



# The Dignity Digest

Issue # 249

September 9, 2025

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

## DignityMA Zoom Sessions

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

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

Editor's note:

At the request of Dignity Alliance Massachusetts, a public hearing has been scheduled on the proposed change of ownership of eight facilities owned by Bear Mountain (Bear Mountain at Andover; Belvidere Healthcare Center, Lowell; Chestnut Hill of East Longmeadow; Bear Mountain at Reading; Sixteen Acres Healthcare Center, Springfield; Bear Mountain at Sudbury; Bear Mountain at West Springfield; Bear Mountain Worcester) to Vantage Care.

Call in:

Thursday, September 18, 2025  
6:00 p.m.  
Phone: 888 324 9683  
Passcode: 8677550

Written comments by 12:00 a.m. on September 19, 2025 to:

Department of Public Health  
Division of Health Care  
Facility Licensure and  
Certification  
Attn: Licensure Unit  
Coordinator  
67 Forest Street  
Marlborough, MA 01752  
By email:

## [Nursing home care turmoil: quick profits and quality concerns](#)

**Boston Globe**

September 7, 2025

By Kay Lazar

Black water from broken pipes seeped through the kitchen floor of a [nursing home](#) in Reading for months this summer, with workers scrambling to keep the muck from contaminating serving dishes and food.

At [a sister facility in Andover](#), one of two elevators has not worked for a year, and the ancient air conditioning system struggled to keep up with heat waves. Residents have rarely been served fresh vegetables recently because the food service staff is shrinking and they now don't have enough time to prepare them.

"There's not enough people to pull the job load," said one food service employee in Reading, who asked to remain anonymous for fear of retaliation. "Everyone is giving their notice and leaving, and others have had their hours cut."

The shortcomings reflect broader problems at the nursing homes owned by Bear Mountain Healthcare: half its eight homes have the lowest inspection ratings by regulators.

Now, with its business in receivership, the Bear Mountain homes are poised to be sold to another chain that also has a spotty record with regulators, including a higher number of problems discovered during inspections, and lower ratings on the quality of care at their own nursing homes.

The pending deal epitomizes a pattern that advocates find concerning: [nursing homes](#) in Massachusetts and [across the country](#) are being bought and sold at a rapid pace, in what critics say are deals engineered more to make a quick profit than to build a successful long-term business. Fueling the frenzy is an increase in elders with complex health conditions that require skilled nursing care, and a shrinking number of facilities able to provide that care. Elder care [advocates](#) say state regulators need to more closely scrutinize prospective buyers and warn that the quality of care for the thousands of residents in these facilities is at risk.

"A lot of this happens in total silence and behind closed doors," said Scott Harshbarger, a former state attorney general and now a principal at the Massachusetts Guardianship Policy Institute, [a](#)

[HFLLicenseAction@Mass.gov](mailto:HFLLicenseAction@Mass.gov)

Questions to Walter Mackie at  
[Walter.Mackie@Mass.gov](mailto:Walter.Mackie@Mass.gov)

[nonprofit that advocates](#) for people who are unable to care for themselves “These are often unbefriended people, who have no voice, and they are inside homes where the employees are reluctant to blow the whistle.”

The prospective buyer of the Bear Mountain homes, a New York chain named Vantage Care, declined to comment on its plans for the Bear Mountain facilities, but issued a statement that said it is working diligently to repair facilities and improve conditions that it inherited at the eight nursing homes.

“Vantage Care’s entry into the Massachusetts market is driven by a long-term commitment to providing stability, quality care, and a supportive environment for both our residents and our dedicated staff,” the statement said.

But Vantage Care is among those operators that have been active in the market for nursing home properties. In quick succession, it bought four homes in Massachusetts in 2022 and 2023 and then quickly sold them; one, in South Hadley, sold for \$2.7 million more than it had paid just one year earlier.

“This industry is more about cash flow than it is production,” said David Kingsley, a former Kansas University Medical Center professor who founded the [Center for Health Information & Policy](#), a health care research and advocacy nonprofit.

“They sell these properties like baseball cards,” Kingsley said. One reason may be the amount of money surging into nursing homes. Paul Lanzikos, a former Massachusetts secretary of elder affairs, said the state has added more than \$340 million in supplemental funding to nursing homes since 2023, in addition to higher Medicaid payments to facilities, but has failed to tie the money to specific mandated improvements, such as minimum staffing ratios.

“Instead, [the money] was dropped into a fragmented system with for-profit chains, private equity, and management companies already circling for opportunity,” Lanzikos said. “This attracted more financial actors into the space, each trying to bite off a piece of the new money,” he said.

[At least 34 Massachusetts nursing](#) homes have closed since 2020, reflecting a national trend as the industry struggles with acute staffing shortages and more consumers seeking home and community-based alternatives. But the shrinking supply of nursing homes has paradoxically created [a seller’s market](#) as more people live longer with complex health problems that can’t be cared for at home.


Kingsley said that’s helped fuel a rapid buying and selling of nursing homes as companies use substantial tax deductions, such as interest payments and depreciation on their buildings, to realize quick profits.

A number of [recent reports](#) have also concluded that many nursing homes [reap profits](#) by squeezing efficiencies and lowering the quality of their food, housekeeping, and other services, while also

	<p>notching gains by paying sister companies inflated prices for management and additional services.</p> <p>In addition to running its own homes in Massachusetts and Connecticut, Vantage Care has been operating the eight Bear Mountain facilities for the past year after that company was forced into receivership by its landlord. Bear Mountain was behind on rent, utility bills, payroll expenses, and Medicaid money it owed the state, <a href="#">according to court documents</a>.</p> <p>And over that time, state inspectors flagged troubling conditions at the Bear Mountain facilities overseen by Vantage Care.</p> <p>At the facility in Reading, inspectors in November said the nursing home placed residents in “immediate jeopardy” of harm because it had not updated health care plans, nor notified the building’s lone social worker for nearly a year after a depressed resident had to be hospitalized following a suicide attempt.</p> <p>At another nursing home in Worcester, state inspectors in February found residents in “immediate jeopardy” of serious infections because of lax practices by nurses cleaning and changing bandages around a patient’s tracheostomy. The nursing home was also the subject of a <a href="#">scathing report</a> by a nonprofit legal advocate last year that found rodent infestations, low staffing, and resident neglect.</p> <p>Federal and state health department inspection records of the Bear Mountain facilities, including the periods before and while they were managed by Vantage Care, show four had a one-star rating, the lowest possible score in a five-star system, and three were judged to be average. Just one was rated above average, at four stars.</p> <p>A lawyer for Bear Mountain Healthcare declined comment.</p> <p>In its statement, Vantage Care said it recently fixed the water seepage at the Reading facility and ordered parts for the non-working elevator at the Andover one. It also said the company was in the midst of “several large-scale [air conditioning] projects this summer across the entire portfolio of homes.”</p> <p>The response from Vantage did not address other issues uncovered by the state inspections, as well as the low overall rankings of its facilities.</p> <p>“We are proud of the positive impact we have made in these communities and positive results will become more apparent over time as we make additional investments,” Vantage said.</p> <p>Aside from the Bear Mountain facilities, Vantage Care owns four other nursing homes in Massachusetts and one in Connecticut. Inspection reports for those facilities, as well as at the four others in Massachusetts it sold, show Vantage Care too scored below average. Federal regulators rank <a href="#">quality of care</a> at Vantage nursing homes at just 2.4 stars, compared to an average of 3.4 stars at other homes nationally.</p> <p>Vantage filed notice in early August with the Massachusetts health department that it intends to acquire the eight Bear Mountain homes.</p> <p>The state health department declined an interview but said in a statement that it is reviewing Vantage’s request.</p>
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	<p>Several advocates said what is known so far about Vantage Care is concerning, given the current landscape for nursing home care in Massachusetts.</p> <p>“A number of facilities that have changed ownership over the past half dozen years have been ‘out of the pot and into the fire’ because the new owners are worse than the previous ones,” said Lanzikos, who cofounded a group called, Dignity Alliance Massachusetts that is working to improve long-term care.</p> <p>A worker who recently resigned from the Andover nursing home said Vantage Care was so slow to repair critical items, such as call lights residents use to signal for help, and the air conditioning system, that he worried about the quality of care going forward.</p> <p>“I am scared to see what’s going to happen for the future,” said the former employee, who asked to remain anonymous because he fears speaking publicly might harm him professionally. “I didn’t want to be there for that.”</p>
<p><b>Spotlight</b></p> <p>Charlie Finley has lived in independent living at a CCRC near Richmond, Virginia, for the last five years. Email: <a href="mailto:charfinley@mindspring.com">charfinley@mindspring.com</a>.</p>	<p><b><u><a href="#">Paternalism: A Wake-Up Call</a></u></b></p> <p><b>Lifeline, a publication of the National Continuing Care Residents Association</b> Volume 2, 2025 By Charles F. Finley</p> <p>Doubtless, there has never been a book like this written expressly for us senior citizens. Jill Vitale-Aussem’s <b>Disrupting the Status Quo of Senior Living</b> is not an anti-management diatribe—far from it. It’s a wake-up call, a challenge to the deeply ingrained paternalism in Continuing Care Retirement Communities (CCRCs) that treats independent residents more like clients than community members. The book’s message is simple but profound; It’s our life, after all.</p> <p>Vitale-Aussem writes from experience—having spent over 20 years in senior living leadership—and she’s a former president and CEO of The Eden Alternative, a nonprofit organization focused on improving the culture of elder care. Her central argument is that most CCRCs are stuck in an outdated “service” model, where safety and risk avoidance are prioritized over autonomy and community engagement. She calls it “surplus safety”—the idea that so much effort goes into protecting residents from risk that it erodes their independence and personal choice.</p> <p><b>Paternalism and Surplus Safety</b></p> <p>Chapter 8 tackles the heart of the problem: paternalism disguised as care. The examples are maddeningly familiar to anyone living in a CCRC:</p> <ul style="list-style-type: none"> <li>• Bird feeders are forbidden because they might attract squirrels—and, theoretically, a rabid squirrel could bite a slow-moving resident.</li> <li>• Residents are not allowed to move tables together so that a group of eight can sit together. You must call for service, as if you were in a hotel, not your own home.</li> <li>• Staff insists on handling every minor issue “for your own good.”</li> </ul> <p>One forum contributor summed it up well:</p>

	<p><i>“Our Residents Council is structured to make us feel like we have a voice. In reality, management listens politely, thanks us for our input, and then does exactly what they had already decided to do.”</i></p> <p>This overprotective, service-oriented model might be understandable if residents were truly frail and dependent. However, in independent living, it can be infantilizing. As Vitale-Aussem puts it, “After the management began to let go a bit, we went from an institutional disjointed culture to one of inclusivity and empowerment”.</p> <p><b>Token Resident Involvement</b></p> <p>Many CCRCs have ad hoc task forces where residents are invited to “contribute.” But as the book points out— and as many residents can confirm—the input from these groups is frequently ignored or dismissed. One forum participant wrote:</p> <p><i>“Our board president claims that any resident who is a board member has a conflict of interest and must not participate in financial discussions. Seriously? Residents have given CCRC corporations an unsecured and non-interest-bearing loan—we carry all the financial risk. That’s not a conflict of interest; it’s a stakeholder interest.”</i></p> <p>This mindset reflects a deep structural flaw: management holds the decision-making power while residents are treated as customers, not community members. It creates a culture of dependency where the executive director is seen as the one who must fix all problems. That dynamic leads to both entitlement and frustration. As Vitale-Aussem argues, real change will happen only if management lets go, when residents are treated as partners, not dependents. One of the recurring messages is that management must be willing to share power and decision-making with residents.</p> <p><b>Financial Transparency and Governance</b></p> <p>Vitale-Aussem’s book doesn’t just call out cultural issues, it points to serious structural flaws in how CCRCs are governed. Financial transparency is a significant issue. Too often, residents are kept in the dark about the financial health of their community—until it’s too late. One CCRC in a southern state was praised in the local press for its management and happy residents, right up until it declared bankruptcy in 2024. Will residents be made whole for their entry fees? That still is unclear. This lack of transparency is baked into the governance model. Many CCRC boards are composed of volunteer, non-paid members who rely almost entirely on the CEO’s reports. As one forum contributor wrote:</p> <p><i>“Dysfunction happens when boards become isolated from residents and rely solely upon management to report and interpret the state of the community.”</i></p> <p>Vitale-Aussem argues that residents should have the same access to financial information as bondholders. After all, residents’ entrance fees and monthly payments are the financial foundation of the community. Yet in many CCRCs, residents are treated as customers rather than stakeholders. A Pennsylvania resident described the problem clearly:</p> <p><i>“Our board president claims that residents are not</i></p>
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	<p><i>entitled to financial data. The problem isn't the law—it's that boards don't take their accountability to residents seriously."</i></p> <p><b>Empowerment Through Partnership</b></p> <p>Vitale-Aussem calls for a fundamental shift from a service model to a partnership model. Residents have vast professional and life experience, but in many CCRCs that expertise goes untapped. One example from the book stands out: a presentation by a CCRC board to a group of 200 residents included a question about whether they understood the concept of compound interest. Seriously? As the author notes, this kind of condescension reflects the underlying assumption that seniors are no longer capable of independent thinking.</p> <p>But there's another way. Clermont Park, a CCRC where Vitale-Aussem works, underwent a transformation when management began to trust residents to help solve problems and make decisions. The result was not chaos—it was a more connected, vibrant, and engaged community. As Roger Landry, author of <b>Live Long, Die Short</b>, writes on the back cover: <i>"This book is not a wrecking ball. It is a tough love guide to doing the magnificent things we all do in senior living, in a better way."</i></p> <p><b>A Call to Action</b></p> <p>Vitale-Aussem's message is clear: If residents want to reclaim agency, they must be willing to push back. She offers practical advice on how to organize, how to advocate for board representation, and how to demand greater transparency and accountability.</p> <p>Some questions to ask yourself:</p> <ul style="list-style-type: none"> <li>• Do you know if your board members ever question the CEO?</li> <li>• Are residents allowed to attend board meetings, or are they permitted only to observe?</li> <li>• Do you have access to the CPA audit of your community's financials?</li> <li>• Does your CCRC have resident representation on the Board of Directors?</li> <li>• If not, why doesn't your CCRC have resident representation on the board?</li> </ul>
<p><b>Remembering with Dignity</b></p> <p>To access the submission form scan</p>  <p>or click on:  <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or</p>	<p><b><i>Dignity Alliance Massachusetts Launches "Remembering with Dignity," a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></b></p> <p>To honor the more than 25,000 Massachusetts residents who died during the COVID-19 pandemic, Dignity Alliance Massachusetts (DignityMA) has launched "Remembering with Dignity," a new online memorial. The public is invited to submit remembrances of those lost between January 2020 and May 2023.</p> <p>The COVID-19 pandemic caused unprecedented upheaval, and yet the 1.2 million Americans who died from the disease</p>



<p><a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>.</p> <p>For more information or questions, contact: Deborah W. Coogan Chair, DignityMA's "Remembering with Dignity" initiative <a href="mailto:dwc@cooganlaw.com">dwc@cooganlaw.com</a> 617-332-8828</p>	<p>have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to profound isolation. Many individuals died in healthcare and other facilities without the comfort of family, and survivors were often deprived of the ability to hold traditional funerals or grieve with their families and friends.</p> <p>"The pandemic left a void, not just in our families but in our collective memory," said Deborah W. Coogan, Chair of the 'Remembering with Dignity' initiative. "So many died in isolation, and their stories risk being lost in the statistics. 'Remembering with Dignity' provides a way to honor their essence – the values they lived by – and ensures they are remembered as more than just a number. It is a first step toward healing and advocating for a future where we better protect our most vulnerable." The platform seeks to capture the spirit of each individual. Submissions can be made at DignityMA's website.</p> <p><b>How to Submit a Remembrance:</b></p> <ul style="list-style-type: none"> <li>• Visit <a href="http://www.dignityalliancema.org">www.dignityalliancema.org</a> and navigate to the "Pandemic Memorial" page under the "Resources" tab or click on <a href="https://tinyurl.com/DignityRemembrance">https://tinyurl.com/DignityRemembrance</a> or <a href="https://forms.gle/GbzP2H9RG1sWSzA3A">https://forms.gle/GbzP2H9RG1sWSzA3A</a>. The QR code below can also be used.</li> <li>• A remembrance should be no more than <b>175 words</b>.</li> <li>• Rather than a formal obituary, each submission should describe the person's essence, values, and their story.</li> <li>• Please include the circumstances of their passing (e.g., if they lived or worked in a high-risk setting such as a nursing home, rest home, group home, or hospital, or as a caregiver or essential worker).</li> </ul> <p>DignityMA will host a virtual event in the fall of 2025 or early 2026. This gathering will provide a forum for survivors to honor their loved ones and channel their grief into advocacy for policies that better protect vulnerable populations during future public health crises. Details will be announced at a later date.</p>
<p><b>Commission Members Sought</b></p>	<p><b><i>Massachusetts Caucus of Women Legislators Seeks Diverse Applicants for the Massachusetts Commission on the Status of Women</i></b></p> <p>The Massachusetts Caucus of Women Legislators (MCWL) is pleased to announce it is seeking applicants for the Massachusetts</p>

	<p>Commission on the Status of Women (MCSW). The application deadline is Monday, September 15, 2025, at 5:00 PM.</p> <p>The MCWL is a bipartisan, bicameral caucus representing the women elected to the Massachusetts House of Representatives and Senate. As one of four appointing authorities for the MCSW, the Caucus appoints six of the Commission's nineteen volunteer members. Commissioners serve staggered three-year terms and commit their time, expertise, and perspective to ensuring a permanent and effective voice for women and girls in the Commonwealth.</p> <p>Established in 1998, the MCSW is an independent state agency charged with reviewing the status of women and girls in Massachusetts and offering policy recommendations to improve equality and access to opportunity. MCSW Commissioners are responsible for advancing the Commission's mission by studying and reporting on issues affecting women and girls, promoting collaboration among women's organizations, serving as liaisons between government and the community, identifying, and recommending qualified women for appointed positions, and advising on the impact of legislation. The Commission stands for fundamental freedoms, basic human rights, and the full enjoyment of life for all women and girls throughout their lives. Commissioners attend regular meetings, public hearings, and events; serve on committees; participate in program planning and governance; and represent the Commission in their communities.</p> <p>The Commission holds four public hearings annually across the state to gather community input, recognizes "Commonwealth Heroines" from every municipality, and coordinates a biennial Legislative Advocacy Day at the State House. Commissioners are encouraged to participate in the Speakers Bureau and serve on committees including Program and Planning, Legislative and Public Policy, and Finance.</p> <p>The MCWL is seeking applicants who reflect the rich diversity of the Commonwealth in race, ethnicity, religion, age, sexual orientation, geography, socio-economic background, and lived experience. Applicants should have demonstrated experience—or a strong interest—in advancing the status of women and girls, and be committed to active participation in meetings, events, and collaborative initiatives.</p> <p>"The Commission amplifies the voices of women and girls, with Commissioners shaping policy by studying key issues, advising on legislation, and fostering collaboration across the Commonwealth," said Representative Hannah Kane, the House Vice Chair of the Massachusetts Caucus of Women Legislators. "We seek commissioners who reflect our Commonwealth's diversity and bring passion, expertise, and collaboration to improve access to opportunities and equality for all."</p> <p>More information about the Massachusetts Commission on the Status of Women can be found at: <a href="https://masscsw.org/">https://masscsw.org/</a>.</p>
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	<p>The application deadline is Monday, September 15, 2025, at 5:00 PM. Interested candidates should submit a resume and letter of intent to Seble Alemu, Executive Director of the Massachusetts Caucus of Women Legislators, at <a href="mailto:Seble.Alemu@malegislature.gov">Seble.Alemu@malegislature.gov</a>. Additional application details are available at: <a href="http://www.mawomenscaucus.com/">http://www.mawomenscaucus.com/</a>.</p>
Quotes	<p><i>“[The nursing home] industry is more about cash flow than it is production. They sell these properties like baseball cards.”</i></p> <p>David Kingsley, a former Kansas University Medical Center professor who founded the <a href="#">Center for Health Information &amp; Policy</a>, a health care research and advocacy nonprofit, <a href="#">Nursing home care turmoil: quick profits and quality concerns</a> (Boston Globe, September 7, 2025)</p> <p><i>“The state has added more than \$340 million in supplemental funding to nursing homes since 2023, in addition to higher Medicaid payments to facilities, but has failed to tie the money to specific mandated improvements, such as minimum staffing ratios. Instead, [the money] was dropped into a fragmented system with for-profit chains, private equity, and management companies already circling for opportunity. This attracted more financial actors into the space, each trying to bite off a piece of the new money.”</i></p> <p>Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts and a former MA Secretary of Elder Affairs, , <a href="#">Nursing home care turmoil: quick profits and quality concerns</a> (Boston Globe, September 7, 2025)</p> <p><i>“Dysfunction happens when boards become isolated from residents and rely solely upon management to report and interpret the state of the community.”</i></p> <p><a href="#">Paternalism: A Wake-Up Call</a> (Lifeline, a publication of the National Continuing Care Residents Association, Volume 2, 2025)</p> <p><i>One example from the book stands out: a presentation by a [continuing care retirement community] CCRC board to a group of 200 residents</i></p>

*included a question about whether they understood the concept of compound interest. Seriously? As the author notes, this kind of condescension reflects the underlying assumption that seniors are no longer capable of independent thinking.*

[Paternalism: A Wake-Up Call](#) (Lifeline, a publication of the National Continuing Care Residents Association, Volume 2, 2025)

*“Older adults are moving into senior housing at a rapid pace, and that trend will continue given the wave of Baby Boomers and many more ‘solo agers’ who don’t have a caregiver to rely on as a safety net.”*

Lisa McCracken, head of research and analytics, National Investment Center, [Older Adults Seek Senior Housing at Record Rate](#) (National Investment Center (NIC), April 3, 2025)

*Particular groups are more vulnerable to faster aging because of heat, the researchers found. If you’re an older person who has lived through many heat waves, you may age faster than a younger person who had the same exposure. Other factors, such as living without air-conditioning or working outdoors, can also make your aging rate significantly worse.*

Cui Guo, an assistant professor at the University of Hong Kong who led [the study](#), which was published Monday in the journal Nature Climate Change, [In a Hotter World, Some People Age Faster. Researchers Find](#) (\*New York Times, August 12, 2025)

*“People just have low awareness that heat kills or that, in this case, has adverse health consequences. That’s just been a persistent challenge.”*

Kristie Ebi, a professor at the University of Washington, [In a Hotter World, Some People Age Faster. Researchers Find](#) (\*New York Times, August 12, 2025)

*“This warehouse, [a 75,000-square-foot facility located next to the Massachusetts Emergency Management Agency’s warehouse, near the crossroads of Interstate 95 and the Massachusetts*

	<p><i>Turnpike], is so much more than just shelves of materials, equipment, and supplies – it represents resilience, readiness, and a collective commitment to respond quickly and fully to care for our communities when disaster strikes.”</i></p> <p>MA Health and Human Services Secretary Kiame Mahaniah, <a href="#">State stockpiles supplies for next pandemic</a> (*Salem News, September 8, 2025)</p> <p><i>”For children who have complex needs associated with serious emotional and mental health conditions, the expanded and enriched network of community support agencies announced today promises to deliver capable, comprehensive, intensive, and timely care.”</i></p> <p>Danna Mauch, President and CEO, Massachusetts Association for Mental Health, <a href="#">Healey-Driscoll Administration Expands Community-Based Behavioral Health Services for Children and Youth</a> (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, September 3, 2025)</p> <p><i>“We should not have to choose between going to church, or going shopping, or going out to lunch. This day and age, \$50 is not acceptable anymore.”</i></p> <p>Deborah Leary, a resident at Monroe Community Hospital, a residential health care facility in Rochester, NY, who is advocating for an increase in the monthly personal needs allowance authorized by the state, <a href="#">Nursing home residents call for raise in \$50 allowances, stagnant since 1988</a> (WHAM (ABC Channel 13), September 5, 2025)</p> <p><i>The Centers for Medicare &amp; Medicaid Services has drafted an interim final rule that would repeal the minimum staffing standards for long-term care facilities that were adopted in 2024 despite major objections from providers.</i></p> <p><a href="#">CMS intends to repeal nursing home staffing rule</a> (McKnights Long-Term Care News, September 2, 2025)</p>
<p><b>Commentary by DignityMA participants</b></p>	<p><b><i>When Profit Trumps Care: The Human Cost of Privatized Nursing Homes</i></b> By James A. Lomastro, PhD</p>

<p>James Lomastro is Chair of DignityMA's Facilities Workgroup and a member of the Coordinating Committee.</p>	<p>Submitted to <b>The Boston Globe</b> as a Letter to the Editor</p> <p>For years, private equity firms and for-profit companies have been buying up nursing homes. They often discuss making things more efficient, but their primary goal is to generate profits for investors, sometimes at the expense of providing good care for residents.</p> <p>Families often visit loved ones in nursing homes that don't have enough staff, so caregivers have a hard time giving proper care. Many people exhaust their own savings on costs that public programs could help cover. Even the workers who care for elders worry about their own health insurance.</p> <p>Policymakers also play a role in these problems. Massachusetts lawmakers often talk about hospitals, but they rarely mention what's happening in nursing homes. Oversight is weak, and reporting rules are old-fashioned. Neither of the two major political parties has addressed the impact of private equity on elder care.</p> <p>Caring for older adults should be a shared responsibility, not just a means to make money. When nursing homes are treated mainly as investments, both residents and workers can end up neglected and insecure. Making money should never take precedence over basic human care.</p> <p>Change can happen, but it takes effort. You can contact your state lawmakers and request stronger regulations, such as mandating nursing homes to allocate more funds to direct care, imposing limits on profits and overhead, and requiring regular spending reports. Support public nursing homes that put residents first. You can also join groups that advocate for improved elder care and help hold leaders accountable.</p> <p>How we care for our elders reveals a great deal about us as a society. The current for-profit system is not meeting that standard. By being open and investing in public solutions, we can create elder care that prioritizes dignity and responsibility over financial gain.</p> <p>When making money takes precedence over caring for people, everyone is affected. Now is the time to act and prioritize dignity over profit.</p>
<p><b>Children, Families and Persons with Disabilities Hearing</b></p> <p>For comments or questions regarding DignityMA's testimony, contact Richard T. Moore, Chair, DignityMA's Legislative Workgroup, <a href="mailto:dickmoore1943@gmail.com">dickmoore1943@gmail.com</a>.</p>	<p><b>Joint Committee on Children, Families and Persons with Disabilities</b>  Tuesday, September 9, 2025, 1:00 p.m.  State House, Room <a href="#">B-2 and Virtual</a>  For list of bills to be heard:  <a href="https://malegislature.gov/Events/Hearings/Detail/5334">https://malegislature.gov/Events/Hearings/Detail/5334</a>  Testimony to be offered by DignityMA:  <b>Supportive Decision Making:</b>  Dignity Alliance Massachusetts appreciates the opportunity to provide testimony in support of House No. 261.  Supported Decision-Making (SDM) is a process that empowers older adults and people with disabilities to make their own decisions with the help of a chosen team of supporters.  The SDM approach is an alternative to guardianship and conservatorship, allowing individuals to retain their decision-making capacity and autonomy. SDM promotes self-determination, control,</p>

and independence, and can be adapted to various situations to maximize individual choice and rights.

It is particularly beneficial for older adults and people with disabilities who may face challenges in making decisions due to cognitive impairment, health issues, or other factors. By using SDM, individuals can have a better quality of life, make informed choices, and build social connections that define community life.

Dignity Alliance strongly supports H.261 because it preserves the dignity and independence to which all adults aspire. We believe that every person and family who chooses to use SDM will save taxpayer funds and free up public resources that would have been used to establish and supervise their guardianship or conservatorship.

We, respectfully urge the Committee to take favorable action to support H261..

**Improvement of Interaction between Law Enforcement and Autistic People**

**Wheelchair Consumer Protection**

Dignity Alliance Massachusetts is writing today to respectfully urge a favorable report for two critically important bills that have reached your committee: S.2565, *An Act facilitating better interactions between police officers and persons with autism spectrum disorder*, and H.4358, *An Act relative to wheelchair repair requirements and consumer protection*.

Both endorsed by the Dignity Alliance, these pieces of legislation address fundamental issues of safety, dignity, and independence for Massachusetts residents with disabilities. By advancing these bills, you will take a significant step toward preventing tragic misunderstandings during emergency responses and ensuring that individuals who rely on mobility equipment are not deprived of their ability to function and participate in community life.

These measures are essential for fostering a more just and accessible Commonwealth for all.

**S2565** -An Act facilitating better interactions between police officers and persons with autism spectrum disorder – endorsed by Dignity Alliance – Engrossed in Senate, referred to House Ways and Means

**H4358** =An Act relative to wheelchair repair requirements and consumer protection – endorsed by Dignity Alliance, favorably reported by the Committee on Consumer Protection and Licensure, and referred to House Ways and Means.


**Improvement of Interaction between Law Enforcement and Autistic People**

**KEY POINTS**

- Police responders to crisis calls in the community need to be more knowledgeable about autism.

	<ul style="list-style-type: none"> <li>Behavioral crises of people with autism in the community are different from other domestic emergencies.</li> <li>Emergency dispatchers can gather information that might reduce the use of lethal force by responding officers.<sup>[1]</sup></li> </ul> <p><b>Wheelchair Consumer Protection</b></p> <p>Individuals who depend on their wheelchairs need better access to urgent repairs for several reasons:</p> <ul style="list-style-type: none"> <li><a href="#">Equitable Healthcare: Prioritizing wheelchair access in urgent care ensures that everyone receives equitable healthcare, enhancing patient experiences and reducing health disparities.</a><sup>[2]</sup></li> <li><a href="#">Daily Functioning: Delays in wheelchair repairs can prevent individuals from leaving their homes or managing daily tasks, significantly impacting their ability to participate in community life.</a><sup>[3]</sup></li> <li><a href="#">Cost Barriers: High repair rates and costs can hinder the completion of repairs, necessitating better access to quicker services and training for users on maintenance.</a><sup>[4]</sup></li> <li><a href="#">Accessibility: Addressing physical barriers and improving access to urgent care is crucial for individuals with disabilities, ensuring they can receive timely repairs.</a><sup>[5]</sup></li> <li>Overall, better access to urgent repairs is essential for maintaining mobility and independence for those who rely on wheelchairs.</li> </ul> <p>In conclusion, S.2565 and H.4358 represent more than just sound policy; they are investments in a more compassionate and fiscally responsible Commonwealth. By equipping law enforcement with the skills to safely de-escalate crises involving individuals with autism, we not only prevent tragic outcomes but also avoid the substantial downstream costs associated with unnecessary hospitalizations and legal actions. Similarly, by ensuring timely wheelchair repairs, we empower residents to maintain their health, independence, and employment, reducing reliance on more expensive state-supported services and preventing acute medical crises that stem from immobility. These bills are a clear demonstration that compassionate policy is also prudent policy. They offer a tangible return on investment by improving quality of life, upholding human dignity, and ultimately saving state resources. We urge you to report both bills favorably and invest in a safer, more accessible Massachusetts for all.</p>
<b>Aging and Independence Committee Hearing</b>	<p><b><a href="#">Joint Committee on Aging &amp; Independence</a></b>  Tuesday, September 16, 2025, 10:00 a.m.  State House Room <a href="#">A-2 and Virtual</a></p> <p>For list of bills scheduled to be heard see:  <a href="https://malegislature.gov/Events/Hearings/Detail/5355">https://malegislature.gov/Events/Hearings/Detail/5355</a>  Written testimony can be submitted via email to <a href="#">Joint Committee on Aging &amp; Independence</a> or physically mailed to:  Senate Chair Patricia Jehlen  Joint Committee on Aging &amp; Independence  ATTN: Tara Christian, Legislative Aide</p>



	<p>24 Beacon St., Room 424 Boston, MA 02133</p> <p><b>To register to testify in-person or virtually, please complete <a href="#">this form</a> by September 14, 2025.</b> Those registering to testify virtually will receive further instructions by e-mail about how to participate. Same-day registration is only available to those testifying in person.</p> <p><b>For in-person and remote testimony please include:</b></p> <ol style="list-style-type: none"> <li>1. Name;</li> <li>2. Organization you represent;</li> <li>3. Whether on behalf of yourself or an organization;</li> <li>4. Mailing address;</li> <li>5. Email address;</li> <li>6. Telephone number;</li> <li>7. In-person or remote testimony;</li> <li>8. Bills testifying on;</li> <li>9. Whether support or oppose.</li> </ol> <p>Online <b>Testimony</b> will be accepted until <b>Wednesday, November 05 at 11:59 PM.</b></p> <p>To submit testimony online you need to first create an account for MyLegislature and follow these <a href="#">instructions</a>.</p> <p>If you already have an account <a href="#">click here</a>.</p> <p>This hearing will be chaired by Senator Patricia Jehlen. If you have any questions regarding the hearing, legislation, format of the hearing, or reasonable accommodations required to ensure people with disabilities can participate fully in the committee process, please email: <a href="#">Vicki Halal</a>. Chair Jehlen's office can be reached via telephone: (617) 722-1578.</p> <p>If you have Accessibility needs, <a href="#">click here</a>.</p>
<p><b>Consumer Voice on Capitol Hill</b></p> 	<p><b><u><a href="#">Join advocates from around the country on Capitol Hill at the Consumer Voice Conference</a></u></b></p> <p>Thursday, November 6, 2025</p> <p>Join advocates from around the country at the <a href="#">Consumer Voice Conference</a>, November 3-6, 2025, at the Renaissance Arlington Capital View Hotel in Arlington, Virginia. The closing plenary of the conference will be a briefing on Capitol Hill. Conference attendees will gather for a powerful program on the morning of Thursday, November 6, highlighting some of the top issues impacting quality care and services.</p> <p>Attendees can also choose to take this opportunity to schedule meetings with your Congressional offices and educate them about your experiences with long-term care. This is your chance to advocate for quality long-term care and make your voice heard on issues that matter most!</p> <p><b><u><a href="#">Register for the conference</a></u></b> in order to attend Hill Day <b><u><a href="#">Attend the webinar</a></u></b> on Tuesday, September 23rd to learn more about how to prepare and what to expect on the Hill.</p>
<b>Recruitment</b>	<p><b>See: <a href="#">Listings on MASsterList.com's Job Board</a> for all current listings</b></p>

**Guide to news items in  
this week's *Dignity  
Digest***

**Nursing Homes**

[CMS intends to repeal nursing home staffing rule](#) (McKnights Long-Term Care News, September 2, 2025)

[CMS Moves to Rescind Federal Nursing Home Staffing Mandate](#) (Skilled Nursing News, September 2, 2025)

**Continuing Care Retirement Communities**

[CCRC Performance 2Q 2025: Entrance Fee vs. Rental CCRCs](#) (National Investment Center (NIC), August 18, 2025)

[CCRC Performance 1Q 2025: A Deep Dive into Entrance Fee vs. Rental CCRC Trends](#) (National Investment Center (NIC), May 19, 2025)

**Behavioral Health**

[Healey-Driscoll Administration Expands Community-Based Behavioral Health Services for Children and Youth](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, September 3, 2025)

[Older Adult Behavioral Health Network](#) (OABHN)

**Housing**

[Senior Housing Occupancy Rises in 2Q 2025: Inventory Growth at Record Lows](#) (National Investment Center (NIC), July 17, 2025)

[Older Adults Seek Senior Housing at Record Rate](#) (National Investment Center (NIC), April 3, 2025)

**Climate Change**

[In a Hotter World, Some People Age Faster, Researchers Find](#) (\*New York Times, August 12, 2025)

**Workforce**

[Latest jobs report shows nursing homes on steady march, but threats loom](#) (McKnights Long-Term Care News, September 6, 2025)

**Federal Policy**

[Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season](#) (Morbidity and Mortality Weekly Report (MMWR), August 28, 2025)

**Massachusetts State Policy**

[State stockpiles supplies for next pandemic](#) (\*Salem News, September 8, 2025)

[Governor Healey Announces Immediate Steps to Ensure Vaccine Availability in Massachusetts Amid Trump, RFK Rollbacks](#) (Office of Governor Maura Healey and Lt. Governor Kim Driscoll, September 4, 2025)


**From Other States**


[Nursing home residents call for raise in \\$50 allowances, stagnant since 1988](#) (WHAM (ABC Channel 13), September 5, 2025)

[Justice Department sues nursing home operator ProMedica](#) (Becker's Hospital Review, September 3, 2025)

**Public Sessions**

**Joint Committee on Children, Families and Persons with Disabilities**, Tuesday, September 9, 2025, 1:00 p.m. State House, Room [B-2 and Virtual](#)

	<p><b>Public Health Council</b>, Wednesday, September 10, 2025, 9:00 a.m. <a href="#">Monthly meeting</a></p> <p><b>Commission on the Status of Persons with Disabilities</b>, Wednesday, September 10, 2025, 11:00 a.m. State House, Hearing Room 222 and virtual, <a href="#">Meeting</a></p> <p><b>Development Disabilities Council</b>, Wednesday, September 10, 2025, 6:00 p.m., <a href="#">Quarterly meeting</a></p>
<p><b>DignityMA Study Sessions</b></p> <p><i><b>Special Focus on Changes in Federal Policies, Programs, and Services</b></i></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>Recordings of Jim Roosevelt’s and Steve Schwartz’s presentations are available at <a href="https://dignityalliancema.org/videos/">https://dignityalliancema.org/videos/</a>. Bob Blancato’s presentation is being rescheduled.</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></p> <p><del>Wednesday, May 21, 2025, 2:00 p.m.</del></p> <p>Unfortunately, this session is being rescheduled. Date to be announced.</p> <p>Presenter: Bob Blancato, National Coordinator of the bipartisan 3000-member Elder Justice Coalition</p> <p>Registration required:  <a href="https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g">https://us02web.zoom.us/meeting/register/kQRVG7FiR2iVrmQWN52M6g</a></p> <p>Bob discusses the current state of aging policy at the national level under the new Congress and Administration. This presentation will 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>September is National Suicide Prevention and Awareness Month</b></p> 	<p>September is National Suicide Prevention and Awareness Month. Prevention is about educating everybody on what to do if they're worried about themselves or a friend. MindWise offers a suicide prevention program - SOS, Signs of Suicide - for middle and high school students, and K-12 school staff. Learn more. If you need immediate help, please call 1-800-273-8255.</p> <p>The following information has been provided by the <a href="#">Massachusetts Association for Mental Health</a>.</p> <p><b>Suicide Prevention Resources</b>  <b>THERE ARE RESOURCES TO ASSIST INDIVIDUALS AND FAMILIES CONCERNED ABOUT SUICIDE, INCLUDING:</b>  <b><a href="#">988 Suicide &amp; Crisis Lifeline</a>:</b> <a href="#">#BeThe1To</a> is the Lifeline's message for Suicide Prevention month and beyond, which helps spread the word about actions we can all take to prevent suicide. Ask, Be There, Keep Them Safe, Help Them Stay Connected, and Follow Up.  <b><a href="#">Massachusetts Behavioral Health Helpline (BHHL)</a>:</b> The BHHL offers free phone and text support to Massachusetts residents trying to access mental health and substance use services.  <b><a href="#">Massachusetts Coalition for Suicide Prevention (MCSP)</a>:</b> The MCSP's mission is to prevent suicide through statewide collaboration and advocacy. The goals of the coalition are to support and develop effective suicide prevention initiatives through leadership and advocacy, promote collaboration among organizations, develop and recommend policy and promote research and development.  <b><a href="#">NAMI</a>:</b> NAMI recognizes Suicide Prevention month as a time to raise awareness, spread hope, and spark meaningful action around one of the most urgent mental health issues of our time. They provide crisis resources, including a guide on "<a href="#">Navigating a Mental Health Crisis</a>," and graphics and tools for you to share in your own communications</p>

**September is National Recovery Month**



**National Recovery Month** is observed every September to promote and support new evidence-based treatment and recovery practices, the nation's strong and proud recovery community, and the dedication of service providers and communities who make recovery possible. 22,000 purple flags memorialize the lives lost to overdoses in the past decade can be seen at locations across the Commonwealth. **Resources, a toolkit, and more are available throughout the month from SAMHSA.**

**Week 1: Health**

This week explores key aspects of well-being and their role in recovery.

**Key Messages:**

- Believe you can recover, and you are halfway there.
- Recovery includes whole health.
- Treatment, recovery support services, and community connections make recovery possible.

**Week 2: Home**

This week focuses on how safe, stable living environments aid recovery from mental health and substance use challenges.

**Key Messages:**

- A safe and supportive home strengthens recovery.
- Healing happens when you feel seen and safe at home.
- A stable home supports the recovery process.
- Recovery is a family affair.

**Week 3: Community**

This week highlights how a sense of belonging can help people on their recovery journey.

**Key Messages:**

- Building social networks and a sense of community can support recovery. You are not alone, and together we can make a difference.
- Be the voice of recovery—nothing about us, without us. Share your story!
- You have not met all the people who will love you.
- Family, friends, and peers together put the "we" in wellness.

**Week 4: Purpose**

This week focuses on how a sense of purpose drives positive change and fosters resilience.

**Key Messages:**

- Be part of other people's recovery journeys.
- Many voices, multiple pathways, one hope. Where there is hope, there is recovery. Everyone can play a role in recovery—what's yours?
- You are worthy of joy. It is closer than you think.
- You are not alone. Building social networks and a sense of community can support recovery. Together, we can make a difference.

**Webinars and Online Sessions**

**1. Massachusetts Commission for the Blind**

Wednesday, September 10, 2025, 10:00 a.m.

["Visions of Employment"](#)

	<p>Massachusetts Commission for the Blind hosts a "Visions of Employment" webinar, designed to help employers create a supportive workplace. Employers will also learn about available services to onboard new employees who are legally blind.</p> <p><a href="#">Register</a></p> <p><b>2. National Continuing Care Residents Association</b>  Wednesday, September 17, 2025, 1:30 p.m.  <a href="#">Understanding Financial Risk in CCRCs</a>  If you paid an entry fee to join your community, you have an actuarial risk. Type A, B, and C contracts involve the pooling of residents' funds for future benefit. NaCCRA is hosting webinar on understanding governance and financial risk in CCRCs. Yvonne Troya, elderlaw attorney and actuary AV Powell will respond to questions from participants following a 20-minute introductory video. The news about CCRC bankruptcies, mergers, and acquisitions has raised concerns among many present and future residents. Learn about how to assess the risk from the experts.  <a href="#">Stability Event Flyer</a> Get the flyer and watch it live on YouTube (@NaCCRA-media). (The Zoom registration is closed)</p>
<b>Previously posted webinars and online sessions</b>	<p>Previously posted webinars and online sessions can be viewed at:  <a href="https://dignityalliancema.org/webinars-and-online-sessions/">https://dignityalliancema.org/webinars-and-online-sessions/</a></p>
<b>Nursing Homes</b>	<p><b>3. McKnights Long-Term Care News</b>  September 2, 2025  <a href="#">CMS intends to repeal nursing home staffing rule</a>  By Kimberly Marselas  <b>CMS Intends to Repeal Nursing Home Staffing Rule</b></p> <ul style="list-style-type: none"> <li>• The Centers for Medicare &amp; Medicaid Services (CMS) has drafted an interim final rule to repeal the minimum staffing standards for long-term care facilities that were adopted in 2024.</li> <li>• The repeal is currently under internal review by the White House Office of Management and Budget (OMB) and, as an interim rule, would take effect immediately without a public comment period.</li> <li>• It is unclear whether the repeal will rescind the entire rule or only specific provisions, such as mandated nursing hours and round-the-clock registered nurse (RN) coverage.</li> </ul> <p><b>Legal and Congressional Challenges</b></p> <ul style="list-style-type: none"> <li>• The rule's key provisions on nursing hours and 24/7 RN coverage have already been struck down by two separate federal courts, which ruled that CMS had exceeded its authority.</li> <li>• Congress had also previously delayed the rule in its entirety through 2034.</li> </ul> <p><b>Industry Reaction and Next Steps</b></p> <ul style="list-style-type: none"> <li>• Provider advocates from organizations like the American Health Care Association (AHCA) and LeadingAge—both of which had sued to stop the mandate—expressed gratitude and support for the intended repeal.</li> <li>• AHCA, which was the first to sue, also announced a new initiative, "Caregivers for Tomorrow," to advance policy solutions such as loan forgiveness and grants to strengthen the long-term care workforce.</li> </ul>

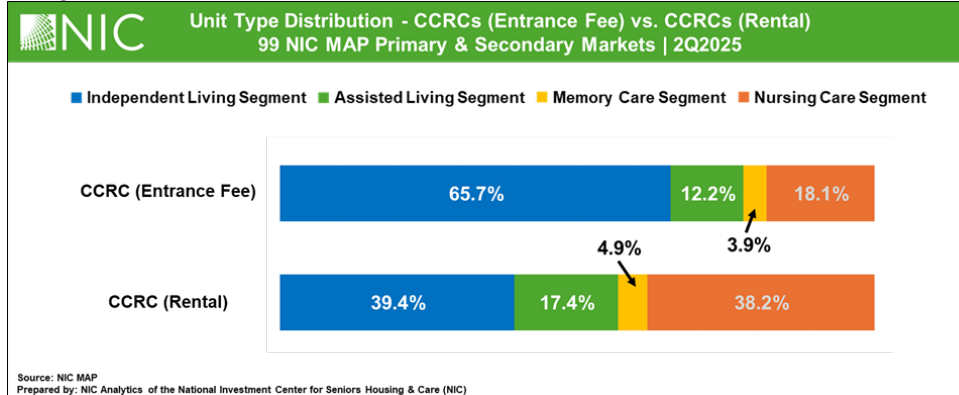


	<p><b>Background on the Staffing Mandate</b></p> <ul style="list-style-type: none"> <li>• The original rule was vehemently opposed by providers, who argued they would be unable to recruit the necessary staff to meet requirements like the 3.48 total nurse staffing hours per resident, per day.</li> <li>• The rule also contained updated facility assessment requirements and new provisions for Medicaid payment transparency reporting.</li> </ul> <p><b>4. Skilled Nursing News</b> September 2, 2025 <a href="#"><i>CMS Moves to Rescind Federal Nursing Home Staffing Mandate</i></a> By Tim Mullaney Based on the text provided, here is a summary of the article:</p> <p><b>CMS Moves to Repeal Nursing Home Staffing Mandate</b> The Centers for Medicare &amp; Medicaid Services (CMS) is taking steps to officially rescind the controversial federal staffing mandate for nursing homes. An Interim Final Rule, titled “Repeal of Minimum Staffing Standards for Long-Term Care Facilities,” is currently under review by the White House Office of Management and Budget (OMB).</p> <p><b>Background and Reasoning for Repeal</b> The mandate, which was finalized last year after being proposed by the Biden administration in 2023, faced significant legal and political opposition. CMS's decision to repeal the rule follows several major challenges:</p> <ul style="list-style-type: none"> <li>• <b>Judicial Action:</b> A Texas judge struck down key provisions of the mandate, including the requirement for 24/7 registered nurse staffing and the minimum 3.48 hours per resident day (HPRD) threshold.</li> <li>• <b>Congressional Action:</b> The One Big Beautiful Bill Act (OBBBA) included a 10-year moratorium on the mandate.</li> </ul> <p><b>Industry Reaction and Workforce Focus</b> Provider organizations, including LeadingAge and the American Health Care Association (AHCA), expressed approval of the repeal and highlighted their ongoing commitment to alternative workforce solutions.</p> <ul style="list-style-type: none"> <li>• <b>LeadingAge:</b> Stated they are "beyond eager" for the repeal and will continue to prioritize the expansion of the aging services workforce.</li> <li>• <b>AHCA:</b> Also supports the repeal, stating that "Congress and the courts have spoken." The association has launched a "Caregivers for Tomorrow" initiative advocating for: <ul style="list-style-type: none"> <li>○ Incentive programs, such as loan forgiveness and tax credits.</li> <li>○ Expansion of career ladders within the industry.</li> <li>○ Broader telehealth flexibilities to alleviate caregiver burnout.</li> <li>○ Immigration reform to expand legal pathways into long-term care careers.</li> </ul> </li> </ul>
Continuing Care Retirement Communities	<p><b>5. National Investment Center (NIC)</b> August 18, 2025 <a href="#"><i>CCRC Performance 2Q 2025: Entrance Fee vs. Rental CCRCs</i></a> By Yitao Luo The following analysis examines the broader occupancy trends, year-over-year changes in inventory, and same-store asking rent growth – by</p>

care segment – within 1,054 entrance fee and rental CCRCs in the 99 NIC MAP Primary and Secondary Markets.

### 2Q 2025 Unit Type Distribution in Entrance Fee vs. Rental CCRCs

The exhibit below explores the distribution of unit type across entrance fee and rental CCRCs, revealing a greater prevalence of independent living units in entrance fee CCRCs.



In **Entrance Fee CCRCs**, the data showed that independent living units represent 65.7% of the total inventory in the second quarter of 2025 – the largest share across all care segments and payment types. This was followed by nursing care (18.1%), assisted living (12.2%), and memory care (3.9%).

Entrance fee CCRCs typically attract residents who plan ahead for long-term needs, often moving in and choosing independent living as their initial option while still relatively healthy, active, and not in need of daily assistance. Over time, as their care needs increase, they may transition to other care segments, but the majority of inventory remains independent living.

In **Rental CCRCs**, independent living (39.4%) and nursing care (38.2%) each represent a notable share of inventory, while assisted living accounts for 17.4%, and memory care for 4.9%, of inventory.

The near-even split between independent living and nursing care in rental CCRCs suggests a different dynamic. The relatively lower financial barrier may attract residents who delay moving in until they require more care, leading to a higher proportion of assisted living units, memory care units, and nursing care beds, compared to entrance fee CCRCs.

### 2Q 2025 Market Fundamentals by Care Segment – Entrance Fee vs. Rental CCRCs

The exhibit below compares the market performance of entrance fee CCRCs and rental CCRCs by care segment for the second quarter of 2025, highlighting year-over-year changes in occupancy, inventory, and asking rent growth.

NIC MAP® Primary and Secondary Markets	CCRC (All)   Entrance Fee vs. Rental - By Care Segment							
	Independent Living Segment		Assisted Living Segment		Memory Care Segment		Nursing Care Segment (B	
	CCRC (EF)	CCRC (Rental)	CCRC (EF)	CCRC (Rental)	CCRC (EF)	CCRC (Rental)	CCRC (EF)	CCRC (R
Total Units (2Q25)	152,917	49,009	28,458	21,668	9,080	6,106	42,152	47,54
Occupancy (2Q25)	93.5%	91.1%	91.6%	91.0%	91.8%	91.4%	87.9%	86.6
CCRC (EF) vs. CCRC (Rental)	2.4		0.6		0.4		1.3	
Care Segment Occupancy Difference (percentage points)								
Average Monthly Rent - Asking Rent (2Q25)	\$4,285	\$3,873	\$7,864	\$6,360	\$9,695	\$8,132	\$469	\$40
	2Q2024 to 2Q2025							
YoY Change in Inventory	0.6%	-2.5%	1.4%	-2.6%	-0.3%	-1.1%	-1.0%	-2.1%
YoY Change in Occupancy (percentage points)	1.8	2.1	1.1	3.0	1.7	2.9	2.3	1.9
YoY Same Store Asking Rent Growth	4.4%	4.3%	3.7%	4.3%	3.8%	4.1%	4.2%	4.7%

**Occupancy.** Entrance fee CCRCs continued to outpace rental CCRCs in occupancy rate across all care segments. The highest occupancy in entrance fee CCRCs was seen in the independent living segment (93.5%), while memory care segment (91.4%) has the highest occupancy rate in rental CCRCs.

The difference in the second quarter 2025 occupancy rates between entrance fee CCRCs and rental CCRCs was largest in the independent living segment (2.4pps), followed by nursing care segment (1.3pps), and assisted living segment (0.6pps), with the smallest gap in the memory care segment (0.4pps).

Rental CCRCs showed higher year-over-year occupancy growth in independent living (2.1pps), assisted living (3.0pps), and memory care (2.9pps) segments. This is a pattern that has been consistent in recent quarters.

**Asking Rent.** The monthly average asking rent for entrance fee CCRCs across all care segments remained higher than rental CCRCs. While the actual rent figures were higher for entrance fee CCRCs, the rent growth was higher within the rental CCRCs. Rental CCRCs showed higher year-over-year rent growth in assisted living (4.3% to \$6,360), memory care (4.1% to \$8,132), and nursing care (4.7% to \$407\*) segments. Note, these figures are for asking rates and do not consider any discount that may occur.

**Inventory.** Compared to the year-earlier level, rental CCRCs experienced inventory decline across all care segments. The largest decrease occurred in the assisted living segment (-2.6%), followed by independent living segment (-2.5%), and nursing care segment (-2.1%), with the memory care segment (-1.1%) seeing the smallest decline. In contrast, entrance fee CCRCs showed mixed trends: assisted living saw the largest year-over-year inventory growth (1.4%), while nursing care inventory experienced the largest decline (-1.0%).

Negative inventory growth can occur when units/beds are temporarily or permanently taken offline or converted to another care segment, outweighing added inventory. This attrition of units, coupled with record-low development activity in the sector, has delivered this trend of an overall decline in inventory.

## 6. National Investment Center (NIC)

May 19, 2025

[CCRC Performance 1Q 2025: A Deep Dive into Entrance Fee vs. Rental CCRC Trends](#)

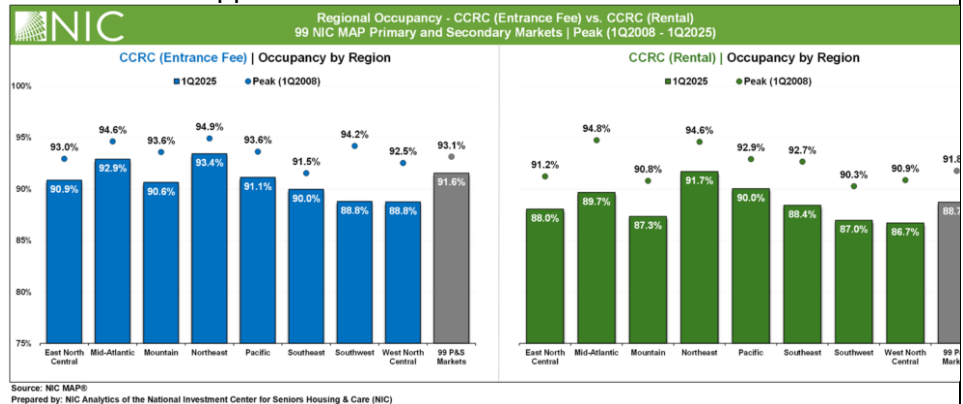
By Karan Shah

The following analysis examines broader occupancy trends, year-over-year changes in inventory, and same-store asking rent growth – by care

segment – within 571 entrance fee Continuing Care Retirement Communities (CCRCs) and 488 rental CCRCs in the 99 NIC MAP Primary and Secondary Markets based on data through the first quarter of 2025.

### Regional Entrance Fee and Rental CCRC Occupancy: 1Q 2025 vs. Time Series High

The exhibit below demonstrates **regional occupancy rates** for entrance fee and rental CCRCs across the 99 primary and secondary NIC MAP markets. Each bar represents occupancy as of the first quarter of 2025, while the markers above the bars indicate the highest occupancy recorded for each region since the first quarter of 2008. The difference between the current bar and its marker highlights the gap between present occupancy and each region's historical peak. In the first quarter of 2025, **entrance fee CCRCs** continued to outperform rental CCRCs in occupancy rates across all regions. The Northeast led with the highest occupancy at 93.4% and is the region closest to reaching its time series high of 94.9%, with an occupancy difference of just 1.5 percentage points (pps). Meanwhile, the Southwest (88.8%) lags furthest behind its time series peak of 94.2%, with a difference of 5.4pps.



**For Rental CCRCs**, the Northeast region recorded the highest rental occupancy at 91.7%, while the West North Central region reported the lowest at 86.7%. Compared to time series high occupancy, the Pacific region is closest, with a difference of 2.9pps, whereas the Mid-Atlantic shows the largest gap at 5.1pps.

Across the combined 99 NIC MAP primary and secondary markets, entrance fee CCRCs posted an average occupancy of 91.6% in the first quarter of 2025, compared to 88.7% for rental CCRCs. Entrance fee CCRCs trail the time series peak by 1.5pps and rental CCRCs by 3.1pps.

### 1Q 2025 Market Fundamentals by Care Segment – Entrance Fee CCRCs vs. Rental CCRCs

The exhibit below compares the market performance of entrance fee CCRCs and rental CCRCs by care segment for the first quarter of 2025, highlighting year-over-year changes in occupancy, inventory, and asking rent growth.

**Occupancy.** Entrance fee CCRCs continued to outpace rental CCRCs in occupancy rate across all care segments. The difference in the first

quarter of 2025 occupancy rates between entrance fee CCRCs and rental CCRCs was largest in the independent living segment (2.6pps), followed by the nursing care segment (1.3pps), and the assisted living segment (0.4pps), with the smallest gap in the memory care segment (0.3pps).

The highest occupancy in entrance fee CCRCs (93.0%) and rental CCRCs (90.4%) was seen in the independent living care segment.



CCRC (All)   Entrance Fee vs. Rental - By Care Segment								
NIC MAP® Primary and Secondary Markets	Independent Living Segment		Assisted Living Segment		Memory Care Segment		Nursing Care Segment (Bed)	
	CCRC (EF)	CCRC (Rental)	CCRC (EF)	CCRC (Rental)	CCRC (EF)	CCRC (Rental)	CCRC (EF)	CCRC (Rental)
Total Units (1Q25)	152,757	49,459	28,447	21,748	9,035	6,103	42,435	47,736
Occupancy (1Q25)	93.0%	90.4%	90.8%	90.2%	90.4%	90.2%	87.5%	86.1%
CCRC (EF) vs. CCRC (Rental) Care Segment Occupancy Difference (percentage points)	2.6		0.4		0.3		1.3	
Average Monthly Rent - Asking Rent (1Q25)	\$4,253	\$3,831	\$7,827	\$6,265	\$9,606	\$8,021	\$463	\$403
1Q24 to 1Q25								
YoY Change in Inventory	0.6%	-1.9%	1.4%	-2.8%	-0.3%	-0.2%	-0.6%	-1.9%
YoY Change in Occupancy (percentage points)	1.2	2.7	0.5	3.4	1.0	3.0	1.9	1.2
YoY Same Store Asking Rent Growth	4.0%	3.7%	3.7%	3.7%	3.1%	3.6%	3.3%	4.6%

\*YoY Change in Asking Daily Rate

\*The nursing care average daily rent is the average private-pay per diem rate

Source: NIC MAP®

Prepared by: NIC Analytics of the National Investment Center for Seniors Housing & Care (NIC)

**Asking Rent.** The monthly average asking rent for entrance fee CCRCs across all care segments remained higher than rental CCRCs. Rental CCRCs showed higher year-over-year rent growth in memory care (3.6% to \$8,021), and nursing care (4.6% to \$403\*) segments. Entrance fee CCRCs showed higher year-over-year rent growth in independent living (4.0% to \$4,253)

Note, these figures are for asking rates and do not consider any discounts that may occur.

**Inventory.** Compared to year-earlier levels, assisted living inventory experienced the largest decline in rental CCRCs (2.8%) and the largest growth in entrance fee CCRCs (1.4%).

Negative inventory growth can occur when units/beds are temporarily or permanently taken offline or converted to another care segment, outweighing added inventory.

## 7. my LifeSite

November 18, 2024

[What's Included in the Monthly Fees for a Retirement Community?](#)

By my LifeSite

Summary:

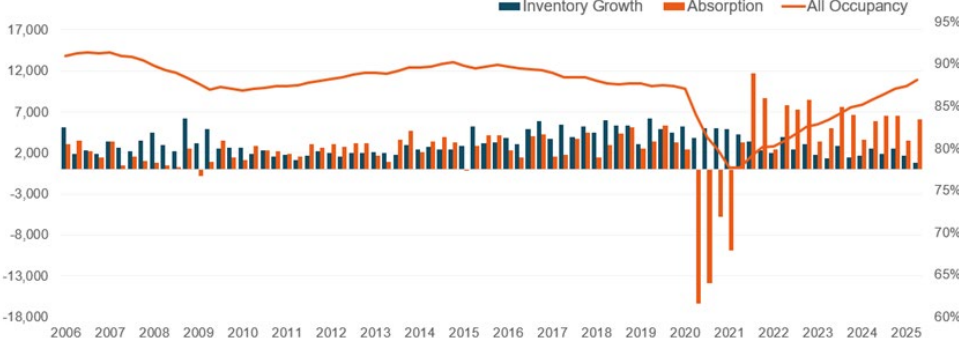
When you move into a retirement community, you'll need to understand the costs, which typically include an entry fee (if applicable) and a recurring monthly fee. While the exact cost varies widely based on location and the type of community, the monthly fee usually covers a bundle of services and amenities.

Here's a breakdown of what the monthly fee often includes:

- **Housing:** This is usually the largest portion of the fee and covers rent, exterior maintenance, landscaping, and sometimes interior upkeep. Utilities like electricity, water, heating, and cooling are also typically included, though you might pay separately for phone, cable, or internet.
- **Meals:** Many communities offer on-site dining with meal plans, often designed to meet the nutritional needs of older adults. The number of meals per day included in the fee can vary, as can options for special diets.

	<ul style="list-style-type: none"> <li>• <b>Services:</b> Housekeeping, laundry services, and local transportation to places like shopping centers or doctor's appointments are frequently part of the monthly fee.</li> <li>• <b>Activities:</b> The fee generally covers a wide range of social, recreational, and wellness activities. This includes access to fitness centers, classes, swimming pools, and various events, clubs, and outings.</li> <li>• <b>Safety and Security:</b> Many communities include on-site security, surveillance, and in-residence or wearable emergency alert systems.</li> <li>• <b>Medical and Wellness Support:</b> The level of care included in the monthly fee depends on the community type. Assisted living and memory care communities typically include support for daily activities, while skilled nursing and rehabilitation services may come with additional charges.</li> </ul> <p>While the monthly fee is comprehensive, some costs are often not included. These can be personal expenses like renters or homeowners' insurance, property taxes (in communities where you buy your home), and medications. Optional services like salon treatments, special events, or upgraded dining options are also often billed separately. Before committing, it's crucial to ask detailed questions about the fee structure and any potential extra costs to ensure the community fits your budget and lifestyle.</p>
<b>Behavioral Health</b>	<p><b>8. Office of Governor Maura Healey and Lt. Governor Kim Driscoll</b> September 3, 2025 <a href="#"><u>Healey-Driscoll Administration Expands Community-Based Behavioral Health Services for Children and Youth</u></a> <i>Statewide Network of Community Service Agencies Selected to Provide Critical Services for MassHealth Children</i> Summary: the Healey-Driscoll Administration announced a significant expansion of behavioral health services for children and youth in Massachusetts. The state has selected 36 community service agencies to create a new network of home- and community-based care, the first expansion of its kind in over a decade. This new network is designed to:</p> <ul style="list-style-type: none"> <li>• Increase access to high-quality behavioral health services for children who are MassHealth members, representing nearly half of all children in the state.</li> <li>• Provide more options for families and ensure geographic coverage across Massachusetts, including specialized cultural and linguistic care.</li> <li>• Offer intensive care coordination, family engagement services, and team-based treatment for children with complex needs.</li> </ul> <p>This initiative is a response to the growing need for childhood mental health support, with nearly one in five children ages 3 to 17 diagnosed with a mental, emotional, or behavioral health condition. The selected agencies were chosen through a thorough review process led by the Massachusetts Behavioral Health Partnership (MBHP), with input from</p>

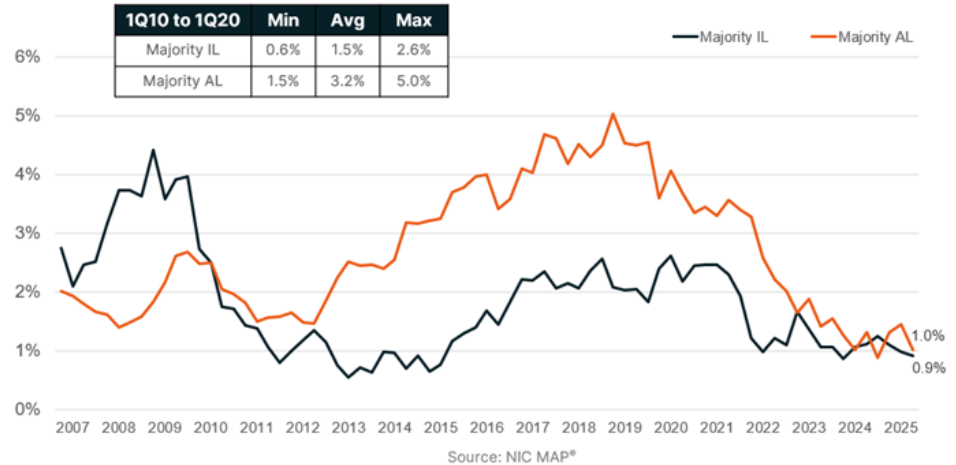


	<p>community members and state agencies. This expansion aims to help more young people receive the care they need to thrive.</p> <p>9. <b><u>Older Adult Behavioral Health Network</u></b> (OABHN)  Each month, the <b><u>Older Adult Behavioral Health Network</u></b> (OABHN) meets to come together and work toward a shared interest - <b>highlighting and elevating the importance of behavioral health in Massachusetts to improve the lives of older adults and support community living.</b> Upcoming discussions for this fall include older adult peer support (this month), and the relationship between physical changes - like low vision - and mental health (in October).  <b>Membership in OABHN is open to all individuals and organizations serving the needs of older adults</b>, including senior centers, Aging Services Access Points (ASAPs), mental health and substance use providers, faith-based organizations, advocates, and organizations providing housing, health care, and education - <b>and, of course, older adults and their loved ones.</b> If you would like to get involved, please <a href="#">contact Project Manager Cassie Cramer.</a></p>
Housing	<p>10. <b>National Investment Center (NIC)</b>  July 17, 2025  <a href="#">Senior Housing Occupancy Rises in 2Q 2025; Inventory Growth at Record Lows</a>  By Caroline Clapp  <b>Key takeaways included the following:</b>  Takeaway #1: Senior Housing Occupancy Rates Climb Above 88%; Active Adult Absorption Accelerates</p> <ul style="list-style-type: none"> <li>• The senior housing occupancy rate for the 31 NIC MAP Primary Markets rose 0.1 percentage points to 88.1% in the second quarter, driven by robust net absorption in both independent living and assisted living.</li> <li>• Active adult rental communities were 92.3% occupied as of the second quarter.</li> </ul> <p>Occupancy Rate Climbs Above 88%</p> <p>Senior Housing Fundamentals   Primary Markets   1Q06 – 2Q25</p>  <p>Source: NIC MAP®</p> <p>Takeaway #2: Baby Boomers Driving Demand for Independent Living and Active Adult Absorption Accelerates</p> <ul style="list-style-type: none"> <li>• By property type, occupancy rates for independent living have made slightly higher gains in the second quarter than assisted living, which is a reversal of trends in 2022 and 2023.</li> <li>• Over the three quarters ending June 30, independent living occupancy rates gained 1.5 percentage points more than assisted living, potentially indicating a pickup in demand from older adults, while above 90% occupancy rates in active adult rental communities reflect demand from Baby Boomers.</li> </ul> <p>Takeaway #3: Senior Housing Inventory Growth Fell Below 1% for First Time</p>

- Annual inventory growth fell to 0.97% year-over-year, falling below 1% for the first time since the NIC MAP began tracking this data in 2006.
- As a result of declining new construction in recent years, senior housing inventory is down in several markets where property closures or units being converted to other uses are outpacing the addition of new communities or units replacing them.

#### Inventory Growth Dips Below 1.0% for First Time

Senior Housing Annual Inventory Growth Rate | Primary Markets | 4Q06 – 2Q25

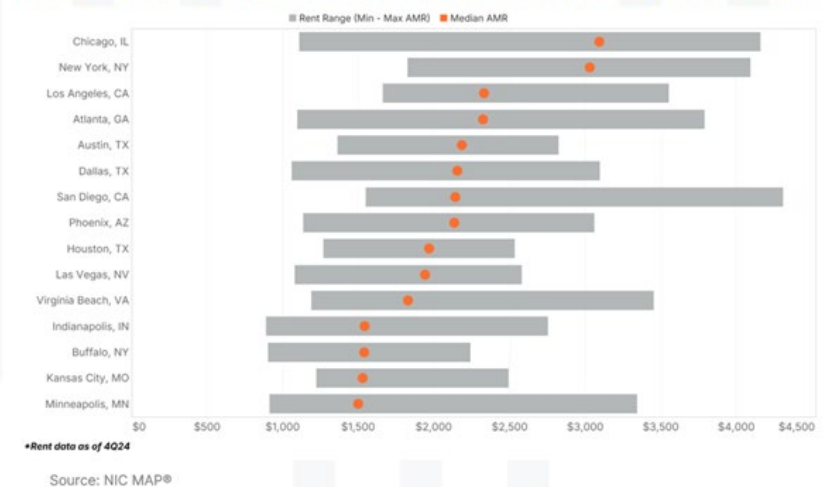


#### Takeaway #4: Active Adult Rental Communities Offer a Wide Range of Pricing Typic Housing

- Among the 15 largest active adult rental markets, most metro areas offer a wide range of pricing, while some of the more affordable markets have somewhat tighter rent ranges.
- Overall, even the highest priced markets with median average monthly rents of more than \$3,000 are well below traditional senior housing asking rents, providing an alternative for older adults to downsize from their current homes but do not yet need or want the services and amenities of traditional independent living.

#### Active Adult Offers Range of Options & Price Points

Median AMR & Rent Range for Top 15 Markets by Inventory | Primary & Secondary Markets | 2Q25



### 11. National Investment Center (NIC)

April 3, 2025

[Older Adults Seek Senior Housing at Record Rate](#)

	<p><i>Boston, Baltimore, and Cincinnati record highest occupancy rates; Houston, Miami and Atlanta have lowest rates—with all markets exceeding 80% occupancy</i></p> <p>Summary:</p> <p>Occupancy rates in senior housing facilities in the U.S. increased to <b>87.4%</b> in the first quarter of 2025, up from 87.1% in the previous quarter. This growth was seen across both <b>independent living</b> communities, which reached 89.0% occupancy, and <b>assisted living</b> communities, which rose to 85.8%.</p> <p>Demand for senior housing is at an all-time high, with the number of occupied units hitting a record of nearly 621,000. NIC experts attribute this to a growing number of Baby Boomers and "solo agers" who lack a caregiver.</p> <p>Despite this high demand, new construction has slowed significantly. The number of new senior housing units being built is at its lowest since 2009, and the number of units under construction is the lowest since 2013. Experts believe this limited supply, coupled with strong demand, will continue to drive occupancy rates up.</p> <p>Occupancy varied by region, with markets like <b>Boston (90.7%)</b>, <b>Baltimore (90.6%)</b>, and <b>Cincinnati (90.2%)</b> having the highest rates, while <b>Atlanta (83.9%)</b>, <b>Houston (84.7%)</b>, and <b>Miami (84.7%)</b> had the lowest. The markets with the highest occupancy rates typically have significant barriers to new development.</p> <p>Rent growth for senior housing also slowed, dropping to 3.9% year-over-year—the first time it has been below 4% since early 2022.</p>
<b>Workforce</b>	<p><b>12. McKnights Long-Term Care News</b></p> <p>September 6, 2025</p> <p><a href="#"><u>Latest jobs report shows nursing homes on steady march, but threats loom</u></a></p> <p>By Kimberly Marselas</p> <p><b>Jobs Report Findings for the Nursing Home Sector</b></p> <ul style="list-style-type: none"> <li>• <b>August Job Growth:</b> The skilled nursing sector added approximately 7,600 workers in August, which is above its recent monthly average.</li> <li>• <b>Overall Healthcare Trends:</b> The broader healthcare sector gained 31,000 jobs in August, but this is below the average monthly gain of 42,000 over the past year.</li> <li>• <b>Workforce Recovery:</b> The American Health Care Association/National Center for Assisted Living (AHCA) notes that while there has been steady growth since 2022, the sector still needs 30,000 more workers to return to pre-pandemic levels.</li> </ul> <p><b>Discrepancies and Concerns</b></p> <ul style="list-style-type: none"> <li>• <b>Conflicting Data:</b> While the Bureau of Labor Statistics (BLS) reported job gains, another national source using different data reported that the health and education sector lost 12,000 jobs in August.</li> <li>• <b>Revision of Past Data:</b> The BLS also revised its June report, which now shows a loss of jobs for the first time since 2020.</li> <li>• <b>Methodology Differences:</b> The BLS uses survey-based data, which can lead to major revisions, whereas the ADP report, which</li> </ul>

	<p>showed the overall economy added 54,000 jobs in August, analyzes payroll transactions.</p> <p><b>Other Economic Factors</b></p> <ul style="list-style-type: none"> <li>• <b>Slowing Economy:</b> Signs of an economic slowdown are increasing, which in the past has been a positive for nursing homes as demand remains steady and workers seek stable employment.</li> <li>• <b>Other Sectors:</b> The ADP report showed job gains in leisure/hospitality, construction, professional/business services, and other sectors. Losses in other sectors offset the healthcare improvements in the BLS report.</li> </ul>
Climate Change	<p><b>13. *New York Times</b> August 12, 2025 <a href="#"><i>In a Hotter World, Some People Age Faster, Researchers Find</i></a> By Sachi Kitajima Mulkey <i>Exposure to heat waves over just two years could add up to 12 extra days of age-related health damage.</i></p> <p><b>Key Findings of the Study</b></p> <ul style="list-style-type: none"> <li>• A study of nearly 25,000 adults in Taiwan over 15 years found that exposure to heat waves for two years could accelerate a person's biological aging by 8 to 12 days.</li> <li>• This biological aging is a measurable shift in health markers (such as those for lungs and liver) and is not the same as losing days from one's chronological lifespan.</li> <li>• The research suggests that this small number accumulates over time.</li> </ul> <p><b>Vulnerable Populations &amp; Factors</b></p> <ul style="list-style-type: none"> <li>• Older people are more susceptible to faster aging from heat exposure than younger people.</li> <li>• Other factors, such as not having air-conditioning or working outdoors, can worsen the rate of aging.</li> <li>• A previous study of 3,600 older Americans found that living in 90°F for at least 140 days a year could cause up to 14 months of additional aging.</li> </ul> <p><b>Potential Solutions &amp; Interventions</b></p> <ul style="list-style-type: none"> <li>• Governments can protect people in a warming world through public health interventions.</li> <li>• An example of this is the Medicaid funding in Oregon that allows people with health conditions to buy air-conditioners.</li> <li>• However, air-conditioners are not an ideal solution, as the energy they use can contribute to climate change.</li> </ul> <p><b>Overall Impact of Heat</b></p> <ul style="list-style-type: none"> <li>• Dr. Cui Guo, the study's lead researcher, notes that speeding up biological aging can indicate serious health problems and is a concern for countries with aging populations.</li> <li>• Extreme heat can also have other health consequences by worsening air quality and increasing the risk of wildfires, droughts, and storms.</li> </ul>
Federal Policy	<p><b>14. Morbidity and Mortality Weekly Report (MMWR)</b> August 28, 2025</p>

	<p><a href="#"><u>Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season</u></a></p> <p>By Lisa A. Grohskopf, MD; Lenee H. Blanton, MPH; Jill M. Ferdinands, PhD; Carrie Reed, DSc; Vivien G. Dugan, PhD; Demetre C. Daskalakis, MD</p> <p><b>Key Recommendations and Updates</b></p> <p>The Advisory Committee on Immunization Practices (ACIP) continues to recommend <b>routine annual influenza vaccination for everyone aged 6 months and older</b> who does not have a contraindication. For the 2025-26 season, all available vaccines will be trivalent.</p> <p>Key updates include:</p> <ul style="list-style-type: none"> <li>• <b>New Vaccine Composition:</b> The influenza A(H3N2) component has been updated.</li> <li>• <b>Thimerosal-Free Formulations:</b> ACIP now recommends that children (≤18 years), pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative.</li> <li>• <b>FluMist® Approval:</b> The nasal spray vaccine (LAIV3) is now approved for self-administration in adults (18-49 years) or caregiver administration for children (2-17 years).</li> <li>• <b>Flublok® Age Expansion:</b> The approved age for the recombinant vaccine (RIV3) has been lowered from 18 years and older to <b>9 years and older</b>.</li> </ul> <p><b>Vaccination Timing</b></p> <ul style="list-style-type: none"> <li>• <b>Ideal Window:</b> For most people, vaccination should occur in <b>September or October</b>.</li> <li>• <b>Avoid Early Vaccination:</b> Vaccination in July and August should generally be avoided for adults (especially those ≥65) and pregnant women in their first or second trimester due to the potential for waning immunity.</li> <li>• <b>Exceptions for Early Vaccination:</b> Vaccination in July or August may be considered for: <ul style="list-style-type: none"> <li>○ Children who require two doses for the season.</li> <li>○ Pregnant women in their third trimester.</li> <li>○ Anyone for whom later vaccination might not be possible.</li> </ul> </li> </ul> <p><b>Vaccine Selection and Dosing</b></p> <ul style="list-style-type: none"> <li>• <b>Adults Aged ≥65:</b> A higher-dose or adjuvanted influenza vaccine (HD-IIV3, RIV3, or aIIV3) is preferentially recommended for this age group.</li> <li>• <b>Egg Allergy:</b> A history of egg allergy is <b>not a contraindication</b>. Any age-appropriate influenza vaccine may be used.</li> <li>• <b>Dosing Schedule:</b> <ul style="list-style-type: none"> <li>○ <b>Ages ≥9 years:</b> Require one dose.</li> <li>○ <b>Ages 6 months through 8 years:</b> Require two doses (at least four weeks apart) if they have not previously received at least two total doses of influenza vaccine. Otherwise, they need only one dose.</li> </ul> </li> </ul>
Massachusetts State Policy	<p><b>15. *Salem News</b></p> <p>September 8, 2025</p>

[State stockpiles supplies for next pandemic](#)

By Christian M. Wade, Massachusetts Statehouse for North of Boston Media Group

Summary:

To prevent future medical supply shortages like those experienced during the COVID-19 pandemic, the **Massachusetts Department of Public Health** has opened a **75,000-square-foot warehouse** in Franklin. The new facility is strategically located near a major highway intersection and the Massachusetts Emergency Management Agency's warehouse, allowing for a swift response during a public health crisis. The warehouse will store a stockpile of essential supplies, including personal protective equipment (PPE), ventilators, bandages, and refrigerated medical products. This initiative is a direct response to the lessons learned from the COVID-19 pandemic, when the state struggled to acquire critical supplies due to nationwide supply chain issues and a lack of a fully stocked federal reserve.

By establishing its own state-level stockpile, Massachusetts hopes to ensure its readiness and resilience for future public health emergencies.

**16. Office of Governor Maura Healey and Lt. Governor Kim Driscoll**

September 4, 2025

[Governor Healey Announces Immediate Steps to Ensure Vaccine Availability in Massachusetts Amid Trump, RFK Rollbacks](#)

*Healey Administration takes first-of-its-kind action to guarantee insurance coverage of vaccines recommended by the state*

Summary:

Governor Maura Healey announced several immediate actions to ensure vaccine availability in Massachusetts. These measures are in response to federal policy changes and rollbacks by President Donald Trump and Health and Human Services Secretary Robert F. Kennedy Jr.

**Key Actions to Protect Vaccine Access**

- **Insurance Coverage:** A bulletin was issued by the Division of Insurance (DOI) and Department of Public Health (DPH) requiring insurance carriers to continue covering vaccines recommended by DPH, regardless of federal recommendations.
- **Pharmacy Access:** The DPH Commissioner issued a standing order allowing pharmacies to provide COVID-19 vaccines to residents aged five and older. The DPH also updated its policy to permit pharmacists to administer routine vaccines beyond those recommended by the CDC.
- **Interstate Collaboration:** Massachusetts is leading efforts to form a multi-state public health collaboration with other states in the Northeast. This group will focus on developing evidence-based recommendations on vaccinations, disease surveillance, and emergency preparedness.

**Statements of Support**

The announcement is supported by various individuals and organizations, including:

- House Speaker Ronald J. Mariano
- Senate President Karen E. Spilka

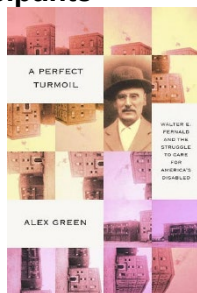


	<ul style="list-style-type: none"> <li>• The Massachusetts Association of Health Plans (MAHP)</li> <li>• Blue Cross Blue Shield of Massachusetts</li> <li>• The Massachusetts Public Health Alliance</li> <li>• The Massachusetts Health &amp; Hospital Association</li> <li>• Health Care for All</li> <li>• Point32Health</li> <li>• LeadingAge Massachusetts</li> </ul>
From Other States	<p><b>17. WHAM (ABC Channel 13)</b>  September 5, 2025  <a href="#"><u>Nursing home residents call for raise in \$50 allowances, stagnant since 1988</u></a>  Deborah Leary is a resident at Monroe Community Hospital. She said the facility provides for all her basic needs. However, personal expenses are not included.  "We should not have to choose between going to church, or going shopping, or going out to lunch," she said.  Leary said the 100,000-plus residents across New York state each receive \$50 per month — an amount that has remained unchanged since 1988.  "This day and age, \$50 is not acceptable anymore," she said.  For residents like Leary, their Social Security checks are used for their room and care, with Medicaid helping to foot that bill. All said and done, out of that cost, \$50 is set aside as a monthly allowance. Leary is calling on lawmakers to increase the \$50 allowance to \$200 per month.  "I think this is part of a larger conversation we need to have about how we properly fund nursing homes and long-term care in our state," said Republican Assemblymember Josh Jensen of District 134.  Jensen approves of the increase, but he wants to ensure it lasts.  "I don't want to get into a situation where we include in the budget one year and then all of a sudden, I'm not sure there's a question about whether or not the money's still going to be there," he said.</p> <p><b>18. Becker's Hospital Review</b>  September 3, 2025  <a href="#"><u>Justice Department sues nursing home operator ProMedica</u></a>  By Elizabeth Gregerson  Based on the text you selected, here is a summary of the article:  <b>DOJ Lawsuit Against ProMedica</b></p> <ul style="list-style-type: none"> <li>• <b>Who:</b> The U.S. Department of Justice (DOJ) has filed a civil complaint against ProMedica Health System and its affiliate, HCR ManorCare.</li> <li>• <b>Why:</b> The lawsuit alleges the company provided "non-existent, grossly substandard" care at skilled nursing facilities between 2017 and 2023, failing to meet legal requirements under the Nursing Home Reform Act.</li> <li>• <b>Accusations:</b> The DOJ claims some medical records were falsified to document services that were never provided.</li> </ul> <p><b>Facilities Named in the Complaint</b></p> <ul style="list-style-type: none"> <li>• ProMedica Skilled Nursing and Rehabilitation – Pottstown (Pa.)</li> <li>• ProMedica Skilled Nursing and Rehabilitation – Riverview (Ohio)</li> <li>• ProMedica Skilled Nursing, Rehabilitation – Greenville East (S.C.)</li> </ul>

	<ul style="list-style-type: none"> <li>• ProMedica Skilled Nursing and Rehabilitation – Imperial (Va.)</li> </ul> <p><b>ProMedica's Response</b></p> <ul style="list-style-type: none"> <li>• ProMedica states the lawsuit is "without merit" and plans to "vigorously defend against it."</li> <li>• The company notes the complaint stems from lawsuits filed in 2016 and 2017, before ProMedica acquired the bankrupt HCR ManorCare in 2018.</li> <li>• ProMedica asserts that after the acquisition, it made "substantial investments" to improve care and maintained a strong compliance record, even during the COVID-19 pandemic.</li> </ul> <p>Read more about the complaint <a href="#">here</a>.</p>
<b>Public Sessions</b>	<p><b>19. Joint Committee on Children, Families and Persons with Disabilities</b>  Tuesday, September 9, 2025, 1:00 p.m.  State House, Room <a href="#">B-2 and Virtual Hearing</a>  For list of bills to be heard:  <a href="https://malegislature.gov/Events/Hearings/Detail/5334">https://malegislature.gov/Events/Hearings/Detail/5334</a>  CART services and ASL interpretation will be available. All matters filed in the House that are listed above are required to be reported on by November 8, 2025, subject to extensions consistent with House Rule 27.  The public is invited to participate in this hearing. To sign up to provide oral testimony, please fill out this form. Sign-ups for oral testimony will close on Thursday, September 4th at 2:00PM, but same-day, in-person testimony will be accepted, time permitting.  Written testimony on House bills should be sent to Audrey Herrman (<a href="mailto:Audrey.Herrmann@mahouse.gov">Audrey.Herrmann@mahouse.gov</a>) and written testimony on Senate bills should be sent to Olivia Mathot (<a href="mailto:Olivia.mathot@masenate.gov">Olivia.mathot@masenate.gov</a>).</p> <p><b>20. Public Health Council</b>  Wednesday, September 10, 2025, 9:00 a.m.  <a href="#">Monthly meeting</a>  Agenda includes an update from Public Health Commissioner Goldstein, who has gained new authority to set the state's vaccine policies and break ties from federal recommendations. There will also be informational presentations, including an update from the Office of Preparedness and Emergency Response and the role of the Public Health Laboratory in emergency preparedness and response.  <a href="#">Agenda and Livestream</a></p> <p><b>21. Commission on the Status of Persons with Disabilities</b>  Wednesday, September 10, 2025, 11:00 a.m.  State House, Hearing Room 222 and virtual <a href="#">Meeting</a>  The chair will give an update on goals for fiscal year 2026, and Developmental Disabilities Council Deputy Director Jennifer Bertrand gives a presentation on Medicaid federal funding.  <a href="#">Zoom</a></p> <p><b>22. Development Disabilities Council</b>  Wednesday, September 10, 2025, 6:00 p.m.  <a href="#">Quarterly meeting</a></p>

	<p>Agenda includes committee reports, including a budget report. There's also a presentation from Ann Lynch of Attorney General Campbell's office.</p> <p><a href="#">Agenda and Zoom</a></p>
<p><b><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></b></p>	<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 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>

## Books by DignityMA Participants



About the Author:

**Alex Green** 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.

## [A Perfect Turmoil: Walter E. Fernald and the Struggle to Care for America's Disabled](#)

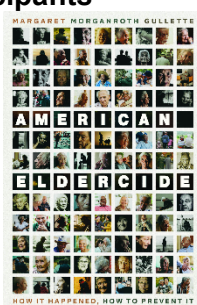
By Alex Green

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, *A Perfect Turmoil* 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.

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.

[Buy the book here](#)

## Books by DignityMA Participants



About the Author:

**Margaret Morganroth Gullette** 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 *Agewise*, *Aged by Culture*, and *Ending Ageism, or How Not to Shoot Old People*. Her writing has appeared in publications such as the *New York Times*, *Washington Post*, *Guardian*, *Atlantic*, *Nation*, and the *Boston Globe*. She is a resident scholar at the Women's Studies Research Center, Brandeis, and lives in Newton, Massachusetts.

## [American Eldercide: How It Happened, How to Prevent It](#)

By [Margaret Morganroth Gullette](#)

**A bracing spotlight on the avoidable causes of the COVID-19 Eldercide in the United States.**

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.

Until now. In *American Eldercide*, activist and scholar Margaret Morganroth Gullette investigates this tragic public health crisis with a 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.

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.

[Buy the book here.](#)

<b>Bringing People Home: The Marsters Settlement</b>	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>
<b>Support Dignity Alliance Massachusetts</b>  <b><u>Please Donate!</u></b>	<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>
<b>Dignity Alliance Massachusetts Legislative Endorsements</b>	Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: <a href="https://tinyurl.com/DignityLegislativeEndorsements">https://tinyurl.com/DignityLegislativeEndorsements</a> Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at <a href="mailto:rmoores8473@charter.net">rmoores8473@charter.net</a> .
<b>Websites</b>	<p><b><u><a href="https://www.naccra.com/content.aspx?page_id=0&amp;club_id=526131">National Continuing Care Residents Association</a></u></b>  <a href="https://www.naccra.com/content.aspx?page_id=0&amp;club_id=526131">https://www.naccra.com/content.aspx?page_id=0&amp;club_id=526131</a>  NaCCRA collaborates nationwide with residents and prospective residents of Continuing Care Retirement/Life Plan Communities and allied organizations for the purpose of promoting, protecting, and improving the CCRC/Life Plan lifestyle. They help current residents monitor the ongoing health and performance of the community where they now live, and supply valuable tools and services.</p> <p><b><u><a href="https://www.nic.org/">National Investment Center</a></u></b>  <a href="https://www.nic.org/">https://www.nic.org/</a>  The National Investment Center for Seniors Housing &amp; Care (NIC), a 501(c)(3) organization, works to enable access and choice by providing data, analytics, and connections that bring together investors and providers.</p>
<b>Blogs</b>	
<b>Podcasts</b>	



<b>YouTube Channels</b>	
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	<div> <div><b>Nursing home</b></div> <div> <a href="#">Department of Public Health</a> <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> Or  Mail to 67 Forest Street, Marlborough, MA 01752  <a href="#">Ombudsman Program</a> </div> </div>
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>



	<p>Recent approval:  <a href="#"><u>Town of Nantucket – Long Term Care Substantial Capital Expenditure</u></a>          Approved May 5, 2025</p>
List of Special Focus Facilities	<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"><u>https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf</u></a>  <b>Updated March 26, 2025</b></p> <p>CMS has published a new list of <a href="#"><u>Special Focus Facilities</u></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.</p> <p>To be considered for the SFF program, a facility must have a history (at least 3 years) of serious quality issues. These nursing facilities generally have more deficiencies than the average facility, and more serious problems such as harm or injury to residents. Special Focus Facilities have more frequent surveys and are subject to progressive enforcement until it either graduates from the program or is terminated from Medicare and/or Medicaid.</p> <p>This is important information for consumers – particularly as they consider a nursing home.</p> <p><b>What can advocates do with this information?</b></p> <ul style="list-style-type: none"> <li>• Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list.</li> <li>• Post the list on your program's/organization's website (along with the explanation noted above).</li> <li>• Encourage current residents and families to check the list to see if their facility is included.</li> <li>• Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.</li> <li>• Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.</li> <li>• For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.</li> </ul> <p><b>Massachusetts facilities listed (updated )</b>  <b>Newly added to the listing</b></p> <ul style="list-style-type: none"> <li>• Salem Rehab Center, Salem  <a href="https://www.adviniacare.com/adviniacare-salem/"><u>https://www.adviniacare.com/adviniacare-salem/</u></a>            Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225644/"><u>https://projects.propublica.org/nursing-homes/homes/h-225644/</u></a></li> <li>• Fall River Healthcare  <a href="https://www.nextstephpc.com/fallriver"><u>https://www.nextstephpc.com/fallriver</u></a>            Nursing home inspect information:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225723/"><u>https://projects.propublica.org/nursing-homes/homes/h-225723/</u></a></li> </ul>

	<p><b>Massachusetts facilities which have graduated from the program</b></p> <ul style="list-style-type: none"> <li>Marlborough Hills Rehabilitation and Health Care Center, Marlborough  <a href="https://tinyurl.com/MarlboroughHills">https://tinyurl.com/MarlboroughHills</a>  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:  <a href="https://projects.propublica.org/nursing-homes/homes/h-225747">https://projects.propublica.org/nursing-homes/homes/h-225747</a></li> <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></li> </ul>
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	<p>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></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>																																																
Nursing Home Inspect	<p><b>ProPublica</b> <b>Nursing Home Inspect</b> <b>Data updated April 23, 2025</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><tr><th>Deficiency Tag</th><th># Deficiencies</th><th>in # 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	in # 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</p>																																																

	<p>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>• <b>Advocate</b> for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – <a href="#">State Legislative Endorsements</a>.</li> <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	<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 leaders for more information.</p>	<b>Workgroup</b>	<b>Workgroup lead</b>	<b>Email</b>
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	Covid / Long Covid	James Lomastro	<a href="mailto:jimlomastro@comcast.net">jimlomastro@comcast.net</a>
	Incarcerated Persons	TBD	<a href="mailto:info@DignityAllianceMA.org">info@DignityAllianceMA.org</a>

<b><i>Bringing People Home: Implementing the Marsters class action settlement</i></b>	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>
<b><i>REV UP Massachusetts</i></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> .
<b><i>The Dignity Digest</i></b>	For a free weekly subscription to <i>The Dignity Digest</i> : <a href="https://dignityalliancema.org/contact/sign-up-for-emails/">https://dignityalliancema.org/contact/sign-up-for-emails/</a> Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke
Note of thanks	Thanks to the contributors to this issue of <i>The Dignity Digest</i> : <ul style="list-style-type: none"> <li>• Jim Lomastro</li> <li>• Dick Moore</li> </ul> Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i> . <i>If you have submissions for inclusion in <u>The Dignity Digest</u> or have questions or comments, please submit them to <a href="mailto:Digest@DignityAllianceMA.org">Digest@DignityAllianceMA.org</a>.</i>
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p> <p><i>Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.</i></p> <p><i>The information presented in “The Dignity Digest” is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.</i></p> <p><i>Previous issues of The Tuesday Digest and The Dignity Digest are available at:</i>  <a href="https://dignityalliancema.org/dignity-digest/">https://dignityalliancema.org/dignity-digest/</a></p> <p><i>For more information about Dignity Alliance Massachusetts, please visit <a href="http://www.DignityAllianceMA.org">www.DignityAllianceMA.org</a>.</i></p>	