



# The Dignity Digest

Issue # 215

December 10, 2024

*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 the 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](mailto:info@DignityAllianceMA.org).

## Spotlight

[CMS Issues Major Updates to Nursing Home Care Guidelines](#)

### Centers for Medicare and Medicaid Services

November 18, 2024

What's Changing?

CMS's new [900-page revised long-term care surveyor guidance document](#) includes updates to critical care areas such as:

- **Medication Use and Chemical Restraints:** A key focus is reducing the unnecessary use of psychotropic medications. Facilities must prioritize non-drug treatments unless clinically inappropriate and cannot use psychotropics as "chemical restraints" for staff convenience. Residents and families also gain stronger rights to be informed and make decisions about medication use.
- **Infection Control:** Enhanced measures, including updates for preventing the spread of multidrug-resistant infections and COVID-19, will improve safety for residents.
- **Admission and Discharge Practices:** New guidance prohibiting the requirement of families or third parties to guarantee payment in admission agreements and clarify when discharges or transfers are considered inappropriate.
- **Personalized Pain Management:** Updated pain management guidance aligns with the latest CDC standards, focusing on individualized treatment plans tailored to residents' needs.

### Medication Rights: A Focus on Psychotropics

CMS is strengthening protections against the misuse of psychotropic medications, such as antipsychotics. These medications should only be used when necessary and with clear medical justification.

"This change will help to streamline the survey process, increase consistency, and strengthen our message that facilities must prevent the unnecessary use of psychotropic medications," CMS said in a memo signed by David Wright, director of quality, safety and oversight. Residents also retain the right to refuse or accept treatment after being fully informed of their options.

Surveyors, who inspect nursing homes for compliance, are now required to:

- Investigate cases where antipsychotics are prescribed without sufficient medical documentation.

	<ul style="list-style-type: none"> <li>• Interview medical directors over their role in the use and abuse of unnecessary medication, especially for residents diagnosed with conditions like schizophrenia without proper evidence.</li> </ul> <p><b>Strengthening Oversight and Care Standards</b></p> <p>Beyond medication use, CMS is addressing broader care issues:</p> <ul style="list-style-type: none"> <li>• <b>Enhanced Accuracy:</b> New instructions help ensure health assessments accurately reflect residents’ needs.</li> <li>• <b>Health Equity:</b> Facilities must now consider factors like race, socioeconomic status, and language when addressing health disparities and developing quality improvement plans.</li> <li>• <b>Physical Environment:</b> Newly certified facilities gain more flexibility in meeting certain room and bathroom requirements.</li> </ul> <p><b>What Families Should Know</b></p> <p>These updates mean more transparency, better oversight, and stronger protections for residents:</p> <ul style="list-style-type: none"> <li>• At the request of nursing facility residents, families should be involved in care decisions and ask about how these changes will affect their loved ones.</li> <li>• Nursing homes must provide safer, higher-quality care without the use of unnecessary antipsychotic medication, with greater accountability for medical directors and staff.</li> <li>• Surveyors will have clearer tools to identify noncompliance, ensuring facilities meet residents’ needs.</li> </ul> <p><b>Looking Ahead</b></p> <p>The updated guidelines take effect in February 2025, giving nursing homes and their staff time to adjust. Training on these changes is already underway.</p>
<p><b>Spotlight</b></p>	<p><u><a href="#">After Action Review of the Covid-19 Pandemic: The Lessons Learned and a Path Forward</a></u></p> <p><b>Select Subcommittee on the Coronavirus Pandemic, U. S. House of Representatives</b></p> <p>December 4, 2024</p> <p>The Select Subcommittee had bipartisan consensus across multiple topics.</p> <ol style="list-style-type: none"> <li>1) The possibility that COVID-19 emerged because of a laboratory or research-related accident is not a conspiracy theory.</li> <li>2) EcoHealth Alliance and Dr. Peter Daszak should never again receive U. S. taxpayer dollars.</li> <li>3) Scientific messaging must be clear and concise, backed by evidentiary support, and come from trusted messengers, such as front-line doctors treating patients.</li> <li>4) Public health officials must work to regain American’s trust; Americans want to be educated, not indoctrinated.</li> </ol>

	<p>5) Former New York Governor Andrew Cuomo participated in medical malpractice and publicly covered up the total number of nursing home fatalities in New York.</p> <p>In addition to these notable bipartisan successes, the Select Subcommittee developed extensive findings, some of which include:</p> <ol style="list-style-type: none"> <li>1) The U.S. National Institutes of Health funded gain-of-function research at the Wuhan Institute of Virology.</li> <li>2) The Chinese government, agencies within the U.S. Government, and some members of the international scientific community sought to cover-up facts concerning the origins of the pandemic.</li> <li>3) Operation Warp Speed was a tremendous success and a model to build upon in the future. The vaccines, which are now probably better characterized as therapeutics, undoubtedly saved millions of lives by diminishing likelihood of severe disease and death.</li> <li>4) Rampant fraud, waste, and abuse plagued the COVID-19 pandemic response.</li> <li>5) Pandemic-era school closures will have enduring impact on generations of America’s children and these closures were enabled by groups meant to serve those children.</li> <li>6) The Constitution cannot be suspended in times of crisis and restrictions on freedoms sow distrust in public health.</li> <li>7) The prescription cannot be worse than the disease, such as strict and overly broad lockdowns that led to predictable anguish and avoidable consequences.</li> </ol>
<p><b>Quotes</b></p>	<p><i>Despite the modesty of the <a href="#">minimum staffing rule</a>, it is a critical step in ensuring residents living in the most poorly staffed nursing homes in the country begin to receive better care. If the lawsuit is successful, it will place untold numbers of nursing home residents in harm’s way.</i></p> <p><a href="#">Consumer Voice Files Amicus Briefs in Support of Minimum Staffing Rule in Nursing Homes</a>, <b>The Consumer Voice</b>, December 2024</p> <p><i>“[Edgar P. Benjamin Healthcare Center in Boston] has existed in the community for 100 years now, and our hope is that with additional time, additional stabilization, it will be able to exist for another 100 years and provide that quality care that it’s known for.”</i></p> <p>Oren Sellstrom, Litigation Director, Lawyers for Civil Rights, <a href="#">25 Investigates: Receiver unravels financial mess at Boston nursing home</a>, <b>25News</b>, December 4, 2024</p>

*“The public interest favors prompt implementation of the staffing rule,” the groups state in their brief. “The public has a compelling interest in having vulnerable nursing home residents – their family members, friends, neighbors – receive appropriate care and in having their tax dollars spent on resident care, not on excessive private profit for owners and operators.”*

*“Friend of the court” brief submitted by the National Association of Local Long-Term Care Ombudsmen along with organizations, Iowa Capitol Dispatch, December 4, 2024*


*In a [survey](#) published last year, AARP — which broadens the definition of older Americans to people 50 and beyond — examined those who live alone and don’t have living children. Ten percent of people 50 or older meet this definition, AARP estimates. An additional 11 percent have at least one living child but are estranged from them. And 13 percent have children who they believe can’t or won’t help them manage their finances and health care.*

*[As more older adults live alone, resources are cropping up to help them,](#)  
\*Washington Post, December 8, 2024*

*There are only some [101,000 centenarians](#) in the United States, according to the most recent Census Bureau data. Of this small group, 15 percent live independently or conduct their lives independently while living with someone . . . About 20 percent of centenarians are free of physical or cognitive impairments. . . An additional 15 percent have no age-related illnesses, such as arthritis or heart disease.*

*[She’s 102 years old, thriving, active and living life on her own terms,](#)  
\*Washington Post, December 8, 2024*

*“The intent of these requirements is to ensure residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Also, residents must remain on psychotropic medications only when a gradual dose*

	<p><i>reduction and behavioral interventions have been attempted and/or deemed clinically contraindicated.”</i>  <a href="#">CMS issues ‘significant’ survey changes for 2025</a> (McKnight’s Long-Term Care News, November 19, 2024)</p> <p><i>“The COVID-19 pandemic highlighted a distrust in leadership. Trust is earned. Accountability, transparency, honesty, and integrity will regain this trust. A future pandemic requires a whole of America response managed by those without personal benefit or bias. We can always do better, and for the sake of future generations of Americans, we must. It can be done.”</i>  Rep. Brad Wenstrup (R-OH), a podiatrist and Chair of the House Select Subcommittee on the Coronavirus Pandemic, <a href="#">House Covid-19 panel releases final report criticizing public health response to the pandemic</a>, CNN, December 2, 2024</p> <p><i>[<a href="#">Richard Mollot</a>, executive director of the <a href="#">Long Term Care Community Coalition</a>] said that the alarmingly low covid vaccination rate is a symptom of larger issues throughout the industry. He hears from patients’ families about poor food quality and a general apathy that some nursing homes have toward residents’ concerns. He also cites <a href="#">high rates of staff turnover</a> and substandard, <a href="#">even dangerous</a>, care. . .“That has resulted in much lower care, much more disrespectful interactions between residents and staff, and there’s just that lack of trust.”</i>  <a href="#">Nursing Homes Fell Behind on Vaccinating Patients for Covid</a> (KFF Health News, December 4, 2024)</p>
<p>DignityMA Study Session</p> 	<p>DignityMA Study Session  <a href="#">Massachusetts Long Term Care Ombudsman Program</a>  Wednesday, December 11, 2024, 11:00 a.m. to 12:00 p.m.  Registration is required: <a href="https://tinyurl.com/MALTCOmbudsman">https://tinyurl.com/MALTCOmbudsman</a>  A Long-Term Care Ombudsman is certified to investigate any issues that arise in nursing homes, rest homes, or assisted living facilities, so the residents who live there can do so with dignity and respect. As an advocate, a Long-Term Care Ombudsman works to resolve problems between residents and nursing homes, rest homes, or assisted living facilities, as they relate to the health, welfare, and rights of those they serve.</p>

	<p>Long-Term Care Ombudsman often act as mediators, visiting facilities on a regular basis and allowing residents to voice their complaints and work toward resolution with staff before issues can escalate. Open to all. Free registration. The session will be recorded with captions.</p> <p><b>Session lead: Carolyn Fenn, Long Term Care Ombudsman for the Commonwealth of Massachusetts</b></p> <p>Registration is required: <a href="https://tinyurl.com/MALTCOmbudsman">https://tinyurl.com/MALTCOmbudsman</a>  Questions: <a href="mailto:paul.lanzikos@gmail.com">paul.lanzikos@gmail.com</a></p>
<p><b>Recruitment</b></p>	<p><b>See: <a href="#">Listings on MASsterList.com's Job Board</a> for all current listings</b></p> <ul style="list-style-type: none"> <li>• <i>President and CEO, Association of Developmental Disabilities Providers</i>  <a href="https://massterlist.com/listings/marketplace/president-and-ceo/">https://massterlist.com/listings/marketplace/president-and-ceo/</a></li> </ul>
<p><b>Guide to news items in this week's <i>Dignity Digest</i></b></p>	<p><b>Nursing Homes</b>  <a href="#">25 Investigates: Receiver unravels financial mess at Boston nursing home</a> (25News, December 4, 2024)  <a href="#">CMS issues 'significant' survey changes for 2025</a> (McKnight's Long-Term Care News, November 19, 2024)</p> <p><b>Home and Community-Based Services</b>  <a href="#">Home Health Care Company and Its Owners Pay More Than \$360K to Settle False Claims Allegations</a> (U. S. Department of Justice – District of Connecticut, December 5, 2024)</p> <p><b>Covid / Long Covid</b>  <a href="#">Nursing Homes Fell Behind on Vaccinating Patients for Covid</a> (KFF Health News, December 4, 2024)  <a href="#">House Covid-19 panel releases final report criticizing public health response to the pandemic</a> (CNN, December 2, 2024)</p> <p><b>Aging Topics</b>  <a href="#">As more older adults live alone, resources are cropping up to help them</a> (*Washington Post, December 8, 2024)</p> <p><b>Longevity</b>  <a href="#">She's 102 years old, thriving, active and living life on her own terms</a> (*Washington Post, December 8, 2024)</p> <p><b>From Our Colleagues Around the Country</b>  <a href="#">Consumer Voice Files Amicus Briefs in Support of Minimum Staffing Rule in Nursing Homes</a> (The Consumer Voice, December 2024)</p> <p><b>From Around the Country</b>  <a href="#">Discussion on long-term care blames profit motives for older Kansans' suffering</a> (The Wichita Eagle, December 8, 2024)  <a href="#">Time to save Connecticut's nursing homes</a> (Republican American (Opinion), December 7, 2024)  <a href="#">Settlement offers nearly \$9M to Louisiana nursing home residents kept in warehouse during hurricane</a> (*Washington Post, December 7, 2024)  <a href="#">Bill would allow video monitoring in nursing homes</a> (Florida Bar News, December 5, 2024)  <a href="#">Ombudsmen and advocates join fight over nursing home staffing levels</a> (Iowa Capitol Dispatch, December 4, 2024)  <a href="#">Athena Health Care's Nursing Home Closures Continue to Mount</a> (Skilled Nursing News, November 22, 2024)</p> <p><b>Public Sessions</b>  <b>Regional Transit Authority (RTA) Council</b> Tuesday, December 10, 2024, 10:30 a.m. <a href="#">Agenda and Access Info</a>  <b>Public Health Council</b>, Wednesday, December 11, 2024, 9:00 a.m., <a href="#">More Info</a></p>

	<p><b>Commission on the Status of Persons with Disabilities</b>, Wednesday, December 11, 2024, 10:00 a.m., <a href="#">Livestream</a></p> <p><b>Report on the Daniels-Finegold v. MBTA settlement agreement</b>, Wednesday, December 11, 2024, 5:30 to 7:30 p.m., <a href="#">More Info</a></p> <p><b>Massachusetts Developmental Disabilities Council</b>, Wednesday, December 11, 2024, 6:00 p.m., <a href="#">Agenda and Zoom</a></p> <p><b>Business and Employment Opportunities Committee of the State Rehabilitation Council</b>, Thursday, December 12, 2024, 1:00 p.m., <a href="#">Access</a></p> <p><b>Community Behavioral Health Commission</b>, Thursday, December 12, 2024, 3:00 p.m., <a href="#">More Info</a></p> <p><b>State Rehabilitation Council</b>, Thursday, December 12, 2024, 5:00 p.m., <a href="#">Access</a></p>
<p><b>Events</b></p>	<ol style="list-style-type: none"> <li> <p><b>1. MassAbility</b>            Tuesday, December 10, 2024, 10:00 a.m. to 4:00 p.m.            City Hall Plaza near the Government Center T stop, Boston  <i>Disability Stigma</i>            A pop-up event focused on eliminating disability stigma and building a more inclusive community. A giant, four-sided cube will be situated on , and participants are encouraged to write messages about "letting go of disability stigma," organizers say.</p> </li> <li> <p><b>2. The ARC Summit</b>            Wednesday, December 11, 2024, 9:30 a.m.            Camp Yomechas at Old Colony YMCA-Middleboro            375 Wareham St, Middleboro            The Arc of Massachusetts and the Department of Development Services host a summit for community organizations to "learn concrete strategies and techniques for supporting inclusion within their own programs, and... have opportunities to connect with like-minded organizations."  <a href="#">Register</a></p> </li> <li> <p><b>3. Massachusetts Health and Hospital Association</b>            Wednesday, December 11, 2024, 12:00 p.m.            A webinar outlining the "simple step campaign" that encourages residents to start the process of designating a health care agent and completing a health care proxy. Speakers include Department of Public Health Commissioner Robbie Goldstein, Ellen DiPaola of Honoring Choices Massachusetts, and Adam Delmolino of MHA.  <a href="#">Register</a></p> </li> <li> <p><b>4. "Beyond the Bridge"</b>            Wednesday, December 11, 2024, 5:30 p.m.            Calderwood Pavilion at the BCA, 527 Tremont St., Boston            Anti-homelessness groups host a screening of a new documentary titled "Beyond the Bridge: A Solution to Homelessness." Lt. Gov. Driscoll is set to give opening remarks, according to organizers. WBUR's Lynn Jolicouer will also moderate a panel discussion between Sen. Feeney, BACHome Council's Alan Mack, and John Madondo of UnitedHealthcare Community Plan of Massachusetts.  <a href="#">More Info</a></p> </li> <li> <p><b>5. City of Boston</b>            Thursday, December 11, 2024, 5:30 p.m.            1181 Adams St., Dorchester  <i>Carney Hospital Listening Session</i></p> </li> </ol>

	<p>The working group responding to the closure of Carney Hospital in Dorchester holds a listening session. The public can weigh in on community health needs, as well as ways to "address those needs and promote equity following the hospital closure." The working group is led by Bisola Ojikutu, Boston's public health commissioner, and Michael Curry, CEO of the Massachusetts League of Community Health Centers. The panel is tasked with issuing recommendations to Mayor Wu and Gov. Healey about how to manage impacts of the closure and improve access to care. The Carney closed at the end of August amid the Steward Health Care bankruptcy crisis.</p> <p><a href="#">Register</a></p>
<p><b>Webinars and Online Sessions</b></p>	<p><b>6. Long Term Care Discussion Group</b>          Tuesday, December 17, 2024, 1:00 p.m.  <a href="#">Making Sense of the Election: The President and the Congress and Where We Go from Here</a></p> <p><b>Topic:</b>          Reprising their 2020 presentation we have two political experts who will explore the outcomes of the November elections including Congressional Committee and Administration staffing. What might this all mean for aging and long-term care policy in the coming year? We are pleased to have two experts who can speak so knowledgeably about what we might see.</p> <p><b>About the Speakers:</b></p> <p><b>Joel White</b>  <b>Joel</b> is the Founder and President of Horizon Government Affairs, a health care consultancy that represents several dozen clients and runs four coalitions comprised of 200 organizations dedicated to reforms that improve our health system. Horizon has specific issue expertise in drug pricing, coverage and reimbursement; technology and data issues; and insurance and benefit design matters. Horizon has helped enact more than 50 laws since its founding and prevented countless bad ideas from seeing the light of day.          Previously, Joel spent twelve years on Capitol Hill including as Staff Director of the Ways and Means Health Subcommittee. While on the Hill he helped enact nine laws, including the:</p> <ul style="list-style-type: none"> <li>• 2002 Trade Act, which created health care tax credits for private coverage;</li> <li>• 2003 law that established the Medicare prescription drug benefit and created Health Savings Accounts; and</li> <li>• 2005 Deficit Reduction Act and the 2006 Tax Reform and Health Care Act, which reformed Medicare payment policies.</li> </ul> <p>Joel also runs a charitable organization that seeks to end poverty and is on the boards of several non-profits in the patient advocacy space. He holds a B.S. in Economics from the American University and is the co-author of the book, Facts and Figures on Government Finance.</p> <p><b>Bob Blancato</b>  <b>Bob</b> is the President of Matz, Blancato and Associates. In that capacity, he also serves as the National Coordinator of the bipartisan 3000-member Elder Justice Coalition, the Executive Director of the National Association of Nutrition and Aging Services Programs and National Coordinator of the Defeat Malnutrition Today coalition.          Bob has long been recognized as a national advocate with policy expertise on behalf of older adults. He has testified numerous times before Congressional committees most recently in 2022.</p>



	<p>Bob's prior work history includes 17 years as a staffer in Congress and an appointment by President Clinton to be the Executive Director of the 1995 White House Conference on Aging, one of four in which he has participated. He is a member of the Senior Executive Service. As a volunteer, he is Second Vice Chair of National Board of AARP and also on the AARP Foundation. In addition, he also serves on the board of the National Hispanic Council on Aging. In 2019, Bob served on the National Advisory Committee on Rural Health and Human Services, from 2019 to 2023. Bob holds a BA from Georgetown University and an MPA from American University. Bob has won numerous awards for advocacy, most recently the American Society for Aging's ASA Hall of Fame Award in March 2020.</p> <p><b>Accessing the Meeting:</b> Here is the Zoom registration link: <a href="https://nashp-org.zoom.us/meeting/register/tZl0f-urqj4iHdHBkA6Y9x3i80x7NyCNDLqA">https://nashp-org.zoom.us/meeting/register/tZl0f-urqj4iHdHBkA6Y9x3i80x7NyCNDLqA</a></p> <p>After registering, you will receive a confirmation email containing information about joining the meeting. If you have any questions. <a href="#">please click here to connect to our email.</a></p> <p><b>7. The College for Behavioral Health Leadership (CBHL), The National Council for Mental Wellbeing, and Health Management Associates (HMA).</b> Tuesday, December 17, 2024, 1:00 p.m. <a href="#">Workforce Solutions Jam   Reducing Barriers to Licensure to Expand and Diversify the Behavioral Health Workforce</a> Reducing Barriers to Licensure to Expand and Diversify the Behavioral Health Workforce   Creating a More Inclusive and Effective Workforce As the demand for mental health and substance use treatment continues to grow, it is critical to develop a workforce that reflects the diverse populations it serves. Barriers to obtaining licensure remain a pressing challenge for many entering the field, as 57% of people who earn master's degrees in mental health disciplines do not obtain clinical licensure due to financial, time, and regulatory constraints. This session will explore creative solutions, with insight into the Social Work Interstate Licensure Compact and spotlighting the work of the National Mental Health Workforce Acceleration Collaborative (NMHWAC), a program that aims to increase the number of qualified licensed mental health and substance use treatment clinicians, while increasing diversity in client-facing positions. Key highlights of this webinar include: - Understand barriers to obtaining licensure in mental health disciplines - Gain insight into the Social Work Interstate Licensure Compact, including recent updates - Explore actionable models and strategies to expand and diversify the behavioral health workforce This webinar is hosted as a partnership between the College for Behavioral Health Leadership (CBHL), The National Council for Mental Wellbeing, and Health Management Associates (HMA).</p>
<p><b>Previously posted webinars and online sessions</b></p>	<p><b>Previously posted webinars and online sessions can be viewed at:</b> <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<p><b>Nursing Homes</b></p>	<p><b>8. 25News</b> December 4, 2024 <a href="#">25 Investigates: Receiver unravels financial mess at Boston nursing home</a> By Ted Daniels</p>

A new report from the Temporary Receiver of the Edgar P. Benjamin Healthcare Center in Boston reveals the historic nursing home's previous administration left \$772,000.00 in unpaid bills.

A Suffolk County Superior Court Judge placed the Benjamin in receivership in April after the former President and CEO announced plans to close the 81-bed facility, citing overwhelming financial challenges.

Receivership is a legal tool used to protect and preserve a property from liquidation or bankruptcy.

In his most recent report to the court, Temporary Receiver and attorney Joseph Feaster noted that morale and resident care has improved since the court-ordered takeover, but "long-term challenges remain."

Those challenges include strained banking relationships, deferred building maintenance, and demands and penalties from the IRS for six years of tax filings that were never submitted by the previous management, according to Feaster.

Feaster reported turning over "volumes of documents" to the Massachusetts Attorney General's Office that support claims of "irregularities" discovered during an audit of the facility's financial records.

Tony Francis was the President and CEO of the Benjamin for nearly 10 years prior to the court takeover.

In 2021, during the COVID-19 pandemic, Francis was one of the highest-paid non-profit nursing home administrators in the state with a salary of \$628,592.

Feaster is "considering lawsuits to recoup monies believed to have been improperly expended," according to his report. Feaster did not name who might be targeted by the suits.

"When we filed the emergency petition earlier this year on behalf of families of residents, there were a lot of irregularities that we had already uncovered at that point. But since that time, since the receiver has been on board, he and his team have uncovered more financial irregularities from the prior administration," said Oren Sellstrom, Litigation Director, Lawyers for Civil Rights.

Sellstrom is working on behalf of Benjamin families to save the home, which has long served communities of color in Boston.

**More in U.S.**

"It has existed in the community for 100 years now, and our hope is that with additional time, additional stabilization, it will be able to exist for another 100 years and provide that quality care that it's known for." Sellstrom said.

Tony Francis didn't immediately respond to a request seeking comment.

**9. McKnight's Long-Term Care News**

November 19, 2024

[CMS issues 'significant' survey changes for 2025](#)

By Kimberly Marselas

The Centers for Medicare & Medicaid Services on Monday issued "significant revisions" to its long-term care surveyor guidance, with changes affecting everything from admission and discharge standards to the use of psychotropic medications and newly adopted infection prevention practices. CMS released an advance copy of the 900-page document online, including new critical element pathways, to give providers and surveyors time to adjust to the new requirements before they go into effect Feb. 24, 2025. A significant portion of the changes is related to chemical restraints and unnecessary psychotropic medication.

“The intent of these requirements is to ensure residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated,” the guidance states. “Also, residents must remain on psychotropic medications only when a gradual dose reduction and behavioral interventions have been attempted and/or deemed clinically contraindicated.”

The regulations and guidance for the unnecessary use of psychotropics have been merged into F605, which emphasizes residents’ rights, including the right to be “free from chemical restraints imposed for purposes of discipline or convenience.”

“This change will help to streamline the survey process, increase consistency, and strengthen our message that facilities must prevent the unnecessary use of psychotropic medications,” CMS said in a memo signed by David Wright, director of quality, safety and oversight.

The agency said guidance regarding “convenience” had been revised to include situations when medications are “used to cause symptoms consistent with sedation and/or require less effort by facility staff” to meet the resident’s needs. Additional guidance also was added to emphasize requirements related to the right to be fully informed of and participate in or refuse treatment, noting that before initiating or increasing a psychotropic medication, the resident must be notified of and have the right to participate in their treatment, including the right to accept or decline the medication. CMS said it revised the Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review Critical Element Pathway to include investigative elements to align with the revised guidance.

The updated guidance also reinforces surveyors’ responsibility to question medical directors over their role in the use of any unnecessary medications, particularly the antipsychotics the agency has long sought to reduce dependence on.

The agency added instructions to investigate adherence to professional standards of practice “when concerns arise regarding residents diagnosed with a condition without sufficient supporting documentation for which antipsychotic medications are an approved indication were added to the guidance at Professional Standards (F658).” This change follows an [audit tool](#) the agency has employed to identify skilled nursing facilities that have patients diagnosed with schizophrenia without medical documentation needed to support that diagnosis or the use of antipsychotics.

Interviewing the facility medical director also was incorporated into the Unnecessary Medications and Quality Assurance & Performance Improvement pathways.


“Health and safety updates are regularly made to address emerging trends in deficiency citations nationwide,” Wright’s memo said. “This ensures that our guidance remains aligned with current standards of practice and reflects the evolving needs of residents. These updates are essential to maintaining the integrity of nursing home care.”

Among other changes CMS is making:

- Adding instructions for investigating Minimum Data Set assessment accuracy and determining whether noncompliance exists when a concern related to insufficient documentation to support a medical condition is identified for a resident receiving an antipsychotic medication.

	<ul style="list-style-type: none"> <li>• Clarifying guidance prohibiting admission agreements from containing language requesting or requiring a third-party guarantee of payment, adding examples of noncompliance.</li> <li>• Revising guidance for treating acute, chronic, and subacute pain to align with Centers for Disease Control and Prevention definitions; allowing LTC physicians to consider prescribing immediate-release opioids instead of extended-release or long-acting options and emphasizing the need for individualized opioid treatment plans.</li> <li>• Adding examples of Enhanced Barrier Precautions deficiencies to Appendix PP.</li> </ul>
<p><b>Home and Community Based Services</b></p> <p>Editor's note:  <a href="#">Home Care VNA LLC</a> conducts business in Massachusetts.</p>	<p><b>10. U. S. Department of Justice – District of Connecticut</b>  December 5, 2024  <a href="#">Home Health Care Company and Its Owners Pay More Than \$360K to Settle False Claims Allegations</a>  Vanessa Roberts Avery, United States Attorney for the District of Connecticut, and William Tong, Connecticut Attorney General, today announced that HOME CARE VNA LLC and its current and former owners, SHAKIRA LUBEGA and CONSTANT OGUTT, have entered into a civil settlement agreement with the federal and state governments in which they will pay \$361,520 to settle allegations that they were paid for home health care services that violated Medicaid regulations relating to plans of care. Home Care VNA is a home health agency with offices located at 330 Main Street in Hartford. Lubega is the current owner of Home Care VNA and Ogutt is a former, part owner. Lubega and Ogutt are married. The Regulations of Connecticut State Agencies expressly require, as a condition of payment for home health care services, that each patient has a plan of care, the plan of care is signed by a licensed practitioner, the plan of care is signed within 21 days after the episode of care begins, and a new or modified plan of care is reviewed, revised, and signed every 60 days. The United States and the State of Connecticut contend that Home Care VNA, Lubega, and Ogutt submitted or caused to be submitted claims for reimbursement to Connecticut Medicaid for home health care services for patients who had unsigned plans of care or had no plans of care at all. To resolve the governments' False Claims Act allegations, Home Care VNA, Lubega, and Ogutt have agreed to pay \$361,520, which covers the time-period from August 1, 2018, through March 26, 2020. This matter was investigated by the Office of the Inspector General for the Department of Health and Human Services. The case is being prosecuted by Assistant U.S. Attorney Richard M. Molot and by Assistant Attorney General Joshua Jackson of the Connecticut Office of the Attorney General. In 2022, Home Care VNA, Lubega, and Ogutt <a href="#">paid \$630,000 to resolve Medicaid fraud allegations in Massachusetts</a></p>
<p><b>Covid / Long Covid</b></p>	<p><b>11. KFF Health News</b>  December 4, 2024  <a href="#">Nursing Homes Fell Behind on Vaccinating Patients for Covid</a>  By Sarah Boden  <b>Nursing Homes Still Vulnerable to COVID-19</b>  Despite the widespread availability of COVID-19 vaccines, nursing home residents remain at high risk of infection and severe illness. Several factors contribute to this vulnerability:</p> <ul style="list-style-type: none"> <li>• <b>Low Vaccination Rates:</b> Many nursing home residents have not received updated COVID-19 vaccines, leaving them susceptible to infection.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Complexities in Vaccine Administration:</b> Billing and logistical challenges have hindered the vaccination process.</li> <li>• <b>Patient Skepticism:</b> Misinformation and vaccine hesitancy have made it difficult to convince residents and their families of the importance of vaccination.</li> <li>• <b>Industry-Wide Issues:</b> Poor care quality, high staff turnover, and a lack of trust between staff and residents have further exacerbated the problem.</li> </ul> <p>The article highlights the importance of addressing these issues to protect vulnerable populations in nursing homes. This includes improving communication with residents and their families, addressing staffing shortages, and increasing access to quality care.</p> <p><b>12. CNN</b>  December 2, 2024  <a href="#">House Covid-19 panel releases final report criticizing public health response to the pandemic</a>  By Katherine Dillinger  The Republican-led House Select Subcommittee on the Coronavirus Pandemic released a final report summarizing its two-year investigation into the COVID-19 pandemic in the US. The report concludes that the virus likely originated from a laboratory in Wuhan, China, and criticizes the World Health Organization for prioritizing the Chinese Communist Party's interests over global health.  The report also faults common pandemic mitigation measures like social distancing and mask mandates, while praising Operation Warp Speed and travel restrictions implemented by the Trump administration. It criticizes health officials for overselling vaccine effectiveness and suppressing dissenting opinions on natural immunity.  The report recommends strengthening the Strategic National Stockpile and increasing domestic manufacturing of medications to better prepare for future pandemics.</p>
<p><b>Aging Topics</b></p>	<p><b>13. *Washington Post</b>  December 8, 2024  <a href="#">As more older adults live alone, resources are cropping up to help them</a>  Guest column by Judith Graham  This article highlights the growing need for resources and support for "solo agers," older adults who live alone without the support of a spouse, partner, or adult children. The article discusses the challenges they face, such as isolation, financial insecurity, and healthcare concerns. It also highlights the importance of proactive planning, building support networks, and accessing available resources.  The article features several individuals who have benefited from programs like Aging Alone Together, which provides practical advice and emotional support. These individuals have taken steps to address their concerns, such as creating living wills, organizing financial information, and building relationships with trusted individuals.  The article emphasizes the importance of community and connection for solo agers. By joining support groups, attending conferences, and participating in online communities, solo agers can find a sense of belonging and reduce feelings of isolation.  Overall, the article provides valuable insights into the experiences and needs of solo agers. It encourages proactive planning, building support</p>

	<p>networks, and seeking out available resources to ensure a fulfilling and secure aging experience.</p>
<p><b>Longevity</b></p>  <p>Hilda Jaffe, 102, in her apartment in New York. Jaffe enjoys doing puzzles, reading, volunteering and attending cultural events. (Jackie Molloy for KFF Health News)</p>	<p><b>14. *Washington Post</b>  December 8, 2024  <a href="#"><u>She's 102 years old, thriving, active and living life on her own terms</u></a>  Guest column by Judith Graham  <i>Hilda Jaffe is an extraordinary example of a 'superager.' What sets her apart?</i></p> <p>This article highlights the remarkable case of Ruth Jaffe, a 102-year-old woman who lives independently and maintains a high level of well-being. The author delves into the factors that contribute to her longevity and resilience, including a positive outlook, a pragmatic approach to life, and a strong social network.</p> <p>The article also discusses the broader phenomenon of "superagers," individuals aged 95 and older who exhibit exceptional cognitive and physical health. Researchers have identified several qualities associated with resilience in older adults, including optimism, adaptability, and strong social connections.</p> <p>Jaffe embodies these qualities, as she remains active, engaged, and positive despite her advanced age. She credits her longevity to genetics, luck, and a commitment to staying active. She also emphasizes the importance of a healthy diet, regular exercise, and social connections.</p> <p>The article concludes by highlighting the importance of a positive outlook and a focus on the present. As we age, it becomes increasingly important to savor the positive aspects of life and let go of the past. By doing so, we can improve our overall well-being and live a more fulfilling life.</p>
<p><b>From Our Colleagues Around the Country</b></p>	<p><b>15. The Consumer Voice</b>  December 2024  <a href="#"><u>Consumer Voice Files Amicus Briefs in Support of Minimum Staffing Rule in Nursing Homes</u></a></p> <p>Over the past two weeks, Consumer Voice, along with several other nursing home resident and worker advocacy groups, filed amicus briefs in support of the recently finalized <a href="#"><u>minimum staffing rule</u></a>, in two different lawsuits. The first brief was filed on November 25, 2024 in <a href="#"><u>American Health Care Association, et. al., v. Becerra</u></a>. The case, filed by the nursing home lobbying groups American Health Care Association (AHCA), Leading Age, the Texas Health Care Association, and three Texas nursing facilities, seeks to prevent the federal government from requiring a level of minimum staffing in nursing homes designed to protect nursing home residents from harm.</p> <p>Consumer Voice has strongly supported the rule and heralded it as one of the most significant increases in protections for nursing home residents in decades.</p> <p>The <a href="#"><u>second brief</u></a> was filed on December 3, 2024 in <a href="#"><u>Kansas v. Becerra</u></a>. In this case, Attorneys General from twenty states filed suit against the federal government attempting to block the minimum staffing rule. Consumer Voice previously issued a <a href="#"><u>statement</u></a> on this suit, pointing out how shameful it was for these states' top law enforcement officers to try and block a rule that would save an estimated <a href="#"><u>13,000 lives</u></a> annually.</p> <p>Since the Biden Administration announced its plans to implement a minimum staffing rule, the nursing home industry and its lobbying organizations have spent millions trying to prevent its implementation. The rule, designed to address the poorest-performing homes in the country, is modest. The final standard is well below what Consumer Voice</p>

	<p>recommended in its <a href="#">comments</a> on the proposed rule. Despite the modesty of the rule, it is a critical step in ensuring residents living in the most poorly staffed nursing homes in the country begin to receive better care. If the lawsuit is successful, it will place untold numbers of nursing home residents in harm's way.</p> <p>Read Consumer Voice's <a href="#">summary of the rule</a>. It is essential that we all stand with nursing home residents and workers as the billion-dollar nursing home industry seeks to derail this critical protection.</p>
<p><b>From Around the Country</b></p>	<p><b>16. The Wichita Eagle</b>  December 8, 2024  <a href="#">Discussion on long-term care blames profit motives for older Kansans' suffering</a>  By Sherman Smith  Lawrence, Kansas resident Dee Miller faces a difficult decision: her husband, who requires more intensive care than in-home services can provide, is not accepted by profit-driven assisted living facilities without paying a significant out-of-pocket cost.  This situation highlights broader concerns about the long-term care industry in Kansas, which is focused on profits rather than human suffering. Panelists at a forum hosted by Kansas Advocates for Better Care discussed the challenges of finding quality care in nursing homes, including staffing shortages, low pay, and a lack of competition. They also criticized the Republican-controlled Legislature for its unwillingness to regulate the industry. The forum highlighted the need for increased staffing requirements, limitations on anti-psychotic medication use, and easier coordination of in-home services to improve long-term care in Kansas.</p> <p><b>17. Republican American (Opinion)</b>  December 7, 2024  <a href="#">Time to save Connecticut's nursing homes</a>  By Rosa Maldonado  Life since the closure of Abbott Terrace has been overwhelmingly sad, difficult, and empty. Some days, I struggle to stay motivated, especially when passing by my former workplace. After working at Abbott Terrace for 14 years – a job I loved and intended to hold until retirement – I now drive by an empty parking lot and a vacant building, it breaks my heart. I was a dietitian at Abbott Terrace, and I knew almost all the residents personally. I understood their unique needs. I built strong relationships with many of them. For some, we were the closest thing to family, they didn't get many visitors, and we became their support system. When the state of Connecticut decided to close Abbott Terrace, they didn't just shut down a facility – they tore apart families, they failed us.  Employees who had dedicated years of their lives to this place were left without jobs in an instant, while residents who depended on the care provided there were left scrambling to find new places to live. Initially, it was said the closure would take months, but that timeline was abruptly shortened to weeks. It felt like a betrayal, false promises were made, and repeated lies from both Athena Health Care systems, which owned Abbott Terrace, and the state left everyone feeling abandoned. There were reportedly interested buyers who could have stepped in, but the state seemed more focused on shutting down the facility than on protecting the homes of seniors or the jobs of caregivers. No one seemed to care about the staff or the vulnerable people they served.</p>

I no longer work for Athena. During the closure, it became clear that something was wrong. Athena and the state made us promises they never kept. They said they would support us, but most of my former colleagues are still out of work, facing an uncertain future as the holiday season approaches. All those assurances turned out to be nothing more than empty words.

Some of the residents we cared for were relocated to other facilities – facilities that are now at risk of closing themselves. It's an endless cycle. Yet, those residents are the lucky ones. Others were discharged with nowhere to go. They were placed on waiting lists for housing, and for all we know, they may still be waiting.

These residents had no say in this. They depend on the state for help. You would think that the state of Connecticut would have a plan, a backup system, a desire to keep these vulnerable individuals close to home and surrounded by their families. But instead, the state has shown it doesn't care. The promises were empty, and the residents, the workers, and their families have been abandoned. The state had a chance to do the right thing, and they chose to walk away.

If Connecticut allows two more skilled nursing facilities to close, including the ones where residents from Abbott Terrace were transferred, these closures will only worsen the state's nursing home crisis. There are already far too few beds available, and closing more facilities will tear families apart. Residents who once had relatives just minutes away are now separated by hour-long commutes, a distance that may only grow. Where will they go next – out of state? Why doesn't Connecticut prioritize enabling our sick and elderly to live out their lives near their loved ones?

Connecticut has a chance to make things right. It's not too late to break the cycle. The state can act now to keep nursing homes open, ensure proper staffing, and guarantee that residents receive the quality care they deserve. If they don't, we'll be back in a few months, telling the same painful story – but for many, it will already be too late. The state must adjust the fiscal guardrails now and increase spending on the healthcare sector. It must step in to help find buyers for struggling nursing homes and focus on supporting these facilities to improve the quality of care and conditions.

**18. \*Washington Post**

December 7, 2024

[Settlement offers nearly \\$9M to Louisiana nursing home residents kept in warehouse during hurricane](#)

By Associated Press

*Some residents of seven Louisiana nursing homes who were sent to ride out 2021's Hurricane Ida in a warehouse are being offered shares of a nearly \$9 million settlement*

Here's a summary of the situation:

Elderly Nursing Home Residents Sue After Hurricane Ida Evacuation Disaster.

In 2021, hundreds of elderly residents from Louisiana nursing homes were evacuated to a poorly equipped warehouse in Independence ahead of Hurricane Ida. Conditions at the warehouse were described as deplorable, with residents suffering from neglect and unsanitary conditions. Several residents died following the evacuation.

The residents and their families filed lawsuits against nursing home owner Bob Dean Jr., alleging negligence and abuse. A settlement of nearly \$9



million has been reached, with individual payouts varying based on the severity of the harm suffered.

While the settlement provides some financial relief, many victims and their families argue that it does not fully compensate for the suffering and loss endured. The incident has raised serious concerns about the treatment of vulnerable populations during natural disasters and the accountability of nursing home operators.

### 19. Florida Bar News

December 5, 2024

[Bill would allow video monitoring in nursing homes](#)

By Jim Ash

A South Florida lawmaker has filed a bill that would require nursing homes to permit residents to install video monitoring devices, under certain circumstances.

Miami Sen. Ileana Garcia, who chairs the Appropriations Committee on Criminal and Civil Justice, filed [SB 64](#) September 22. Garcia also serves as vice chair of the Children, Families, & Elder Affairs Committee.

The measure would “authorize the installation and use of an electronic monitoring device in the resident’s room in a nursing home facility if all of the following conditions are met...”

The bill goes on to list a handful of conditions, including that the resident obtain the written consent of a roommate, or the roommate’s representative, and obey any restrictions the roommate requests.

Nursing homes or assisted living facilities that “discriminate” or “retaliate” against a resident for installing a monitoring device would face a \$500 fine, per incident.

“A nursing home facility may not deny a person admission to, or discharge a resident from, the facility or otherwise discriminate or retaliate against a resident based on his or her decision to install and use an electronic monitoring device in the resident’s room at the facility,” the bill states.

The measure defines a resident’s representative as “a person granted durable power of attorney under chapter 744, or a person designated as a health care surrogate under chapter 765, who is authorized to make health care decisions on behalf of a person.”

Other provisions would authorize nursing homes to develop consent forms and require them to post signs warning that a monitoring device is in use.

The measure has yet to be referred to committees and there is no House companion.

### 20. Iowa Capitol Dispatch

December 4, 2024

[Ombudsmen and advocates join fight over nursing home staffing levels](#)

By Clark Kauffman

This summary provides a comprehensive overview of the ongoing legal battle surrounding new, federally mandated staffing levels in nursing homes.

The key points include:

- **Advocacy Groups Intervene:** A group of nonprofit advocacy organizations, including the National Association of Local Long-Term Care Ombudsmen, is seeking to intervene in a lawsuit challenging the new staffing requirements.
- **Industry and State Attorneys General Sue:** The nursing home industry and 20 state attorneys general, led by Iowa Attorney General Brenna Bird, have filed a lawsuit to block the implementation of the new rules, arguing they are too costly and will lead to nursing home closures.

	<ul style="list-style-type: none"> <li>• <b>Advocates Argue for Stronger Standards:</b> The advocacy groups contend that understaffing has been a chronic problem in nursing homes, leading to poor care and resident harm. They argue that the new standards are necessary to protect residents and ensure adequate care.</li> <li>• <b>Profit and Care Concerns:</b> The groups also raise concerns about excessive profits in the nursing home industry and the potential for "tunneling," a practice where owners hide profits by paying inflated prices to related entities.</li> <li>• <b>Potential Impact:</b> The outcome of the lawsuits could significantly impact the future of nursing home care, particularly in states that have opposed the new staffing requirements. The Trump administration's potential repeal of the rules adds another layer of uncertainty to the situation.</li> </ul> <p>Overall, the debate highlights the tension between industry concerns about costs and compliance, and the advocacy groups' focus on improving resident care and safety</p> <p><b>21. Skilled Nursing News</b> November 22, 2024 <a href="#">Athena Health Care's Nursing Home Closures Continue to Mount</a> By Zahida Siddiqi Athena Health Care, a once-dominant player in Connecticut's nursing home industry, is facing significant financial challenges. To address these issues, the company has decided to close two more facilities, leaving only six operational in the state. The closures are attributed to a combination of factors, including staffing shortages, rising operational costs, and the need for substantial building updates. Despite high occupancy rates at the facilities, Athena has deemed it necessary to shut them down. The company's financial struggles have been ongoing, with overdue employee health care payments, back taxes, and delays in medical treatment for employees. To alleviate its financial burden, Athena has sold 10 of its nursing homes to National Health Care Associates. The state Department of Social Services will now review the proposed closures, holding public hearings to gather input from residents and staff. The process could take up to six months, with the final decision on the closures resting with the state.</p>
<p><b>Public Sessions</b></p>	<p><b>22. Regional Transit Authority (RTA) Council</b> Tuesday, December 10, 2024, 10:30 a.m. <i>Virtual Meeting</i> Agenda: a presentation from the Federal Transit Administration and discussion of ridership and service enhancements at five RTAs. <a href="#">Agenda and Access Info</a>)</p> <p><b>23. Public Health Council</b> Wednesday, December 11, 2024, 9:00 a.m. <i>Virtual Meeting</i> Agenda includes updates from Public Health Commissioner Robbie Goldstein and a vote on a determination of need request from Beth Israel Lahey Health for a substantial capital expenditure. There's also an informational presentation with updates on "priorities to advance comprehensive perinatal health systems of care." <a href="#">More Info</a></p> <p><b>24. Commission on the Status of Persons with Disabilities</b></p>

	<p>Wednesday, December 11, 2024, 10:00 a.m.  Room A-2, State House, Boston and virtual  <i>Meeting</i>  Agenda includes updates on employment initiatives and programs, identifying a next focus area for the commission, subcommittee reports, 2025 meeting dates, and commissioner announcements.  <a href="#">Livestream</a></p> <p><b>25. Report on the Daniels-Finegold v. MBTA settlement agreement</b>  Wednesday, December 11, 2024, 5:30 to 7:30 p.m.  Judge Patrick King will report on the state of the Daniels-Finegold v. MBTA settlement agreement. He will provide an update on the MBTA's work towards accessibility compliance in line with the agreement. During this meeting, the general manager and other MBTA officials will provide updates and answer questions about ongoing accessibility initiatives.  Note: This meeting is focused on bus, subway, and Commuter Rail accessibility, not on THE RIDE.  <a href="#">More Info</a></p> <p><b>26. Massachusetts Developmental Disabilities Council</b>  Wednesday, December 11, 2024, 6:00 p.m.  <i>Virtual meeting</i>  Agenda includes committee reports, a grants update and presentation, and a training team update.  <a href="#">Agenda and Zoom</a></p> <p><b>27. Business and Employment Opportunities Committee of the State Rehabilitation Council</b>  Thursday, December 12, 2024, 1:00 p.m.  <i>Virtual Meeting</i>  <a href="#">Access</a></p> <p><b>28. Community Behavioral Health Commission</b>  Thursday, December 12, 2024, 3:00 p.m.  <i>Virtual Meeting</i>  <a href="#">More Info</a></p> <p><b>29. State Rehabilitation Council</b>  Thursday, December 12, 2024, 5:00 p.m.  Virtual Meeting  <a href="#">Access</a></p>
<p><b>Support Dignity Alliance Massachusetts</b></p> <p><a href="#">Please Donate!</a></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>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a></p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoore8473@charter.net">rmoore8473@charter.net</a>.</p>		
<b>Websites</b>	<p><b><u><a href="https://dorotusa.org/agingalonetogether">Aging Alone Together</a></u></b>  <a href="https://dorotusa.org/agingalonetogether">https://dorotusa.org/agingalonetogether</a></p> <p>DOROT alleviates social isolation among older adults and provides services to help them live independently as valued members of the community. We serve the Jewish and wider community, bringing the generations together in a mutually beneficial partnership of elders, volunteers and professionals. Our work provides an effective model for others.</p> <p><b><u><a href="https://navigatingsolo.com/">Navigating Solo</a></u></b>  <a href="https://navigatingsolo.com/">https://navigatingsolo.com/</a></p> <p>Navigating Solo Network: The path to dynamic solo aging starts here!™  A national network and online clearinghouse featuring resources specifically for Solo Agers.</p>		
<b>Blogs</b>			
<b>Podcasts</b>			
<b>YouTube Channels</b>	<p><b><u><a href="#">AARP Massachusetts</a></u></b>  Contains 164 videos on a variety of topics</p>		
Previously recommended websites	<p>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>.</p>		
Previously posted funding opportunities	<p>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>.</p>		
Websites of Dignity Alliance Massachusetts Members	<p>See: <a href="https://dignityalliancema.org/about/organizations/">https://dignityalliancema.org/about/organizations/</a></p>		
Contact information for reporting complaints and concerns	<table border="1"> <tr> <td><b>Nursing home</b></td> <td> <p><b><u><a href="#">Department of Public Health</a></u></b></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><b><u><a href="#">Ombudsman Program</a></u></b></p> </td> </tr> </table>	<b>Nursing home</b>	<p><b><u><a href="#">Department of Public Health</a></u></b></p> <ol style="list-style-type: none"> <li>1. Print and complete the <a href="#">Consumer/Resident/Patient Complaint Form</a></li> <li>2. Fax completed form to (617) 753-8165</li> </ol> <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p><b><u><a href="#">Ombudsman Program</a></u></b></p>
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Money Follows the Person	<p><b>MassHealth</b>  <b><u><a href="#">Money Follows the Person</a></u></b></p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of September 27, 2024:</p>		

	<p>710 people enrolled, most in nursing facilities  173 people transitioned out of nursing facilities  10 people through the cycle since 2023, off the program, living independently in the community.  38 people approved for AHVP ( <a href="#">Alternative Housing Voucher Program</a>) nursing home vouchers, 14 currently in use  <a href="#">Open PDF file, 1.34 MB. MFP Demonstration Brochure</a>  <a href="#">MFP Demonstration Brochure - Accessible Version</a>  <a href="#">MFP Demonstration Fact Sheet</a>  <a href="#">MFP Demonstration Fact Sheet - Accessible Version</a></p>
<p>Determination of Need  (Pending proposals)</p>	<p><a href="#">Massachusetts Department of Public Health</a>  <a href="#">Lasell Village, Inc. – Conservation Long Term Care Project</a></p> <p>Lasell House is a thirty-eight (38) bed Medicare certified skilled nursing facility, located in Newton.</p> <p>This project is a phased renovation of the third floor Skilled Nursing Facility Lasell House. The facility has twenty-five (25) total bedrooms accommodating up to thirty-eight (38) residents. At present, all twenty-five (25) bedrooms have a toilet and sink with only one of the twenty-five (25) bedrooms having its own shower (the Special Care Isolation Bedroom). The other patients are currently transported to the Tub/Shower Room resulting in patients having to wait to receive a shower when the room is not occupied.</p> <p>Upon completion of the phased renovation, the facility will provide skilled nursing care in seventeen (17) Private Bedrooms and three (3) Semi-Private Bedrooms. The Semi-Private Bedrooms will be able to accommodate two residents or allow for a couple to remain together as they age through the Continuum of Care. The twenty (20) total bedrooms accommodate twenty-three (23) licensed beds with each bedroom having a full bathroom including toilet, sink, and shower. A select number of rooms will also be outfitted with additional structural blocking within the ceilings to accommodate Hoyer lifts in the future if they are needed. The tub room will be relocated to the lower level within the same building and located directly off the elevator. Service spaces will include a nursing station and two charting stations, a rehabilitation gym, dining space with nourishment kitchen, clean linen, clean utility room, medication room, oxygen storage, general storage, and public bathrooms. A new Linen Chute will be integrated into the building from the third floor emptying into a new Soiled Linen Room located in the lower level. The chute will alleviate the need for soiled linen closets to be located on the unit and will assist with infection prevention.</p> <p>The feel of the existing facility is reminiscent of a hospital setting as was typical of most skilled nursing facilities when Lasell House was constructed. One of the goals of this renovation, and one that is tied to Lasell’s overall desire to improve the culture is to create a more homelike and welcoming feel within the facility. To achieve this goal, the new design does not include a central nurse’s station and instead locates nurses and charting stations directly off the corridors so that they are easily accessible and able to monitor patients without being in the main circulation space. While finished materials still need to be durable and meet the fire rated standards for a skilled nursing facility, the design team will choose warm and inviting materials that would feel more like a home setting. Patient bedrooms will have new beds, bedside cabinets, bureaus, chairs, and window treatments as part of the renovation. Common areas will have new furniture, tables, and other accessories.</p>

	<p>Regarding building systems, the existing main mechanical, electrical, and plumbing infrastructure will remain, and the new design will connect to these existing systems. Improvements for patient comfort will be made by providing each bedroom with its own thermostat to independently control heating and cooling as currently two bedrooms share a single thermostat control. Additionally, the existing windows on the third floor will be replaced with new high-performing energy efficient windows. The roof on the building will be replaced as it is past its useful life.</p> <p>The Maximum Capital Expenditure (MCE) for the project is \$6,703,239.35.</p> <p><b>Application Documents</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Application (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Capital Costs (XLSX)</a></li> <li>• <a href="#">Affiliated Parties (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Change in Service (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">CPA Report (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Attachments (PDF)</a>   <a href="#">(DOCX)</a></li> </ul>
<p>Nursing Home Closures (pending)</p>	<p><b><a href="#">Massachusetts Department of Public Health</a></b>  <i>Phillips Manor Nursing Home</i>  <i>Closure date: February 25, 2025</i></p> <ul style="list-style-type: none"> <li>• <a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></li> <li>• <a href="#">Draft of Closure and Relocation Plan (PDF)</a>   <a href="#">(DOCX)</a></li> </ul> <p><a href="#">Notice of Intent to Close (PDF)</a>   <a href="#">(DOCX)</a></p> <p>“We would additionally request a one-year temporary deactivation of our license as we are in the architectural phase of evaluating the building.”</p> <p><a href="#">Massachusetts Nursing Home Survey Performance Tool</a> and the <a href="#">CMS Nursing Home Compare website</a>.</p>
<p>Nursing Home Closures</p>	<p><b><a href="#">Massachusetts Department of Public Health</a></b>  <i>Highview of Northampton</i>  <i>Closure date: December 6, 2024</i>  <i>Marion Manor, South Boston</i>  <i>Closure date: September 11, 2024</i>  <i>Bridgewater Nursing &amp; Rehab, Bridgewater</i>  <i>Closure date: May 24, 2024</i>  <i>Savoy Nursing and Rehabilitation Center, New Bedford</i>  <i>Closure date: April 3, 2024</i>  <i>New England Sinai Hospital Transitional Care Unit</i>  <i>Closure date: April 2, 2024</i>  <i>South Dennis Health Care, Dennis</i>  <i>Closure date: January 30, 2024</i>  <i>Arnold House Nursing Home, Stoneham</i>  <i>Closure date: September 22, 2023</i>  <i>Willimansett East, Chicopee</i>  <i>Closure date: June 6, 2023</i>  <i>Willimansett West, Chicopee</i>  <i>Closure date: June 6, 2023</i>  <i>Chapin Center Springfield</i>  <i>Closure date: June 6, 2023</i>  <i>Governors Center, Westfield</i>  <i>Closure date: June 6, 2023</i>  <i>Emerson Rehabilitation and Transitional Care Unit</i></p>

	<p>Closure date: May 17, 2023  <i>Stonehedge Rehabilitation and Skilled Care Center</i>, West Roxbury  Closure date: 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>  <a href="#"><u>Highview of Northampton</u></a></p>
<p>Massachusetts Department of Public Health  Determination of Need Projects</p>	<p><b>Massachusetts Department of Public Health</b>  <b>Determination of Need Projects: Long Term Care 2023</b>  <a href="#"><u>Navigator Homes of Martha's Vineyard, Inc. – Long Term Care Substantial Capital Expenditure</u></a>  <a href="#"><u>Royal Wayland Nursing Home, LLC – Conservation Long Term Care Project</u></a>  <b>2022</b>  <a href="#"><u>Ascentria Care Alliance – Laurel Ridge</u></a>  <a href="#"><u>Ascentria Care Alliance – Lutheran Housing</u></a>  <a href="#"><u>Ascentria Care Alliance – Quaboag</u></a>  <a href="#"><u>Berkshire Healthcare Systems, Inc. – Windsor Long Term Care Conservation</u></a>  <a href="#"><u>Fairlawn Rehabilitation Hospital-Hospital/Clinic Substantial Capital Expenditure</u></a>  <a href="#"><u>Long Term Centers of Lexington – Pine Knoll – Long Term Care Conservation</u></a>  <a href="#"><u>Long Term Centers of Wrentham – Serenity Hill – Long Term Care Conservation</u></a>  <a href="#"><u>Next Step Healthcare LLC-Conservation Long Term Care Project</u></a>  <a href="#"><u>Royal Falmouth – Conservation Long Term Care</u></a>  <a href="#"><u>Royal Norwell – Long Term Care Conservation</u></a>  <a href="#"><u>Wellman Healthcare Group, Inc</u></a>  <b>2020</b>  <a href="#"><u>Advocate Healthcare, LLC Amendment</u></a>  <a href="#"><u>Campion Health &amp; Wellness, Inc. – LTC - Substantial Change in Service</u></a>  <a href="#"><u>Heywood Healthcare, Inc. – Hospital/Clinic Substantial Capital Expenditure</u></a> <a href="#"><u>Notre Dame Health Care Center, Inc. – LTC Conservation</u></a>  <b>2020</b>  <a href="#"><u>Advocate Healthcare of East Boston, LLC.</u></a>  <a href="#"><u>Belmont Manor Nursing Home, Inc.</u></a></p>

List of Special Focus Facilities

**Centers for Medicare and Medicaid Services**

*List of Special Focus Facilities and Candidates*

<https://tinyurl.com/SpecialFocusFacilityProgram>

**Updated April 24, 2024**

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://somersestridgerehab.com/>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- South Dennis Healthcare  
<https://www.nextstephc.com/southdennis>  
Nursing home inspect information:  
<https://projects.propublica.org/nursing-homes/homes/h-225320>

**Massachusetts facilities not improved**

- None

**Massachusetts facilities which showed improvement**

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

**Massachusetts facilities which have graduated from the program**

- The Oxford Rehabilitation & Health Care Center, Haverhill



	<p><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></p> <ul style="list-style-type: none"> <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.geneshcc.com/glenridge">https://www.geneshcc.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> 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></li> </ul> <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>
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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> <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>Nursing Home Compare</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> <li><b>Weekend staff:</b> The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period.</li> </ul> <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to</p>																																																

	<p>know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life.</p> <p><a href="https://tinyurl.com/NursingHomeCompareWebsite">https://tinyurl.com/NursingHomeCompareWebsite</a></p>																																													
Data on Ownership of Nursing Homes	<p><b>Centers for Medicare and Medicaid Services</b>  <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 <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> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group lead for more information.</p>	<table border="1"> <thead> <tr> <th><b>Workgroup</b></th> <th><b>Workgroup lead</b></th> <th><b>Email</b></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>Jim Lomastro Arlene Germain</td> <td><a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a> <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>Stephen Schwartz</td> <td><a href="mailto:sschwartz@cpr-ma.org">sschwartz@cpr-ma.org</a></td> </tr> <tr> <th><b>Interest Group</b></th> <th><b>Group lead</b></th> <th><b>Email</b></th> </tr> <tr> <td>Housing</td> <td>Bill Henning</td> <td><a href="mailto:bhenning@bostoncil.org">bhenning@bostoncil.org</a></td> </tr> <tr> <td>Veteran Services</td> <td>James Lomastro</td> <td><a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a></td> </tr> <tr> <td>Transportation</td> <td>Frank Baskin Chris Hoeh</td> <td><a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a></td> </tr> <tr> <td>Covid / Long Covid</td> <td>James Lomastro</td> <td><a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a></td> </tr> <tr> <td>Incarcerated Persons</td> <td>TBD</td> <td><a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a></td> </tr> </tbody> </table>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>	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)	Jim Lomastro Arlene Germain	<a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a> <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	Stephen Schwartz	<a href="mailto:sschwartz@cpr-ma.org">sschwartz@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>	Veteran Services	James Lomastro	<a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a>	Transportation	Frank Baskin Chris Hoeh	<a href="mailto:baskinfrank19@gmail.com">baskinfrank19@gmail.com</a> <a href="mailto:cdhoeh@gmail.com">cdhoeh@gmail.com</a>	Covid / Long Covid	James Lomastro	<a href="mailto:jiplomastro@comcast.net">jiplomastro@comcast.net</a>	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>
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<p><b>Bringing People Home: Implementing the Marsters class action settlement</b></p>	<p>Website: <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</a>  Center for Public Representation  5 Ferry Street, #314, Easthampton, MA 01027  413-586-6024, Press 2  <a href="mailto:bringingpeoplehome@cpr-ma.org">bringingpeoplehome@cpr-ma.org</a>  Newsletter registration: <a href="https://marsters.centerforpublicrep.org/7b3c2-contact/">https://marsters.centerforpublicrep.org/7b3c2-contact/</a></p>
<p><b>REV UP Massachusetts</b></p>	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote.  Website: <a href="https://revupma.org/wp/">https://revupma.org/wp/</a>  To join REV UP Massachusetts – go to the <a href="#">SIGN UP page</a>.</p>
<p><b>The Dignity Digest</b></p>	<p>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</p>
<p>Note of thanks</p>	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> <li>• Wynn Gerhard</li> <li>• Richard Mollott, Long Term Care Community Coalitions</li> <li>• Richard Moore</li> </ul> <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>.  If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</p>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i>  Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.  The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.  Previous issues of <i>The Tuesday Digest</i> and <i>The Dignity Digest</i> are available at:  <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a>  For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</p>	