



# The Dignity Digest

Issue # 239

June 3, 2025

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

	<b>*May require registration before accessing the article.</b>
<b>DignityMA Zoom Sessions</b>	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> .
<b>Spotlight</b>	<p><b><u><a href="#">Many nursing homes feed residents on less than \$10 a day: 'That's appallingly low.'</a></u></b></p> <p><b>NJ Advance Media/NJ.com</b></p> <p>By Ted Sherman, NJ Advance Media for NJ.com, Susan K. Livio, NJ Advance Media for NJ.com, and Matthew Miller   <a href="mailto:mmiller@mlive.com">mmiller@mlive.com</a> May 22, 2025 (updated)</p> <p>This article reveals a widespread issue of inadequate food spending and poor food quality in U.S. nursing homes, often driven by cost-cutting measures, particularly in facilities owned by private equity firms. An investigation, aided by Rutgers University and data experts reviewing federal cost reports, found that <b>nationwide, more than a quarter of all nursing home operators spent under \$10 a day per resident for food in 2023</b>—less than the cost of a fast-food meal. Some owners even budgeted as low as \$6 per day.</p> <p>This minimal spending leads to numerous problems:</p> <ul style="list-style-type: none"><li>• <b>Poor Quality &amp; Insufficiency:</b> Residents report receiving shockingly small portions (like a single ravioli for a meal), unappetizing, or even inedible food ("soup and a sammie" with one slice of bologna and cheese). Complaints include rancid meat, spoiled produce, and meals prepared in filthy conditions. Many residents, even when meals meet basic nutritional quantity, find nothing appetizing. Some reported going a day without food.</li><li>• <b>Health Consequences:</b> Malnutrition and dehydration are rampant, with studies showing rates between 30% and 85% in residents. Inadequate nutrition contributes to poor health outcomes and even early death. Lack of specific dietary needs, like potassium-rich bananas for a stroke patient, was also noted.</li><li>• <b>Rising Issues:</b> From 2021 through 2024, food-related deficiency citations nearly tripled. Dietary complaints to ombudsman offices increased by over 50% between 2020 and 2023, and outbreaks of foodborne illnesses tied to nursing home kitchens are also on the rise.</li><li>• <b>Lack of Regulation:</b> There are no federal or state regulations mandating minimum spending on food, making</li></ul>

it an easy target for cuts. Experts note that when facilities are forced to increase spending in one regulated area (like staffing), they often cut costs in unscrutinized areas like food.

The article contrasts these low food budgets with the high cost of nursing home care (median annual cost of \$104,000 for a semi-private room). While industry officials state their commitment to quality care and blame underfunding and inflation, advocates and experts like Sam Brooks, David C. Grabowski (Harvard), and Charlene Harrington (UCSF) describe food as a major source of complaints and a significant, under-addressed problem. Cases like the collapse of Skyline Healthcare, whose owner Joseph Schwartz was convicted of tax fraud after allegedly skimming profits while facilities cut corners on essentials like food, highlight how financial motives can severely impact resident care.

Ultimately, the piece underscores that food is crucial not just for physical health but also for the mental well-being and dignity of residents, for whom meals can be a "bright spot" in their day. However, it often becomes an "easy place for a company to cut corners."

[Inside the 'multibillion-dollar game' to funnel cash from nursing homes to sister companies](#)

**NJ Advance Media/NJ.com**

By Ted Sherman, NJ Advance Media for NJ.com, Susan K. Livio, NJ Advance Media for NJ.com, and Matthew Miller | [mmiller@mlive.com](mailto:mmiller@mlive.com)  
May 1, 2025 (updated)

This article details how many U.S. nursing homes utilize complex financial structures, particularly related-party transactions, to allegedly siphon funds intended for resident care, thereby boosting owner profits while facilities often remain understaffed and under-resourced.

A key example highlighted is **South Jersey Extended Care**, dubbed one of New Jersey's worst. Acting State Comptroller Kevin Walsh moved to bar it from Medicaid, accusing its operators of a "massive scam" by siphoning millions through side businesses controlled by the same individuals. Money that should have gone to resident care was allegedly diverted to owner distributions and inflated "consulting" fees.

The practice, sometimes called "skimming" or "tunneling," involves nursing homes paying related companies (often owned by the same people) for services like rent, management, or supplies, frequently at inflated prices. While industry representatives from organizations like the American Health Care Association argue these arrangements are legal, common across industries, and sometimes necessary due to inadequate Medicare/Medicaid reimbursements, critics and studies suggest they obscure true profits and harm care.

Key findings and concerns raised in the article include:

	<ul style="list-style-type: none"> <li>• <b>Prevalence:</b> About 78% of U.S. nursing homes operate multiple entities with related owners.</li> <li>• <b>Hidden Profits &amp; Inflated Costs:</b> Economists estimate 63% of nursing home profits in 2019 were hidden via inflated transfer prices to related parties. These transactions can increase a facility's stated costs for services like real estate and management by 20-25%. In 2023, nursing homes reported paying related businesses \$2.76 billion <i>over and above</i> what was listed as "allowable costs" for those services.</li> <li>• <b>Impact on Care:</b> Facilities engaging in these practices tend to have fewer staff, higher rates of patient injuries, and more complaints. The tragic case of Ronald Wysong, who choked to death in an Ohio facility, is cited in a lawsuit alleging the parent company extracted money through management fees while under-resourcing the home.</li> <li>• <b>Lack of Transparency &amp; Oversight:</b> It's difficult to track where money truly goes. While disclosed in federal cost reports, these are hard for the public to access and parse. The HHS Inspector General found facilities failing to report related parties or properly adjust costs, and criticized CMS for insufficient guidance. Routine inspections are also lagging, with over 20% of homes behind on annual inspections, partly due to underfunding and understaffing at state and federal levels. The article concludes by outlining potential solutions, such as federal standards for spending on food and administration, limits on profits, random audits by CMS, and improved inspections. However, advocates like NJ Comptroller Kevin Walsh describe the effort to prevent financial diversions as a "multibillion-dollar game of Whac-a-Mole," with greed at the problem's core.</li> </ul>
<p><b>Quotes</b></p>	<p><i>“This was a massive scam. These individuals were able to amass a fortune by pretending to be independent parties. In reality, they operated as one unit, providing terrible care to the sick, the elderly, and the poor, so they could make big profits. . . They siphoned funds intended for resident care to their personal and business interests, reflecting a clear case of fraud, waste, and abuse of Medicaid funds,”</i></p> <p>Acting New Jersey State Comptroller Kevin Walsh, <a href="#"><i>Inside the 'multibillion-dollar game' to funnel cash from nursing homes to sister companies</i></a>, NJ Advance Media/NJ.com, May 1, 2025 (updated)</p> <p><i>“There is a lack of urgency when it comes to resident safety and program integrity, and a domino effect of</i></p>

*failure after failure after failure to take resident harm seriously. At every level in my experience and what I see in the data, there is a disregard for the lives of people in nursing homes and assisted living facilities.”*

Richard Mollot, Executive Director, Long Term Care Community Coalition, [Inside the ‘multibillion-dollar game’ to funnel cash from nursing homes to sister companies](#), NJ Advance Media/NJ.com, May 1, 2025 (updated)

*“There is an obscurity built into private equity. They are not public companies, so they operate under much more of a veil. When you send your mom into a nursing home, they should be accountable for who that is.”*

Stephen Crystal, director of the Center for Health Services Research at Rutgers University, [Inside the ‘multibillion-dollar game’ to funnel cash from nursing homes to sister companies](#), NJ Advance Media/NJ.com, May 1, 2025 (updated)

*A federal report in December [2024] raised concerns about the use of side businesses. Nursing homes from 2015 through 2020 reported receiving \$160.4 billion in Medicare payments. But more than a third, \$65.4 billion, of that was paid to related parties, [according to the report](#) by the Office of Inspector General for the Department of Health and Human Services.*

[Inside the ‘multibillion-dollar game’ to funnel cash from nursing homes to sister companies](#), NJ Advance Media/NJ.com, May 1, 2025 (updated)

*A week after an inspection by the state, prosecutors a worker sent an internal email to another mocking the state inspection:*

*“Ain’t nobody faker than a nursing home when the state is in the building... #Factz.”*

[Inside the ‘multibillion-dollar game’ to funnel cash from nursing homes to sister companies](#), NJ Advance Media/NJ.com, May 1, 2025 (updated)

*“We are seeing facilities that are siphoning money out of resident care and are not interested in redirecting it into quality improvement. And we see that through sophisticated transactions that are difficult to unveil like related party payments and management fees and sale lease back agreements.”*

New Jersey Human Services Commissioner Sarah Adelman, [N.J. spends billions on nursing homes. Officials question spending in wake of report](#), **NJ.Com**, June 1, 2025

*“It’s awful. I mean, it’s just awful that this is how we are treating people that are there to receive care and that our tax dollars are being used in this way and being diverted from patient care and there is very little that is being done to track that. This is rampant throughout the industry.”*

Chris Widelo, president of the [AARP New Jersey](#), [N.J. spends billions on nursing homes. Officials question spending in wake of report](#), **NJ.Com**, June 1, 2025

*More than 820 nursing facilities closed across the U.S. between 2015 and 2024. . . 45 out of 51 states saw a reduction in nursing facilities despite a nationwide increase in the older population. . . Between 2015 and 2024, . . . Montana saw the sharpest decline in nursing facilities, falling by 28 percent; followed by Maine on 21 percent, and Massachusetts on 17 percent.*

[US Shutting Nursing Facilities Despite Ageing Population](#), **Newsweek**, May 28, 2025

*[The federal] reconciliation bill will cost the Massachusetts health care system \$1.75 billion, take away health care for 250,000 people, and raise costs for everyone.*

[Governor Healey, Senator Warren, Senator Markey Fight Back Against Trump, Congressional Republicans’ Medicaid Cuts](#), **Office of Governor Maura Healey and Lt. Governor Kim Driscoll**, May 27, 2025



*“[James] Willmuth’s, [Senior Policy Analyst for the Massachusetts Division of 1199SEIU,] demonstrated expertise in representing the healthcare workforce will be a tremendous asset to the Health Policy Commission in their mission to improve health care, at a lower cost, for all residents of the Commonwealth.”*

[DiZoglio Appoints James Willmuth to Massachusetts Health Policy Commission Board of Commissioners](#), Office of State Auditor Diana

DiZoglio, April 11, 2025

*[The Office of the Inspector General] more recently uncovered evidence that some nursing homes may be exploiting loopholes in CMS’s monitoring and reporting on their antipsychotic drug use.”*

[OIG Seeks \\$454M for FY 2026, Prioritizing Nursing Home Oversight and Antipsychotic Drug Use](#), Skilled Nursing News, May 30, 2025

*Today, adults 50 and older account for more than half the country’s homeless population. Their numbers are expected to triple by 2030.*


*The news isn’t any better in Massachusetts., where the federal department of Health and Human Services count a 17% jump in the number of homeless Bay State adults age 55 and older. That’s almost three times the national increase of 6%.*

*The fastest-growing group (of homeless in Massachusetts) is people living over the age of 60.*

[Homelessness for senior citizens a growing problem](#), Salem News, May 29, 2025


*Mr. [Paul] Walczak, a former nursing home executive who had pleaded guilty to tax crimes days after the 2024 election, submitted a pardon application to President Trump around Inauguration Day. The application focused not solely on Mr. Walczak’s offenses but also on the political activity of his mother, Elizabeth Fago.*


[Trump Pardoned Tax Cheat After Mother Attended \\$1 Million Dinner](#), New York Times (free access), May 27, 2025

<b>Recruitment</b>	<b>See:</b> <a href="#">Listings on MASsterList.com's Job Board</a> for all current listings
<b>World Elder Abuse Awareness Day June 15</b>  	<b><a href="#">World Elder Abuse Awareness Day</a> is June 15th.</b> Join the National Center on Elder Abuse to spread awareness of World Elder Abuse Awareness Day (WEAAD), June 15th and help spread the word about this important cause and spark meaningful conversations about elder justice! Post on social media and finish the sentence: <i>Everyone at every age can stand up to elder abuse by...</i> Tag NCEA and use #WEAAD Find more examples of social media posts and graphics on <a href="#">NCEA's website</a> . Submit your WEAAD <a href="#">in-person or virtual event</a> to be featured on the WEAAD event map.
<b>Transitions</b>	<b>Office of State Auditor Diana DiZoglio</b> April 11, 2025 <a href="#">DiZoglio Appoints James Willmuth to Massachusetts Health Policy Commission Board of Commissioners</a> <p>State Auditor Diana DiZoglio has appointed James Willmuth of Quincy to the Massachusetts Health Policy Commission (HPC) Board of Commissioners. Willmuth, a Senior Policy Analyst for 1199SEIU with expertise in healthcare reform and workforce representation, fills a vacancy created by an unexpected resignation. This appointment is notable as it will be DiZoglio's last to the HPC Board; a new law effective in July will strip the State Auditor's Office of this appointment power, transferring it to the Administration, Attorney General, and legislative leadership. The HPC is an independent state agency focused on improving healthcare affordability in Massachusetts.</p>
<b>Reports</b>	<a href="#">Some Selected Skilled Nursing Facilities Did Not Comply With Medicare Requirements for Reporting Related-Party Costs</a> <b>Office of Audit Services, Office of the Inspector General, U.S. Department of Health and Human Services</b> December 2024 <b>Why OIG Did This Audit</b> <ul style="list-style-type: none"> <li>• Most of the approximately 15,000 nursing homes in this country are certified by Medicare to serve as skilled nursing facilities (SNFs). As of FY 2023, about 1.2 million people resided in nursing homes.</li> <li>• SNFs file cost reports with Medicare. Accurate cost reports are important because cost reports provide the Medicare program with transparency about the costs SNFs incur in providing care for residents and with critical information that CMS uses to update SNF payment rates.</li> <li>• SNFs and other Medicare providers regularly obtain services, facilities, or supplies (e.g., therapy services for SNF residents) from parties related to the provider (related parties).</li> <li>• SNFs and other providers must report related parties and related-party costs on their cost reports. Compliance with Medicare cost reporting requirements ensures that SNFs are not reporting related-party costs in excess of what is allowable.</li> <li>• For Medicare cost reporting periods ending during FYs 2015 through 2020, SNFs reported receiving a total of \$160.4 billion in</li> </ul>

	<p>Medicare payments and paying a total of \$65.4 billion to related parties.</p> <ul style="list-style-type: none"> <li>• This audit examined whether selected SNFs reported related parties as required and whether their related-party costs complied with Medicare requirements.</li> </ul> <p><b>What OIG Found</b></p> <ul style="list-style-type: none"> <li>• Of the 14 SNFs in our nonstatistical sample, 3 SNFs did not properly disclose 1 or more related parties on their Medicare cost reports. In addition, 7 of the 14 SNFs did not properly adjust some of their related-party costs to Medicare-allowable costs as required, which resulted in more than \$1.7 million in overstated costs.</li> <li>• Medicare administrative contractors (MACs) did not review, as part of their oversight activities, the disclosure or reporting of related parties and their costs, and CMS did not provide sufficient guidance to SNFs that explained how to determine Medicare-allowable related-party costs.</li> </ul> <p><b>What OIG Recommends</b></p> <ol style="list-style-type: none"> <li>1. require the MACs to include, as part of the normal desk review or audit process, a review of reporting and disclosure of related-party costs;</li> <li>2. develop and implement guidance for SNFs on the appropriate methods for providers to determine their allowable related-party costs; and</li> <li>3. provide guidance to reeducate MACs on the need to review, grant, and document requests from SNFs for exceptions to cost reporting requirements in compliance with 42 CFR § 413.17(d)</li> </ol>
<p><b>Guide to news items in this week's <i>Dignity Digest</i></b></p>	<p><b>Nursing Homes</b></p> <p><a href="#"><u>He wins, you lose</u></a> (McKnights Long-Term Care News, May 31, 2025)</p> <p><a href="#"><u>OIG Seeks \$454M for FY 2026, Prioritizing Nursing Home Oversight and Antipsychotic Drug Use</u></a> (Skilled Nursing News, May 30, 2025)</p> <p><a href="#"><u>Trump Pardons Florida Nursing Home Exec Convicted of Over \$10M in Tax Fraud</u></a> (Skilled Nursing News, May 28, 2025)</p> <p><a href="#"><u>US Shutting Nursing Facilities Despite Ageing Population</u></a> (Newsweek, May 28, 2025)</p> <p><a href="#"><u>Trump Pardoned Tax Cheat After Mother Attended \$1 Million Dinner</u></a> (New York Times (free access), May 27, 2025)</p> <p><b>Homelessness</b></p> <p><a href="#"><u>Homelessness for senior citizens a growing problem</u></a> (Salem News, May 29, 2025)</p> <p><b>End of Life</b></p> <p><a href="#"><u>Do Patients Without a Terminal Illness Have the Right to Die?</u></a> (New York Times (free access), June 1, 2025)</p> <p><b>Federal Policy</b></p> <p><a href="#"><u>What Medicare doesn't pay for becomes hefty debt for millions of seniors</u></a> (AOL, May 31, 2025)</p> <p><a href="#"><u>Governor Healey, Senator Warren, Senator Markey Fight Back Against Trump, Congressional Republicans' Medicaid Cuts</u></a> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, May 27, 2025)</p> <p><b>From Our Colleagues Around the Country</b></p> <p><b>From Around the Country</b></p>



	<p><a href="#"><u>N.J. spends billions on nursing homes. Officials question spending in wake of report (NJ.Com, June 1, 2025)</u></a>  <a href="#"><u>Lamont's office pushes back after closing Trumbull nursing home points finger at Medicaid funding (CT Post, May 31, 2025)</u></a>  <a href="#"><u>Trumbull nursing home, after multiple recent evacuations, to permanently close, officials say (CT Insider, May 30, 2025)</u></a>  <a href="#"><u>Outrage after Florida nursing home accused of booting residents to convert facility into luxury apartments (The Independent, May 28, 2025)</u></a>  <a href="#"><u>Minnesota's next Human Services budget will curb nursing home, disability payments (MinnPost, May 28, 2025)</u></a></p> <p><b>Public Sessions</b>  <a href="#"><u>Board Meeting</u></a> (Massachusetts Commission for the Blind Statutory Advisory Board, Tuesday, June 3, 12:00 p.m.)  <a href="#"><u>Meeting</u></a> (Massachusetts Commission for the Blind Rehabilitation Council, Wednesday, June 4, 2025, 1:00 p.m.)</p>
<p><b>DignityMA Study Sessions</b></p> <p><b><i>Special Focus on Changes in Federal Policies, Programs, and Services</i></b></p>	<p>Unprecedented public policy changes have been occurring since the onset of the Trump Administration three months ago. Programs, policies, and initiatives of importance to older adults, persons with disabilities, and caregivers are not exempted. The implications are starting to become known. The impacts will be experienced in the months and years ahead.</p> <p>No sector is being spared. Health care, social services, Social Security, civil rights, housing, and more are all under historic attack. Some areas are being “downsized,” some are being disrupted or radically modified, and others are being eliminated outright.</p> <p>Dignity Alliance Massachusetts has invited three nationally known experts regarding public policy and programs affecting older adults, persons with disabilities, and caregivers to share up-to-the-minute information, their analysis, and strategies for individuals and organizations to adopt in response.</p> <p>The presenters are:</p> <ul style="list-style-type: none"> <li>• Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</li> <li>• James Roosevelt, JD, former Associate Commissioner, U.S. Social Security Administration</li> <li>• Steven Schwartz, JD, Special Counsel, Center for Public Representation</li> </ul> <p>See below for dates, times, details, and registration information.</p>
<p><b>DignityMA Study Session</b></p>  <p>Bob Blancato, National Coordinator, Elder Justice Coalition</p>	<p><b><i>Aging Policy Update: What We Know, What We Don't Know, and What We Should Fear</i></b>  <del>Wednesday, May 21, 2025, 2:00 p.m.</del>  Unfortunately, this session is being rescheduled. Date to be announced.  Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition  Registration required:  <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a>  Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will</p>

	<p>focus on key shifts in aging policy, identifies emerging challenges, and outlines advocacy opportunities that will protect and shape services for older Americans in the coming year.</p> <p>Bob is also the Executive Director of the National Association of Nutrition and Aging Service Programs. He spent 17 years on the staff of the U.S. House Select Committee on Aging and has participated in four White House Conferences on Aging, including as the Executive Director of the 1995 White House Conference on Aging.</p>
<p><b>DignityMA Study Session</b></p>  <p>Steven Schwartz, JD, Special Counsel, Center for Public Representation</p>	<p><b><i>The New Legal Landscape: The Administration's Campaign to Erase Disability Rights, Protections, and Protectors</i></b></p> <p>Thursday, June 5, 2025, 11:00 a.m.</p> <p>Presenter: Steven Schwartz, JD, Special Counsel, Center for Public Representation</p> <p>Registration required:  <a href="https://us02web.zoom.us/meeting/register/WNnuimt0T3Sh64qXKJeZ2g">https://us02web.zoom.us/meeting/register/WNnuimt0T3Sh64qXKJeZ2g</a></p> <p>This session will review the Trump Administration's coordinated attack on disability rights, through the issuance of executive orders that eliminate legal claims and disability rights, rescind disability regulations, and challenge important disability precedents. It will discuss strategies to oppose these efforts, particularly in light of the drastic reduction in civil rights enforcement by the Department of Justice.</p> <p>Steve serves as special counsel, after founding the Center in 1976 and then serving as its executive director for 38 years and litigation director for 13. After graduating from Harvard Law School in 1971, he represented thousands of people with disabilities over the past fifty years. He has testified before Congress on numerous occasions, successfully resolved a number of damage cases for institutionalized individuals with disabilities, and litigated dozens of class action cases that challenge the unnecessary segregation of people with disabilities in psychiatric hospitals, developmental disability institutions, nursing facilities, and juvenile justice settings.</p>
<p><b>June Recognitions</b></p>	<p><u><a href="#">June is Alzheimer's &amp; Brain Awareness Month</a></u></p> <p>June 2025 is Alzheimer's and Brain Awareness Month, a time to raise awareness about <u><a href="#">Alzheimer's disease</a></u> and other forms of dementia. Purple is the official color of the Alzheimer's movement. This month provides an opportunity to discuss the importance of brain health and the impact of Alzheimer's on public health. Here's a more detailed breakdown:</p> <ul style="list-style-type: none"> <li>• <b>June is a designated month:</b> Many organizations and governments officially recognize June as Alzheimer's and Brain Awareness Month.</li> <li>• <b>Purpose:</b> The month aims to educate the public about Alzheimer's disease and other dementias, and to encourage conversations about brain health.</li> <li>• <b>Focus of World Alzheimer's Month:</b> The World Alzheimer's Month campaign focuses on raising awareness and addressing stigma and discrimination surrounding dementia</li> </ul> <p><u><a href="https://www.alz.org/abam/overview.asp">https://www.alz.org/abam/overview.asp</a></u></p> <p><u><a href="#">June is Aphasia Awareness Month</a></u></p>

	<p>2 million people in the United States have aphasia, but 84.5% of Americans state that they've never heard the term aphasia. This fact needs to change immediately to pave the way for better communication experiences for people living with aphasia.  <a href="https://aphasia.org/stories/june-aphasia-awareness-month/">https://aphasia.org/stories/june-aphasia-awareness-month/</a>  <a href="#"><u>June is Scleroderma Awareness Month</u></a></p> <p>Scleroderma, or systemic sclerosis, is an autoimmune disease in which the body attacks its own healthy connective tissues, potentially affecting the skin, blood vessels, muscles, or internal organs. Scleroderma can be difficult to diagnose because many other autoimmune diseases have similar symptoms.</p> <p>Scleroderma has the highest case fatality rate of all the autoimmune connective tissue diseases, including systemic lupus erythematosus and rheumatoid arthritis, Hinchcliff points out. Lung disease is a leading cause of death in patients with scleroderma.</p>
<b>Webinars and Online Sessions</b>	<ol style="list-style-type: none"> <li> <b>1. Massachusetts Healthy Aging Collaborative</b>  June 3, 2025, 9:30 a.m.  <a href="#"><u>Technology Learning Collaborative for Healthy Aging</u></a>  Presentations will feature Greenfield Community College and their partnership with CyberSeniors and their local council on aging. The session will also discuss updates on advocacy and funding relative to advancing digital equity, and a new round of the MBI <a href="#"><u>Residential Retrofit Program</u></a>.  <a href="#"><u>Learn More &amp; Register</u></a> </li> <li> <b>2. Massachusetts SHINE program</b>  June 3, 2025, 10:00 a.m. to 12:00 p.m.  <a href="#"><u>SHINE Health Benefits University</u></a>  The Massachusetts SHINE (Serving the Health Insurance Needs of Everyone on Medicare) program will be hosting a Health Benefits University Webinar. Kathleen Gouveia, the SHINE Training Coordinator will present on the different parts of Medicare, Medicare eligibility, enrollment periods, coverage options and costs, 2025 Updates, the Medicare Plan Finder, programs that help with the costs of Medicare and other resources.  <a href="#"><u>Learn More &amp; Register</u></a> </li> <li> <b>3. Leonard Davis Institute of Health Economics at the University of Pennsylvania</b>  Friday, June 6, 2025, 12:00 p.m.  <a href="#"><u>Decoding the Moment: Cuts to Violence Prevention Programs</u></a>  Gun violence is now the leading cause of death among children in the United States. Yet in April, the Trump administration announced plans to terminate hundreds of millions of dollars in grants from the Department of Justice (DOJ) that support violence reduction efforts. These cuts, which affect 37 states across urban, suburban, and rural areas, come as the Centers for Disease Control and Prevention has also reduced its capacity to prevent violence by dismissing most staff in its Division of Violence Prevention.  The panel of experts will break down: <ul style="list-style-type: none"> <li>• Which violence prevention programs are targeted by these federal cuts</li> <li>• What we've learned about effective strategies to prevent gun violence</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• What these policy changes could mean for communities across the country</li> </ul> <p>The Trump administration's sweeping efforts to reshape federal health policy have created a fast-moving, uncertain landscape for the health care sector and policymakers. In response, Penn LDI and Tradeoffs launched the virtual event series, Decoding the Moment, to provide timely, evidence-based discussions on key federal policy changes. Through conversations with leading experts, this series explores the implications of recent actions and what they signal for the future. The first discussion in the series focused on new rules for vaccine approvals.</p> <p><b>SPEAKERS</b></p> <ul style="list-style-type: none"> <li>• Jeremy Biddle, Director, Violence Reduction Policy and Programs, Crime and Justice Policy Lab, Department of Criminology, University of Pennsylvania</li> <li>• Elinore Kaufman, MD, MSHP, Assistant Professor, Department of Surgery, Perelman School of Medicine, University of Pennsylvania; Medical Director, Penn Trauma Violence Recovery Program</li> <li>• Dan Gorenstein (moderator), Founder and Executive Editor, <i>Tradeoffs</i></li> </ul> <p><a href="#">Register</a></p> <p><b>4. Executive Office of Aging &amp; Independence</b>  Tuesday, June 10, 2025, 3:00 to 5:00 p.m.  <a href="#">Financing Long-Term Care in Massachusetts</a>  Massachusetts residents of all ages, especially our growing population of older adults, use long-term services and supports (LTSS) when functional limitations and chronic illnesses create a need for assistance with routine daily activities like bathing, dressing, preparing meals, and administering medications. Yet, individuals often face significant challenges in planning for and financing long-term care. The result is a growing gap in care and coverage that deeply affects families in the Commonwealth, leaving too many residents without reliable, affordable options to meet their essential long-term care needs.  Join the Executive Office of Aging &amp; Independence for a dynamic webinar featuring the findings of the Massachusetts LTSS Feasibility Study, conducted by Milliman for the Executive Office of Health and Human Services. The session will explore current long-term care financing options in Massachusetts, analysis of several public insurance models, and viewpoints from an interdisciplinary panel of experts in the field.  <a href="#">Learn More &amp; Register</a></p> <p><b>5. The Long-Term Care Discussion Group</b>  Tuesday, June 24, 2025, 2:00 p.m.  <a href="#">Charitable Foundations in Aging</a>  The speakers from Grantmakers in Aging (GIA) and The John A. Hartford Foundation will present about the priorities and strategic directions of charitable foundations in aging. They will also share their insights, particularly as they are navigating uncertain times with federal policy and budgets.  GIA is a community of funders mobilizing money and ideas to strengthen policies, programs, and resources for all of us as we age. As the hub of the aging philanthropy ecosystem, GIA creates opportunities for funders to connect, collaborate, and co-fund. Our vision is a just and</p>
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	<p>inclusive world where all people are fully valued, recognized, and engaged at all ages. To learn more, please visit <a href="http://www.GIAging.org">www.GIAging.org</a>. The John A. Hartford Foundation is dedicated to improving the care of older adults. It invests in aging experts and practice innovations that transform how the care of older adults is delivered. Since 1982, the foundation has awarded more than \$737 million in grants to enhance the health and well-being of older people. The foundation has three priority areas: creating age-friendly health systems, supporting family caregivers, and improving serious illness and end-of-life care. To learn more, please visit <a href="https://www.johnahartford.org/">https://www.johnahartford.org/</a>.</p> <p>About the Speakers:</p> <ul style="list-style-type: none"> <li>• Lindsay Goldman, LMSW. Chief Executive Officer. Grantmakers In Aging. She has nearly 20 years of experience in program development and administration, direct service, philanthropy, and health and social policy. Prior to this role, she was the founding director of the Center for Healthy Aging at The New York Academy of Medicine.</li> <li>• Scott Bane, JD, MPA. Senior Program Officer. The John A. Hartford Foundation. His career, including a decade of experience in philanthropy, has been directed toward helping vulnerable men and women, with an emphasis on ensuring that they have access to effective services. He brings experience in working with public partners and non-profits to improve both access to and quality of care for older adults.</li> </ul> <p>Register in advance for this meeting:  <a href="https://nashp-org.zoom.us/meeting/register/RR6I-wMWTw6bqjp41BZX6g">https://nashp-org.zoom.us/meeting/register/RR6I-wMWTw6bqjp41BZX6g</a></p>
<b>Previously posted webinars and online sessions</b>	<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>
<b>Nursing Homes</b>	<p><b>6. McKnights Long-Term Care News</b>  May 31, 2025  <a href="#">He wins, you lose</a>  By John O'Connor</p> <p>The long-term care field has worked tirelessly to demonstrate that resident care is its highest priority. But every now and then, a story like Paul Walczak's emerges — and sends a very different message. Walczak, a former Florida nursing home owner, admitted to stealing more than \$7 million in payroll taxes — money he took from employees' paychecks and used to buy luxury cars and a yacht, and fund personal accounts. Despite earning a \$360,000 salary, he didn't file personal income taxes for years. Authorities said his tax bill eventually ballooned past \$10 million.</p> <p>When held accountable for his wrongdoing, he was sentenced to 18 months in prison and ordered to pay \$4.4 million in restitution. But he won't serve a day or repay a dime. Right after his mother paid \$1 million to attend a Mar-a-Lago fundraiser, Walczak received a full pardon from President Trump.</p> <p>Let's not pretend this is justice. This is power and privilege at work — and it reflects poorly on an industry that can hardly afford more black eyes.</p> <p>To many outside its borders, the long-term care sector struggles with a reputation problem. Frequent allegations of fraud, poor care and</p>



financial mismanagement don't help. For much of the public, it's difficult to distinguish honest providers from bad actors. When someone who admitted to years of deliberate tax evasion walks away unscathed thanks to political connections, that distrust only deepens. Even more troubling: This isn't an isolated incident. In 2020, Trump commuted the sentence of Philip Esformes, who was convicted in a \$1 billion Medicare fraud case. Like Walczak, Esformes ran long-term care facilities — and like Walczak, he escaped consequences through a well-placed connection. That's not just frustrating. It's damaging. Every provider working ethically and putting residents first now has to work harder to overcome the perception that the entire industry is built on exploitation. This isn't about politics — it's about fairness, accountability, and optics. Walczak's actions hurt his employees, shortchanged the government and gave the field more damaging publicity. Rewarding him with a pardon sends a troubling message: that long-term care is a game rigged for the connected, not a profession built on care and responsibility. So, yes, the pardon is good for him. But for the rest of the field? It's just more guilt by association.

#### **7. Skilled Nursing News**

May 30, 2025

[OIG Seeks \\$454M for FY 2026, Prioritizing Nursing Home Oversight and Antipsychotic Drug Use](#)

By Zahida Siddiqi

The Office of Inspector General (OIG) is requesting \$454.4 million for its fiscal year 2026 budget to combat fraud, waste, and abuse within the U.S. Department of Health and Human Services (HHS) programs. A key priority is nursing homes, with a specific focus on reducing the inappropriate use of antipsychotic drugs. The other two main priority areas are Grants and Contracts, and Managed Care.

The OIG highlighted "widespread challenges" in ensuring safe, high-quality care for the 1.2 million residents in over 15,000 nursing homes nationwide. Of the requested budget, \$367.4 million is earmarked for Medicare and Medicaid oversight, while \$87 million will go towards other HHS programs like the NIH, CDC, and FDA.

The agency emphasized its commitment to protecting nursing home residents and noted that while some progress has been made, such as reductions in antipsychotic drug use, concerns remain about facilities potentially exploiting loopholes in monitoring and reporting. The OIG plans further evaluations in 2025, including assessments of citations for misuse of these drugs.

The OIG reported a high return on investment, recovering \$11 for every \$1 spent, with over \$7 billion in expected recoveries across its priority areas in 2024. The agency utilizes advanced analytics, AI, and interagency partnerships to achieve these results.

In 2024, the OIG influenced improvements to the Centers for Medicare & Medicaid Services (CMS) Care Compare website by adding data on nurse turnover and weekend staffing. It also released voluntary compliance program guidance for skilled nursing facilities to improve care quality and safeguard public funds. The OIG intends to continue collaborating with the Department of Justice and Medicaid Fraud Control Units to prosecute fraud.

#### **8. Skilled Nursing News**

May 28, 2025

[Trump Pardons Florida Nursing Home Exec Convicted of Over \\$10M in Tax Fraud](#)

By Amy Stulick

Palm Health Partners executive Paul Walczak was pardoned by President Donald Trump on Wednesday, weeks after Walczak's mother, Elizabeth Fago, attended a \$1 million-per-person fundraiser at Mar-a-Lago.

Walczak had been sentenced to 18 months in prison, two years of supervised release, and ordered to pay over \$4 million in restitution for willfully failing to pay more than \$10 million in taxes. According to the Department of Justice (DOJ), Walczak withheld over \$7 million in employment taxes from employee paychecks, using over \$1 million of it to buy a yacht and transferring hundreds of thousands to personal accounts for luxury purchases. He also failed to pay \$3.48 million of his business's share of Social Security and Medicare taxes. In 2019, he created a new business, NextEra, with a family member as the nominal owner, to transfer funds for personal expenses.

Reports indicate Walczak's pardon application emphasized his mother's political support for Trump and Republicans, which allegedly influenced his prosecution. The pardon absolves Walczak of prison time and the \$4 million restitution. This clemency decision has added to growing scrutiny over pardons issued since Trump returned to office, especially following sweeping pardons for individuals involved in the Jan. 6 Capitol riot. Trump has reportedly issued over three dozen pardons in his first months back, compared to 80 by former President Biden during his entire term.

**9. Newsweek**

May 28, 2025

[US Shutting Nursing Facilities Despite Ageing Population](#)

By Hugh Cameron

A new report by Opera Beds reveals a sharp decline in the number of nursing facilities across the United States, with over 820 closing between 2015 and 2024, even as the nation's elderly population grows rapidly. This reduction occurred in 45 out of 51 states, despite a nationwide increase in citizens aged 85 and older, which grew by approximately 39 percent between 2003 and 2023—more than double the growth rate of the wider population.

This trend is creating increasing strain on remaining nursing homes and homecare services. States like Alaska, Nevada, and Hawaii, which saw the largest growth in their 85+ populations (122%, 127%, and 100% respectively between 2003 and 2023), face significant challenges. Montana experienced the steepest decline in facilities (28%), followed by Maine (21%) and Massachusetts (17%).

The study identifies Arizona as the least prepared state, with 1,050 individuals over 85 per available nursing facility, followed by Hawaii and Florida. Conversely, Iowa is deemed best prepared, with one facility per 174 residents over 85, attributed to its rural composition and policies emphasizing accessible elderly care.

Experts warn that America's aging population, combined with a declining birth rate, poses substantial economic challenges, including a shrinking working-age population, reduced tax revenues, and increased demand for services like Social Security. Projections indicate a

	<p>continued significant increase in the 85+ population by 2043. The Opera Beds report utilized data from the U.S. Census Bureau and KFF.</p> <p><b>10. New York Times (free access)</b>  May 27, 2025  <a href="#"><u>Trump Pardoned Tax Cheat After Mother Attended \$1 Million Dinner</u></a>  By Kenneth P. Vogel  <i>Paul Walczak's pardon application cited his mother's support for the president, including raising millions of dollars and a connection to a plot to publicize a Biden family diary.</i>  This article details how former nursing home executive Paul Walczak received a full presidential pardon from President Trump for tax crimes, sparing him an 18-month prison sentence and \$4.4 million in restitution. Walczak had pleaded guilty days after the 2024 election to misusing over \$10 million earmarked for employees' taxes to fund a lavish lifestyle.  His pardon application, submitted around Inauguration Day, focused heavily on the political activities of his mother, Elizabeth Fago. Ms. Fago was a major fundraiser for Trump and other Republicans and was notably connected to efforts to publicize the diary of President Biden's daughter, Ashley Biden, an episode that drew law enforcement scrutiny. The application argued Walczak's prosecution was politically motivated due to his mother's staunch support for Trump.  Despite an initial delay, the pardon was granted less than three weeks after Ms. Fago attended a \$1-million-per-person fundraising dinner for Trump at Mar-a-Lago. The pardon came just 12 days after Walczak's sentencing.  The White House asserted Walczak was "targeted by the Biden administration over his family's conservative politics." The article frames this as the latest example of President Trump using his clemency powers to reward political allies and punish enemies. The Justice Department under Trump had also closed an investigation into the Ashley Biden diary matter, in which Ms. Fago was a figure of interest, without pressing charges against her or others involved.</p>
Homelessness	<p><b>11. Salem News</b>  May 29, 2025  <a href="#"><u>Homelessness for senior citizens a growing problem</u></a>  By Editorial Staff  Summary:  The United States is facing a worsening crisis of homelessness among older adults. Over 2.35 million older adult households spend more than half their income on rent, and nearly 140,000 Americans aged 55 and over are homeless on any given night. Adults 50 and older now constitute over half of the nation's homeless population, a figure projected to triple by 2030.  Massachusetts is experiencing an even sharper rise, with a 17% increase in homeless adults aged 55 and older, nearly three times the national rate. State Senator Pat Jehlen identified those over 60 as the fastest-growing homeless group in the state. This crisis is attributed to older adults often living on fixed incomes that haven't kept pace with the rising costs of essentials like food, heat, and medication. The severe housing shortage in Massachusetts, where home prices have surged 73% since 2020 while inflation-adjusted household income rose only</p>

	<p>4%, exacerbates the problem. The state needs an estimated 222,000 new housing units by 2035.</p> <p>Waitlists for affordable housing programs can span years, leaving many seniors in precarious situations, sometimes living in their cars. A proposed solution in Massachusetts is to expand a successful \$130,000 Somerville pilot program statewide. This program provided rental assistance to nine older households, preventing likely evictions. Lawmakers are seeking \$7.5 million to fund the statewide expansion. Under this plan, eligible adults 60 and over (with incomes below 80% of the area median income and at risk of eviction) would pay no more than 30% of their income on housing, with a state subsidy covering the rest. Advocates argue this is a cost-effective and humane approach, as preventing homelessness is less expensive than managing the costs of shelter and related hospitalizations.</p>
End of Life	<p><b>12. New York Times (free access)</b> June 1, 2025 <a href="#"><u>Do Patients Without a Terminal Illness Have the Right to Die?</u></a> By Katie Engelhart <i>Paula Ritchie wasn't dying, but under Canada's new rules, she qualified for a medically assisted death. Was that kindness or cruelty?</i></p> <p>This New York Times article by Katie Engelhart, dated June 1, 2025, explores the complexities of <a href="#"><u>Canada's Medical Assistance in Dying (MAID) program</u></a>, particularly its 2021 expansion (Bill C-7) to include individuals whose deaths are not reasonably foreseeable—a category known as "Track 2."</p> <p>The piece centers on the case of Paula Ritchie, 52, who suffered from a multitude of chronic physical and mental health issues, including fibromyalgia, chronic fatigue, bipolar disorder, and severe symptoms like vertigo and pain following a concussion in 2023. Describing her life as "physical torture," Paula sought MAID after numerous unsuccessful treatments and two prior suicide attempts.</p> <p>Despite one clinician deeming her ineligible and a neurologist finding her neurological exam "normal" (suggesting psychological causes for some symptoms), Dr. Matt Wonnacott, her primary assessor, and a psychiatrist, Dr. Elspeth MacEwan, found Paula eligible for MAID. Dr. Wonnacott emphasized Paula's capacity to consent and her right to refuse further treatment, acknowledging that while earlier interventions might have changed her trajectory, her current suffering was profound and prospects for significant improvement were slim given systemic delays in accessing specialized care. The article delves into the broader debate surrounding Track 2 MAID. Supporters view it as an act of compassion and an extension of autonomy for those enduring intolerable suffering. Critics, including some physicians and disability advocates, argue it's a "slippery slope," potentially leading to premature deaths for vulnerable individuals—the poor, disabled, or mentally ill—whose suffering might be alleviated by better social support, housing, or healthcare access. Cases like Normand Meunier, who received MAID after developing a severe bedsore due to hospital neglect, highlight these concerns. There are also fears that MAID could become a cost-saving measure for the healthcare system.</p> <p>Dr. Wonnacott and other MAID providers contend that while the system is flawed, it's unfair to force individuals to continue suffering indefinitely while waiting for systemic improvements. They argue against paternalism and for</p>

	<p>respecting a patient's subjective experience of suffering and their autonomous choice, even if their conditions are complex or involve "functional disorders." The article concludes with the scene of Paula Ritchie's medically assisted death, attended by friends, a death doula, and a minister, portraying her final moments as calm after a life of intense suffering. It leaves the central question—whether such an application of MAID is kindness or cruelty—as a point of ongoing societal and ethical deliberation.</p>
<b>Federal Policy</b>	<p><b>13. AOL</b>  May 31, 2025  <a href="#"><u>What Medicare doesn't pay for becomes hefty debt for millions of seniors</u></a>  By Kerry Hannon</p> <p>This article highlights the increasing problem of healthcare debt among American retirees, even those covered by Medicare. Many seniors, like Connie Morton who accumulated \$90,000 in medical bills for herself and her late husband, face significant financial hardship, including the potential loss of their homes. Medicare covers a large portion of medical costs, but not all, and out-of-pocket expenses can be substantial; a 65-year-old retiring last year might need \$165,000 in savings for these costs.</p> <p>One in ten people aged 65 or older with healthcare debt owe \$10,000 or more, a significant burden considering half of Medicare recipients live on about \$35,000 or less annually. This debt often stems from routine services like lab fees, dental care, doctor visits, and particularly long-term care, which Medicare generally doesn't cover. Assisted living can cost over \$74,000 a year, with dementia care exceeding \$94,000. Many seniors resort to credit cards for medical expenses, leading to high-interest debt. The amount borrowed for healthcare increases with age. This financial strain also leads some to delay or skip necessary care. Many retirees, even those with \$100,000 in investable assets, are unprepared for major medical shocks, especially long-term care needs, which affect about 80% of those over 65.</p> <p>To manage and avoid medical debt, the article suggests:</p> <ul style="list-style-type: none"> <li>• Planning: Budget for healthcare and include potential unexpected costs in emergency funds. Utilize Medicare's Plan Finder and explore programs like Extra Help.</li> <li>• Inquiring: Ask doctors about cost-effective alternatives and the necessity of tests.</li> <li>• Consulting Financial Advisors: Seek guidance on managing assets and cash flow during health shocks.</li> <li>• Using Health Savings Accounts (HSAs): Maximize contributions if eligible through a high-deductible health plan.</li> <li>• Checking Credit Reports: Ensure accuracy and dispute medical bill inclusions (a recent CFPB rule bans their inclusion by lenders).</li> <li>• Scrutinizing and Negotiating Bills: Review itemized charges for errors and explore payment plans or interest rate reductions.</li> <li>• Tapping Retirement Accounts: As a later resort for those over 59½, understanding the tax implications and impact on future savings.</li> <li>• Working with Credit Counselors: Nonprofits may help negotiate credit card debt related to medical expenses.</li> <li>• Considering Bankruptcy: As a last option, understanding that retirement accounts and Social Security are generally protected.</li> </ul>



	<p><b>14. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b> May 27, 2025 <a href="#"><u>Governor Healey, Senator Warren, Senator Markey Fight Back Against Trump, Congressional Republicans' Medicaid Cuts</u></a> <i>Reconciliation bill will cost Massachusetts health care system \$1.75 billion, take away health care for 250,000 people, raise costs for everyone</i></p> <p>Massachusetts Governor Maura Healey, along with Senators Elizabeth Warren and Ed Markey, publicly condemned a U.S. House-passed reconciliation bill that proposes a \$1.75 billion cut to the state's healthcare system. They argued this Republican-led initiative would strip healthcare coverage from 250,000 Massachusetts residents, including families, seniors, veterans, and people with disabilities, by targeting MassHealth (the state's Medicaid program) and the Health Connector Marketplace.</p> <p>Speaking at the Cambridge Health Alliance's Revere Care Center, the officials, joined by healthcare leaders and other state politicians, warned that the cuts would not only affect individuals but also force healthcare providers like nursing homes and community health centers to reduce services or close, leading to job losses and increased healthcare costs for everyone. They characterized the bill as an attempt to fund tax cuts for billionaires at the expense of vulnerable populations and vowed to fight against its implementation.</p>
From the Executive Office of Aging and Independence	<p><b>15. Aging Services Network News</b> <a href="#"><u>Subscribe to Aging Network News</u></a></p>
From Our Colleagues Around the Country	<p><b>16. The Consumer Voice</b> <a href="#"><u>The Power of Family Advocacy in Long Term Care</u></a> <b>Description</b> When a loved one enters long-term care, family members often find themselves stepping into a new and unexpected role: advocate. In this episode, Andrea DuBrow and Heather Tunis share their personal journeys from concerned family members to dedicated advocates for their loved ones in long-term care settings. Join us as we explore the vital role of family councils, the power of effective leadership, and the importance of advocacy in ensuring quality care. We also discuss strategies for building respectful and productive partnerships with staff and management, offering essential tips to help family members navigate the challenges of advocacy with confidence and purpose. Whether you're just beginning your advocacy journey or looking to strengthen your approach, this conversation provides invaluable guidance and information. <b>Guests:</b></p> <ul style="list-style-type: none"> <li>• <b>Andrea DuBrow</b>, Former Caregiver, Consumer Voice Leadership Council Member, Social Worker, Public Health Educator and Advocate</li> <li>• <b>Heather Tunis</b>, Family Care Manager, Management Consultant/Executive Coach, Long-Term Care Family Advocate</li> </ul>

**17. NJ.Com**

June 1, 2025

[N.J. spends billions on nursing homes. Officials question spending in wake of report](#)

By Susan K. Livio, NJ Advance Media for NJ.com and Ted Sherman, NJ Advance Media for NJ.com

This article discusses growing concerns in New Jersey over the use of billions in public funds for nursing home care, sparked by an investigative series by NJ Advance Media. The investigation highlighted issues such as low spending on resident food (some less than \$10 per day per resident) and complex financial dealings, including payments to "related companies" by nursing homes claiming to operate at a loss. State Human Services Commissioner Sarah Adelman questioned whether facilities primarily funded by government should be for-profit, especially when increased reimbursements don't always translate to better care. She noted some operators appear to be siphoning funds away from resident care.

In response, State Sen. Joseph Vitale plans to reintroduce legislation aimed at increasing financial transparency (requiring disclosure of owners and related entities) and imposing sanctions on poorly performing nursing homes. Public support for such measures is high, with a recent AARP poll showing 90% of older voters favor financial disclosure.

The nursing home industry, through the Health Care Association of New Jersey, argues it is already highly transparent, citing numerous required financial reports. However, critics like the State's Long-Term Care Ombudsman, the Acting State Comptroller, and AARP New Jersey contend that these reports are not easily accessible or truly revelatory of where money flows, alleging that profit motives often overshadow resident care and that problematic practices are widespread. They emphasize the difficulty of reform but stress its necessity. The Human Services department also plans to roll out new rules allowing Medicaid managed care to bypass poorly performing facilities.

**18. CT Post**

May 31, 2025

[Lamont's office pushes back after closing Trumbull nursing home points finger at Medicaid funding](#)

By Brianna Gurciullo

This article discusses the impending closure of St. Joseph's Center, a Genesis Healthcare nursing home in Trumbull, Connecticut. The facility's spokesperson attributed the closure partly to "inadequate state Medicaid funding," making operations financially unviable, and an inability to get necessary waivers for required renovations despite recent repairs. This claim was refuted by Governor Ned Lamont's office, which stated that "critical failures in the building's fire life safety systems," including a non-functional smoke evacuation system, were the reasons for the state's actions and the relocation of 125 residents. The facility had been evacuated twice in recent months due to these safety concerns.

State officials, including the Department of Public Health (DPH) and the State Fire Marshall, cited ongoing life safety issues and the facility's failure to maintain compliance with state and federal health and safety requirements, leading to its placement on a termination track by the

Centers for Medicare & Medicaid Services (CMS). The DPH clarified that CMS, not the DPH, has the authority to provide federal waivers. The state emphasized that its priority is the safety and well-being of the residents, ensuring they are safely relocated and their rights upheld. The state's Long Term Care Ombudsman is working with DPH and the Department of Social Services to support residents. Trumbull First Selectman Vicki Tesoro expressed concern for the residents and stated that town officials would work with the state Department of Labor to assist displaced staff and discuss the property's future with Genesis HealthCare and the Roman Catholic Diocese of Bridgeport, the former owner. The Diocese confirmed that its adjacent senior living communities, Carmel Ridge and Teresian Towers, would not be affected. St. Joseph's Center has operated since 1960 and has undergone several ownership changes.

#### **19. CT Insider**

May 30, 2025

[Trumbull nursing home, after multiple recent evacuations, to permanently close, officials say](#)

By Hana Ikramuddin

St. Joseph's Center, a nursing home in Trumbull where residents have been forced to evacuate at least twice in recent months, is set to close permanently.

St. Joseph's Center had to evacuate patients in March for a water issue, and, according to a letter sent to families, it was later discovered that Legionella bacteria [was found in the facility's water system](#).

#### **20. The Independent**

May 28, 2025

[Outrage after Florida nursing home accused of booting residents to convert facility into luxury apartments](#)

By Mike Bedigan

Oasis Living Quarters in Fort Lauderdale, Florida is facing backlash for allegedly evicting residents to convert their homes into luxury apartments, prompting a court injunction and fines for unauthorized conversion work.

Fort Lauderdale Building Committee Vice Chair Donald Karney III expressed strong disapproval of the situation, stating that the residents have been treated unfairly and emphasizing the seriousness of the case.

Despite denials from Oasis administrator Steven Gottlieb, a Fort Lauderdale building inspector confirmed that unauthorized renovations, including structural changes and replacement of amenities, were being carried out without proper permits, leading to a stop work order and daily fines if compliance is not met within 15 days.

#### **21. MinnPost**

May 28, 2025

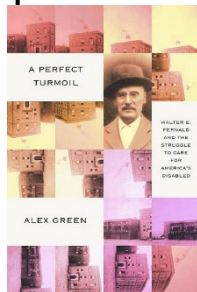
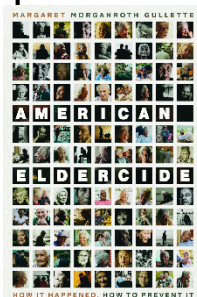
[Minnesota's next Human Services budget will curb nursing home disability payments](#)

By Matthew Blake

*The deal comes amid an opaque budget process likely to drag into June.*

The Minnesota Legislature is nine days late in finalizing the state's two-year budget, but Governor Tim Walz and lawmakers have reached a significant deal on funding the Department of Human Services (DHS).

	<p>This agreement, accounting for over 40% of state spending (including federal Medicaid funds), is a major step.</p> <p>The DHS deal aims to reduce projected spending by \$272 million over the next two years by capping annual growth in reimbursement rates paid to Medicaid providers (for services like nursing homes and home/community-based disability care) at 4%. It allocates \$16.9 billion from the state's general fund to DHS for the period July 1, 2026, to June 30, 2028. However, details of this compromise, negotiated in private working groups, are not yet fully public.</p> <p>A contentious issue, MinnesotaCare eligibility for undocumented immigrants, is not part of this DHS agreement; legislative leaders disagree on whether to address it in a standalone bill or a larger spending package. Other budget areas, notably education (nearly 40% of the budget), are still under negotiation. Lawmakers also anticipate a potential special session in the fall to address any federal Medicaid cuts made by Congress. While a June 1 deadline has passed, the critical deadline to avoid a government shutdown is June 30.</p>
<b>Public Sessions</b>	<p><b>22. Massachusetts Commission for the Blind Statutory Advisory Board</b> Tuesday, June 3, 12:00 p.m. <a href="#">Board Meeting</a> Agenda includes updates from Commissioner John Oliveira and Deputy Commissioner Justine Muir, as well as program updates. <a href="#">Agenda and Zoom</a></p> <p><b>23. Massachusetts Commission for the Blind Rehabilitation Council</b> Wednesday, June 4, 2025, 1:00 p.m. <a href="#">Meeting</a> Agenda includes updates on the budget, programs and services. <a href="#">Agenda and Zoom</a></p>
<b><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></b>	<p><b><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p> <p>For nearly 20 years, the Personal Needs Allowance for Nursing Home and Rest Home residents has been stuck at \$72.80 per month. If inflation had been factored since the amount was last set, the allowance should now be about \$113.42. Costs for everything have increased over the last two decades, but the PNA has remained unchanged. That means that folks residing in nursing homes and rest homes have been paying ever higher prices for their personal needs – items not covered within the care, room, and board required to be provided by nursing and rest homes. These residents are obligated to pay almost all their monthly Social Security and other income for their basic care leaving the PNA to cover all other life's necessities. Amplifying this situation, Massachusetts has the highest cost of living of any state in the continental United States – meaning these vulnerable residents can afford less each and every year.</p> <p>Three similar bills have been filed in the Massachusetts Legislature this year and are awaiting a public hearing with the Joint Committee on Health Care Financing, chaired by Senator Cindy Friedman and Representative John Lawn. The bills to raise the PNA are Senate Bill 887 by Senator Joan Lovely and others; Senate Bill 482 by Senators Patricia Jehlen and Mark Montigny and others; and House Bill 1411 by Representative Thomas Stanley and others. As of the middle of May, twenty-nine legislators (11 senators, 16</p>

	<p>representatives) have already co-sponsored one or more of these bills. DignityMA, AARP Massachusetts, and LeadingAge Massachusetts are among the statewide organizations that have indicated support of the PNA legislation. There's still time for other legislators to become co-sponsors. Please contact your state senator and representative using this link: <a href="https://dignityalliancema.org/take-action/#/25">https://dignityalliancema.org/take-action/#/25</a>. It literally takes less than a minute to deliver the message.</p> <p>If you are a nursing or rest home resident, family member, or caregiver and have a story about the inadequacy of the current PNA, your story can help put an important human face on why this raise is so necessary. Please submit your story via <a href="https://tinyurl.com/ForgetMeNotPNA">https://tinyurl.com/ForgetMeNotPNA</a> or you can email your story to Dignity Alliance MA (<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>), noting at least your first name and town where you live so that we can include your story in the testimony submitted to the Legislature.</p> <p><i>*We selected the Forget-me-not as our symbol to encourage legislators to remember older adults in nursing and rest homes who have gone so long without a raise in the PNA.</i></p>
<p><b>Books by DignityMA Participants</b></p>  <p>About the Author: <b>Alex Green</b> teaches political communications at Harvard Kennedy School and is a visiting fellow at the Harvard Law School Project on Disability and a visiting scholar at Brandeis University Lurie Institute for Disability Policy. He is the author of legislation to create a first-of-its-kind, disability-led human rights commission to investigate the history of state institutions for disabled people in Massachusetts.</p>	<p><b><u><a href="#">A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled</a></u></b> By Alex Green</p> <p>From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views today. How did the man who designed the first special education class in America, shaped the laws of entire nations, and developed innovative medical treatments for the disabled slip from idealism into the throes of eugenics before emerging as an opponent of mass institutionalization? Based on a decade of research, <i>A Perfect Turmoil</i> is the story of a doctor, educator, and policymaker who was unafraid to reverse course when convinced by the evidence, even if it meant going up against some of the most powerful forces of his time.</p> <p>In this landmark work, Alex Green has drawn upon extensive, unexamined archives to unearth the hidden story of one of America's largely forgotten, but most complex, conflicted, and significant figures.</p> <p><a href="#">Buy the book here</a></p>
<p><b>Books by DignityMA Participants</b></p>  <p>About the Author:</p>	<p><b><u><a href="#">American Eldercide: How It Happened, How to Prevent It</a></u></b> By <a href="#">Margaret Morganroth Gullette</a></p> <p><b>A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.</b></p> <p>Twenty percent of the Americans who have died of COVID since 2020 have been older and disabled adults residing in nursing homes—even though they make up fewer than one percent of the US population. Something about this catastrophic loss of life in government-monitored facilities has never added up.</p> <p>Until now. In <i>American Eldercide</i>, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a</p>



<p><b>Margaret Morganroth Gullette</b> is a cultural critic and anti-ageism pioneer whose prize-winning work is foundational in critical age studies. She is the author of several books, including <i>Agewise</i>, <i>Aged by Culture</i>, and <i>Ending Ageism, or How Not to Shoot Old People</i>. Her writing has appeared in publications such as the <i>New York Times</i>, <i>Washington Post</i>, <i>Guardian</i>, <i>Atlantic</i>, <i>Nation</i>, and the <i>Boston Globe</i>. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.</p>	<p>passionate voice and razor-sharp attention to detail, showing us that nothing about it was inevitable. By unpacking the decisions that led to discrimination against nursing home residents, revealing how governments, doctors, and media reinforced ageist or ableist biases, and collecting the previously little-heard voices of the residents who survived, Gullette helps us understand the workings of what she persuasively calls an eldercide.</p> <p>Gullette argues that it was our collective indifference, fueled by the heightened ageism of the COVID-19 era, that prematurely killed this vulnerable population. Compounding that deadly indifference is our own panic about aging and a social bias in favor of youth-based decisions about lifesaving care. The compassion this country failed to muster for the residents of our nursing facilities motivated Gullette to pen an act of remembrance, issuing a call for pro-aging changes in policy and culture that would improve long-term care for everyone.</p> <p><a href="#">Buy the book here.</a></p>
<p><b>Bringing People Home: The Marsters Settlement</b></p>	<p>Webpages:  <a href="https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/">https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/</a>  <a href="https://marsters.centerforpublicrep.org/">https://marsters.centerforpublicrep.org/</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. The 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>
<p><b>Dignity Alliance Massachusetts Legislative Endorsements</b></p>	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <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:rmoores8473@charter.net">rmoores8473@charter.net</a>.</p>
<p><b>Websites</b></p>	
<p><b>Blogs</b></p>	
<p><b>Podcasts</b></p>	
<p><b>YouTube Channels</b></p>	

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>
MassHealth Eligibility Information	<a href="#">MassHealth / Massachusetts Medicaid Income &amp; Asset Limits for Nursing Homes &amp; Long-Term Care</a> <b>Table of Contents</b> (Last updated: December 16, 2024) <a href="#">Massachusetts Medicaid Long-Term Care Definition</a> <a href="#">Income &amp; Asset Limits for Eligibility</a> <a href="#">Income Definition &amp; Exceptions</a> <a href="#">Asset Definition &amp; Exceptions</a> <a href="#">Home Exemption Rules</a> <a href="#">Medical / Functional Need Requirements</a> <a href="#">Qualifying When Over the Limits</a> <a href="#">Specific Massachusetts Medicaid Programs</a> <a href="#">How to Apply for Massachusetts Medicaid</a>	
Money Follows the Person	<b>MassHealth</b> <a href="#">Money Follows the Person</a> 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. <b>Statistics as of March 31, 2025:</b> 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning <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>	
Nursing Home Closures	List of Nursing Home Closures in Massachusetts Since July 2021: <a href="https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/">https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</a>	
Determination of Need Projects	List of Determination of Need Applications regarding nursing homes since 2020: <a href="https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/">https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</a> Pending: <a href="#">Town of Nantucket – Long Term Care Substantial Capital Expenditure</a>	

<p>List of Special Focus Facilities</p>	<p><b>Centers for Medicare and Medicaid Services</b>  <i>List of Special Focus Facilities and Candidates</i>  <a href="https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf">https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</a>  <b>Updated March 26, 2025</b>          CMS has published a new list of <a href="#">Special Focus Facilities</a> (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.  <b>What can advocates do with this information?</b> <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> <b>Massachusetts facilities listed (updated )</b>  <b>Newly added to the listing</b> <ul style="list-style-type: none"> <li>• Salem Rehab Center, Salem  <a href="https://www.adviniacare.com/adviniacare-salem/">https://www.adviniacare.com/adviniacare-salem/</a>            Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225644/">https://projects.propublica.org/nursing-homes/homes/h-225644/</a></li> <li>• Fall River Healthcare  <a href="https://www.nextstephpc.com/fallriver">https://www.nextstephpc.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> </ul> <b>Massachusetts facilities which have graduated from the program</b> <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>            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></li> <li>• Somerset Ridge Center, Somerset  <a href="https://somersetridge rehab.com/">https://somersetridge rehab.com/</a>            Nursing home inspect information:</li> </ul> </p>
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	<p><a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a></p> <ul style="list-style-type: none"> <li>• Tremont Healthcare Center, Wareham <a href="https://thetremontrehabcare.com/">https://thetremontrehabcare.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225488/">https://projects.propublica.org/nursing-homes/homes/h-225488/</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 (13) <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>• Brandon Woods of New Bedford (1) <a href="https://brandonwoodsnewbedford.com/">https://brandonwoodsnewbedford.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225264/">https://projects.propublica.org/nursing-homes/homes/h-225264/</a></li> <li>• Cape Cod Post Acute, Brewster (9) <a href="https://capecodrehabhc.com/">https://capecodrehabhc.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225667/">https://projects.propublica.org/nursing-homes/homes/h-225667/</a></li> <li>• Charwell House Health and Rehabilitation, Norwood (37) <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>• Life Care Center of Merrimack Valley, Billerica (2) <a href="https://lcca.com/locations/ma/merrimack-valley/">https://lcca.com/locations/ma/merrimack-valley/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225546/">https://projects.propublica.org/nursing-homes/homes/h-225546/</a></li> <li>• Medway Country Manor Skilled Nursing &amp; Rehabilitation, Medway (1) <a href="https://www.medwaymanor.com/">https://www.medwaymanor.com/</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225412">https://projects.propublica.org/nursing-homes/homes/h-225412</a></li> <li>• Pine Knoll Nursing Center, Lexington, (3) <a href="https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab">https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225049/">https://projects.propublica.org/nursing-homes/homes/h-225049/</a></li> <li>• RegalCare at Glen Ridge (20) <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>• West Newton Healthcare, West Newton (9) <a href="https://www.nextstephc.com/westnewton">https://www.nextstephc.com/westnewton</a> Nursing home inspect information: <a href="https://projects.propublica.org/nursing-homes/homes/h-225324/">https://projects.propublica.org/nursing-homes/homes/h-225324/</a></li> </ul> <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>
Nursing Home Inspect	<p><b>ProPublica</b> <b>Nursing Home Inspect</b> <b>Data updated April 23, 2025</b> 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</p>

	<p>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><tr><th>Deficiency Tag</th><th># Deficiencies</th><th># Facilities</th><th>MA facilities cited</th></tr><tr><td>B</td><td>315</td><td>222</td><td><a href="#">Tag B</a></td></tr><tr><td>C</td><td>106</td><td>82</td><td><a href="#">Tag C</a></td></tr><tr><td>D</td><td>7,445</td><td>1,401</td><td><a href="#">Tag D</a></td></tr><tr><td>E</td><td>2,133</td><td>767</td><td><a href="#">Tag E</a></td></tr><tr><td>F</td><td>676</td><td>314</td><td><a href="#">Tag F</a></td></tr><tr><td>G</td><td>517</td><td>339</td><td><a href="#">Tag G</a></td></tr><tr><td>H</td><td>58</td><td>35</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>53</td><td>28</td><td><a href="#">Tag J</a></td></tr><tr><td>K</td><td>27</td><td>9</td><td><a href="#">Tag K</a></td></tr><tr><td>L</td><td>9</td><td>3</td><td><a href="#">Tag L</a></td></tr></table> <p><b>Updated April 23, 2025</b></p>	Deficiency Tag	# Deficiencies	# Facilities	MA facilities cited	B	315	222	<a href="#">Tag B</a>	C	106	82	<a href="#">Tag C</a>	D	7,445	1,401	<a href="#">Tag D</a>	E	2,133	767	<a href="#">Tag E</a>	F	676	314	<a href="#">Tag F</a>	G	517	339	<a href="#">Tag G</a>	H	58	35	<a href="#">Tag H</a>	I	3	2	<a href="#">Tag I</a>	J	53	28	<a href="#">Tag J</a>	K	27	9	<a href="#">Tag K</a>	L	9	3	<a href="#">Tag L</a>
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Nursing Home Compare	<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 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></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>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts’ Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li></ul>																																																



	<ul style="list-style-type: none"> <li>• <b>Support</b> relevant bills in Washington – <a href="#">Federal Legislative Endorsements</a>.</li> <li>• <b>Join</b> our <a href="#">Work Groups</a>.</li> <li>• <b>Learn</b> to use and leverage social media at our workshops: <a href="#">Engaging Everyone: Creating Accessible, Powerful Social Media Content</a></li> </ul>		
Access to Dignity Alliance social media	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>		
<b>Participation opportunities with Dignity Alliance Massachusetts</b>  Most workgroups meet bi-weekly via Zoom.  Interest Groups meet periodically (monthly, bi-monthly, or quarterly).  Please contact group lead for more information.	<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>
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<b>REV UP Massachusetts</b>	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> .		
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Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> :		

	<ul style="list-style-type: none"> <li>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>.</li> </ul>
<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>	