for so long,” McDonald said.

Friday, March 8 Edit: Representative Ayanna Pressley’s office provided the following statement after Boston 25’s story originally aired.

“We are concerned by the displacement of critical nursing home space in the heart of the Massachusetts 7th. The residents and their families deserve to find the care they need in the neighborhood they call home. We are monitoring the situation closely and have been updated by leaders in the Mission Hill community, and I hope my office can be helpful in ensuring those families are able to remain connected to this community in a nursing home facility. In the meantime, in light of the grave allegations of wrongdoing and financial mismanagement, there must be a full, transparent, and thorough investigation.”

NBC10 Boston (video report)

	<p>March 7, 2024 <u>Employees concerned as Mission Hill nursing home faces closure</u> By Malcolm Johnson The Edgar P. Benjamin Healthcare Center in Boston's Mission Hill, which opened in 1927, is set to shut down soon.</p>
<p>DignityMA Study Session</p>	<p>Care Planning Made Simple & the New POLST Program Wednesday, March 13, 2024, 10:00 a.m. Presenter: Ellen DiPaola, JD, President & CEO, Honoring Choices Massachusetts</p> <p>Topics covered:</p> <ul style="list-style-type: none"> • The new Health Care Planning Process that makes it easy to start simple to serious illness planning conversations to direct care choices • How to document care choices in 5 MA planning documents • Ways to help ensure every adult's care choices are known, protected and honored. • Brief update on the transition from MOLST (Medical Orders for Life Sustaining Treatment) to POLST (Portable Orders for Life Sustaining Treatment) <p><u>https://us02web.zoom.us/j/85859922449?pwd=aGFTWk84T1FqbmdPcFNLZkc1MDNaUT09</u> Meeting ID: 858 5992 2449 Passcode: 313472 One tap mobile +13052241968,,85859922449#,,,,*313472# US Telephone: 305 224 1968</p>
<p>Guide to news items in this week's Dignity Digest</p>	<p>Nursing Homes <u>Reject Bill That Would Block Federal Nursing Home Standards, AARP Tells Congress</u> (AARP Blog, March 8, 2024) <u>'Feel Like a Risk': Nursing Home Operators Appear To Reduce Wage Increases Compared to 2023</u> (Skilled Nursing News, March 8, 2024)</p> <p>Housing <u>Older Adults with Moderate Income Cannot Afford the Dual Burden of Housing and Care</u> (Joint Center for Housing Studies of Harvard University, March 7, 2024)</p> <p>Steward Healthcare System <u>Distressed Steward Health may have a buyer for St. Anne's Hospital in Fall River</u> (WBUR, March 8, 2024)</p> <p>Covid / Long Covid <u>Your 2024 Guide to Covid Symptoms and Treatment</u> (*New York Times, March 1, 2024)</p> <p>Medicare <u>Assistance on the Way for Low-Income Older Americans</u> (National Council on Aging, March 8, 2024)</p> <p>Healthcare <u>Hospital executives look for state help, coordination as system approaches breaking point</u> (*Boston Globe, March 11, 2024 (updated))</p> <p>From Our Colleagues from around the Country</p>

	<p><u>Why Do the American People Tolerate a Poor Public Health System Along with Bad Healthcare that Costs so Much?</u> (Tallgrass Economics, March 9, 2024)</p> <p><u>Reference Guide on Related Party Transactions</u> (Consumer Voice, February 6, 2024)</p>
<p>Public Hearings</p>	<p><u>Massachusetts Department of Public Health</u> Benjamin Healthcare Center, Roxbury Public hearing: Tuesday, March 12, 2024, 6:00 p.m. Dial in Phone #: 800-857-5123 Participant Code: 8554964 Closure date: July 1, 2024 <u>Notice of Intent to Close (PDF)</u> <u>(DOCX)</u> <u>Draft of Closure and Relocation Plan (PDF)</u> <u>(DOCX)</u></p>
<p>Webinars and Other Online Sessions</p>	<p>1. Consumer Voice Wednesday, April 10, 2024, 2:00 to 3:00 p.m. <u>Hidden Profits in the Nursing Home Industry</u> Consumer Voice has long been a proponent of increased transparency and accountability in nursing home finances. Data and research show that roughly 75% of nursing homes use related party transactions. These common transactions permit some nursing home owners to hide how profitable their facilities really are. On March 4, 2024, a new paper, “Tunneling and Hidden Profits in Health Care” was published by Dr. Ashvin Gandhi and Dr. Andrew Olenski. Their paper looked specifically at related party transactions in nursing homes and “tunneling.” Tunneling is the process by which nursing home providers “covertly extract profit by making inflated payments for goods and service to commonly owned related parties.” This paper, a first of its kind, found that in 2019, 63% of nursing home profits were “hidden” in related party transactions. In other words, the reported profits by the industry are roughly 1/3 of what they truly are. Join Consumer Voice in welcoming the authors of this groundbreaking study to discuss their methodology, findings, and what steps they recommend be taken to address the lack of transparency and accountability that allows nursing homes to continuously claim poverty as to why they are unable to provide high-quality care. This timely study pulls back the curtain on nursing home finances and challenges the industry narrative that they are not paid enough in Medicare or Medicaid dollars. Importantly, it shows that when money is diverted away through “tunneling” reforms such as a minimum staffing standard face uphill challenges, as the industry claims it cannot do better with more money. <u>REGISTER</u></p> <p>2. National Association of Social Workers MA & RI Chapters Thursday, June 20, 2024, 8:30 a.m. to 3:30 p.m. <u>Getting Up to Speed in Social Work’s Role in Elder Care: Challenges and Developments</u> Keynote: Alice Bonner, <u>Moving Forward Coalition</u> For more information: <u>CMedinaAdames.naswma@socialworkers.org</u></p>

<p>Previously posted webinars and online sessions</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>3. AARP Blog March 8, 2024 <u>Reject Bill That Would Block Federal Nursing Home Standards, AARP Tells Congress</u> By Natalie Missakian Having enough nurses and nurse’s aides on staff is crucial to providing safe and high-quality care in nursing homes. That’s why AARP is fighting to ensure that a <u>proposal to set minimum staffing levels</u> for the country’s nursing homes moves forward. We wrote to the U.S. House Ways and Means Committee this week urging members to reject legislation that would block the Centers for Medicare & Medicaid Services (CMS) from finalizing proposed minimum staffing rules unveiled by the Biden administration last September. “Safe care is not possible without an adequate number of qualified nursing staff,” wrote Bill Sweeney, AARP senior vice president for government affairs. He said AARP has heard from thousands of members whose loved ones have suffered because of poor staffing in nursing homes. More than <u>185,000 residents died</u> in nursing homes during the COVID-19 pandemic, casting a spotlight on inadequate staffing and other long-standing problems. “The devastation. . .that too many have faced is unconscionable,” Sweeney wrote. The new standards would apply to most of the nation’s 15,000 nursing homes. They call for facilities funded through Medicare or Medicaid to provide every resident with at least 0.55 hours of care from a registered nurse plus 2.45 hours of care from a nurse’s aide each day. Facilities would also need to have a registered nurse on site around the clock and be required to allocate more hours of care to residents with higher staffing needs. Legislation to block the standards follows pushback from the nursing home industry, which has raised concerns about staffing shortages. “We appreciate that it will be a transition for some nursing home operators to plan and prepare for a federal staffing standard,” Sweeney wrote. “However, instead of barring [CMS] from its responsibility to ensure taxpayer dollars are appropriately spent, Congress should work with stakeholders to bolster the workforce, which is much in demand.”</p> <p>4. Skilled Nursing News March 8, 2024 <u>‘Feel Like a Risk’: Nursing Home Operators Appear To Reduce Wage Increases Compared to 2023</u> By Amy Stulick Labor costs continue to be top of mind for nursing home operators as the workforce shortage persists and operators anticipate the finalized version of the federal minimum staffing rule. Operators reported average wage increases for their employees of 4.43% in 2023, dropping to 3.64% thus far for 2024, according to the Ziegler CFO Hotline <u>survey</u> conducted in February. . .</p>

	<p>Overall, the budget dedicated to employee wages and benefits was on average nearly 56%, although the budget range for this category widely varied between respondents. The minimum devoted to wages and benefits was 15% while the maximum was 87%.</p>
Assisted Living	<p>5. Senate Aging Committee Seeks Stories from Assisted Living Residents and Their Families The United States Senate Special Committee on Aging is seeking stories from older adults and adults with disabilities residing in assisted living facilities, and their family members. The Committee is specifically looking for stories related to the costs and quality of assisted living services and encourages sharing your stories and bills from facilities. Submit your story via the form on their website or by emailing AssistedLivingBills@aging.senate.gov.</p>
Housing	<p>6. Joint Center for Housing Studies of Harvard University March 7, 2024 Older Adults with Moderate Income Cannot Afford the Dual Burden of Housing and Care By Samara Scheckler and Peyton Whitney In the US, millions of older adults struggle to afford both housing and the long-term care (LTC) services they increasingly require as they age, such as help with personal care, housekeeping, and shopping. In fact, as detailed in our recent Housing America's Older Adults report, only 14 percent of adults age 75 and older who live alone can afford a daily home health aide visit after paying for housing and other living costs, and just 13 percent can afford an assisted living facility in their area. To better understand the dual burden of housing and care costs faced by a growing numbers of older adults, we studied 97 metropolitan areas and found that the share who could afford both housing and daily assistance varied significantly by metro. For example, more than 20 percent of adults age 75 and older who live alone can afford the combination of housing and care in Sarasota, FL, Jackson, MS, and Madison, WI. But fewer than seven percent can afford these total costs in Springfield, MA, Dayton, OH, and Portland, ME. Some of this variation is due to the relative costs of care which differ by metro. In most places, the combined costs of housing, other typical expenses, and a daily four-hour block of in-home care (a standard minimum) is more affordable than the base rate charged for assisted living plus out-of-pocket medical costs and other expenses (Figure 1). Cost differences were especially striking in Bridgeport, CT, where four hours of daily in-home assistance cost \$38,000 per year less than assisted living. In other metros, however, older adults who needed daily support could save nearly \$13,000 per year by moving to an assisted living facility. This interactive map provides a per-metro comparison of the costs for the two options. Importantly, LTC and assisted living are not interchangeable. The former is best suited to individuals who can afford their housing and have care needs that can be adequately addressed with a few consecutive hours of assistance, while assisted living can meet more substantial or intermittent needs.</p>
Steward Healthcare System	<p>7. WBUR March 8, 2024</p>

	<p><u>Distressed Steward Health may have a buyer for St. Anne's Hospital in Fall River</u></p> <p>By Priyanka Dayal McCluskey</p> <p>Southcoast Health has become the first Massachusetts health care provider to express interest in acquiring a hospital from Steward Health Care, the troubled for-profit company <u>looking to exit the state.</u> Southcoast is targeting Steward's St. Anne's Hospital in Fall River. The health system operates Charlton Memorial Hospital in Fall River, St. Luke's Hospital in New Bedford, Tobey Hospital in Wareham and several medical practices serving residents of southeastern Massachusetts and Rhode Island.</p> <p><u>In a statement Friday</u>, Southcoast chief executive David McCready said he's concerned about the possibility of Steward hospital closures. . . Any deal is likely to be complicated. Steward employs doctors and other workers who provide care, but the company doesn't own its hospital buildings. Steward sold its real estate to MPT in 2016, using the returns to pay back investors and expand nationally. More recently, <u>MPT sold a 50% stake</u> in its Massachusetts Steward properties to another company, Macquarie Asset Management.</p> <p>Steward originated in Massachusetts in 2010, <u>with private equity backing</u> from Cerberus Capital Management of New York.</p>
Covid / Long Covid	<p>8. *New York Times</p> <p>March 1, 2024</p> <p><u>Your 2024 Guide to Covid Symptoms and Treatment</u></p> <p>By Dana G. Smith</p> <p>Symptoms</p> <p>The most common Covid symptoms haven't changed much since the start of the pandemic, and they remain consistent for the latest dominant variant, JN.1, said Dr. Soniya Gandhi, the associate chief medical officer at Cedars-Sinai Medical Center in Los Angeles. They include fatigue, sore throat, congestion, runny nose, headache, body aches and cough. . . While Covid is mild for most people, it can be dangerous and even fatal for some. Data from the Centers for Disease Control and Prevention indicated that, as of mid-February, more than <u>21,000 people were hospitalized</u> with Covid, and there had been <u>roughly 10,000 Covid-related deaths</u> in 2024.</p> <p>Treatment</p> <p>The <u>antiviral pill Paxlovid</u> is very effective against severe Covid, reducing the risk of death by 73 percent if taken within the first five days of an infection, according to a <u>preliminary study</u> conducted by the National Institutes of Health. Experts urged people who are high-risk to contact their doctors about getting a prescription as soon as they have symptoms or test positive.</p>
Medicare	<p>9. National Council on Aging</p> <p>March 8, 2024</p> <p><u>Assistance on the Way for Low-Income Older Americans</u></p> <p>Statement from NCOA President and CEO Ramsey Alwin</p> <p>The following is a statement from <u>Ramsey Alwin</u>, President and CEO of the <u>National Council on Aging</u> (NCOA), on today's passage of the federal appropriations package in the Senate:</p> <p>"We applaud Congress for funding critical assistance for low-income older Americans in today's federal appropriations package.</p>

	<p>The \$62.5 million bipartisan allocation for continued funding. "These funds will enable critical outreach and enrollment activities for the rest of 2024. We look forward to working with Congress to ensure funding continues in the next fiscal years.</p> <p>"As it has for the past 15 years, this funding will support the essential work of State Health Insurance Assistance Programs, area agencies on aging, aging and disability resource centers, and 90 community-based organizations that inform older Americans about benefits. In 2022 and 2023, this funding connected 9.3 million low-income older adults to benefits they rely on for their health and financial security.</p> <p>"Yet, about 20.5 million Medicare beneficiaries in America are living at or below 150% of the federal poverty level and need help affording health care. Many of them don't know about these assistance programs and remain unable to access needed care. Enrollment is not automatic, and older adults need trusted local partners to help them navigate these programs and apply.</p> <p>"Today's funding package is another step closer to ensuring that every American can age with dignity."</p>
<p>Healthcare</p>	<p>10. *Boston Globe March 11, 2024 (updated) Hospital executives look for state help, coordination as system approaches breaking point By Jon Chesto <i>Nursing vacancy rate is on the rise, amid patient logjam at medical centers</i> Steward Health Care's Massachusetts hospitals are on the brink of financial disaster. But in many important ways, Steward's troubles are just a symptom of a larger crisis engulfing the entire industry. While Steward's for-profit ownership structure put its hospitals at a disadvantage, many health care executives say the state's entire network of hospitals is approaching a capacity shortage not seen since the early days of the COVID-19 pandemic. Industry leaders are calling for urgent action from the Healey administration and the Legislature to help stem the crisis. Even just simplifying the state regulatory bureaucracy and approvals for bringing uninsured patients into the MassHealth system would help, executives say. . Emergency rooms are regularly backed up around the state, with many so-called "boarders" waiting on cots for rooms to open up. A big reason is on the other end: When hospitals want to discharge a patient, they often can't do so right away because they don't have insurance authorization for follow-up care or there's not enough staff at the rehab hospital or nursing facility where the patient would go next. The percentage of emergency department visits that "boarded" — that is, stayed longer than 12 hours — rose to 10 percent in 2023 from 6 percent in 2020, per data released last month from the state Health Policy Commission.</p>
<p>From Our Colleagues from around the Country</p>	<p>11. Tallgrass Economics March 9, 2024 Why Do the American People Tolerate a Poor Public Health System Along with Bad Healthcare that Costs so Much? By Dave Kingsley</p>

Unchecked Bigness is One Factor Threatening our Democracy & Our Health

Big corporations and big unions can be and indeed are in many cases bad for our health. For instance, UnitedHealth, Centene, Cigna, CVS, and other healthcare-related corporations in the top 30 of the Fortune 500 have interjected themselves into our publicly funded medical care system as financial intermediaries and major influencers of government policy.^[1] Their motivation is protecting and enhancing shareholder value in the uniquely privatized, taxpayer funded U.S medical delivery structure. They make money from sickness not wellness. Prevention does not add to their bottom line, but treatment is quite lucrative – never mind the public interest.

Big unions, which initially have laudable missions and continue to do much good, sometimes tend to degenerate into self-serving actors without concern for the health and well-being of the public. This is particularly the case when our federal, state, and local governments attempt to protect our health from the dangers of fossil fuel. Public efforts to stop irrational projects such as the Keystone pipeline often fail due to the power of the building trade unions in concert with industrial interests.^[2] The United Auto Workers and the big three auto manufacturers have successfully tapped the brakes on the Biden Administration’s planned transition to electric vehicles. Air quality and the threat to humanity from climate system meltdown are secondary to the short-term interests of big unions and gas engine manufacturers.

Indoctrination, Manipulation & Conditioning of the American People

Why are we, the American people, passive and compliant in the face of an assault by special interests on our dignity and well-being? The deterioration of service and quality at excessive prices is not only happening in healthcare. We see it in airline travel, brick and mortar and online retail, technology (computers, software, and apps) – you name it. Predatory economics have become the name of the game, which is simply this: “How can we lower quality and squeeze more out of customers/patients through lying and deceitful propaganda?”

Customers and patients are not at fault. The dystopian part of the U.S. economy did not come about as the result of a revolution. The wealth and political power of investors, owners of vast amount of assets, and corporations have been able to move economic behaviors incrementally and deceitfully from the unthinkable to the normal. Propaganda and duplicity by forces with the resources to falsely convince the public that they are living in the best there is in the best of all possible worlds have been effective. People tend to trust officious and authoritative, i.e., powerful organizations and individuals. So, they hunker down and take it as they get fleeced through small incremental price increases and lower quality of goods and services.

The primary healthcare industry business model can be compared to the air travel industry. They incrementally lower quality and add value to revenue for investors at the expense of patients and consumers of medical goods.

Through dissemination of false advertising and stories promoted by industry PR, the mainstream media – perhaps unwittingly – is helpful to corporate predators. As airlines herd passengers around like cattle and stuff them into increasingly uncomfortable flying tubes at ungodly prices,

the media takes up the airlines' cause by spreading the image of travelers as "unruly." The poor airlines are forced to put up with all those bad people. Should I believe that or my lying eyes? I have traveled on the airlines extensively over the past 60 years. I used to love it. Now I hate it. Furthermore, mostly what I see are cooperative, well-behaved people trying to adapt and endure the indignities, discomfort, and stresses heaped on them by extremely profitable, oligopolistic, and deregulated airlines.

Industries have leveraged highly sophisticated techniques of mass psychology for the purpose of pacifying the traveler, nursing home patients and their families, customers of health insurance corporations, users of computer applications, and so forth. You probably don't know that A Place for Mom is owned by private equity, that they don't choose the best place, rather they choose the place that will pay them. Did you know that the ostensibly pro-retiree-AARP's deal with UnitedHealth is designed to lead the elderly down a primrose path into the waiting arms of the health insurance industry while the pro-beneficiary-Medicare program is destroyed?

When you don't see that the fine print included autorenewal, too bad. That's your problem. You have a serious glitch and need help. That's been outsourced to the Philippines. Good luck with that. You didn't know that the 5-minute life flight from Taos to Albuquerque cost \$70,000 and was out of network? Now you're stuck with the bill and will never find out what a reasonable price would be and why it's not covered by your Medicare Advantage plan. You hear that those unfortunate, underpaid nursing home corporations are not making enough money to treat us and family members humanely. You could check their finances and verify what they are saying but the government allows them to operate behind a veil of secrecy.

Big Government is Not Always Bad

As the bottom ninety percent of Americans in income and wealth make their slow descent into economic serfdom, government agencies that are supposed to protect us have been neutered and checked by the politics of self interest and pseudoscientific economic theory. Nonsense from major university economic departments, indeed from the overwhelming majority of economists, has been adopted as gospel by politicians and the media. Despite the obvious failure and detriment from this proto-religious canon, it continues unabated and is as strong as ever. The EPA, FTC, and other major government regulators have been reduced to going along to get along. This all while the ecosystem is collapsing, public health is deteriorating, and wealth and power is increasingly concentrated in fewer entities and individuals.

The free-market, trickle down, government-busting theories of faux libertarians such as Hayek and Friedman have proven to be a chimera. But that has become the underpinnings of U.S. government and economics. Political power resides in the so-called center right to center left. The Democratic Party and the Republican Party are both responsible for deregulation of corporations and privatization of government services. It was President Carter that deregulated air travel, trucking, and banking industries. He kicked off a deregulation craze that has left the American people in an extremely vulnerable position. President Reagan was a fanatical government hater and adopted the right-wing worship of

corporations along with a cynical view of people that our-constitutional government is designed to serve. The Democrats have made a little noise about the dismantling of government but have for the most part gone along with it and have even participated in it.

What Can the American People Do About Their Economic Plight?

The first step in changing a corrupt system is exposing it. The first step in exposure is to stop believing propaganda. The AARP is not a friend of retirees – they are selling us out with their UnitedHealth partner. A Place for Mom is not interested in your mom – they are looking to turn a quick buck. Prevagen is snake oil. Balance of Nature is a worthless capsule. The FEC is allowing false advertising and consequently you can be robbed of your hard-earned money at CVS and Walgreens. All the available evidence we can amass tells us that the nursing home industry is quite lucrative for investors. But the investors’ narrative of financial hardship is dominating the conversation. Let’s put a stop to that.

The second step in systems change is changing the narrative. Government is not bad – it is good. Regulation is important. Not long ago, I confronted some state legislators at a hearing about weak oversight of nursing homes and their finances. That hadn’t been done before in that particular legislative committee. Advocates need to take a strong stand in exposing fraud.

The status quo is not OK. Believe it. Demand change. Pick up the phone. Send emails and get your friends, neighbors and relatives to call and write. Politicians respond to volume. So, learn about an issue and organize people to confront senators, congresspersons, and state legislators. Get people to pressure the media to stop selling lies. Learned helplessness is our enemy. If you think that Medicare Advantage is a good deal, it may be for you, but down the road all Medicare will be controlled by a few insurance conglomerates. They will continue to create financial intermediaries such as pharmacy benefit managers for the purpose of adding value to their revenue at the expense of our care.

Support those think tanks in Washington that you know are on our side. The Committee to Preserve Social Security & Medicare is fighting for us. The Committee for a Responsible Federal Budget and the Concord Coalition are working to reduce Social Security and Medicare benefits. I know these organizations well and have dealt with all of them. The Committee for a Responsible Federal Budget and the Concord Coalition were organized with the backing of the late multi-billionaire Peter G. Petersen who was on a crusade to privatize Social Security & Medicare.^[3] If you think that his legacy is not a major negative influence in your life, you would be wrong. Furthermore, politicians and the media are treating the Washington network he left behind with deference and respect it doesn’t deserve. Believe it! Fight it!

^[1] In 2000, none of these companies were in the Fortune 500 top 30. Now UnitedHealth is the 5th largest corporation in the U.S. and 10th largest in the world. CVS is the 6th largest U.S. corporation and healthcare related corporations make up one-third of the top 30 U.S. companies in the Fortune 500.

^[2] I spent a career in labor relations on management’s side of the table. Most of the unions with which I negotiated were building trades unions such as sheet metal workers, operating engineers, laborers, pipe fitters,

boiler makers, and electricians in mining, construction, and heavy manufacturing. I believe that unions are good thing until they aren't. The companies I worked for believed in good faith bargaining, but we took strikes and work stoppages that were counterproductive for the union members, companies, and the public. At this stage of our economic system, I don't think that we can leave the plight of workers to the unlikely event that they will organize and improve their standard of living. Politicians need to step up. I do not want to overlook the good that labor unions have contributed to the working classes. They have fought for health & safety, an end to child labor, better pay and benefits so richly deserved by the people without whose labor corporations would not exist. I think that they still fight hard for social justice. We have much more good from the labor movement than bad.

[3] Working with the Committee to Preserves Social Security, the Gray Panthers, and other groups I have spent countless hours over the decades in Washington, D.C. fighting the duplicitous cabal of Peter G. Petersen funded think tanks and other Wall Street back entities trying to grab off the \$trillions in tax-funded programs for investors. It's a tough fight and one that is undermined by organizations that appear to be do-gooders but are really representing the other side.

12. Consumer Voice

February 6, 2024

[Reference Guide on Related Party Transactions](#)

What are related parties?

In 2003, an article published in the Journal of Health Law suggested that nursing homes should undergo corporate restructuring to help avoid civil liability for negligent care.¹ The article suggested that by creating separate, single-purpose corporations, owners and operators could protect assets that would otherwise be subject to civil judgment. The article's chief

recommendation was that owners separate the operational side of the nursing home from the real estate side. The article stated:

"There is an emphasis on separating the ownership of the real estate from the ownership of the operating entity that holds the license and Medicare and Medicaid provider agreements. This is normally achieved by having the operating entity lease the facility from the real property entity. This can be accomplished even where there is identical ownership and control between and among the real-property entity and the operating entity."

Not mentioned in the article was an additional benefit to owners: they could use the corporation that owned the real estate (which they own) to charge unrestricted rent and lease fees to the nursing home (which they also own). Essentially, owners began charging themselves to rent their own facility through related party transactions.

Since the publication of this article, this practice has proliferated, with some estimating that 75% of nursing homes engage in related party transactions.² However, the practice has evolved to include not only real estate but almost every aspect of nursing home operations. It is now common for nursing homes to have several related party organizations with which they do

business, for instance, management companies, physical therapy companies, staffing companies, and others. This practice can often translate into millions of dollars in payments by a single nursing home to

companies that are in fact owned by the owners of the facility. For instance, Life Care, a nursing home chain with over 200 nursing homes and 25,000 beds, in 2018 reported over 260 separate related party expenses on its Medicare cost reports. These related parties include management companies, staffing companies, insurance companies, therapy companies and many more. Over the three- year period from 2018 to 2020, Life Care reported \$1.25 billion dollars in payments to related parties (to themselves). 3 Critically, related parties can serve to mask profits. On Medicare cost reports related party transactions show up as expenses. There has been little to no scrutiny of the amount facilities pay related parties. When high amounts are paid to the related party, the nursing home looks much less profitable, even though they are paying the nursing home owners themselves. As a result, nursing homes can assert that their facilities are not making a profit, or are even losing money, when high amounts are being paid to related party companies.

How are related party transactions reported?

CMS requires facilities to report payments to related parties. 42 C.F.R. § 413.74 defines related parties and requires facilities to annually report on Medicare cost reports how much a facility has paid to a related party. Each year, nursing homes receiving Medicare payments must submit a cost report. 42 C.F.R. § 413.20(b). The information included in cost reports include, (1) provider ownership, (2) fiscal, medical and other recordkeeping systems, (3) federal income taxes, (4) assets, (5) management arrangements, (6) patient fee schedules, (7) operational costs, (8) income by source and purpose, and (9) flow of funds. See § 413.20(d)(2). All this information is submitted electronically, on CMS form 2540-10. Additionally, nursing homes are required to report all transactions with related party companies. These transactions are broken down into costs that are allowed (reimbursable) under the Medicare program and the actual payment made to the related party. The payments, in some instances, exceed the allowable cost by over 1200%. Nevertheless, despite some of these payments exceeding the Medicare allowed costs, it is not apparent that CMS is auditing these costs, nor does it appear that they are requiring nursing homes to reimburse the federal government for these excess payments.

CMS’s authority to regulate related party transactions

The Nursing Home Reform Act of 1987 states:

“It is the duty and responsibility of the Secretary of Health and Human Services]to assure that requirements which govern the provision of care in skilled nursing facilities under this subchapter, and the enforcement of such requirements, are adequate to protect the health, safety, welfare, and rights of residents and to promote the effective and efficient use of public moneys.” (Emphasis Added) (42 U.S.C. § 1395(f)(1).

The Secretary is provided broad regulatory authority to ensure that Medicare and Medicaid dollars are spent appropriately. Additionally, the Medicare Provider Reimbursement Manual provides in-depth guidance as to how related parties must be reported. CMS requires nursing home providers to be “prudent buyers”- meaning they must actively seek to minimize costs by ordering in bulk, negotiating with suppliers, and obtaining multiple

	<p>quotes for goods or services.⁵ In other words, owners must not inflate costs paid to related parties but pay only what they would if they purchased the goods or services on the open market. 0124 3</p> <p>Importantly, the manual requires related parties, when requested, to provide “adequate documentation to support the costs incurred by the related organization, including, when required, access to the related organization’s books and records, attributable to supplies and services to the provider.”⁶ (emphasis added). It is unclear if CMS requests this information</p> <p>or conducts audits of these books and records.</p> <p>In line with its authority and to achieve increased disclosure, CMS should:</p> <ul style="list-style-type: none"> • Require nursing homes to submit consolidated cost reports, which would require owners and operators to report financial information on all companies related to the operation of the nursing homes, including related parties, holding companies, shell corporations, and other entities nursing homes use to mask ownership and profit-taking. Importantly, this disclosure would have to occur back to the ultimate owners of the nursing home. CMS should require these reports to be audited by a certified public accountant prior to submission. • Routinely, through manual and automated processes, review, and audit cost reports. • Require increased disclosure requirements for related parties to determine whether costs charged to nursing homes for goods and services are reasonable and prudent. • Make information on cost reports more easily accessible to consumers. • Conduct targeted surveys of nursing homes with unreasonable and excessive related party transactions to protect residents from poor care. <p>Increased transparency and accountability in nursing home cost reporting would shine a light on how nursing home owners and operators spend taxpayer dollars and would better ensure that the money is used for resident care and safety.</p>
<p>From Other States</p>	<p>13. Trib Live March 8, 2024 <u>Western Pa. nursing home group defaults on \$30M loan; workers unpaid, patient safety concerns voiced</u> By Joe Napsha</p> <p>An outside administrator will operate Western Pennsylvania nursing homes owned by Bonamour Health Group LLC, according to documents filed in federal court in Pittsburgh. . .</p> <p>Bonamour defaulted on its mortgage in December and caused a “serious risk” that left workers unpaid and endangered patient safety, according to court papers. . .</p> <p>The lawsuit was triggered by Bonamour Health Group and four owners in New York and New Jersey defaulting on the \$30.59 million mortgage. The ownership group received the loan in June 2022 and failed to make payments since December, according to the lawsuit.</p> <p>The Health Department issued five statements of deficiencies against three of the nursing homes, including one against the Scottdale Healthcare and Rehabilitation Center in East Huntingdon. . .</p> <p>The lawsuit cited news stories about workers at the Jefferson Hills facility recently walking off their jobs because they did not receive their pay or it</p>

	<p>was delayed. Ridgeview nursing home workers complained of delayed paychecks and unpaid bills, according to another news story. Vendors have sued over the company's failure to pay bills. A Florida-based nursing staffing agency, GLC on the Go Inc., sued Bonamour last year for just under \$190,000 in unpaid bills. Bonamour and the staffing agency reached an out-of-court settlement, according to a Feb. 20 filing.</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 rmoores473@charter.net.</p>		
Websites			
Blogs			
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>		
Contact information for reporting complaints and concerns	<table border="0"> <tr> <td style="vertical-align: top;">Nursing home</td> <td> <p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p> </td> </tr> </table>	Nursing home	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
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Nursing Home Closures (pending)	<p>Massachusetts Department of Public Health</p> <p><i>Benjamin Healthcare Center, Roxbury</i> Closure date: July 1, 2024 Public hearing: Tuesday, March 12, 2024, 6:00 p.m. Dial in Phone #: 800-857-5123 Participant Code: 8554964</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p><i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024</p>		

	<ul style="list-style-type: none"> • Notice of Intent to Close and Draft Closure and Relocation Plan (PDF) (DOCX) <p><i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024</p> <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) • Draft of Closure and Relocation Plan (PDF) (DOCX) <p>For more information about each individual facility, please use the Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website.</p>
Nursing Home Closures	<p>Massachusetts Department of Public Health</p> <p><i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024</p> <p><i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023</p> <p><i>Willimansett East, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Willimansett West, Chicopee</i> Closure date: June 6, 2023</p> <p><i>Chapin Center Springfield</i> Closure date: June 6, 2023</p> <p><i>Governors Center, Westfield</i> Closure date: June 6, 2023</p> <p><i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022</p> <p><i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022</p> <p><i>Mt. Ida Rest Home, Newton</i> Closure date: December 31, 2021</p> <p><i>Wingate at Chestnut Hill, Newton, MA</i> Closure date: October 1, 2021</p> <p><i>Halcyon House, Methuen</i> Closure date: July 16, 2021</p> <p><i>Agawam HealthCare, Agawam</i> Closure date: July 27, 2021</p> <p><i>Wareham HealthCare, Wareham</i> Closure date: July 28, 2021</p> <p><i>Town & Country Health Care Center, Lowell</i> Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health</p> <p><i>Temporary admissions freeze</i></p> <p>There have been no new postings on the DPH website since May 10, 2023.</p>
Massachusetts Department of Public Health Determination of Need Projects	<p>Massachusetts Department of Public Health</p> <p><i>Determination of Need Projects: Long Term Care 2023</i></p> <p>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</p> <p>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</p> <p>2022</p>

	<p><u>Ascentria Care Alliance – Laurel Ridge</u> <u>Ascentria Care Alliance – Lutheran Housing</u> <u>Ascentria Care Alliance – Quaboag</u> <u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u> <u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u> <u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u> <u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u> <u>Next Step Healthcare LLC-Conservation Long Term Care Project</u> <u>Royal Falmouth – Conservation Long Term Care</u> <u>Royal Norwell – Long Term Care Conservation</u> <u>Wellman Healthcare Group, Inc</u> 2020 <u>Advocate Healthcare, LLC Amendment</u> <u>Campion Health & Wellness, Inc. – LTC - Substantial Change in Service</u> <u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u> <u>Notre Dame Health Care Center, Inc. – LTC Conservation</u> 2020 <u>Advocate Healthcare of East Boston, LLC.</u> <u>Belmont Manor Nursing Home, Inc.</u></p>
<p>List of Special Focus Facilities</p>	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> 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://somersetridge.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)
<https://hathawaymanor.org/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225366>
- Medway Country Manor Skilled Nursing and Rehabilitation, Medway (1)
<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

	<p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225318</p> <ul style="list-style-type: none"> • Plymouth Rehabilitation and Health Care Center (10) https://plymouthrehab.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225207</p> <ul style="list-style-type: none"> • Tremont Health Care Center, Wareham (10) https://thetremontrehabcare.com/ <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225488</p> <ul style="list-style-type: none"> • Vantage at Wilbraham (5) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225295</p> <ul style="list-style-type: none"> • Vantage at South Hadley (12) No website <p>Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225757 https://tinyurl.com/SpecialFocusFacilityProgram</p>																								
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica Nursing Home Inspect 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> <tr> <td>1</td> <td>I</td> </tr> <tr> <td>40</td> <td>J</td> </tr> <tr> <td>7</td> <td>K</td> </tr> <tr> <td>2</td> <td>L</td> </tr> </tbody> </table>	# reported	Deficiency Tag	250	B	82	C	7,056	D	1,850	E	546	F	487	G	31	H	1	I	40	J	7	K	2	L
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<p>Nursing Home Compare</p>	<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.</p>																								

	<p>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.</p> <p>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	<p>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</p>		
Participation opportunities with	Workgroup	Workgroup lead	Email
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	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com

<p>Dignity Alliance Massachusetts</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>	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org
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	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
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	Housing	Bill Henning	bhenning@bostoncil.org
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	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jiplomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
	The Dignity Digest	<p>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</p>	
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i></p> <ul style="list-style-type: none"> • Wynn Gerhard • Dick Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. <i>If you have submissions for inclusion in The Dignity Digest or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</i></p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>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>			