



# The Dignity Digest

Issue # 199

August 6, 2024

*The Dignity Digest* is information compiled by Dignity Alliance Massachusetts concerning long-term services, support, living options, and care issued each Tuesday.

	<p><b>*May require registration before accessing article.</b></p>
<p><b>DignityMA Zoom Sessions</b></p>	<p>Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>.</p>
<p><b>Spotlight: The meaning of <i>dignity</i></b></p> <p><b>Reader submissions requested.</b></p>	<p>Dignity Alliance Massachusetts will be publishing the 200<sup>th</sup> edition of <i>The Dignity Digest</i> next week on August 13, 2024. To mark this milestone, we are asking readers to share their understanding of the concept of “dignity” especially as it applies to older persons, persons with disabilities, family members, and caregivers. Submissions can be in the form of a few sentences, a longer narrative, a poem, or a drawing. Text responses can be submitted via: <a href="https://forms.gle/1xr65myyCqGxaAsm6">https://forms.gle/1xr65myyCqGxaAsm6</a> or as attachment to <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>. Artwork can be mailed as an attachment to <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>. Submissions will be published in future issues of <i>The Digest</i> as well as on the DignityMA website, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</p>
<p><b>Quotes</b></p>	<p><i>In one instance, a resident told inspectors that she was left to sit in urine for more than six hours when a nurse assistant refused to change her. She said the situation happened often and left her feeling “hopeless, sad, angry, helpless and start(ing) to have suicidal thoughts.”</i></p> <p><a href="#">Blueberry Hill nursing home cited for abuse</a>, *Salem News, July 31, 2024</p> <p><i>Multiple budget lines in [Seashore Point’s] Medicaid cost report did not pass the “smell test,” said [Christopher] Cherney [an expert in nursing home administration]. One of the most confounding was \$266,440 that the facility reported in advertising expenses for 2021. He called that number for a 41-bed nursing home with a 91-percent occupancy rate and without any apparent nearby competitors “unprecedented.”</i></p>

*“I’m trying to understand this advertising fee, and it doesn’t square with my experience,” said Cherney. “It’s a potential place to hide profit.” If the number reported was accurate, then the nursing home would have spent over \$22,000 per month on advertising in 2021.*

[Reviewers Suspect Fraud in Nursing Home Filings](#), **The Provincetown Independent**, July 31, 2024

*Since taking over the nursing home at Seashore Point in 2019, the current owners have used a complex network of companies to pay themselves hidden profits — possibly totaling over \$1 million — while cutting nursing staff hours dramatically, according to expert analysis of the company’s federal and state filings.*

[Reviewers Suspect Fraud in Nursing Home Filings](#), **The Provincetown Independent**, July 31, 2024

*An open container of pudding in a storage area was surrounded by several small black flies and a container of teriyaki sauce without a lid was covered with a “black wispy growth.”*

[Blueberry Hill nursing home cited for abuse](#), **\*Salem News**, July 31, 2024

*Everyone deserves to age with dignity and financial security. But on July 10, the House Appropriations Committee advanced several bills that cut FY25 funding for many key programs that support the health, financial security, and independence of older adults.*

[House Committee Slashes Aging Services Investments for FY25](#), **National Council on Aging**, July 22, 2024

*“This virus is still very, very new to humans, and the virus wants to live, and the way that it lives is by evading immunity.”*

Dr. Elizabeth Hudson, regional chief of infectious disease at Kaiser Permanente Southern California, [‘The virus wants to live.’ California’s big COVID spike isn’t expected to ease anytime soon](#), **Los Angeles Times**, July 31, 2024

*[Elizabeth] Francis's advice to living a long life at age 115 is the same as it was last year at 114: "Speak your mind and don't hold your tongue."*

[Oldest person in the U.S. turns 115 today: 'She's surprised us all'](#),  
**Washington Post (free access)**, July 25, 2024

*That's the way it is now. The past is dissolving. The future is uncertain. We don't know how much time we have left together. Right now, right this instant, is the best it will ever be.*

Adeline Goss, a neuro-hospitalist and associate chief of neurology at Highland Hospital in Oakland, CA, whose mother is undergoing intravenous infusion of lecanemab to minimize the progression of dementia, [I'm not sure what to think of the new Alzheimer's drugs](#) (\***Boston Globe**, August 4, 2024 (Updated))

*Our country is founded on the vision set out in the Declaration of Independence — that all of us are created equal and are endowed with the same rights. America has become stronger when our country has expanded its promise to marginalized Americans, including, yes, Americans with disabilities. Making progress requires us to embrace each other's intrinsic humanity. Our American mission is to bring out the best in each other — when we have, our country has flourished.*

Maggie Hassan, U.S. Senator from New Hampshire, [Trump's disability comments are cruel to families like mine](#), \***Boston Globe**, August 5, 2024

*"When new information revealed the possibility of dangerous understaffing and poor quality of care, my office and the Department of Public Health promptly filed an emergency petition and secured a temporary receiver. Receivership will help stabilize the situation by taking control of finances and supporting daily operations, while protecting the welfare of residents and staff."*

Statement from the Office of Attorney General Andrea Campbell regarding nursing homes owned by BluPoint Healthcare, [Local nursing homes facing fines, receivership](#), **The Reminder**, July 30, 2024

<p><b>Commentary by Dignity Alliance Massachusetts participants</b></p> <p><b>James Lomastro</b> was an administrator in health care for 35 years. He currently does accreditations for CARF International, a nonprofit accreditor of health and human services, and is a member of the Coordinating Committee of Dignity Alliance Massachusetts.</p> <p>Margaret Morganroth Gullette is the author of the forthcoming book “American Eldercide: How It Happened, How to Prevent It.” She is a member of DignityMA’s Coordinating Committee.</p>	<p><b><u><a href="#">The shame of the state’s nursing homes</a></u></b>  <b>*Boston Globe</b>  August 4, 2024  <i>Dire conditions are reaching crisis proportions</i>  By James A. Lomastro, PhD</p> <p>Re <u><a href="#">“After reports of dismal conditions, nursing homes need more staff — and more oversight”</a></u> (Editorial, July 28): The deterioration of the long-term care institutional system might soon pose a greater crisis for Massachusetts than the current migrant situation. While migrants can be housed in various facilities, such as schools, <u><a href="#">former correctional centers</a></u>, and other state buildings, and provided with food through mobile units, they are generally not in need of complex care.</p> <p>With tens of thousands of vulnerable and fragile older and disabled individuals housed in <u><a href="#">345 different settings</a></u>, the situation is far different. Coupled with the bankruptcy of Steward Health Care, a backlog of patients in hospitals, staff unwilling to work in deteriorating nursing homes, and regulatory agencies seemingly unwilling and possibly too overwhelmed to perform their function, the circumstances are dire indeed for a state responsible for the safety and well-being of seniors under their care.</p> <p>I have accredited many nursing homes in Canada, where I’ve found no similar situation exists, and there is little gnashing of teeth by the industry since it and the Canadian health ministry do their jobs.</p> <p>The editorial offers the example of Peabody-based Legacy Lifecare — described as being well-run and stable and having satisfied staff and residents — as an exception to the rule. It is also a nonprofit. It should not be an outlier. We expect better of Massachusetts for the care of its most vulnerable citizens.</p> <p><b><i>Facilities without air conditioning should not be tolerated</i></b>  By Margaret Morganroth Gullette, PhD</p> <p>The nearly 33,000 residents of nursing facilities in Massachusetts are fragile older and disabled individuals. Global warming has made this long hot summer intolerable for people throughout the state. Nursing home residents are particularly vulnerable to dehydration, heatstroke, and even death from overheating. The Legislature is sitting on a bill to “study” the question of putting air conditioning into the facilities that lack it. The funding could come from the Environmental Protection Agency, through the <u><a href="#">Inflation Reduction Act Community Change Grants Program</a></u>. A total of about \$2 billion is available to improve disadvantaged communities through environmental and climate justice projects. Almost every district in Massachusetts suffers from poor-quality nursing homes, from the Berkshires to Cape Cod. They have been neglected for years.</p>
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**Paul J. Lanzikos** is the coordinator of Dignity Alliance Massachusetts. He is a former Secretary of the Massachusetts Executive Office of Elder Affairs. **Richard T. Moore** is the chair of the DignityMA Legislative Workgroup. He is a former Massachusetts State Senator.

This week temperatures reached 90 degrees. Our residents have no place else to go. Must their tiny, crowded rooms become living hells? Do legislators in their comfortable chambers think the elderly poor don't deserve that same luxury?

## [Lack of effective oversight on nursing homes poses serious concerns](#)

### **Salem News**

By Paul Lanzikos and Richard Moore

August 2, 2024

Dignity Alliance Massachusetts is concerned about the oversight of a number of nursing homes in the Commonwealth and the well-being of their residents and staff.

Several facilities of concern owned by Blupoint Healthcare have just been placed under receivership by the Attorney General, which we commend: Blackstone Valley in Whitinsville (Northbridge), Pioneer Valley in South Hadley, and Mill Town in Amesbury.

However, there are additional nursing homes owned by Athena Health Care Systems which are problematic including of special note Highview of Northampton in Leeds as well as Bear Mountain at Worcester which was the subject of an investigatory report by the Disability Law Center. Issues involving these and other facilities have been reported in local media reports. In many instances, the unacceptable conditions in these homes have continued for months. Why are these situations allowed to go unabated? Why have admission freezes not been imposed? Has any type of operational oversight been imposed?

Our concerns have been amplified by a July 21, 2024, report in The Connecticut Mirror about Athena Health Care Systems which details major financial problems including failure to pay employees' health care bills for more than six months as well as various vendors and suppliers. If this is occurring in Athena's Connecticut facilities, it is surely also in its 17 nursing homes and three hospice programs operating in Massachusetts. Moreover, we are hearing that similar problems may also be occurring with other Massachusetts nursing home owners. Is the Commonwealth prepared to respond to failures of this magnitude?

Data reported by CMS relative to nursing home deficiencies and fines are, indeed, sobering. Many Massachusetts licensed facilities appear on the list with multiple serious violations. We view, as disturbing, that in the period from July 2021 through May 2024, hundreds of thousands, possibly millions, of dollars in penalties were levied against Massachusetts nursing homes but not processed until June 1, 2024. Why is it that fines levied a few years ago are just now being processed? We believe that timely enforcement, especially if brought to public attention, can help to expedite corrective action and identify other areas of concern.

At a Senate Ways and Means Committee hearing earlier this year, Dignity Alliance testified: We call for the increase of nursing home inspections and the decrease in the use of antipsychotics with nursing home residents. Massachusetts nursing home surveyors (inspectors) have the highest number of homes to inspect in New England, and more frequent inspections could improve quality of care and resident safety. The misuse of antipsychotics is a special concern, since Massachusetts also has one of the highest usage rates in the country, despite the requirement of informed written consent (IWC) before the administration of psychotropics and ongoing required dementia care trainings for specified staff. Overdrugging can be used to keep residents quiet, especially when nursing homes are understaffed in violation of state regulations. Dignity Alliance applauds legislators for establishing a system for tracking opioid drugs and supports a similar process for tracking antipsychotics and other psychotropic drugs, along with more effective regulation of the legislatively mandated requirement for IWC.

We have several questions about the survey process and DPH's capacity to monitor all nursing homes in a timely fashion and ensure regulatory compliance: - Are there enough fully trained and experienced surveyors?

- Are there too many homes for each surveyor to cover?

- Does DPH prioritize inspections, such as focusing on one-star and two-star facilities?

- How does DPH handle complaints, especially repetitive ones?

- How are Massachusetts' minimum staffing requirements being enforced?

- How are facilities operating "specialty" programs and services being monitored to ensure regulatory compliance and quality of care?

- In light of the BluPoint facilities, for which ownership has recently changed, is the current vetting process during suitability review sufficient?

Dignity Alliance is very concerned with the lack of effective oversight by DPH regarding the nursing homes for which the agency is statutorily responsible and for which the federal government provides financial support.

DPH is the licensure agency for nursing homes, hospices, and other health care providers in the Commonwealth. As such, it has the authority — and responsibility — not only to monitor and evaluate, but to act and protect when the safety and well-being of persons, especially those who are vulnerable and dependent upon others, are at risk. When it is apparent that the issuance of deficiency reports and imposition of fines and penalties are not sufficient, state agencies must be willing to exercise authority to impose operational controls up to and including receivership and licensure revocation.

	<p>We also believe that MassHealth has a responsibility to the taxpayers of the Commonwealth to make sure that public funds are being effectively spent. Each year, funds for nursing homes have increased to cover a declining number of residents and, in many instances, a reduction in quality care.</p> <p>We raise these issues and ask the questions on behalf of the more than 30,000 residents in 350 nursing homes in Massachusetts, their family members, caregivers, and the Commonwealth's taxpayers.</p>
<p><b>Guide to news items in this week's Dignity Digest</b></p>	<p><b>FY 2025 State Budget</b>  <a href="#"><u>Governor Healey and Lieutenant Governor Driscoll Sign \$57.78 Billion Fiscal Year 2025 Budget</u></a> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll)</p> <p><b>Federal Budget</b>  <a href="#"><u>House Committee Slashes Aging Services Investments for FY25</u></a> (National Council on Aging, July 22, 2024)</p> <p><b>Nursing Homes</b>  <a href="#"><u>Nursing homes' high rate of Immediate Jeopardy tags warrants 'all-hands-on-deck' response</u></a> (McKnights Long-Term Care News, August 3, 2024)  <a href="#"><u>Liability costs, severity increasing for long-term care providers</u></a> (McKnights Senior Living, August 2, 2024)  <a href="#"><u>Reviewers Suspect Fraud in Nursing Home Filings</u></a> (The Provincetown Independent, July 31, 2024)  <a href="#"><u>Blueberry Hill nursing home cited for abuse</u></a> (*Salem News, July 31, 2024)  <a href="#"><u>Local nursing homes facing fines, receivership</u></a> (The Reminder, July 30, 2024)</p> <p><b>Steward Healthcare</b>  <a href="#"><u>Buyer wanted in on Carney, Nashoba: Michigan-based Insight sought deal on all Steward properties</u></a> (*Boston Herald, August 5, 2024)  <a href="#"><u>In scathing letter, Mayor Wu insists Steward site remains used for health care</u></a> (*Boston.com, August 4, 2024)</p> <p><b>Alzheimer's / Dementia</b>  <a href="#"><u>I'm not sure what to think of the new Alzheimer's drugs</u></a> (*Boston Globe, August 4, 2024 (Updated))</p> <p><b>Covid / Long Covid</b>  <a href="#"><u>Death rate lower than expected in nursing home COVID-19 survivors</u></a> (McKnights Long-Term Care News, August 1, 2024)  <a href="#"><u>'The virus wants to live.' California's big COVID spike isn't expected to ease anytime soon</u></a> (*Los Angeles Times, July 31, 2024)</p> <p><b>Disability Topics</b>  <a href="#"><u>Fun, easy to navigate, and pleasantly surprising accessible destinations</u></a> (*Boston Globe, August 4, 2024 (updated))  <a href="#"><u>These hotels roll out the red carpet for guests with mobility issues</u></a> (*Boston Globe, August 4, 2024 (updated))</p> <p><b>Elders at Risk</b>  <a href="#"><u>How One Man Lost \$740,000 to Scammers Targeting His Retirement Savings</u></a> (New York Times (free access), July 29, 2024)</p> <p><b>Longevity</b>  <a href="#"><u>Oldest person in the U.S. turns 115 today: 'She's surprised us all'</u></a> (Washington Post (free access), July 25, 2024)</p>

	<p><b>In Other States</b>  <a href="#">Iowa nursing homes owe taxpayers \$10.7 million in unpaid fees</a> (*Iowa Capital Dispatch, August 2, 2024)</p> <p><b>Presidential Politics</b>  <a href="#">Trump’s disability comments are cruel to families like mine</a> (*Boston Globe, August 5, 2024)</p> <p><b>Public Sessions</b>  <b>Massachusetts Commission for the Blind Statutory Advisory Board meeting</b> (Tuesday, August 6, 2024, 12:00 p.m.)  <b>State Rehabilitation Council</b> (Thursday, August 8, 2024, 1:00 p.m.)  <b>Community Behavioral Health Commission</b> (Thursday, August 8, 2024, 3:00 p.m.)</p>
<p><b>Accessibility and Voter Rights</b></p> <p><a href="#">Sign Up</a> to receive emails. Stay educated on your rights, and on the Issues, Candidates and Ballot Questions in Massachusetts!</p>	<p><b>1. Rev Up Massachusetts</b>  <i>REV UP – Register! Educate! Vote! Use your Power!</i>  <a href="https://revupma.org/wp/2024-Disability-Voting-Rights-Week">https://revupma.org/wp/2024 Disability Voting Rights Week</a>  September 9 – 13, 2024  Learn more about the issues, and how you can help advance the disability agenda at our <a href="#">2024 Disability Voting Rights Week post</a>.  <b>2024 Election Calendar</b>  Visit the <a href="#">Secretary of State’s Upcoming Elections page</a>.</p> <ul style="list-style-type: none"> <li>• September 3 – State Primary <ul style="list-style-type: none"> <li>○ August 24 – Voter Registration Deadline</li> <li>○ August 26 – Vote by Mail Application Deadline</li> </ul> </li> <li>• November 5 – Election Day <ul style="list-style-type: none"> <li>○ October 19 – First day of in-person early voting for state election</li> <li>○ October 26 – Last day to register to vote for state election</li> <li>○ October 29 5:00 p.m. – Deadline to apply for mail-in ballot for state election</li> <li>○ November 1 – last day of in-person early voting for state election</li> </ul> </li> </ul>
<p><b>Webinars and Other Online Sessions</b></p>	<p><b>2. The Long-Term Care Discussion Group</b>  Wednesday August 7, 2024, 11:00 a.m. to 12:00 p.m.  <a href="#">Long Term Care (LTC) Actuarial Value: A new metric for evaluating LTC insurance coverage</a>  <b>About the topic:</b>  Is price the best way to determine the value of different long-term care (LTC) insurance benefits? In this webinar, Milliman will present an alternative metric: <a href="#">LTC Actuarial Value (LTC AV)</a>, which can indicate the amount of coverage a plan provides without the complexities and challenges of comparing prices and financing approaches. To put it another way, LTC Actuarial Value (LTC AV) is an <i>alternative</i> metric to a plan’s price. The calculation of the LTC AV is independent of the plan’s price, instead using expected benefit costs to illustrate the amount of coverage an insurance plan provides.  The speakers will explain the concept of LTC AV, discuss potential applications in benefit evaluation and design, and issues around consumer education. They will provide an update on upcoming LTC AV research and tool development.  <b>About the speakers:</b>  <b>Chris Giese</b> is a Principal and Consulting Actuary at Milliman. Chris has management and actuarial consulting experience with healthcare and long-term care (LTC) programs, with more than 20 years of experience in these areas. He has assisted various entities, including insurance companies,</p>



health plans, employers, technology firms, and government programs. He has helped clients with a wide variety of projects, such as financial projections and reporting, valuation of reserves, experience analysis, product development and pricing, appraisals, risk management, and evaluations of financing reform alternatives. Chris is currently serving on the Society of Actuaries (SOA) Social Insurance and Public Finance Section Council and previously served as Chair of the SOA LTC Section Council. Chris has also participated in various SOA and American Academy of Actuaries work groups.

**Annie Gunnlaugsson** is a Consulting Actuary at Milliman. Annie's work focuses on long-term care, where she has more than 10 years of experience. She has worked with state government agencies to perform feasibility and actuarial studies as they explore and implement public long-term care financing solutions. Additionally, she has helped clients with year-end statements of actuarial opinion, state insurance department LTC rate filings, and reserve estimation for medical and long-term care products.

**Accessing the Meeting:** *You must pre-register to receive the log-in information.*

[Registration Link](#)

### 3. Health Affairs

Monday, August 19, 2024, 2:00 p.m.

[\*What Do Recent Nursing Home Developments Mean for Residents, Families, and the Future of Long-Term Care?\*](#)

Join Health Affairs Monday, August 19, for a virtual event on the implications of recent nursing home developments for residents, their families, and the future of long-term care. In the wake of the COVID-19 pandemic, nursing homes have faced unprecedented challenges and undergone an evolution that is still in process. A growing body of research, much of which has been published in Health Affairs, has tracked changes in nursing home operations, infection control policies, workforce composition, and more. As part of our Age-Friendly Health series, in partnership with The John A. Hartford Foundation, Health Affairs Editor-in-Chief Alan Weil will moderate a virtual event to highlight the latest developments and policy implications for nursing homes.

### 4. Boston Globe

Wednesday, September 25 and Thursday, September 26, 2024

[\*Globe Summit 2024\*](#)

Globe Summit 2024 will take The Boston Globe's journalism beyond the page during two days of thought-provoking and actionable discussions led by our journalists and partners. This year's Summit will take place virtually via livestream for free, with select headlining sessions in-person by invitation only.

Under this year's theme of "Boston's Breakthroughs", we will celebrate those individuals and organizations driving forward-thinking solutions and transformative advancements across all areas of expertise.

Sign up now to register to attend virtually.

[\*\*REGISTER NOW\*\*](#)

#### **Headlining Speakers**

Governor Maura Healey

Mayor Michelle Wu

Dr. Rochelle Wilensky, Former Director of The Centers For Disease Control  
For confirmed speakers see: [Confirmed Speakers](#)

<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p>FY 25 State Budget</p>	<p><b>5. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b>  July 29, 2024  <a href="#">Governor Healey and Lieutenant Governor Driscoll Sign \$57.78 Billion Fiscal Year 2025 Budget</a>  <i>Sustainable, Balanced Spending Plan Delivers Transformative Education, Infrastructure, Transportation Initiatives</i>  Governor Maura Healey signed the Fiscal Year 2025 (FY25) state budget, a \$57.78 billion plan that builds on the many strengths of the Massachusetts economy and addresses some of the state’s biggest challenges. The budget is balanced, responsibly controls spending growth and protects taxpayer dollars.  The budget includes transformative investments to strengthen Massachusetts’ national leadership in education. It includes funding for Governor Healey’s <a href="#">Literacy Launch Initiative</a>, a nation-leading strategy to expand access to evidence-based reading instruction for Massachusetts students. It continues to support \$475 million in Commonwealth Cares for Children (C3) grants for early education and care providers and makes this program permanent. Massachusetts is the only state in the nation to continue funding this vital program at the same level that the federal government did. The budget also makes community college free for all students through the MassEducate program. This builds on the success of MassReconnect, Governor Healey’s initiative to make community college free for students aged 25 and older, which drove a <a href="#">45 percent increase</a> in enrollment for this age group last year. The budget also fully funds the Student Opportunity Act.  The Governor’s signing letter, veto message and returns are available <a href="#">here</a>.  <b>FY25 Budget Highlights</b>  <b>Housing and Homelessness</b></p> <ul style="list-style-type: none"> <li>• \$326 million in Emergency Assistance to contribute to the state’s ongoing shelter response</li> <li>• \$219.2 million for the Massachusetts Rental Voucher program for low-income tenants</li> <li>• \$57.3 million for HomeBASE to connect EA-eligible families with more permanent housing opportunities</li> </ul> <p><b>Health and Human Services</b></p> <ul style="list-style-type: none"> <li>• Fully funds the Chapter 257 rate reserve for human service providers at \$390 million</li> <li>• Expands Transitional Aid to Families with Dependent Children and Emergency Aid to the Elderly Disabled and Children through a 10 percent benefit increase to \$496 million and \$183 million, respectively</li> <li>• \$124.1 million for the Department of Developmental Services Turning 22 Program</li> <li>• \$40.0 million to increase base rates for nursing facility providers</li> <li>• \$14.7 million for maternal health services, including a new \$1.0 million investment for a doula certification program at the Department of Public Health</li> <li>• \$5.5 million for Children’s Advocacy Centers, a \$550 thousand increase over FY24</li> </ul>

	<ul style="list-style-type: none"> <li>• \$2.0 million to fully support the Massachusetts Youth Diversion Program at the Department of Youth Services</li> </ul> <p><b>Energy and the Environment</b> Funds the Executive Office of Energy and Environmental Affairs at \$555 million, which hits the administration’s target of 1 percent of total budget and includes:</p> <ul style="list-style-type: none"> <li>• \$10 million for Food Security Infrastructure Grants</li> <li>• \$42.3 million for emergency food assistance</li> <li>• \$14 million in consolidate net surplus to support new Disaster Relief and Resiliency Fund</li> </ul> <p><b>Serving Our Veterans</b></p> <ul style="list-style-type: none"> <li>• Funds the Veterans’ Services at \$193.5 million, an 11 percent increase from FY24 GAA</li> <li>• Provides historic levels of support for the Chelsea and Holyoke Soldiers’ Homes with a combined \$87.4 million</li> </ul>
<p><b>Federal Budget</b></p>	<p><b>6. National Council on Aging</b> July 22, 2024 <a href="#">House Committee Slashes Aging Services Investments for FY25</a> By Marci Phillips, NCOA's Director of Public Policy &amp; Advocacy Everyone deserves to age with dignity and financial security. But on July 10, the House Appropriations Committee advanced several bills that cut FY25 funding for many key programs that support the health, financial security, and independence of older adults.</p> <p><b>What’s included in the FY25 legislative package and how it impacts older adults</b> Significant cuts, small increases, or level funding are proposed for many of the aging services programs and agencies on which older adults and the organizations who serve them rely. At a time when 11,000 Americans are turning 65 every day, and the diversity of older adults and their needs continue to grow, overdue investments in federal programs must be addressed. For decades, these programs have been underfunded. Now, facing a historic boom in demand, providers are being asked to do even more with even less You can view the funding amounts in <a href="#">our annual table</a>.</p> <p><b>Some notable highlights:</b> <b>Older Americans Act programs</b></p> <ul style="list-style-type: none"> <li>• <b>Congregate and Home-Delivered Nutrition Programs:</b> Cut \$37 million from these two older adult meal services when about 12 million older adults are threatened by or experience hunger. Last year an estimated 55.6 million meals were served in group settings like Senior Centers and Churches and an estimated 206.2 million meals were delivered to homes.</li> <li>• <b>Senior Community Service Employment Program (SCSEP):</b> Eliminate the <a href="#">Senior Community Services Employment Program</a>, the only federal program that provides job training and placement for low-income older workers aged 55 and older. Since 2020, SCSEP has helped over 40,000 participants each year fight homelessness and poverty through training and work.</li> <li>• <b>Direct Care Workforce strategies:</b> Eliminated the Workforce Direct Care Workforce Strategies Center which is the only federal center that provides critical training and resources to address the dire shortage of workers who help older adults stay independent, in their homes and not</li> </ul>

go to nursing homes or other facilities. Nearly [three-quarters of direct care service providers](#) are turning away new referrals, more than half have cut services, and all experience high turnover – averaging nearly 44 percent across states.

- **Adult Protective Services grants:** All funding for Adult Protective Services (APS) grants—the only federal funding specifically targeted to APS state and local interventions in elder abuse, neglect, and exploitation—were cut. In FY 2021 and FY 2022, over \$38 million of the Prevention of Elder Abuse and Neglect services expenditures was leveraged from non-OAA funds, a ratio of more than \$9 non-OAA funds for every dollar of funding from ACL.

#### **Falls prevention**

- **Centers for Disease Prevention and Control falls prevention:** Abolish funding for the CDC’s senior falls prevention program, which develops effective tools for doctors and health care providers to educate older adults on falls prevention. Falls are the number one cause of injuries and deaths from injuries among older adults and the nation is spending \$80 billion to treat fall injuries annually, 71% of which is paid for by Medicare and Medicaid.<sup>1</sup> These costs are expected to exceed \$101 billion in 2030.
- **Aging in Place falls prevention home modification grants:** Wipe out funding for the home modification grant program, which enables low-income older adults to remain in their homes through low-cost, low barrier, high impact home modifications to reduce risk of falling, improve general safety, increase accessibility, and to improve their functional abilities in their home.
- **Social Security Administration operating budget:** The \$453 million cut to the Social Security Administration’s administrative budget would bring the agency’s workforce to the lowest level in 50 years. With these cuts, Social Security field offices would close or reduce hours. Additionally, it would take even longer to get new or replacement Social Security cards, and employers would have to wait longer to verify new employees’ information.

The legislation also fails to invest in the decennial White House Conference on Aging (anticipated for 2025), which is crucial for mobilizing the public and private sectors to address the opportunities and challenges of our aging population.

Read the [statement from NCOA President and CEO Ramsey Alwin](#) about how the proposed cuts and funding shortfalls would hurt American families.

#### **What’s next for FY25 appropriations?**

Some, but not all, of these bills are expected to be debated on the House floor. The Senate Appropriations Committee is also trying to advance all of its respective bills by Aug. 1, but their floor debate is also uncertain.

As in recent years, expect that a continuing resolution (CR) will need to be passed before the start of the new fiscal year on Oct. 1 to keep the government open and running with level funding. Congress will then be in recess throughout October in advance of the November elections. The result of the elections will have a significant influence on whether appropriations are finalized this year or whether a CR simply provides the status quo.

**What you can do: How to help ensure aging services programs get the funding they need to support older adults**

	<p><a href="#">Use our form</a> to email your representatives and senators about needed investments in aging services, including specific requests for falls prevention, Chronic Disease Self-Management Education, SCSEP, and Medicare SHIP.</p>
<p><b>Nursing Homes</b></p>	<p><b>7. McKnights Long-Term Care News</b>  August 3, 2024  <a href="#">Nursing homes' high rate of Immediate Jeopardy tags warrants 'all-hands-on-deck' response</a>  By Jessica R. Towhey  <i>Nursing Homes Face Surge in Serious Citations</i>  Nursing homes are experiencing a rise in serious citations, particularly those related to accident hazards, lack of supervision, and misuse of devices. These citations, often categorized as Immediate Jeopardy, are indicative of significant risks to resident safety.  While the frequency of infection control citations has decreased since the peak of the COVID-19 pandemic, other safety issues are now more prominent. Experts attribute this increase to a return to more normal operations and the complexities of resident care.  Factors such as choking risks, burn hazards, and elopement are highlighted as areas requiring increased attention and preventative measures. Nursing homes are urged to focus on individual resident assessments, staff training, and proactive risk management to address these challenges and ensure resident safety.</p> <p><b>8. McKnights Senior Living</b>  August 2, 2024  <a href="#">Liability costs, severity increasing for long-term care providers</a>  By Kathleen Steele Gaivin  Liability costs for senior living and care operators have been steadily increasing over the past decade.  While the COVID-19 pandemic initially impacted these costs, the industry is now facing challenges related to an aging population, increased resident acuity, and rising claim frequencies.  Key findings:</p> <ul style="list-style-type: none"> <li>• Resident falls remain the most common and costly claim type.</li> <li>• Elopement has become a more severe issue in terms of cost per incident.</li> <li>• Overall claim severity has decreased, possibly due to conservative loss reserves during the pandemic.</li> </ul> <p><b>9. The Provincetown Independent</b>  July 31, 2024  <a href="#">Reviewers Suspect Fraud in Nursing Home Filings</a>  By Jack Styler  <i>Experts find evidence of hidden profits in the millions</i>  Since taking over the nursing home at Seashore Point in 2019, the current owners have used a complex network of companies to pay themselves hidden profits — possibly totaling over \$1 million — while cutting nursing staff hours dramatically, according to expert analysis of the company's federal and state filings.  Christopher Cherney, an expert in nursing home administration, reviewed Seashore Point's cost reports. His investigation found several irregularities, which in his opinion suggest that the data submitted to Medicare and Medicaid may have been fraudulent to hide payments to owners.</p>

In his analysis comparing the facility's 2021 Medicare and Medicaid reports, Cherney found that the owners appear to have paid their own companies up to 35 cents of every dollar the facility brought in. The amounts reported to federal and state authorities differ dramatically, however, and Cherney said it cannot be known how much of the payments to their own companies was actually profits. Payments from the facility to other owner-controlled companies, only some of which appear to have been disclosed, could have been potentially as high as \$1.5 million in 2021 alone, according to Cherney's preliminary analysis.

Ernest Tosh, a Texas-based lawyer who specializes in nursing home abuse and neglect cases, also reviewed the facility's data and filings. He found evidence that, in his opinion, suggested that the owners failed to report consistently and accurately "related parties," the technical name for companies controlled by the facility's owners or their family members. Tosh told the *Independent* that overpaying related parties is one of the most common ways for-profit nursing homes siphon extra money to owners while maintaining a bottom line that reports only small profits or small losses. "If these facilities were actually losing money, why would private equity keep buying them?" said Tosh.

An analysis of the related companies that Seashore Point did disclose on its Medicare cost reports from 2020 to 2022 found that the owners appear to have pocketed at least \$1,204,482 from self-reported overpayments to a management company, rent company, rehabilitation company, and payroll company.

"You got an additional million dollars of profitability that nobody knew about," said Tosh.

Investigators from the Mass. Dept. of Health and Human Services found 11 deficiencies in their last inspection of the Seashore Point nursing home, which has been fined more than \$32,000 by the state since 2020.

#### **Preliminary Findings**

Every skilled nursing facility in the country that receives Medicare or Medicaid reimbursements is required to file cost reports with information about revenue streams, payroll, assets, and expenses. The owners must attest that the reports are accurate under penalty of perjury.

In his analysis, Cherney used the 2021 reports because 2021 is the most recent year of Medicaid data published by the Mass. Center for Information and Analysis.

Multiple budget lines in the nursing home's Medicaid cost report did not pass the "smell test," said Cherney. One of the most confounding was \$266,440 that the facility reported in advertising expenses for 2021. He called that number for a 41-bed nursing home with a 91-percent occupancy rate and without any apparent nearby competitors "unprecedented."

"I'm trying to understand this advertising fee, and it doesn't square with my experience," said Cherney. "It's a potential place to hide profit." If the number reported was accurate, then the nursing home would have spent over \$22,000 per month on advertising in 2021.

The *Independent* asked AdviniaCare, the company that operates the nursing home, for evidence of advertising expenditures, such as an invoice to a marketing company. The company's media specialist did not respond to that request but referred instead to a statement saying that AdviniaCare complies with all federal and state regulations.

Cherney calculated that the reported advertising budget alone would pay for about 26 more hours of nursing care per day on average, an increase of about 25 percent.

AdviniaCare's Pleasant Bay of Brewster Rehab Center reported advertising expenses of \$661,269, according to its 2021 Medicaid cost report.

The Seashore Point nursing home also reported spending \$71,932 — about \$6,000 per month — for software support. Cherney said that makes “no sense” for a 41-bed nursing home.

Cherney, who serves as an expert witness in nursing home cases in California, said that he came to his preliminary conclusions with a “reasonable degree of certainty with respect to nursing home administration.” But he also said there were still unknowns about Seashore Point's finances.

Some of the “related parties,” or owner-controlled companies, disappear in the Medicare or Medicaid reports. According to Illinois business records, Benjamin Berkowitz, one of three current owners of Seashore Point, is a manager of the reported management company called Pointe Group Care LLC. According to Massachusetts business records, he is the manager of 100 Alden St. LLC, which is the rent company.

Yet in the 2021 Medicaid cost report signed by Berkowitz, he did not disclose either company as a related party. The result is \$820,283 in dealings between Berkowitz's companies not disclosed as related-party transactions.

AdviniaCare declined to provide an explanation of why these companies were not reported as related parties in the Medicaid cost report.

“I don't know what to make of that, except that it is not true,” said Tosh, the expert on nursing home abuse and neglect, when he reviewed the discrepancies between the two reports.

Seashore Point's owners, Benjamin Berkowitz, David Berkowitz, and Yosef Meystel, declined the *Independent's* request for an interview through their media consultant. The statement from AdviniaCare reads: “We are committed to our patients, residents and employees and that is why we continue to invest in this facility. We are proud to operate the only skilled nursing facility on the Outer Cape — the next nearest nursing home is 31 miles away. In response to the *Independent's* questions about information that differs between the Medicare and Medicaid cost reports, the two programs require different information — this is why they don't simply share the same form. We have provided all of the necessary information and disclosures to the government. The operations of AdviniaCare Seashore Pointe are structured no differently than most nursing homes, and comply with federal and state regulations.”

The company's media consultant did not answer questions about the number of employees at the management company, rent company, rehabilitation company, and payroll company that are listed as related parties. The consultant also declined to provide an explanation for the discrepancies between the Medicare and Medicaid reports.

#### **Standard Practice**

According to a report called “Where Do the Billions of Dollars Go?,” the proliferation of nursing homes using related parties started after a 2003 article appeared in the *Journal of Health Law*. The article suggested that nursing homes restructure and create multiple single-purpose corporations to protect the owners from civil judgments.

Since then, the use of companies controlled by shared interests has skyrocketed in the industry. Nearly three-quarters of all nursing homes used related-party transactions in 2015. That year, related-party transactions totaled \$11 billion, according to an analysis of Medicare cost reports by the authors of a 2021 *Health Affairs* article.

In a research paper released this spring, professors Ashvin Gandhi and Andrew Olenski found that as much as 68 percent of all nursing home profits were hidden by “tunneling,” or “covert profit extraction” using related parties. Gandhi and Olenski found that 77 percent of profit tunneling occurred through rent and management companies.

Payments made to related parties show up as expenses on the bottom line. So, while Medicare cost reports from 2020 to 2022 suggest that the nursing home in Provincetown made \$1,204,482 in overpayments to owner-controlled companies, the nursing home itself reported a net loss of \$415,997 for those years.

“It’s very common for these facilities to report very small positive or very small negative profit margins,” said Olenski. “My suspicion is that often the reason why your expenses are just right at your revenues is that you have chosen the prices of your rent or your management fees to make your expenses right in that range, just right above or just below.”

“The financial practices employed by Seashore Point are extremely common across the country,” said Sam Brooks, the director of public policy at National Consumer Voice for Quality Long-Term Care, an advocacy organization focused on improving nursing home care. “Ultimately, the blame lies with federal and state governments that fail to ensure that tens of billions of Medicare and Medicaid dollars are going toward resident care and not to owners.”

“There’s no real enforcement mechanism that the Centers for Medicare and Medicaid Services has to ensure the data you’re submitting is accurate,” Olenski told the *Independent*.

“They don’t realize the amount of suffering that is going on in the nursing homes that could be prevented if we understood the financial situation,” said Tosh. “The system is broken.”

The facility’s previous owner, the nonprofit Deaconess Abundant Life Communities, did not report a single related party transaction in its Medicare cost reports for 2017 or 2018.

The nursing home at Seashore Point is connected to independent-living condominiums. In a November 2022 letter obtained by the *Independent*, Benjamin Berkowitz informed the condominium owners that concierge fees at the condos would increase from \$250 to \$600 per month for a one-bedroom apartment. Berkowitz cited “significant losses over the past several years” that Seashore Pointe Service Co., LLC, another of his companies, incurred in his decision to hike the fees.

As previously reported by the *Independent*, the condominium owners have filed a lawsuit against Pointe Group Care, the corporate owner of Seashore Point, claiming fraud and elder abuse.

**10. \*Salem News**

July 31, 2024

[Blueberry Hill nursing home cited for abuse](#)

By Paul Leighton

Blueberry Hill Rehabilitation and Healthcare Center in Beverly,

Massachusetts, has been cited for abuse after a state inspection uncovered



severe deficiencies in resident care. The nursing home was found to be understaffed, with employees lacking proper training, and conditions were described as unsanitary and neglectful.

**Key findings of the inspection include:**

- Understaffing: The facility was understaffed for most of the inspection period.
- Lack of training: Staff members were not adequately trained in essential care areas like infection control, catheter care, and handling residents with medical equipment.
- Unsanitary conditions: Strong odors of urine and feces were present throughout the facility, and food was found to be spoiled.
- Resident neglect: A resident reported being left in urine for hours, leading to suicidal thoughts.
- Multiple violations: The facility was cited for 28 deficiencies in total.
- As a result of these findings, Blueberry Hill has been fined \$60,755 and given a negative rating by the Centers for Medicare & Medicaid Services. The facility was also hit with three fines totaling more than \$46,000 in 2021 and 2022. It is ranked in the bottom 2% of nursing homes in the state, according to ratings by Massachusetts Executive Office of Health and Human Services.
- The facility has since developed an improvement plan and claims to be in compliance.

**Additional details:**

- Blueberry Hill is part of Marquis Health Services, a company with a history of fines and abuse citations.
- The facility has received multiple fines in recent years.

However, the report raises serious concerns about the quality of care provided at Blueberry Hill and highlights the ongoing challenges faced by many nursing homes in ensuring the safety and well-being of their residents.

**11. The Reminder**

July 30, 2024

[Local nursing homes facing fines, receivership](#)

By Tyler Garnet, Trent Levakis, and Laura Mason

*Nursing Homes in Western Massachusetts Face Scrutiny for Poor Care*

Several nursing homes in Western Massachusetts, including Highview of Northampton, Vantage Health and Rehab of Wilbraham, and Pioneer Valley Health and Rehabilitation Center, have been cited for poor quality care and safety violations.


**Key Points:**

- Highview of Northampton:
  - Most fined nursing home in Western Massachusetts in the past 3 years (\$363,000 in federal fines).
  - Below average staffing levels and high number of health citations.
  - Owned by Athena Health Care Systems, which maintains they provide high-quality care.
- Vantage Health and Rehab of Wilbraham:
  - Fined \$361,000 by the federal government.
  - Staffed below state average for registered nurses.
  - Rated "much below average" by Medicare & Medicaid Services.
- State Representative Angelo Puppolo demands stricter enforcement.

	<ul style="list-style-type: none"> <li>• Pioneer Valley Health and Rehabilitation Center:</li> <li>• Faced allegations of misconduct and financial problems under previous ownership.</li> <li>• Staff reported bounced checks, understaffing, and limited resources.</li> <li>• Placed under receivership by the Attorney General's Office.</li> </ul> <p>For more information about the situation at Pioneer Valley Health and Rehabilitation Center, check out <i>Reminder Publishing's</i> previous coverage at <a href="http://www.tinyurl.com/38zc4bdf">www.tinyurl.com/38zc4bdf</a>.</p>
<p><b>Steward Healthcare</b></p>	<p><b>12. *Boston Herald</b>  August 5, 2024  <a href="#"><u>Buyer wanted in on Carney, Nashoba: Michigan-based Insight sought deal on all Steward properties</u></a>  By Matthew Medsger  <i>Michigan based Insight made an offer that would have kept all of the hospitals open</i>  Steward Health Care, a bankrupt hospital system in Massachusetts, is closing two hospitals despite receiving an offer to purchase all of its Bay State properties.  The article highlights the following key points:</p> <ul style="list-style-type: none"> <li>• Steward's financial troubles: The company is deeply in debt due to a series of financial decisions, including taking non-profit hospitals public and selling the land beneath them.</li> <li>• Failed sale: A company named Insight offered to purchase all of Steward's Massachusetts hospitals but the offer was rejected.</li> <li>• Hospital closures: Carney Hospital in Boston and Nashoba Valley Medical Center in Ayer will close by the end of August, resulting in job losses for over 1,000 employees.</li> <li>• Blame game: The article points fingers at Steward CEO Dr. Ralph de la Torre for the company's financial woes and the subsequent hospital closures.</li> <li>• Government response: The Massachusetts government is working to support patients and staff affected by the closures but has limited power to prevent them.</li> </ul> <p><b>13. *Boston.com</b>  August 4, 2024  <a href="#"><u>In scathing letter, Mayor Wu insists Steward site remains used for health care</u></a>  By Morgan Rousseau  <i>Boston Mayor Michelle Wu is vehemently opposing the closure of Carney Hospital and any potential redevelopment of the site for non-healthcare purposes.</i>  Steward Health Care, the hospital's owner, plans to close Carney Hospital on August 31st. Mayor Wu has sent a letter to the hospital's landlords, expressing her strong opposition to any attempts to rezone the property for anything other than healthcare. She argues that the current zoning code already restricts the site to residential use, making it impractical for non-healthcare purposes.  Wu emphasizes the importance of Carney Hospital to the community, highlighting its role in providing mental health and psychiatric care, including services for veterans. She also points out the hospital's significance in emergency care.</p>

	<p>The mayor has vowed to fight against any efforts to change the property's zoning and to cooperate with any investigations into Steward Health Care's actions.</p>
<p><b>Alzheimer's / Dementia</b></p>	<p><b>14. *Boston Globe</b>  August 4, 2024 (Updated)  <a href="#"><i>I'm not sure what to think of the new Alzheimer's drugs</i></a>  By Adeline Goss  <b>Summary:</b>  The author accompanies her mother to receive an infusion of lecanemab, a controversial Alzheimer's treatment. The mother, a former physician-scientist, displays an unexpected detachment from the medical details of the drug. As a neurologist, the daughter grapples with her mother's changing cognitive abilities and the uncertainty surrounding the efficacy of the treatment. The passage explores themes of hope, loss, and the complex dynamics of a mother-daughter relationship as they navigate the challenges of Alzheimer's disease together.</p>
<p><b>Covid / Long Covid</b></p>	<p><b>15. McKnights Long-Term Care News</b>  August 1, 2024  <a href="#"><i>Death rate lower than expected in nursing home COVID-19 survivors</i></a>  By Kristen Fischer  Older adults in <a href="#">nursing homes</a> who survived a COVID-19 infection during the first wave of the pandemic didn't have a high death rate in the two years that followed, a new study shows.  The <a href="#">study</a> was published in <i>BMC Geriatrics</i> on Thursday. It covered residents of three nursing homes in France from March through May of 2020. The residents' average age was 88, and 48% had severe disability. Among the 403 residents who lived in the nursing homes during the first wave, 15% of them died. Of the 315 people who survived the first wave, 35% contracted COVID-19 and 9% were hospitalized for it. Having a history of COVID-19 was not associated with 2-year mortality. Instead, factors like older age, more severe disability and malnutrition were more closely linked with two-year mortality. Vaccination against COVID-19 also was associated with better survival, the data showed.</p> <p><b>16. *Los Angeles Times</b>  July 31, 2024  <a href="#"><i>'The virus wants to live.' California's big COVID spike isn't expected to ease anytime soon</i></a>  By Rong-Gong Lin II  With COVID-19 numbers in California spiking this summer, experts are warning the new strains driving the spread could be around for some time. The latest COVID summertime surge is being fueled by what have collectively been dubbed the FLiRT subvariants — a collection of highly transmissible sibling strains that have muscled their way to prominence both in California and nationwide. In doing so, they've supplanted <a href="#">last winter's dominant strain</a>, JN.1, and are presenting new challenges to immune systems not yet primed to keep them at bay.  "It does seem like we are spitting out more and more variants a lot more quickly, and that's probably to be expected," said Dr. Elizabeth Hudson, regional chief of infectious disease at Kaiser Permanente Southern California. "This virus is still very, very new to humans, and the virus wants to live, and the way that it lives is by evading immunity" — circumventing people's defenses by evolving in a way to keep the chain of infection going.</p>

<p><b>Disability Topics</b></p>	<p><b>17. *Boston Globe</b>  August 4, 2024 (updated)  <a href="#"><u>Fun, easy to navigate, and pleasantly surprising accessible destinations</u></a>  By Diane Bair and Pamela Wright  The article is about travel destinations that are accessible for people with mobility issues. The author discusses places in the United States, such as Newport, Rhode Island, Philadelphia, Washington D.C., Asheville and Hendersonville, North Carolina, and Tucson, Arizona. The article also talks about Helsinki, Finland and Morocco. People with mobility issues can enjoy these destinations because they offer accessible sidewalks, public transportation, and attractions.</p> <p><b>18. *Boston Globe</b>  August 4, 2024 (updated)  <a href="#"><u>These hotels roll out the red carpet for guests with mobility issues</u></a>  By Diane Bair and Pamela Wright  This article highlights hotels that are truly accessible for travelers with disabilities. It criticizes the current state of accessibility in many hotels, citing a 2022 study showing 96% of disabled travelers have encountered difficulties.  The article then showcases 3 exceptional hotels:</p> <ul style="list-style-type: none"> <li>• The Schoolhouse Hotel (WV): This recently built hotel was designed with accessibility in mind from the start. Every room meets or exceeds ADA standards and features innovative touches like wheelchair-height bar counters.</li> <li>• MacArthur Place Hotel &amp; Spa (CA): This Sonoma retreat offers accessible features like roll-in showers (even outdoors!), wide doorways, and a pool lift.</li> <li>• The Windsor Court (LA): This luxurious hotel combines accessible features like roll-in showers and grab bars with excellent service. Staff are well-trained and committed to inclusivity.</li> </ul> <p>The article concludes with a glimpse into the future - Morgan's Hotel (TX), set to open in 2026. This hotel will be part of a larger complex focused on inclusivity, offering a fully accessible experience for all ages and abilities.</p>
<p><b>Elders at Risk</b></p>	<p><b>19. New York Times (free access)</b>  July 29, 2024  <a href="#"><u>How One Man Lost \$740,000 to Scammers Targeting His Retirement Savings</u></a>  By Tara Siegel Bernard  <i>Criminals on the internet are increasingly going after Americans over the age of 60 because they are viewed as having the largest piles of savings.</i>  This article details the story of Barry Heitin, a 76-year-old retiree who fell victim to an elaborate financial scam.  <b>The Scam:</b>  Heitin was contacted by imposters pretending to be from his financial institutions and the IRS.  They convinced him his accounts were compromised and needed to be moved to secure locations.  Over several months, Heitin withdrew his retirement savings and other funds, transferring them via Bitcoin, ATMs, and wire transfers as instructed by the scammers.  He even purchased gold ingots and coins, which were later picked up by unknown individuals.</p>

	<p><b>The Aftermath:</b> Heitin lost a total of \$740,000. He faces a hefty tax bill due to the withdrawals from his retirement accounts. Law enforcement is investigating the scam, believed to be run from India. Heitin is struggling to move forward but has the support of his family.</p> <p><b>The Takeaway:</b> This story highlights the increasing sophistication of financial scams targeting seniors. It emphasizes the importance of caution and verification when dealing with unsolicited contacts regarding financial matters.</p>
<p><b>Longevity</b></p>  <p>Elizabeth Francis at home in Houston in April. Francis's 115th birthday was July 25. (Photo: Emmanuel Rodriguez, <b>Washington Post</b>)</p>	<p><b>20. Washington Post (free access)</b> July 25, 2024 <a href="#"><u>Oldest person in the U.S. turns 115 today: 'She's surprised us all'</u></a> By Cathy Free <i>Elizabeth Francis: America's 115-Year-Old Grandmother</i> Elizabeth Francis, the oldest person living in the United States and the fourth oldest in the world, is celebrating her 115th birthday. Despite her age, she remains remarkably vibrant, though she has slowed down considerably in recent months.</p> <p><b>A Life Well Lived</b> Born in Louisiana in 1909, Francis faced adversity early in life when her mother passed away. She raised her daughter, Dorothy Williams, as a single mother while running a coffee shop. Known for her strong personality, love of family, and simple lifestyle, Francis has always been a pillar of her community.</p> <p><b>Secrets to Longevity</b> While Francis doesn't have any extraordinary health regimen, she attributes her long life to staying active, maintaining a positive outlook, and cherishing her family. She enjoys spending time with her daughter, watching classic TV shows, and sharing laughs.</p> <p><b>A Symbol of Hope and Resilience</b> Francis's story is one of resilience, determination, and the enduring power of family. Her ability to maintain a strong spirit and sense of humor at 115 is an inspiration to many. As she continues to defy the odds, her family and community celebrate her remarkable life.</p>
<p><b>In Other States</b></p>	<p><b>21. *Iowa Capital Dispatch</b> August 2, 2024 <a href="#"><u>Iowa nursing homes owe taxpayers \$10.7 million in unpaid fees</u></a> By Clark Kauffman <b>Iowa Nursing Homes Owe Millions in Unpaid Fees</b> <b>Iowa nursing homes owe taxpayers over \$10 million in unpaid fees.</b> These fees, intended to improve care quality by increasing staff wages, are not being fully utilized as intended.</p> <p><b>Key points:</b></p> <ul style="list-style-type: none"> <li>• A single company, Accura Healthcare, owes \$3.6 million and its executives have made significant political donations.</li> <li>• Many nursing homes are not complying with the requirement to increase staff wages with the extra funds.</li> <li>• The state has limited enforcement power to ensure compliance.</li> <li>• Some nursing homes have declared bankruptcy due to unpaid fees.</li> </ul> <p>This situation raises concerns about the effectiveness of the fee system and its impact on both taxpayers and nursing home residents.</p>

	Essentially, the system designed to improve care quality through increased wages is failing, with taxpayers footing the bill.
<b>Presidential Politics</b>	<p><b>22. *Boston Globe</b> August 5, 2024 <a href="#">Trump’s disability comments are cruel to families like mine</a> By Maggie Hassan, U.S. Senator from New Hampshire In his new book, “All in the Family: The Trumps and How We Got This Way,” Fred Trump III, nephew of Donald Trump, wrote that when he talked to the former president about the challenge of paying for care for his son who has disabilities, Donald Trump reportedly told him that “maybe you should just let him die and move down to Florida.” It should not take having a family member with disabilities to empathize with those who experience disabilities or the people who love and support them. And one would hope that our presidents would care about all Americans, including those who are different than they are.</p>
<b>Public Sessions</b>	<p><b>23. Massachusetts Commission for the Blind Statutory Advisory Board meeting</b> Tuesday, August 6, 2024, 12:00 p.m. Agenda includes welcoming new board members, a commissioner's report and program updates. <a href="#">Agenda and Livestream</a></p> <p><b>24. State Rehabilitation Council</b> Thursday, August 8, 2024, 1:00 p.m. <b>Business and Employment Opportunities Committee</b> <a href="#">Livestream</a></p> <p><b>25. Community Behavioral Health Commission</b> Thursday, August 8, 2024, 3:00 p.m. <a href="#">Agenda and Zoom</a></p>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><b><a href="#">Please Donate!</a></b></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><b>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, <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>, which has thousands of visits each month.</b></p> <p><b>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.</b></p> <p><a href="https://dignityalliancema.org/donate/">https://dignityalliancema.org/donate/</a></p> <p>Thank you for your consideration!</p>

<b>Dignity Alliance Massachusetts Legislative Endorsements</b>	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmooore8473@charter.net">rmooore8473@charter.net</a> .	
<b>Websites</b>		
<b>Blogs</b>		
<b>Podcasts</b>	<b><a href="#">Consumer Voice Podcast Library</a></b> 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: <a href="https://dignityalliancema.org/resources/">https://dignityalliancema.org/resources/</a> . Only new recommendations will be listed in <i>The Dignity Digest</i> .	
Previously posted funding opportunities	For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see <a href="https://dignityalliancema.org/funding-opportunities/">https://dignityalliancema.org/funding-opportunities/</a> .	
Websites of Dignity Alliance Massachusetts Members	See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a>	
Contact information for reporting complaints and concerns	<b>Nursing home</b>	<a href="#">Department of Public Health</a> 1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a> 2. Fax completed form to (617) 753-8165 Or Mail to 67 Forest Street, Marlborough, MA 01752 <a href="#">Ombudsman Program</a>
Nursing Home Closures (pending)	<b><a href="#">Massachusetts Department of Public Health</a></b> <i>Marion Manor, South Boston</i> Closure date: September 11, 2024 <ul style="list-style-type: none"> <li>• <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></li> </ul> <a href="#">Massachusetts Nursing Home Survey Performance Tool</a> and the <a href="#">CMS Nursing Home Compare website</a> .	
Nursing Home Closures	<b><a href="#">Massachusetts Department of Public Health</a></b> <i>Bridgewater Nursing &amp; 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 <i>Chapin Center Springfield</i> Closure date: June 6, 2023 <i>Governors Center, Westfield</i>	

	<p>Closure date: June 6, 2023  <i>Stonehedge Rehabilitation and Skilled Care Center</i>, West Roxbury  Closure February 10, 2022  <i>Heathwood Healthcare</i>, Newton  Closure date: January 5, 2022  <i>Mt. Ida Rest Home</i>, Newton  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 &amp; Country Health Care Center</i>, Lowell  Closure date: July 31, 2021</p>
<p>Nursing homes with admission freezes</p>	<p><b>Massachusetts Department of Public Health</b>  <i>Temporary admissions freeze</i>  There have been no new postings on the DPH website since May 10, 2023.</p>
<p>Massachusetts Department of Public Health  Determination of Need Projects</p>	<p><b>Massachusetts Department of Public Health</b>  <b><i>Determination of Need Projects: Long Term Care 2023</i></b>  <a href="#"><u><i>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</i></u></a>  <a href="#"><u><i>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</i></u></a>  <b>2022</b>  <a href="#"><u><i>Ascentria Care Alliance – Laurel Ridge</i></u></a>  <a href="#"><u><i>Ascentria Care Alliance – Lutheran Housing</i></u></a>  <a href="#"><u><i>Ascentria Care Alliance – Quaboag</i></u></a>  <a href="#"><u><i>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</i></u></a>  <a href="#"><u><i>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Next Step Healthcare LLC-Conservation Long Term Care Project</i></u></a>  <a href="#"><u><i>Royal Falmouth – Conservation Long Term Care</i></u></a>  <a href="#"><u><i>Royal Norwell – Long Term Care Conservation</i></u></a>  <a href="#"><u><i>Wellman Healthcare Group, Inc</i></u></a>  <b>2020</b>  <a href="#"><u><i>Advocate Healthcare, LLC Amendment</i></u></a>  <a href="#"><u><i>Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</i></u></a>  <a href="#"><u><i>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</i></u></a>  <a href="#"><u><i>Notre Dame Health Care Center, Inc. – LTC Conservation</i></u></a>  <b>2020</b>  <a href="#"><u><i>Advocate Healthcare of East Boston, LLC.</i></u></a></p>



<p>List of Special Focus Facilities</p>	<p style="text-align: center;"><a href="#"><u>Belmont Manor Nursing Home, Inc.</u></a></p> <p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a>  <b>Updated April 24, 2024</b></p> <p>CMS has published a new list of <u>Special Focus Facilities</u> (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</p> <p>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.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</li> <li>• Post the list on your program’s/organization’s website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Massachusetts facilities listed (updated )</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Somerset Ridge Center, Somerset  <a href="https://somersetridge rehab.com/">https://somersetridge rehab.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a></li> <li>• South Dennis Healthcare  <a href="https://www.nextstephc.com/southdennis">https://www.nextstephc.com/southdennis</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225320">https://projects.propublica.org/nursing-homes/homes/h-225320</a></li> </ul> <p><b>Massachusetts facilities not improved</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul> <p><b>Massachusetts facilities which showed improvement</b></p> <ul style="list-style-type: none"> <li>• Marlborough Hills Rehabilitation and Health Care Center, Marlborough  <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a></li> </ul>
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	<p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225063">https://projects.propublica.org/nursing-homes/homes/h-225063</a></p> <p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>• The Oxford Rehabilitation &amp; Health Care Center, Haverhill  <a href="https://theoxfordrehabhealth.com/">https://theoxfordrehabhealth.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225218">https://projects.propublica.org/nursing-homes/homes/h-225218</a></li> <li>• Worcester Rehabilitation and Health Care Center, Worcester  <a href="https://worcesterrehabcare.com/">https://worcesterrehabcare.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225199">https://projects.propublica.org/nursing-homes/homes/h-225199</a></li> </ul> <p><b>Massachusetts facilities that are candidates for listing (months on list)</b></p> <ul style="list-style-type: none"> <li>• AdviniaCare Newburyport (3)  <a href="https://www.adviniacare.com/adviniacare-country-center/">https://www.adviniacare.com/adviniacare-country-center/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225332">https://projects.propublica.org/nursing-homes/homes/h-225332</a></li> <li>• Charwell House Health and Rehabilitation, Norwood (27)  <a href="https://tinyurl.com/Charwell">https://tinyurl.com/Charwell</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225208">https://projects.propublica.org/nursing-homes/homes/h-225208</a></li> <li>• Fall River Healthcare (9)  <a href="https://www.nextstephc.com/fallriver">https://www.nextstephc.com/fallriver</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225723/">https://projects.propublica.org/nursing-homes/homes/h-225723/</a></li> <li>• Glen Ridge Nursing Care Center, Medford (13)  <a href="https://www.genesishcc.com/glenridge">https://www.genesishcc.com/glenridge</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225523">https://projects.propublica.org/nursing-homes/homes/h-225523</a></li> <li>• Mill Town Health and Rehabilitation, Amesbury (26)  No website  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225318">https://projects.propublica.org/nursing-homes/homes/h-225318</a></li> <li>• Parkway Health and Rehabilitation Center, West Roxbury (7)  <a href="https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/">https://www.bearmountainhc.com/locations/parkway-health-rehabilitation-center/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225497">https://projects.propublica.org/nursing-homes/homes/h-225497</a></li> <li>• Pioneer Valley Health &amp; Rehabilitation Center, South Hadley (24)  <a href="https://pioneervalleyhealth.com/">https://pioneervalleyhealth.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225757">https://projects.propublica.org/nursing-homes/homes/h-225757</a></li> <li>• Plymouth Harborside Healthcare (4)  <a href="https://www.nextstephc.com/plymouth">https://www.nextstephc.com/plymouth</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225284/">https://projects.propublica.org/nursing-homes/homes/h-225284/</a></li> <li>• Plymouth Rehabilitation and Health Care Center (22)  <a href="https://plymouthrehab.com/">https://plymouthrehab.com/</a>  Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225207">https://projects.propublica.org/nursing-homes/homes/h-225207</a></li> <li>• Royal Norwell Nursing &amp; Rehabilitation Center (4)  <a href="https://norwell.royalhealthgroup.com/">https://norwell.royalhealthgroup.com/</a></li> </ul>
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	<p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225482/">https://projects.propublica.org/nursing-homes/homes/h-225482/</a></p> <p><b>Massachusetts Facilities that have graduated from the program</b></p> <ul style="list-style-type: none"> <li>Marlborough Hills Rehabilitation &amp; Health Care Center, Marlborough  <a href="https://marlboroughhillsrehab.com/">https://marlboroughhillsrehab.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225063/">https://projects.propublica.org/nursing-homes/homes/h-225063/</a></p> <ul style="list-style-type: none"> <li>Oxford Rehabilitation &amp; Health Care Center, Haverhill  <a href="https://theoxfordrehabhealth.com/">https://theoxfordrehabhealth.com/</a></li> </ul> <p>Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225218/">https://projects.propublica.org/nursing-homes/homes/h-225218/</a></p> <p><b>No longer operating</b></p> <ul style="list-style-type: none"> <li>South Dennis Healthcare, South Dennis  <a href="https://tinyurl.com/SpecialFocusFacilityProgram">https://tinyurl.com/SpecialFocusFacilityProgram</a></li> </ul>																																																
<p><i>Nursing Home Inspect</i></p>	<p><b>ProPublica</b>  <b>Nursing Home Inspect</b>  <b>Data updated April 24, 2024</b></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:  <a href="https://projects.propublica.org/nursing-homes/state/MA">https://projects.propublica.org/nursing-homes/state/MA</a></p> <p><b>Deficiencies By Severity in Massachusetts</b>  <a href="#">(What do the severity ratings mean?)</a></p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Facilities</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>284</td> <td>198</td> <td><a href="#">Tag B</a></td> </tr> <tr> <td>C</td> <td>108</td> <td>85</td> <td><a href="#">Tag C</a></td> </tr> <tr> <td>D</td> <td>7,496</td> <td>1,469</td> <td><a href="#">Tag D</a></td> </tr> <tr> <td>E</td> <td>1,965</td> <td>788</td> <td><a href="#">Tag E</a></td> </tr> <tr> <td>F</td> <td>656</td> <td>317</td> <td><a href="#">Tag F</a></td> </tr> <tr> <td>G</td> <td>568</td> <td>384</td> <td><a href="#">Tag G</a></td> </tr> <tr> <td>H</td> <td>44</td> <td>33</td> <td><a href="#">Tag H</a></td> </tr> <tr> <td>I</td> <td>3</td> <td>2</td> <td><a href="#">Tag I</a></td> </tr> <tr> <td>J</td> <td>57</td> <td>27</td> <td><a href="#">Tag J</a></td> </tr> <tr> <td>K</td> <td>8</td> <td>5</td> <td><a href="#">Tag K</a></td> </tr> <tr> <td>L</td> <td>5</td> <td>2</td> <td><a href="#">Tag L</a></td> </tr> </tbody> </table> <p><b>Updated April 24, 2024</b></p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	284	198	<a href="#">Tag B</a>	C	108	85	<a href="#">Tag C</a>	D	7,496	1,469	<a href="#">Tag D</a>	E	1,965	788	<a href="#">Tag E</a>	F	656	317	<a href="#">Tag F</a>	G	568	384	<a href="#">Tag G</a>	H	44	33	<a href="#">Tag H</a>	I	3	2	<a href="#">Tag I</a>	J	57	27	<a href="#">Tag J</a>	K	8	5	<a href="#">Tag K</a>	L	5	2	<a href="#">Tag L</a>
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<p><i>Nursing Home Compare</i></p>	<p><b>Centers for Medicare and Medicaid Services (CMS)</b>  <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"> <li><b>Staff turnover:</b> The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period.</li> </ul>																																																

	<ul style="list-style-type: none"> <li>• <b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. <a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></li> </ul>																																	
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b> <i>Data on Ownership of Nursing Homes</i></p> <p>CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to <a href="https://data.cms.gov">data.cms.gov</a> and updated monthly.</p>																																	
DignityMA Call Action	<ul style="list-style-type: none"> <li>• The MA Senate released a report in response to COVID-19. <b>Download the <a href="#">DignityMA Response to Reimagining the Future of MA.</a></b></li> <li>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <b><a href="#">State Legislative Endorsements.</a></b></li> <li>• <b>Support</b> relevant bills in Washington – <b><a href="#">Federal Legislative Endorsements.</a></b></li> <li>• <b>Join</b> our <b><a href="#">Work Groups.</a></b></li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <b><a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></b></li> </ul>																																	
Access to Dignity Alliance social media	<p>Email: <a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>  Facebook: <a href="https://www.facebook.com/DignityAllianceMA/">https://www.facebook.com/DignityAllianceMA/</a>  Instagram: <a href="https://www.instagram.com/dignityalliance/">https://www.instagram.com/dignityalliance/</a>  LinkedIn: <a href="https://www.linkedin.com/company/dignity-alliance-massachusetts">https://www.linkedin.com/company/dignity-alliance-massachusetts</a>  Twitter: <a href="https://twitter.com/dignity_ma?s=21">https://twitter.com/dignity_ma?s=21</a>  Website: <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a></p>																																	
<p><b>Participation opportunities with Dignity Alliance Massachusetts</b></p> <p>Most workgroups meet bi-weekly via Zoom.</p>	<table border="1"> <thead> <tr> <th>Workgroup</th> <th>Workgroup lead</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>General Membership</td> <td>Bill Henning Paul Lanzikos</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></td> </tr> <tr> <td>Assisted Living</td> <td>John Ford</td> <td><a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a></td> </tr> <tr> <td>Behavioral Health</td> <td>Frank Baskin</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a></td> </tr> <tr> <td>Communications</td> <td>Lachlan Forrow</td> <td><a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a></td> </tr> <tr> <td>Facilities (Nursing homes and rest homes)</td> <td>Arlene Germain</td> <td><a href="mailto:agermain@manhr.org">agermain@manhr.org</a></td> </tr> <tr> <td>Home and Community Based Services</td> <td>Meg Coffin</td> <td><a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a></td> </tr> <tr> <td>Legislative</td> <td>Richard Moore</td> <td><a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a></td> </tr> <tr> <td>Legal Issues</td> <td>Jeni Kaplan</td> <td><a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a></td> </tr> <tr> <td><b>Interest Group</b></td> <td><b>Group lead</b></td> <td><b>Email</b></td> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a></td> </tr> </tbody> </table>	Workgroup	Workgroup lead	Email	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>	Facilities (Nursing homes and rest homes)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>	Legal Issues	Jeni Kaplan	<a href="mailto:jkaplan@cpr-ma.org">jkaplan@cpr-ma.org</a>	<b>Interest Group</b>	<b>Group lead</b>	<b>Email</b>	Housing	Bill Henning	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a>
	Workgroup	Workgroup lead	Email																															
	General Membership	Bill Henning Paul Lanzikos	<a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a> <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a>																															
	Assisted Living	John Ford	<a href="mailto:jford@njc-ma.org">jford@njc-ma.org</a>																															
	Behavioral Health	Frank Baskin	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a>																															
	Communications	Lachlan Forrow	<a href="mailto:lforrow@bidmc.harvard.edu">lforrow@bidmc.harvard.edu</a>																															
	Facilities (Nursing homes and rest homes)	Arlene Germain	<a href="mailto:agermain@manhr.org">agermain@manhr.org</a>																															
	Home and Community Based Services	Meg Coffin	<a href="mailto:mcoffin@centerlw.org">mcoffin@centerlw.org</a>																															
	Legislative	Richard Moore	<a href="mailto:rmoore8743@charter.net">rmoore8743@charter.net</a>																															
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Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group lead for more information.	Veteran Services	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>
	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
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<b><i>The Dignity Digest</i></b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke		
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> <ul style="list-style-type: none"> <li>• Margaret Morganroth Gullette</li> <li>• Suzanne Lanzikos</li> <li>• Dick Moore</li> <li>• Emily Shea</li> </ul> Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</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> <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>			