



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 Tuesday.

***May require registration before accessing article.**

DignityMA Zoom Sessions

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.

Spotlight

[After reports of dismal conditions, nursing homes need more staff — and more oversight](#)

Boston Globe

By The Editorial Board

July 28, 2024

Homes need help recruiting and retaining staff. They also need stricter regulation to ensure revenues that could go to patient care aren't diverted to owners

At Highview of Northampton nursing home, residents reported mold on walls and long waits for help, according to [an investigation by The \(Springfield\) Republican](#).

At the Pioneer Valley Health and Rehabilitation Center in South Hadley, state representatives sought an investigation after reports of unsanitary conditions and unpaid wages, the [Daily Hampshire Gazette reported](#). On Monday, the attorney general placed that home and two others under the same ownership under receivership, citing dangerous understaffing, bounced paychecks, and poor quality of care, such as improper medical management of a patient's diabetes.

[The New York Times analyzed](#) nursing home staffing in five states, including Massachusetts, which mandate a certain number of hours of care per resident. The rules, the Times found, were often ignored without consequence, and understaffing led to dismal conditions. (Tara Gregorio, president of the Massachusetts Senior Care Association, which represents nursing homes, told the editorial board there were 144 facilities, 42 percent, below minimum staffing standards in late 2023.)

While it's tempting to call for stricter oversight — and existing penalties for understaffing should certainly be

enforced — one cannot solely blame nursing homes. Staffing shortages are plaguing the [entire health care industry](#) and, indeed, the whole economy. While there is a need to beef up oversight of nursing homes' fiscal management, the state also should help homes recruit and retain more staff.

This is particularly important as the federal government prepares to implement [new nursing home staffing standards](#). Massachusetts already requires more staff overall than the federal requirement, but the federal law will require more hours from registered nurses, who are already in short supply.

Luckily, the Massachusetts House passed a bill last November that would address oversight and staffing. The Senate passed a similar bill Thursday.

The problem is formal legislative sessions end July 31 and there are differences between the bills that need to be reconciled. Lawmakers should identify provisions they agree on — particularly policies around nursing home oversight and staffing — and quickly pass a bill to begin transforming an industry that leaves too many seniors languishing in substandard conditions.

How did the industry get to this point in the first place?

The nursing home industry blames low Medicaid reimbursement rates for its staffing woes. Gregorio said 70 percent of nursing home residents have their care paid for by MassHealth, the state's Medicaid program. While the Legislature has increased nursing home reimbursement rates since the pandemic, Gregorio said rates still fall below the cost of care. With inadequate revenues, nursing homes can't compete with wages offered by hospitals, temporary nursing agencies, or non-nursing service jobs.

It is unquestionable that nursing homes are struggling financially. According to the Center for Health Information and Analysis's [2024 annual report](#), the median margin for a state nursing home in 2022 — a measure of income and expenses — was *negative* 3 percent, which means more than half the state's nursing homes are losing money.

And COVID-related factors led to turnover in health care.

According to the Massachusetts [Health Policy Commission](#), in

2022, employment in nursing and residential care facilities remained 14 percent below 2018 levels. The Massachusetts Senior Care Association said 17 percent of nursing home jobs, or 4,200 positions, are vacant.

Yet staffing problems cannot be blamed solely on Medicaid rates. Nursing homes choose how to spend money, and not all prioritize patient care. In June, Attorney General Andrea Joy Campbell reached a [\\$4 million settlement](#) with Next Step Healthcare, which operates 16 Massachusetts nursing homes. Campbell alleged that Next Step “prioritized profit over care” by deliberately failing to properly staff nursing homes.

Massachusetts requires nursing homes to spend 75 percent of revenue on direct care or lose some Medicaid money. In fiscal 2023, 38 of 342 nursing homes fell below that threshold, according to a [MassHealth report](#).

National reports identify a trend of nursing homes paying inflated prices to entities — often a landlord or management company — with which they share ownership. A [report published](#) by the National Bureau of Economic Research found that transactions related to real estate and management that occurred with a “related party” increased costs by 42.4 percent and 24.6 percent, respectively. A [2023 report](#) by the National Consumer Voice for Quality Long-Term Care gave the example of Life Care Centers of America, which has nursing homes nationwide, including [in Massachusetts](#). Between 2018 and 2020, Life Care Centers paid related entities \$1.2 billion for costs like leases and management fees, of which \$140 million was profit. Life Care Centers’ nursing homes were understaffed.

And even with the difficulties facing the industry, there are models for high-quality nursing home care. The nonprofit Peabody-based Legacy Lifecare was founded in 2018 to offer managerial services to nine nursing homes and other health care organizations. Its affiliated nursing homes, all nonprofits, tend to rank above average in [federal ratings](#) with staffing that exceeds state minimums, even though, as at most nursing homes, funding comes mainly from Medicaid and Medicare.

	<p>Legacy Lifecare CEO Adam Berman said homes face challenges finding staff in a tight labor pool, but the company keeps staffing high to avoid a spiral in which overworked staff leave. One major factor in the organization’s success, Berman suggests, is its nonprofit status. “It really helps that we don’t have an expectation for shareholder returns,” Berman said. (The organization does have nine managers earning six-figure salaries, according to its 2022 tax form.)</p> <p>Facilities like Legacy Lifecare show what is possible and what state lawmakers should be pushing for.</p> <p>The legislation provides more money for nursing home staffing and more accountability to ensure money is being used properly, in line with recommendations made by a state nursing facility task force in 2020.</p> <p>The House bill addresses staffing by directing the state to establish training programs to help nursing professionals climb the career ladder. It creates a new role of certified medication aide, who can administer non-narcotic medications. Both the House and Senate bills would update the MassHealth reimbursement formula to reflect the cost of care more accurately.</p> <p>The House and Senate bills would also address oversight. When licensing a nursing home or approving an ownership change, the Department of Public Health would get greater authority to scrutinize the owners’ litigation history, financial capacity, and history of providing long-term care — including the records of management companies and any entity with at least a 5 percent ownership stake. When nursing homes violate state law, DPH would be able to pursue more administrative sanctions, including appointing a temporary manager. The bills would increase civil penalties for abuse and neglect.</p> <p>Seniors living in substandard nursing homes without adequate staffing can’t wait until next year for action.</p>
<p>Quotes</p>	<p><i>“The whole continuum of care is under stress. There’s a workforce crisis, there’s a question about pay, there’s a question about accountability.”</i></p> <p><i>State Senator Patricia Jehlen, Chair, Joint Committee on Elder Affairs, Reforms,</i></p>

[Reforms promising greater oversight and regulation of nursing and long-term care facilities pass Senate](#) (***Boston Globe**, July 27, 2024)

“It was horrific because you just knew it wasn’t right, and it was right before your eyes and you couldn’t do anything about it.”

Family member of a resident at Seashore Pointe, an AdviniaCare facility in Provincetown, MA, who had a drug-resistant Staphylococcus aureus infection, (MRSA), [Patients Suffer at Outer Cape’s Only Nursing Home](#), **The Provincetown Independent**, July 25, 2024

“My disability defines me just as much and just as little as being a woman, parent, or educator.”

Rebekah Taussig, who has incomplete paralysis from childhood cancer, [Up First](#), **NPR**, July 29, 2024

“People with disabilities often have developed ways to help themselves that you may not recognize. Always ASK.”

Kathy Hyde who was born with a dislocated right hip and club foot and uses crutches and wheelchairs to get around, [Up First](#), **NPR**, July 29, 2024

“Most people will become disabled sometime before they die. Disabled people are just like you. We have hopes and dreams, wants, and desires. We love and need to be loved.”

Marty Slighte, who has Ehlers-Danlos syndrome, [Up First](#), **NPR**, July 29, 2024

Seniors living in substandard nursing homes without adequate staffing can’t wait until next year for action.

The Editorial Board, [After reports of dismal conditions, nursing homes need more staff – and more oversight](#), **Boston Globe**, July 28, 2024

“This is not over. It’s regrettable that Ralph de la Torre and Steward’s greed and mismanagement are resulting in the closures of Carney and Nashoba Valley hospitals. These hospitals have long served their communities – their closures are about more than the loss of beds, doctors, and nurses.”

Massachusetts Governor Maura T. Healey, [Governor Healey Demands Steward Finalize Deals for Remaining Five Hospitals](#), Office of Governor Maura Healey, July 26, 2024

“The message here is that hospices are on notice that there will be significant reform like we have not seen since the benefit was implemented 40 years ago.”

Katie Wehri, director of home care and hospice regulatory affairs, National Association for Home Care & Hospice, [The Hospice CARE Act’s Potential Unintended Consequences](#), Hospice News, July 26, 2024

“It’s regrettable that Ralph de la Torre and Steward’s greed and mismanagement are resulting in the closures of Carney and Nashoba Valley hospitals. These hospitals have long served their communities – their closures are about more than the loss of beds, doctors, and nurses.”

Governor Maura Healey, [Steward Plans To Quickly Close Hospitals In Dorchester, Ayer](#), *State House News, July 26, 2024

“This was a handout to insurance companies. Insurers were getting payments from the states even as many folks either didn’t know about their coverage, or as they already had other coverage they were using.”

Benjamin Ukert, an assistant professor at Texas A&M University, Medicaid, [Medicaid Was a Boon to Insurers During the Pandemic. Now, Not So Much](#). *Wall Street Journal, July 25, 2024

“We are pushing working people into homelessness because they just can’t afford the rent. The general public doesn’t see these folks as homeless — they’re not as visible as the people who occupy public spaces, who have substance abuse issues or mental health problems. But it’s a catastrophe, and it’s happening just under our eyes.”

Margot Kushel, director of the Benioff Homelessness and Housing Initiative at the University of California at San Francisco, [They have jobs, but no homes. Inside America’s unseen homelessness crisis.](#), Washington Post (free access), July 28, 2024

“High rents are the singular factor driving homelessness, so that’s what we need to address,” said “It’s pretty cost-efficient to give people a subsidy if

	<p><i>they're having trouble affording rent. If you don't do that, that person becomes homeless and that's much more expensive and inhumane to solve for, because now they're also going through all of this extra trauma."</i></p> <p>Jennifer Friedenbach, executive director of San Francisco's Coalition on Homelessness, They have jobs, but no homes. Inside America's unseen homelessness crisis., Washington Post (free access), July 28, 2024</p> <p><i>"Extensive training requirements may lead to high student debt among some healthcare workers, while nonprofessional health workers may be at risk for medical debt due to low wages and poor benefits."</i></p> <p>Kathryn E. W. Himmelstein, MD, MEd, and Alexander C. Tsai, MD, both affiliated with Massachusetts General Hospital and Harvard Medical School, Educational, medical debt high among nursing home, home health workers: study. McKnights Senior Living, July 29, 2024</p>
<p>Commentary by Dignity Alliance Massachusetts participants</p> <p><i>Sandy Alissa Novack is a geriatric social worker. She is the chair of the Nursing Home Committee of the National Association of Social Workers-Massachusetts chapter; Vice President of the Board of Directors of the Disability Policy Consortium; and a participant in Dignity Alliance Massachusetts. Richard T. Moore is a former Massachusetts State Senator and was Senate Chair of the Committee on Health Care Financing. He is a co-founder and Legislative Chair of Dignity Alliance Massachusetts, advocating for older adults, people with disabilities, and their caregivers.</i></p>	<p>Novack & Moore: Mass. has chance to help nursing home residents Boston Herald By Sandy Alissa Novack and Richard T. Moore July 28, 2024</p> <p>The Massachusetts State Legislature recently approved the Fiscal Year 2025 Budget, but a crucial aspect of services for older adults and people with disabilities was left unchanged: the Personal Needs Allowance (PNA) for nursing home residents on MassHealth (Medicaid). This allowance, set at a meager \$72.80 per month since 2007, is woefully inadequate to cover residents' basic personal expenses. Prior to the increase 18 years ago, the PNA remained at \$60 per month for another 20 years.</p> <p>MassHealth's PNA is the amount of monthly income a Medicaid-funded nursing home resident can keep of their personal income. For most nursing home residents, that income is their Social Security check. Since room, board, and medical care are covered by MassHealth, the majority of one's income must go towards the cost of nursing home care. The PNA is intended to cover the nursing home resident's personal expenses, which are not covered by Medicaid. This could include items like shoes, clothing, haircut, a magazine, cell phone and cell phone bills, greeting cards and stamps.</p> <p>The rising cost of living makes \$72.80 per month insufficient. The cost of living has risen dramatically since 2007. Many residents, particularly solo agers without family or friends who can support them, rely solely on this allowance for essentials like cell phone service, a critical tool for staying connected with loved ones and maintaining social connections. Dignity and basic needs are compromised. The current PNA forces residents to make difficult choices. Buy clothes to replace ones lost in the nursing home laundry process or that no longer fit, or the orthopedic shoes you need that cost more than a monthly allowance? A phone call to a friend or a haircut? The affordability of these are not choices most people face, yet they are a harsh reality for Massachusetts nursing</p>

	<p>home residents. This lack of sufficient funds diminishes their dignity and quality of life.</p> <p>This is a call to action. Massachusetts, which was cited as having the second highest cost of living in the nation by Forbes Advisor, should be leading the other states in PNA amounts, not lagging behind. An increase to a level comparable to many progressive states is clearly warranted. Even Alaska’s \$200 per month rate would make a significant difference. It is time for Governor Maura Healey and our legislators to revisit the PNA and raise it to a level that reflects the current economic climate.</p> <p>We can follow the lead of other states in another way. Some states, such as Arizona and Colorado, automatically adjust their PNA annually to keep pace with rising costs. Massachusetts should explore similar mechanisms. Residents who built our state deserve better. Show them the respect and dignity they deserve by increasing the PNA.</p> <p>The current PNA in Massachusetts forces nursing home residents to live a diminished life. By urging the governor and legislators to raise the PNA, we can ensure these residents have the resources to maintain some dignity as well as connection to the rest of their community. Before the governor signs the Fiscal Year 2025 Budget in the next few days, there is still time for the Legislature to enact a PNA increase. Legislative bill S. 115 would increase the amount to \$100 and add a cost-of-living adjustment mechanism. Yes, the \$100 is less than the \$200 that Alaskan nursing home residents have as a PNA, but it is at least beginning the process of justice for Massachusetts nursing home residents, and the bill does include the all-important cost of living adjustment.</p> <p>People can call the Governor’s Office (888-870-7700) to ask the Legislature to send Gov. Healey the bill and ask legislators to enact it before July 31. There is also an online form at https://www.mass.gov/info-details/email-the-governors-office. We can all make a big difference in the lives of nursing home residents in Massachusetts by acting now.</p>
<p>Guide to news items in this week’s <i>Dignity Digest</i></p>	<p>FY 2025 State Budget Legislation</p> <p><i>Reforms promising greater oversight and regulation of nursing and long-term care facilities pass Senate</i> (*Boston Globe, July 27, 2024) *State House News, Week of July 28, 2024 Here comes the Beacon Hill logjam (*Boston Globe, July 25, 2024)</p> <p>Nursing Homes</p> <p>Patients Suffer at Outer Cape’s Only Nursing Home (The Provincetown Independent, July 25, 2024) The Senate can protect the elderly by supporting nursing home staffing regulations — not overturning them (Healthcare Drive, July 29, 2024) We Need To Make A New Our Island Home Happen (Nantucket Current, July 28, 2024) In Nantucket’s New Our Island Home, Staffing Is More Important Than The Building (Nantucket Current, July 26, 2024) New Our Island Home Nursing Facility Price Tag Comes In At \$105 Million (Nantucket Current, July 11, 2024) Town Unveils Plans For New Our Island Home Skilled Nursing Facility (Nantucket Current, March 20, 2024)</p>

	<p>Steward Healthcare <u>Steward will get \$30 million from the Bay State to stabilize hospitals through sale process</u> (Boston Herald, July 29, 2024) <u>A big week for Steward hospitals following decision to close Carney, Nashoba</u> (MassterList, July 29, 2024) <u>Steward Plans To Quickly Close Hospitals In Dorchester, Ayer</u> (*State House News, July 26, 2024) <u>Governor Healey Demands Steward Finalize Deals for Remaining Five Hospitals</u> (Office of Governor Maura Healey, July 26, 2024)</p> <p>Substance Use <u>Podcast: Christina Andrews on States' Role in Substance Use Disorder Treatment via Medicaid</u> (*Health Affairs (Podcast), July 23, 2024)</p> <p>Housing <u>Affordability is the missing piece of senior living recovery: experts</u> (McKnights Senior Living, July 26, 2024)</p> <p>Homelessness <u>They have jobs, but no homes. Inside America's unseen homelessness crisis.</u> (Washington Post (free access), July 28, 2024)</p> <p>Hospice / Palliative Care <u>The Hospice CARE Act's Potential Unintended Consequences</u> (Hospice News, July 26, 2024)</p> <p>Covid / Long Covid <u>DiNapoli calls for independent commission to review New York's COVID response New York State</u> (*FingerLakes1.com, July 27, 2024)</p> <p>Medicaid <u>Medicaid Was a Boon to Insurers During the Pandemic. Now, Not So Much.</u> (*Wall Street Journal, July 25, 2024) <u>Two Individuals Indicted For Stealing More Than \$150,000 From MassHealth Program</u> Office of Attorney General Andrea Campbell, July 23, 2024</p> <p>Disability Topics <u>Up First</u> (NPR, July 29, 2024)</p> <p>Health Care Policy <u>Educational, medical debt high among nursing home, home health workers: study</u> (McKnights Senior Living, July 29, 2024) <u>Podcast: The Plan to Remove Medical Debt From Credit Reports</u> (*Health Affairs (Podcast), July 23, 2024)</p>
<p>Webinars and Other Online Sessions</p>	<p>1. Centers for Medicare and Medicaid Services Thursday, August 1, 2024, 3:30 p.m. <u>CMS Leadership National Call Update with the CMS Administrator</u> Please join the Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, and her leadership team, who will provide an update on CMS' recent accomplishments and how our cross-cutting initiatives are advancing the <u>CMS Strategic Plan</u>. Our third CMS Leadership National Call Update in 2024 will provide a more in-depth look at our recent policy announcements and an opportunity to learn how you can partner with us to help implement our Strategic Plan and key initiatives.</p> <ul style="list-style-type: none"> • Administrator, Chiquita Brooks-LaSure • Acting Chief Medical Officer and Director, Center for Clinical Standards and Quality, Dr. Dora Hughes • Deputy Administrator and Director, Center for Medicare and Medicaid Innovation, Dr. Elizabeth Fowler

	<ul style="list-style-type: none"> • Deputy Administrator and Director, Center for Medicare, Dr. Meena Seshamani • Deputy Administrator and Director, Center for Medicaid and CHIP Services, Dan Tsai
<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>Public Hearing</p>	<p>2. Department of Children and Families Wednesday, July 31, 2024, 11:00 a.m. 600 Washington St., Boston, 7th Floor <i>Social Services Block Grant</i> Department of Children and Families holds a public hearing on reports submitted to federal officials, including an intended use plan for the Social Services Block Grant. State officials say they are looking to prevent or remedy the neglect, abuse or exploitation of children and adults. Written testimony will be accepted through Aug. 14. More Info</p>
<p>Legislation</p>	<p>3. *State House News Week of July 28, 2024 In addition to the budget and a handful of omnibus consensus bills addressing major topics like housing, clean energy and health care, a number of smaller policy bills will likely meet their fate next week. . . . Other legislation to keep an eye on includes a wheelchair repair bill and the so-called "blue envelope" program that both cleared the Senate, but are still awaiting action in the House.</p> <p>4. *Boston Globe July 27, 2024 Reforms promising greater oversight and regulation of nursing and long-term care facilities pass Senate By Jason Laughlin <i>The legislation would make Department of Public Health a more potent gatekeeper</i> Sweeping reforms to the nursing and long-term care industry passed the Massachusetts Senate on Thursday, moving closer to legislation that would give the state more oversight and quality control over an industry wracked by staff shortages and closures. The legislation would make the state Department of Public Health a more potent gatekeeper for the long-term care industry, able to review financial and legal information from potential owners and management companies before issuing operating licenses for assisted living facilities, nursing homes, or other long-term care facilities. The department would be empowered to do more to spot and weed out owners who could gut homes for profit at the expense of residents' care. "The goal of that is to prevent bad actors getting into the industry in Massachusetts," said state Representative Thomas Stanley, a Democrat from Waltham and a sponsor of the House bill. Similar legislation passed the House in November. Legislators must reconcile the two drafts of the bill in conference, and the two houses must vote on the revised version before the end of the legislative session next week for the bill to reach Governor Maura Healey's desk. The Senate passed the bill by a vote of 39 to 0.</p>

“The whole continuum of care is under stress,” said state Senator Patricia Jehlen, a Somerville Democrat and the bill’s sponsor. “There’s a workforce crisis, there’s a question about pay, there’s a question about accountability.”

The bill’s reach goes beyond licensing. It includes language that requires long-term care facilities to have outbreak response plans that include isolation protocols, notification policies for families and public health officials, and disease monitoring procedures. The bill would mandate facility inspections at least once every nine to 15 months, require that insurers process approvals for admission to long-term care facilities from hospitals within a day, waive such approvals over weekends, and encourage the development of “small house” nursing homes, facilities with no more than 14 residents who would receive private rooms arranged around a central living space.

The Public Health Department’s stated policy is already to conduct inspections every nine to 15 months, but the legislation’s passage would make that schedule a legal requirement.

The legislation details the department’s authority to set standards for long-term care facilities and increases the fine for a rule or regulation violation from \$50 to \$500 daily, or more, if the department determines it is needed. A worker responsible for abusing or neglecting a resident could also face thousands of dollars in civil penalties, \$25,000 for incidents that don’t involve bodily injury, and up to \$250,000 if a resident dies.

The legislation also seeks to ensure workforce development and encourage more generous Medicaid rate increases for the industry. Both are seen as ways to attract and retain workers in a field with a roughly 20 percent vacancy rate for direct care providers, practical nurses, and registered nurses, according to a workforce survey released last month by the state’s Center for Health Information and Analysis.

“I think this would be a first step,” said Marlishia Aho, a spokesperson for SEIU Local 1199, a union representing about 1,000 nursing home personnel statewide. “Turnover is rampant in this space.”

Advocates for people with disabilities describe the legislation as a needed counterweight to for-profit and private equity investment in the nursing home industry. Nursing homes owned by private equity firms are associated with a mortality rate 11 percent greater than the mean in the industry, according to a report from the National Bureau of Economic Research.

“There are definitely safeguards and review processes that need to be more aggressively applied,” said Paul Lanzikos, a coordinator for the disability advocacy group Dignity Alliance Massachusetts.

The legislation also gives the state more authority to respond to facilities that fail to maintain stability, both for patients and workers. If the legislation becomes law, the Department of Public Health would have the power to require a struggling facility to appoint a temporary manager to get the facility back on track. It’s a less drastic step than a court stepping in and appointing a receiver to take over a nursing home, which has happened at least four times in the past four months.

Earlier this month, a judge approved temporary receiverships for three homes in South Hadley, Whitinsville, and Amesbury run by Bluepoint Healthcare, which wasn’t paying staff and vendors, according to public health officials. One of the homes, Pioneer Valley Health and Rehabilitation, received almost \$340,000 in federal fines in 2021 and 2022. During

comments at the Senate hearing for the bill Thursday, state Senator Jacob Oliveira, a Democrat from Ludlow, described the circumstances at the home as “unconscionable.”

“These are the reasons why this bill is so important,” he said.

Bluepoint could not be reached for comment.

Inadequate staffing, reliance on Medicaid reimbursement rates, and a cultural shift away from nursing care for seniors are all taking a toll on the long-term care industry. The state reported a net loss of 56 nursing homes between 2018 and 2023, according to Public Health Department data. Five long-term nursing facilities in the state have closed or filed plans to close so far this year, the agency reported. Staffing shortages at nursing homes have reached concerning levels.

Lanzikos sees an industry in a downward spiral.

“As the sector deteriorates, both in reputation and quality, fewer and fewer people who care about the job they do are going to be going into the field,” he said.

Tara Gregorio, president of the Massachusetts Senior Care Association, said in a statement that demand for nursing homes in the state is in fact growing, and 93 percent of available beds are occupied. She added that she supports the proposed reforms but is concerned that the bill doesn’t address long-term care facilities’ serious financial struggles. She estimated the state would need to spend \$300 million more annually to support the industry.

“A nursing facility’s ability to provide quality resident care, invest in our dedicated workforce, and comply with thousands of government regulations is dependent on state funding,” Gregorio said.

An amendment to the bill addresses the controversial practice of estate recovery, which allows MassHealth, the state’s Medicaid program, to claim the assets of clients after they die to recoup the cost of long-term care. The practice can unduly burden poorer families and rob them of the opportunity to build intergenerational wealth, officials have said. The amendment would significantly curtail the practice and better align the state’s estate recovery practices with more modest federal standards, said state Senator Joanne Comerford, a Democrat from Northampton who supported the amendment. The estate recovery change had been proposed as an independent bill earlier in this session but was added as an amendment to the long-term care bill since it was related to services for seniors and people with disabilities.

5. *Boston Globe

July 25, 2024

[Here comes the Beacon Hill logjam](#)

By The Editorial Board

The article discusses the Massachusetts Legislature's failure to pass important bills due to procrastination and last-minute negotiations. It highlights two main issues: lowering prescription drug costs and improving nursing home staffing. The Senate passed a bill to lower drug prices in November 2023, but the House did not release its version until July 2024. Similarly, the Senate did not release its version of the nursing home staffing bill until July 2024, despite the House passing it in November 2023. The article criticizes lawmakers for waiting until the last minute to negotiate and pass bills, which can lead to hastily drafted compromises and a lack of thoughtful consideration.

6. The Provincetown Independent

July 25, 2024

[Patients Suffer at Outer Cape's Only Nursing Home](#)

By Jack Styler

This past spring, a Provincetown resident who the *Independent* has agreed not to name to protect the person's privacy checked into the Seashore Point nursing home for rehabilitation after breaking a leg. Three family members described what happened to their loved one there as "horrific."

During a two-and-a-half-month stay, the patient had to be taken to Cape Cod Hospital for multiple infected wounds. When the family decided to remove the patient from the facility, their loved one was on the verge of collapse and had to be rushed to the hospital again. Doctors diagnosed respiratory failure, Covid, a urinary tract infection, sepsis, and a drug-resistant *Staphylococcus aureus* infection (MRSA).

The three family members, one of whom is a doctor, said the infection was life-threatening.

If left at Seashore Point any longer, the patient "would have died," said one family member.

"It was horrific because you just knew it wasn't right, and it was right before your eyes," said another. "And you couldn't do anything about it."

According to another former patient, a former employee, a complaint investigation report, a state inspection report, and federal staffing data, this family's experience of substandard care at Seashore Point's rehabilitation facility was not an anomaly.

Since a for-profit company, Pointe Group Care, bought the nursing home at Seashore Point in 2019 from the nonprofit Deaconess Abundant Life Communities, public records show the quality of care has been in steep decline.

According to public data, the nursing home at Seashore Point, now formally called AdviniaCare at Provincetown, has failed to meet state-mandated nursing-hour minimums 552 times — about 55 percent of all days — since the requirements went into effect on April 1, 2021.

The most recent year reported, 2023, was the facility's worst on record. The nursing home did not meet the state minimum of 3.58 care hours per resident per day on 215 of 365 days that year, according to data analyzed by the *Independent* and by a certified public accountant who analyzes data for state nursing home investigations.

The 41-bed nursing home, located on the first floor of the Seashore Point complex at 100 Alden St., is the only skilled nursing facility on the Outer Cape. It provides short-term stays for rehabilitation as well as long-term care for patients suffering from serious cognitive impairments, such as dementia, who need around-the-clock attention.

The federal Centers for Medicare and Medicaid Services (CMS) "Nursing Home Compare" tool gives the AdviniaCare at Provincetown facility a [two-star rating](#) out of five. The Mass. Dept. of Health and Human Services (DHHS) also rates it below the state average.

Inside the Home

Pointe Group Care denied the *Independent's* request for a tour of the nursing home. State inspection reports, a former resident, and a former staffer all report serious problems there, however.

On Feb. 7 of this year, CMS and DHHS completed a complaint investigation following an incident in early January. According to their report, a certified

nursing aid (CNA) attempted to assist a resident into a “Hoyer lift,” a mechanized swing used to move patients in and out of beds and wheelchairs.

The lift usually requires two staff members to operate. The CNA, however, transferred the resident into the lift and then into a reclining wheelchair alone, then left the patient in the reclining wheelchair unsecured and went to find another staffer for help.

When the CNA returned the reclining wheelchair had tipped backward, causing the resident’s head to hit the floor.

The resident required seven staples to treat a “deep gash” on the head, according to the report. Pointe Group Care was fined \$11,333.

In a standard inspection by CMS and DHHS on Feb. 15, 2024, investigators found 11 deficiencies. Inspectors noted that one resident had fallen six times in nine days and observed another resident “at risk for developing pressure ulcers,” or bed sores.

In 2022, Anika Costa, a Provincetown native, stayed in the nursing home at Seashore Point for one week while recovering from a knee replacement. On her first night, Costa said, she used the button next to her bed to call a nurse for pain medication. No one came. Eventually, Costa lifted herself out of bed and into a wheelchair to find help.

When she reached the hall, she saw that three of the four beds in her corridor also had their call lights on. “That occurred more than once,” said Costa.

The family of the resident who went to the hospital with multiple infections reported similar issues. On multiple occasions, their relative called home to ask family members to phone Seashore Point’s front desk and let them know that they needed to go to the bathroom, said one family member. Costa told the *Independent* that she also had to help herself to the bathroom because the staff either did not respond or were not able to take care of everyone. She said she witnessed unattended medicine carts, overflowing dirty laundry, and the doors of the nursing station left unlocked. Costa also reported that she heard from nurses and family members of residents who said they were buying and bringing in their own care-giving supplies. Costa said shampoo, wet wipes, and cloth bed pads were especially in demand.

Kristin Hatch was director of social work at the nursing home when it was being run by Deaconess and then worked there part-time after the Pointe Group bought the property. She confirmed that there were times when staff bought their own supplies for patients.

Hatch told the *Independent* that there were very good nurses at Seashore Point during the years she worked there. “Everyone who works at Seashore Point cares about the residents,” she said.

But she was not surprised to hear that the facility had been consistently failing to meet staffing minimums, and she said she believed care quality had dropped.

“I am positive that it is not because of the staff,” Hatch added. “It’s a management issue.”

Pointe Group Care runs 14 nursing homes, 11 of them in Massachusetts. “The administrator for Seashore Point was also the administrator in Salem and almost everything in between,” said Hatch. “So how many days a week is she actually there?”

A doctor visited the facility only once per week when she worked there, Hatch said. The social worker position has not been filled since she left two years ago. An employee at Seashore Point told the *Independent* that the nursing home administrator and social worker positions have been combined.

Hatch quit working for AdviniaCare because of declining quality, she said. When the *Independent* first contacted her with questions about Seashore Point, her immediate reply was, "It's about time."

Connected Companies

The nursing home and independent-living condominiums that make up Seashore Point were built after Provincetown sold the town-owned Cape End Manor nursing home in 2006 to Deaconess, a nonprofit founded in 1889.

After 13 years of running it, Deaconess sold Seashore Point and its land to three men: Benjamin Berkowitz, David Berkowitz, and Yosef Meystel. Ben Berkowitz owns 36 percent, while David Berkowitz and Yosef Meystel have trusts in their names that each have 32-percent ownership.

Seashore Point is one of a number of nursing homes in which the trio have controlling stakes.

According to ownership data from CMS, Benjamin Berkowitz partially owns 15 nursing homes, most of which are in Massachusetts or Florida. David Berkowitz, through his trust, has an ownership stake in at least 68 homes from Florida to Illinois to Massachusetts. Meystel has a portfolio of at least 70 homes.

Pointe Group Care, the company behind the AdviniaCare brand, was registered as a limited liability corporation in Illinois by Benjamin Berkowitz in March 2016. Since then, Berkowitz and his associates have bought and managed 14 nursing homes under the name "AdviniaCare" in Massachusetts and Florida.

According to CMS nursing home performance measures, 28 percent of AdviniaCare homes have an abuse icon, meaning the facility has a deficiency that has harmed a resident in the last year or potentially could have harmed a resident within each of the last two years.

AdviniaCare facilities average 1.6 "stars" on the agency's five-star scale and have been fined over \$1 million by the government for care deficiencies, according to the latest CMS reports.

AdviniaCare also operates AdviniaCare Pleasant Bay in Brewster, which has a history of quality issues and has accrued \$169,000 in fines since 2020. The most recent standard inspection by DHHS found 29 deficiencies at Pleasant Bay.

The worst-rated nursing home in the group is AdviniaCare Newburyport, which has been fined more than \$228,000 and been cited for 67 deficiencies in just five years.

Official Response

In a statement, Nury Carreno, the regional director of operations for AdviniaCare, said, "AdviniaCare Seashore Pointe provides high quality care to its short-term rehabilitation patients and long-term residents. As the only nursing home on the Outer Cape, it plays a critical role for older Cape residents. It is well staffed, with a four-star staffing rating on Medicare.com. Unlike many nursing homes, it is fully staffed by employees and does not currently use any outside staffing agencies. It has a consistently high patient census with a low rate of hospital

readmission. To use one or two examples of residents with complications or an employee error to make a sweeping statement about this center, as the *Provincetown Independent* seems intent on doing, would be unfair.”

The four-star rating referenced in Carreno’s statement is from the CMS “care compare” tool, which experts say is not always reliable. “CMS care compare is not a great gauge of quality,” said Sam Brooks, director of public policy at the National Consumer Voice for Quality Long-Term Care, an advocacy organization focused on improving nursing home care.

“It’s a relative measure based on how a facility performs in comparison to other nursing homes,” Brooks said. “If you look at the actual staffing numbers, this facility is likely staffing well below what they should be. “The cornerstone of quality care is staffing,” Brooks said. “You see that not in star ratings but in clinical outcomes.”

7. Healthcare Drive

July 29, 2024

[*The Senate can protect the elderly by supporting nursing home staffing regulations — not overturning them*](#)

By Ed Dudensing

Lawmakers must uphold minimum staffing requirements for nursing homes to ensure quality care for the elderly, argues one legal expert.

The Biden administration has implemented new minimum staffing requirements for nursing homes, mandating specific hours of registered nurse and nurse aide care per patient per day. This is a significant step toward improving care quality in these facilities.

However, there is a strong pushback from some senators, who are attempting to overturn these regulations through a Congressional Review Act resolution. These senators argue that the new rules will worsen workforce shortages.

The article counters this argument by emphasizing the growing elderly population, the correlation between adequate staffing and improved care outcomes, and the public’s dissatisfaction with current nursing home quality. It also highlights the importance of rigorous enforcement of the new regulations to ensure their effectiveness.

Ultimately, the article calls on senators to support the new regulations and prioritize the well-being of elderly residents over the financial interests of the nursing home industry.

Key points:

- New minimum staffing requirements for nursing homes
- Strong opposition from some senators
- Importance of adequate staffing for quality care
- Need for rigorous enforcement of regulations
- Call for senators to prioritize resident welfare

8. Nantucket Current

July 28, 2024

[*We Need To Make A New Our Island Home Happen*](#)

By Frances Karttunen

To the editor: The editorial in the July 18 issue of the *Inquirer and Mirror* calls for some response. It must be understood that Our Island Home is not an assisted living facility. It is a skilled nursing facility for individuals who can no longer safely live at home with services delivered to the home.



Propose Our Island Home, Nantucket, MA

Site Development
Preferred by Steering Committee, Advisory Group and Staff at OIH



Site Development, Our Island Home

Rendering - View from South Shore



Rendering, Our Island Home

Consider these cases in point: an elderly woman living alone who was receiving three-times-a-week visits from the town nurse to dress leg ulcers until it was determined that she would face amputation without seven-day-a-week care; a woman whose dementia had reached the point that her family had been forced to turn their home into a domestic prison with locks, gates, alarms, and disabled kitchen-stove burners; a man who was rescued at the point of death from self-neglect after losing his wife. When one spouse is disabled, disoriented, and dependent on a caregiver who is equally elderly, physically frail, and desperately sleep-deprived, catastrophe lurks in the wings.

I know this from personal experience and from the two-and-half years that my husband was a resident of Our Island Home. I got to know all the residents at the time, and there was not one of them who didn't need to be there. We can only thank our lucky stars that Nantucket, the most remote inhabited island in the Commonwealth, provides a safe place for our most fragile elders.

Nantucket is not mainland Massachusetts, where services can be accessed in some other community a highway drive away. When one of us comes to the point of needing the residential care that Our Island Home provides, there is no place other than Nantucket where it is possible to maintain connection with family, friends, and others. Nursing facilities on the Cape have closed, and residents have been transferred to facilities that are even less accessible.

It is not an option to decide that we would rather put our tax dollars into other projects and let OIH go. We cannot offload this level of care onto the backs of family members until they break under the burden, nor can we ship fellow Nantucketers off to some hinterland not to be seen again. Only people with no aging loved ones could imagine that as a possibility.

The reason that OIH runs at a deficit is that MassHealth reimbursements are inadequate. This is a statewide issue that needs to be addressed at the state level. Locally there seems to be hope that if a new OIH is built that seems sort of plush, more people will be willing to pay the monthly private pay costs to place family members there. The fact that most OIH residents are currently on MassHealth should show us where the need lies in our community. The other hope is that there will be available beds for people undergoing rehab, and that will bring in compensatory revenue. The fastest growing segment of Nantucket's population is residents over 65. The need for those 45 beds will not decrease, and the plan is already there for doubling up some residents if demand exceeds capacity. So where would rehab patients fit in?

There is no question that the current OIH building must be replaced. Corners were cut when it was built to keep the initial cost down, and that has long-since caught up with the now aging and outdated building. Fairly recently, the Town spent a lot of money on consultation on the feasibility of rebuilding on-site. Plans were drawn up and discussed, and the point of that exercise seems to have been to provide fodder for the argument that while it could be done, the cost would be too great for taxpayers to even consider. Now the estimate for building at the alternative site has come in for as much or more than those bought-and-paid-for plans (ones that seem to me to have been intended as strategic throw-aways).

Regrets are expressed that taxpayers rejected the plans that were brought forward in 2017. Had the taxpayers approved, it would have been done at

half the present projected cost. But there were crucial unanswered questions at that time. The design offered called for more land than was available at the designated site, so abutting land would have to be purchased. Emergency vehicle access from Miacomet Road would have been problematical, but there was nothing in the proposed budget for rebuilding the road, and the proximity to Miacomet Pond was such that improving the road would have been difficult to impossible. The scope of the archaeological survey of the area did not inspire confidence. All of this was on top of reluctance to deprive OIH residents of their location in sight of Nantucket Harbor, Brant Point, and the town skyline, all of which help to maintain orientation and connection.

This final therapeutic concern has once again been dismissed in favor of relocation to mid-island, and the only compensation is that the present OIH location is said to be the future site of the Saltmarsh Senior Center, which serves Nantucket's ambulatory senior population. The long-ago proposal to sell off the East Creek Road property to raise money to build a new facility seems off the table. I worry, nonetheless, that the present promise held out to the Saltmarsh Center could evaporate, and where will the money to build a new senior center come from?

There is just no point going on about how OIH is the last municipal skilled nursing home in the Commonwealth. As islanders we must take on the responsibility of caring for each other. Our Island Home needs a new, up-to-date facility. We need to make it happen.

Frances Karttunen

9. Nantucket Current

July 26, 2024

[*In Nantucket's New Our Island Home, Staffing Is More Important Than The Building*](#)

To the editor: This is a paradox: It seems that, with Our Island Home, we are going from one extreme to the other, but each time the building remains the focus. We know from the pandemic that many residents died in skilled nursing homes rated five-stars by Medicare. *The New York Times* had a feature article about that. Many residents died in beautiful buildings meant to appeal to families deciding which skilled nursing home to choose. What came from these revelations was awareness that quality of care is the most important part of a skilled nursing home. And essential to quality of care is nurse staffing at all levels, from certified nursing assistants to registered nurses.

As we have seen with the current Our Island Home, it is far less important that the building is below grade than that the nurse staffing is adequate.

When my mother was a resident at OIH, from 2013 to 2017, she had superlative nursing at all levels.

My mother had the resources to have her choice of skilled nursing homes but she wanted to remain on the island, her home. Like most of the other OIH residents, she shared a room and a bathroom. But, in truth, any design features or amenities would have been lost on her because she was blind and bed-bound.

During the first go-round in planning the new building, the staff for the most part were not allowed to publicly express their preferences for a new nursing home. Only the administration spoke for OIH. The consultant, a nurse herself, canceled a meeting with OIH nursing staff that was

intended to get their advice. Who knows better what a new facility needs than the full-time staff?
And here I mean everyone, not just the nurses. What do those in the kitchen believe is needed? A new nursing home may have to be built conceptually from the ground up. Start with the most basic requirements for a skilled nursing home facility in Massachusetts. The end product may resemble the current proposal but could be far less expensive, especially if staff are challenged to produce cost savings.
So, in terms of the building, itself, we have gone from an old, below grade structure to a proposed state-of-the-art structure. These are the extremes. But keeping staff and staffing in focus, the building is an ancillary issue and should remain so.
Maureen Searle

10. Nantucket Current

July 11, 2024

[New Our Island Home Nursing Facility Price Tag Comes In At \\$105 Million](#)

By JohnCarl McGrady

The town's new Our Island Home (OIH) nursing facility planned for South Shore Road is estimated to cost almost \$105 million, according to figures presented Wednesday to the Select Board. Nearly all of those funds - approximately \$96 million - still need to be appropriated at future town meetings.

If approved by island voters, the money will fund a more than 60,000-square-foot nursing facility at the Sherburne Commons campus off South Shore Road complete with enclosed courtyards and photovoltaic solar arrays. Some rooms would be large enough to allow for the addition of a second bed should OIH need to increase capacity. The new building would allow Nantucket to remain the only municipality in Massachusetts that owns and operates its own nursing home.

Designers highlighted the building's sustainability features at a Select Board review Wednesday, suggesting the new campus could slash energy use by as much as 94 percent, drastically decreasing both emissions and operating costs. Our Island Home is aiming for a so-called Passive House certification, which is only awarded to buildings that meet a rigorous performance-based standard for energy use. Though the numbers change each year, under Massachusetts' current standards, the new OIH building could be eligible for almost \$860,000 in rebates.

Select Board comments were limited at the meeting but members had expressed concerns about the cost in the past before the official estimate was provided on Wednesday. Previously, the new campus was expected to cost over \$50 million. Now, it seems the price tag will be more than double that.

The estimate will likely change before it goes to a vote, which is expected to happen at the annual town meeting in 2025 after a lengthy bidding and review process. If voters approve the expenditure, the preliminary timeline for the project would have construction begin in June of 2025 and likely finish by December of 2027.

If that timeline holds, construction would finish over a decade after the Town first asked voters to back a new facility at the Sherburne Commons site in 2017. At the time, the proposal was defeated, and the town spent several years investigating the possibility of a new facility at the current OIH location on East Creek Road, overlooking the harbor. But in 2021, the Select Board

voted to pursue a new OIH building by Sherburne Commons, and Town Meeting approved \$8.5 million in preliminary funding for the design in 2022. Nantucket's geography and the cost of land make it difficult for a private organization to operate a nursing home on the island, meaning that without a town-run facility, it is likely that those in need of advanced, specialized nursing care would have to move to the mainland for support.

11. Nantucket Current

March 20, 2024

[Town Unveils Plans For New Our Island Home Skilled Nursing Facility](#)

By Jason Graziadei

Nantucket is the only municipality in Massachusetts that owns and operates its own nursing home, and on Wednesday the town unveiled plans for the new Our Island Home skilled nursing facility.

The proposed 61,216-square-foot building would be relocated from its current site on East Creek Road overlooking Nantucket Harbor to town-owned land at the Sherburne Commons campus off South Shore Road. It would include 45 single-room beds - sustaining its current capacity for residents - while making significant upgrades that the town believes will improve care, safety, and sustainability.

Following a presentation of the new plans on Wednesday the Select Board voted unanimously to move forward with the concept for Our Island Home, but members indicated they were concerned about the price tag, which is not yet known but expected to be more than \$50 million.

"I'm quite impressed, as one who did spend a few years working in a nursing home, I appreciate the difficulty of that environment," Select Board member Malcolm MacNab said. "The obvious questions - it's wonderful, we probably need it - but I'm still waiting for the cost. At some point, we want lots of things sometimes we just can't afford. How I ultimately come down on this will be what does this cost and does it involve other things we can't do and what's the priority?"

The current Our Island Home facility on East Creek Road was built in 1980 and, according to the town, is "outdated, inefficient and does not meet current best practices for patient care, or current Department of Public Health regulations for nursing support and mechanical systems."

The potential for a new Our Island Home has been discussed for more than a decade. The new facility will be one of the largest projects ever taken on by the town, but it is one that voters have previously expressed a desire for and one that the Select Board believes is necessary for the town government to sustain.

"What we're up against is geography," said Select Board chair Dawn Hill Holdgate, a member of the steering committee for the project. "I don't foresee any private organization being able to come in and do a facility like this. Our only other option is for people who need this level of care is to go off-island, so that's what our community needs to wrap their heads around." The new facility would be located on the east side of the Sherburne Commons campus, along South Shore Road. It would require the existing Sherburne Commons staff housing units to be moved to make way for the new nursing home.

In 2022, voters approved an \$8.5 million appropriation for the design of the new facility. The budget for the new facility is not yet known. Earlier this year the Select Board voted to proceed with the project on a "construction management at risk" basis, so the estimated cost of the facility will not be

	<p>known until a general contractor is chosen by the town. But Hill Holdgate said voters should expect it to be a big number given the rise in construction costs.</p> <p>“Construction costs across the board have increased 100 percent since our last major project, so we’ve got to start thinking that the budget is going to be a lot higher,” Hill Holdgate said. “This is something I’ve been working on for almost a decade now. There’s been a lot of back and forth and input from Sherburne Commons, the neighbors, the staff, the consultants, and the architects. It’s been an extensive project. We’re meeting practically every week.”</p> <p>The town is conducting a feasibility study to repurpose the existing Our Island Home location on East Creek Road for a new senior center.</p> <p>Read the town's full presentation by clicking here.</p>
<p>Steward Healthcare</p>	<p>12. Boston Herald July 29, 2024 Steward will get \$30 million from the Bay State to stabilize hospitals through sale process By Matthew Medsger Steward Health Care, facing bankruptcy, will receive \$30 million from the Massachusetts government to keep its hospitals operating while they transition to new owners. This comes amid the announcement of closing two hospitals and amidst a Senate investigation into the company's financial troubles. The funds, intended for hospitals participating in the MassHealth program, have restrictions on how they can be spent. The Healey Administration says the money is owed to Steward but criticizes the company's mismanagement.</p> <p>13. MassterList July 29, 2024 A big week for Steward hospitals following decision to close Carney, Nashoba By Ella Adams and Eric Convey Steward Health Care is facing a critical week as it navigates bankruptcy proceedings and the closure of two hospitals.</p> <ul style="list-style-type: none"> • Hospital Closures: Steward has announced the closure of Carney Hospital in Dorchester and Nashoba Valley Medical Center in Ayer due to a lack of qualified bids. • State Involvement: The Massachusetts state government has committed \$30 million to support the remaining Steward hospitals during the transition to new ownership. However, there are concerns about the state's ability to prevent the closure of Carney and Nashoba due to regulatory loopholes. • Bankruptcy Proceedings: A crucial sales hearing for Steward's facilities is scheduled for Wednesday, July 31st. The outcome of this hearing will determine the future of the remaining hospitals. • Political Pressure: Lawmakers and community leaders are expressing concern over the hospital closures and are holding a press conference to address the issue. <p>Overall, the next few days will be crucial for the future of Steward Health Care and the communities it serves.</p> <p>14. *State House News July 26, 2024 Steward Plans To Quickly Close Hospitals In Dorchester, Ayer</p>

By Colin A. Young, Chris Lisinski
Steward said those two of the eight Massachusetts hospital facilities it has been trying to sell since declaring bankruptcy on May 6 attracted no bids that could be approved in bankruptcy court and will close in roughly one month. But the company's timeline for closing the hospitals appears at odds with state laws and regulations that lay out a detailed timeline of steps hospital operators must take before closing.

15. Office of Governor Maura Healey

July 26, 2024

[Governor Healey Demands Steward Finalize Deals for Remaining Five Hospitals](#)

Massachusetts Governor Maura T. Healey issued the following statement about Steward Health Care's intention to close two Massachusetts hospitals, Carney Hospital in Dorchester and Nashoba Valley Medical Center in Ayer:

“This is not over. It’s regrettable that Ralph de la Torre and Steward’s greed and mismanagement are resulting in the closures of Carney and Nashoba Valley hospitals. These hospitals have long served their communities – their closures are about more than the loss of beds, doctors, and nurses. We want to assure the people of Massachusetts that we have prepared diligently for this moment and will take all available steps to help facilitate a smooth transition for impacted patients and employees.

For the remaining hospitals, we know that Steward received several bids to not only maintain but improve five of their hospitals in three key regions. It is time for Steward and their real estate partners to finally put the communities they serve over their own selfish greed. They need to finalize these deals that are in their best interest and the best interest of patients and workers.

As this process continues, I want to particularly recognize the employees at Steward hospitals who have continued to work day after day to provide care and comfort to patients in need. These employees have demonstrated a selfless commitment to their patients, and I am immensely grateful to them. We are committed to supporting them through this transition, as well as the communities who will be impacted by these closures.

For our administration, this has always been about protecting health care and jobs. We have been working every day toward that goal, and I can tell you that we are continuing to do everything we can to accomplish that.”

Carney and Nashoba remain open today and will proceed through an orderly and regulated closure. The next step in the process for these two hospitals is for the bankruptcy judge to approve Steward’s motion to close. Steward is required to send a notice of closure to the Department of Public Health, which will then facilitate a transition for impacted patients and employees.

The Healey-Driscoll administration is committed to helping residents understand where they can access care and supporting neighboring hospitals and surrounding health centers as they welcome new patients. A new [online interactive dashboard](#) allows patients to map nearby hospitals, understand the services available at each location, and view monthly updates on patient volumes and available beds to help residents connect to nearby services. In June, an average of 13 of Carney’s 83 medical beds were filled and an average of 11 of Nashoba’s 46 beds were filled.

	<p>Patients at Carney and Nashoba Valley are encouraged to contact their providers to discuss referrals and make arrangements for the transfer of records.</p>
Substance Use	<p>16. *Health Affairs (Podcast) July 23, 2024 Podcast: Christina Andrews on States' Role in Substance Use Disorder Treatment via Medicaid Health Affairs' Editor-in-Chief Alan Weil interviews Christina Andrews of the University of South Carolina on her recent paper that explores how substance use disorder benefits vary across Medicaid managed care plans (MCP) and better understand the role states play in coverage activities.</p>
Housing	<p>17. McKnights Senior Living July 26, 2024 Affordability is the missing piece of senior living recovery: experts By Kimberly Bonvissuto The senior living sector has rebounded strongly from the COVID-19 pandemic, with occupancy rates recovering, labor costs decreasing, and higher resident rates boosting profits. However, a significant challenge remains: the lack of affordable senior housing. Key points:</p> <ul style="list-style-type: none"> • Strong industry performance: Occupancy rates have recovered, labor costs have decreased, and revenue has increased. • Affordable housing crisis: Nearly one-third of older adults struggle to afford housing, with over half paying more than half their income on rent. • Growing demand: The number of people aged 75+ will increase by 45% in the next decade, exacerbating the need for affordable senior living. • Medicaid waivers: Programs like Illinois' supportive living model can be successful in providing affordable care, but lack of funding and investor interest hinder expansion. • Government and industry collaboration: To address the affordable housing gap, collaboration between government, nonprofits, and private industry is crucial.
Homelessness	<p>18. Washington Post (free access) July 28, 2024 They have jobs, but no homes. Inside America's unseen homelessness crisis. By Abha Bhattarai They are plumbers and casino supervisors, pizzeria managers and factory workers. They deliver groceries, sell eyeglasses and unload trucks at Amazon. And they're the new, unlikely face of homelessness: Working Americans with decent-paying jobs who simply can't afford a place to live. Homelessness, already at a record high last year, appears to be worsening among people with jobs, as housing becomes further out of reach for low-wage earners.</p>
Hospice / Palliative Care	<p>19. Hospice News July 26, 2024 The Hospice CARE Act's Potential Unintended Consequences By Holly Vossel</p>

	<p>The Hospice CARE Act is a proposed bill that would make significant changes to the Medicare Hospice Benefit. The bill is intended to address issues with program integrity and quality in the hospice industry, but it could also have unintended consequences for providers and patients.</p> <p>Some of the potential benefits of the bill include:</p> <ul style="list-style-type: none"> • Increased accountability and oversight of hospice providers • Incentivizing more visits from hospice providers to patients at the end of life • Increased focus on quality of care <p>Some of the potential drawbacks of the bill include:</p> <ul style="list-style-type: none"> • Increased financial burden on providers • Difficulty in implementing and operationalizing the new regulations • Potential negative impact on patient care if the focus is too heavily on volume of visits <p>The bill is currently in a discussion draft phase, and feedback from providers and stakeholders is being considered. It is not clear when the bill will be introduced, but it could have a significant impact on the future of hospice care.</p>
<p>Covid / Long Covid</p>	<p>20. *FingerLakes1.com July 27, 2024 <u>DiNapoli calls for independent commission to review New York's COVID response New York State</u> New York State Comptroller Thomas P. DiNapoli has called for an independent commission to review the state's response to the COVID-19 pandemic, criticizing a recent report by the Olson Group for its shortcomings.</p>
<p>Medicaid</p>	<p>21. *Wall Street Journal July 25, 2024 <u>Medicaid Was a Boon to Insurers During the Pandemic. Now, Not So Much.</u> By David Wainer Summary: Insurers Profiting from Uninformed Medicaid Enrollees Health insurers have been making significant profits from Medicaid expansion during the pandemic. While the initial focus was on helping people maintain health insurance, it inadvertently created a goldmine for insurers. Many people were unaware they were enrolled in Medicaid while simultaneously having employer-sponsored insurance. These "ghost" members generated revenue for insurers without requiring any healthcare services. As states have begun to remove people from Medicaid rolls, insurers are facing a new challenge: the remaining members are sicker and more costly to cover. This shift, combined with increasing healthcare utilization rates, is squeezing profit margins and causing challenges for the industry. Essentially, insurers benefited greatly from a large pool of healthy, unaware members during the pandemic, but now they are grappling with the consequences of this inflated membership as the situation normalizes.</p> <p>22. Office of Attorney General Andrea Campbell July 23, 2024 <u>Two Individuals Indicted For Stealing More Than \$150,000 From MassHealth Program</u> The Attorney General's Office (AGO) announced today that two individuals have been charged with falsely billing MassHealth's Personal Care</p>

	<p>Attendant (PCA) program for more than \$150,000 in services that were allegedly never provided.</p> <p>Jasmin Bryan, age 45, of Haverhill, and Victor Simard, age 42, were indicted by an Essex County Grand Jury. . .</p> <p>The AGO alleges that Bryan, a MassHealth member, and Simard, her personal care attendant, engaged in a scheme to submit claims to MassHealth for PCA services that Simard never provided to Bryan. Since September 12, 2019, Bryan has allegedly submitted timesheets to MassHealth's fiscal intermediary reflecting that Simard has been providing services to her during times when he was incarcerated</p>
<p>Disability Topics</p>	<p>23. NPR July 29, 2024 Up First By Suzanne Nuyen</p> <p>To celebrate Disability Pride Month, I asked newsletter readers and NPR listeners to share their experiences with disability. I wanted to know: What's one thing you wish people knew about living with a disability?</p> <p>Overwhelmingly, you told me that disabilities aren't one size fits all. I received answers from people with disabilities ranging from physical to mental, developmental and cognitive. Nearly everyone emphasized that not all disabilities are visible or immediately recognizable from looking at someone.</p> <p>You also had many differences of opinion. "Disability is vast, varied and beautiful," Hannah Soyer of Des Moines, Iowa, said. "My lived experience as a queer disabled woman is unique to me, as is the lived experience of every other disabled person."</p> <p>Nearly 300 people shared their stories with me. Reading through all of them left me with a renewed drive to make sure I'm supporting my loved ones with disabilities in the way that they want to be supported. If I had space, I'd share every response. Here are some of the biggest takeaways NPR readers with disabilities want you to know:</p> <p>It could happen to you. "Most people will become disabled sometime before they die," Marty Slighte, who has Ehlers-Danlos syndrome, says. "Disabled people are just like you. We have hopes and dreams, wants, and desires. We love and need to be loved."</p> <p>Disability is a spectrum. "I have good days and bad days, sometimes with significant swings in between," Kristen Kingzett, who has juvenile idiopathic arthritis, says. "So, if you see a person doing something one day and they say they can't do that same thing a different day, which doesn't mean that they're lying, scamming, or lazy."</p> <p>Ask someone with a disability what they're capable of. "People with disabilities often have developed ways to help themselves that you may not recognize. Always ASK," Kathy Hyde says. She was born with a dislocated right hip and club foot and uses crutches and wheelchairs to get around.</p> <p>Disabled people are whole, complex individuals. "My disability defines me just as much and just as little as being a woman, parent or educator," Rebekah Taussig, who has incomplete paralysis from childhood cancer, says.</p> <p>Thank you to everyone that took the time to share their experiences with me. You can read more thoughtful reflections on life with a disability from fellow newsletter readers here.</p>
<p>Health Care Policy</p>	<p>24. McKnights Senior Living</p>

	<p>July 29, 2024 Educational, medical debt high among nursing home, home health workers: study By Kathleen Steele Gaivin Healthcare workers may carry higher educational and medical debt than workers in other professions, and nursing home and home health workers are among those with the highest debt, according to a study published Friday in the JAMA Health Forum. . . Carrying educational and medical debt can have a profound effect on healthcare workers by limiting their career mobility and discouraging newcomers from entering the field.</p> <p>25. *Health Affairs (Podcast) July 23, 2024 Podcast: The Plan to Remove Medical Debt From Credit Reports Health Affairs' Jeff Byers welcomes Senior Deputy Editor Rob Lott to the program to discuss a recent policy proposal that would result in prohibiting medical debt from being included in credit reporting and how the upcoming presidential election could play into the policy's implementation.</p>
<p>Public Sessions</p>	<p>26. State Rehabilitation Council Thursday, August 1, 2024, 1:00 p.m. Executive Committee of the Massachusetts State Rehabilitation Council meets virtually. Agenda and Livestream</p>
<p>Support Dignity Alliance Massachusetts</p> <p>Please Donate!</p>	<p>Dignity Alliance Massachusetts is a grassroots, volunteer-run 501(c)(3) organization dedicated to transformative change to ensure the dignity of older adults, people with disabilities, and their caregivers. We are committed to advancing ways of providing long-term services, support, living options and care that respect individual choice and self-determination. Through education, legislation, regulatory reform, and legal strategies, this mission will become reality throughout the Commonwealth.</p> <p>As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute <i>The Dignity Digest</i> weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.</p> <p>Consider a donation in memory or honor of someone. Names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>
<p>Dignity Alliance Massachusetts Legislative Endorsements</p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at moore8473@charter.net.</p>

Websites			
Blogs			
Podcasts	Consumer Voice Podcast Library The Consumer Voice maintains an extensive library of podcasts covering an array of long-term care topics.		
Previously recommended websites	The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/ . Only new recommendations will be listed in <i>The Dignity Digest</i> .		
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/ .		
Websites of Dignity Alliance Massachusetts Members	See: https://dignityalliancema.org/about/organizations/		
Contact information for reporting complaints and concerns	<table border="0"> <tr> <td style="vertical-align: top;">Nursing home</td> <td> Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program </td> </tr> </table>	Nursing home	Department of Public Health 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 Ombudsman Program
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Nursing Home Closures (pending)	Massachusetts Department of Public Health <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 <ul style="list-style-type: none"> • Notice of Intent to Close (PDF) (DOCX) Massachusetts Nursing Home Survey Performance Tool and the CMS Nursing Home Compare website .		
Nursing Home Closures	Massachusetts Department of Public Health <i>Bridgewater Nursing & Rehab, Bridgewater</i> Closure date: May 24, 2024 <i>Savoy Nursing and Rehabilitation Center, New Bedford</i> Closure date: April 3, 2024 <i>New England Sinai Hospital Transitional Care Unit</i> Closure date: April 2, 2024 <i>South Dennis Health Care, Dennis</i> Closure date: January 30, 2024 <i>Arnold House Nursing Home, Stoneham</i> Closure date: September 22, 2023 <i>Willimansett East, Chicopee</i> Closure date: June 6, 2023 <i>Willimansett West, Chicopee</i> Closure date: June 6, 2023 Chapin Center Springfield Closure date: June 6, 2023 Governors Center, Westfield Closure date: June 6, 2023 <i>Stonehedge Rehabilitation and Skilled Care Center, West Roxbury</i> Closure February 10, 2022 <i>Heathwood Healthcare, Newton</i> Closure date: January 5, 2022 <i>Mt. Ida Rest Home, Newton</i>		

	<p>Closure date: December 31, 2021 <i>Wingate at Chestnut Hill</i>, Newton, MA Closure date: October 1, 2021 <i>Halcyon House</i>, Methuen Closure date: July 16, 2021 <i>Agawam HealthCare</i>, Agawam Closure date: July 27, 2021 <i>Wareham HealthCare</i>, Wareham Closure date: July 28, 2021 <i>Town & Country Health Care Center</i>, Lowell Closure date: July 31, 2021</p>
Nursing homes with admission freezes	<p>Massachusetts Department of Public Health <i>Temporary admissions freeze</i> 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 <i>Determination of Need Projects: Long Term Care 2023</i> <u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u> <u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u> 2022 <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>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> <u>https://tinyurl.com/SpecialFocusFacilityProgram</u> Updated April 24, 2024</p>

CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.

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?

- 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)

Newly added to the listing

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

Massachusetts facilities not improved

- None

Massachusetts facilities which showed improvement

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

Massachusetts facilities which have graduated from the program

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

- Worcester Rehabilitation and Health Care Center, Worcester
<https://worcesterrehabcare.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225199>
- Massachusetts facilities that are candidates for listing (months on list)**
- AdviniaCare Newburyport (3)
<https://www.adviniacare.com/adviniacare-country-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
 - Charwell House Health and Rehabilitation, Norwood (27)
<https://tinyurl.com/Charwell>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225208>
 - Fall River Healthcare (9)
<https://www.nextstephc.com/fallriver>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>
 - Glen Ridge Nursing Care Center, Medford (13)
<https://www.genesishcc.com/glenridge>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225523>
 - Mill Town Health and Rehabilitation, Amesbury (26)
No website
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225318>
 - Parkway Health and Rehabilitation Center, West Roxbury (7)
<https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225497>
 - Pioneer Valley Health & Rehabilitation Center, South Hadley (24)
<https://pioneervalleyhealth.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225757>
 - Plymouth Harborside Healthcare (4)
<https://www.nextstephc.com/plymouth>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225284/>
 - Plymouth Rehabilitation and Health Care Center (22)
<https://plymouthrehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225207>
 - Royal Norwell Nursing & Rehabilitation Center (4)
<https://norwell.royalhealthgroup.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225482/>
- Massachusetts Facilities that have graduated from the program**
- Marlborough Hills Rehabilitation & Health Care Center, Marlborough
<https://marlboroughhillsrehab.com/>
Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063/>

	<ul style="list-style-type: none"> Oxford Rehabilitation & Health Care Center, Haverhill https://theoxfordrehabhealth.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225218/ <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram 																																																
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica Nursing Home Inspect Data updated April 24, 2024</p> <p>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).</p> <p>Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th>in # Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table> <p>Updated April 24, 2024</p>	Deficiency Tag	# Deficiencies	in # Facilities	MA facilities cited	B	284	198	Tag B	C	108	85	Tag C	D	7,496	1,469	Tag D	E	1,965	788	Tag E	F	656	317	Tag F	G	568	384	Tag G	H	44	33	Tag H	I	3	2	Tag I	J	57	27	Tag J	K	8	5	Tag K	L	5	2	Tag L
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<p><i>Nursing Home Compare</i></p>	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i></p> <p>Beginning January 26, 2022, the Centers for Medicare and Medicaid Services (CMS) is posting new information that will help consumers have a better understanding of certain staffing information and concerns at facilities.</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</p>																																																

	<p>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>		
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>		
<p>Participation opportunities with 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>	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org
	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Farrow	lfarrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Arlene Germain	agermain@manhr.org
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	rmoore8743@charter.net
	Legal Issues	Jeni Kaplan	jkaplan@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
Incarcerated Persons	TBD	info@DignityAllianceMA.org	
The Dignity Digest	For a free weekly subscription to <i>The Dignity Digest</i> :		

	https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> • Margaret Morganroth Gullette • 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 <u>The Dignity Digest</u> 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.</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:</i> https://dignityalliancema.org/dignity-digest/</p> <p><i>For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.</i></p>	