



The Dignity Digest

Issue # 263

December 16, 2025

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

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

DignityMA Zoom Sessions

Dignity Alliance Massachusetts participants meet via Zoom every other Tuesday at 2:00 p.m. Sessions are open to all. To receive session notices with agenda and Zoom links, please send a request via info@DignityAllianceMA.org.

A Yuletide Poem

With appreciation to Clement Clarke Moore and Richard T. Moore (? a distant relative)

A Visit from St. Nicholas to Beacon Hill

T'was the night before Christmas in a long-term care wing,

Where residents waited to see what reforms next year might bring.

The call lights were glowing like lanterns indeed,

A reminder that staffing still lags far behind need Families had written, advocates had called,

But too many good bills were still left to stall.

And residents kept asking, with voices so clear,

“Will the Legislature act before this time next year?”

Then out in the courtyard there rose such a clatter,

I rolled to the window to see what was the matter.

The moon on the State House dome shining so bright

Made it gleam like a promise of justice tonight.

A sleigh trimmed in cranberry red came to rest,

With a driver whose mission was clear and expressed.

He carried a binder marked “Massachusetts Reform,”

And a list of the bills that could truly transform.

He strode through the hallways with purpose and care,

Reviewing the gaps in enforcement laid bare.

He spoke of transparency — ownership shown,

So every investor and landlord is known.

He called for safe staffing, not numbers on charts,

But ratios that honor both bodies and hearts.

*He urged real inspections with follow-through strong,
 So violations aren't buried or fixed months too long.
 He talked about profits — the ones out of sight,
 And how public dollars must match public right.
 "No more shell companies hiding the trail;
 Residents deserve truth, not a corporate veil."
 Then he gathered the residents, the staff, and the aides,
 And praised all the courage in the advocacy they've made.
 "Your stories," he said, "are the engine of change!"
 So keep them coming, for good care, we'll exchange.
 As this Dignity Advocate rode off into the night,
 he shouted to all, "Quality care is your right!"*

Spotlight

[‘Worst of the worst’: Fall River nursing home repeatedly cited](#)
The New Bedford Light
 By Grace Ferguson
 November 24, 2025

Based on the article provided, here is a summary of the conditions at Fall River Healthcare:

Facility Status and Regulatory Scrutiny

- **"Worst of the Worst":** Fall River Healthcare is listed on Medicare's "Special Focus Facilities" list, a designation for the most troubled nursing homes in the U.S. Only 88 out of over 14,000 facilities nationwide are selected for this list at a time.
- **Regulatory Threats:** The facility faces heightened scrutiny and could lose access to Medicare funds if it fails to show consistent improvement.
- **Legal Settlements:** Parent company Next Step Healthcare settled with the Massachusetts Attorney General for \$3.25 million regarding allegations of deliberate understaffing. The chain has also been fined over \$1.4 million by federal regulators since 2022.

Documented Neglect and Medical Failures

- **Severe Medical Neglect:** State inspections cited the facility for causing "actual harm" to residents. Specific instances included bedsores quadrupling in size to the point of necrosis and sepsis due to a failure to follow doctor's orders.
 - **Medication Errors:** Medication administration was described as chaotic, with some residents receiving doses hours late or not at all.
 - **Hygiene Issues:** Family members and staff reported filthy conditions, including broken toilets filled with blood and feces, cockroaches, and urinals placed on resident food trays.
 - **Lack of Assistance:** Residents reported waiting up to 30 minutes for bathroom assistance, leading to soiled clothing or falls when attempting to move alone.
- Staff Misconduct and Understaffing**
- **Verbal and Emotional Abuse:** Inspection reports detailed incidents where aides cursed at, insulted, and shamed incontinent residents.
 - **Failure to Intervene:** Staff failed for weeks to stop a resident from racially abusing a roommate.
 - **Staffing Shortages:** Despite the AG settlement, most Next Step facilities in Massachusetts remain below state staffing benchmarks. Fall River Healthcare has a nurse turnover rate of 47% and lost two top administrators in one year.
 - **Lack of Supervision:** Former employees reported being asked to work without proper training or supervision, citing an environment where staff seemed to "forget about" residents.
- Personal Impact**
- **Family Testimony:** Sheila Lambert, a nurse aide, recounted finding her father unwashed and neglected in a dirty room. He died shortly after a fall that occurred while he was trying to use the bathroom without help.
 - **Resident Distress:** Residents expressed humiliation regarding their treatment, with one telling inspectors regarding the staff's attitude, "It's my life."

Quotes

The toilet was full of feces, urine, and blood. Sheila Lambert judged that it had been broken for days. Lambert dreaded visiting her father at Fall River Healthcare. She came by the nursing home three or four times a week, and would often arrive in the early afternoon to find him undressed, unwashed, and soiled, she says.

“You call, call, call. Nobody comes,” she remembers her father, Edward Pereira, telling her. . .

“I won’t get over it, knowing my father had to spend the last few months of his life there.”

Sheila Lambert, whose father, Edward Pereira, was a resident at Fall River Nursing Home, [‘Worst of the worst’: Fall River nursing home repeatedly cited](#) (*The New Bedford Light*, November 24, 2025)

“It’s such an in-your-face flouting of the most basic standards of nursing home care, and really the standards of humanity. [Fall River Healthcare Center is] the worst of the worst facilities in the country. You can’t get a worse designation than ‘Special Focus Facility.’”

Richard Mollot, executive director of the New York-based advocacy group Long Term Care Community Coalition, [‘Worst of the worst’: Fall River nursing home repeatedly cited](#) (*The New Bedford Light*, November 24, 2025)

“Fall River Healthcare’s history of repeated violations is an all-around failure by managers, supervisors, and workers. It’s repulsive. It would be bad enough if it was a singular incident, but there’s a pattern here.”

Paul Lanzikos, Coordinator, Dignity Alliance Massachusetts, [‘Worst of the worst’: Fall River nursing home repeatedly cited](#) (*The New Bedford Light*, November 24, 2025)

Once the nation’s largest nursing home chain, [Genesis says](#) it was spending \$8 million a month defending and settling lawsuits over resident injuries

and deaths in recent years. But the company is now poised to wipe the liability slate clean by seeking refuge in the most protective corner of the legal system for the nursing home industry: bankruptcy court. . . When it filed for bankruptcy in Dallas in July, Genesis estimated its total liability for nearly a thousand settled and pending lawsuits at \$259 million.

[How Delays and Bankruptcy Let a Nursing Home Chain Avoid Paying Settlements for Injuries and Deaths](#) (KFF News, December 9, 2025)

Genesis' downfall can be [traced to 2007](#), when affiliates of two private equity firms acquired the company in a \$1.5 billion leveraged buyout, taking on substantial debt, according to its bankruptcy filing. Private equity also has been involved in other health care bankruptcies, including those of the [HCR ManorCare](#) nursing home chain, the prison health care contractor [Corizon Health](#), and two for-profit hospital systems, [Steward Health Care](#) and [Prospect Medical Holdings](#).

[How Delays and Bankruptcy Let a Nursing Home Chain Avoid Paying Settlements for Injuries and Deaths](#) (KFF News, December 9, 2025)

“When you reach 100, a lot of things don’t work too well, but sometimes I feel like I’m 15 again.”

Dick Van Dyke, [How to Live to 100, According to Dick Van Dyke](#) (New York Times (free access), November 29, 2025 (updated))

Access to stable housing is key to successful reentry and community safety. HUD and Congress must work to reduce—not increase—barriers to affordable, accessible housing for formerly incarcerated and convicted people, their families, and communities.

[HUD Secretary Turner Issues Letter Encouraging PHAs to Adopt More Restrictive Screening Practices](#) (National Low Income Housing Coalition, December 8, 2025)

“We often ascribe certain brain changes to negative outcomes in adulthood or later life, but actually there’s certain cognitive features that can be really helpful and useful in aging.”

Katie Insel, a psychologist at Northwestern University, [New study shows how your brain changes at four key ages: 9, 32, 66 and 83](#) (*Washington Post, December 9, 2025)

Senior care facility operators have faced economic challenges in 2025 that include increased insurance liability premiums, a decline in reimbursement rates, and rising labor, product, and operating costs. These economic issues were projected to lead to an increase in senior care facility bankruptcy filings this year, rising from 11 in 2024 to 15.

[80-year-old retirement community chain files Chapter 11 bankruptcy](#) (The Street, December 8, 2025)

Care delivery continues to migrate away from hospitals and skilled nursing facilities toward outpatient, community, and home-based settings, with an estimated \$50 billion in revenue shifting to independent, non-hospital sites.

[Healthcare Bankruptcy Trends Stabilize Mid-Year, but Funding Pressures Loom for Healthcare Providers](#) (Gibbons Advisors, December 2025)

“Preventing infection is the right thing for patients and for staff, and in the long run this will save money.”

Dr. Lona Mody, a geriatrician at Michigan Medicine, [New National Guidelines Aim to Cut Infections in Nursing Homes](#) (HealthDay, December 9, 2025)

Nearly one in six nursing home residents in the United States, who were admitted under Medicare or private pay, ended up enrolling in Medicaid

during their stay after depleting their financial assets.

“This finding raises concerns both about individuals impoverishing themselves because of the high cost of care and the long-term financial sustainability of the Medicaid program.”

[Nearly 1 in 6 Nursing Home Residents Spend Down Savings to Qualify for Medicaid](#) (Skilled Nursing News, December 9, 2025)

[State Representative Thomas] Stanley [D-Waltham] noted that a [2023 KFF national survey](#) revealed that nearly half of adults over 65 mistakenly believe Medicare covers long-term care. It does not.

Another survey, from the [National Poll on Healthy Aging](#), found 57 percent of respondents age 50 or older did not believe they would ever need long-term care. Yet 70 percent of people can expect to use some form of [long-term care](#) during their lives, according to the federal government.

[Mass. considers payroll tax to fund long-term care for aging residents](#) (*Boston Globe, December 8, 2025)

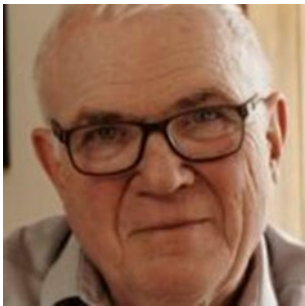
“It sends a message that owners of health care facilities will not be able to take advantage of Medicare and Medicaid funds while providing substandard care and allowing injury claims to mount. The bankruptcy court will not permit these liabilities to be simply washed away, but will hold owners accountable while ensuring a transparent and fair process.”

Daniel Desatnik, a lawyer for the committee that represented roughly 600 families and vendors with lawsuits against Genesis and its affiliates, [‘It sends a message’: Justice Department to oversee new auction for troubled nursing home giant Genesis](#) (*Boston Globe, December 12, 2025)

	<p><i>“A private equity company tried to abuse the bankruptcy system to slither out of paying what they owe to neglected seniors in its nursing homes. “This is a textbook case of why we need to get private equity out of health care altogether, and this decision is a good step forward in the fight to deliver relief for the victims of Genesis.”</i></p> <p>U.S. Senator Elizabeth Warren (D-MA), <i>‘It sends a message’: Justice Department to oversee new auction for troubled nursing home giant Genesis</i> (*Boston Globe, December 12, 2025)</p> <p><i>“The pattern often reflects an underlying mismatch between the patient’s medical reality and the goals of care set at discharge. Patients arrive to subacute rehab labeled as ‘restorative’ but many have end-stage disease, profound debility, or metastatic cancer for which aggressive rehabilitation is no longer physiologically possible. Instead of functional recovery these patients endure multiple transitions, escalating interventions and unnecessary suffering in their final weeks of life.”</i></p> <p>Dr. Taimur Mirza, chief medical officer of New York City-based ArchCare, <i>Palliative, Hospice Access Issues Reduce SNFs to ‘Holding Areas’ for Declining Patients</i> (Skilled Nursing News, November 17, 2025)</p> <p><i>A state regulation on handicapped accessibility was not intended to stymie home repairs in low-value neighborhoods. But that’s what it does.</i></p> <p><i>Building accessibility codes shouldn’t apply differently in Newton and Pittsfield</i> (*Boston Globe, December 14, 2025)</p>
<p>Commentary Offered by DignityMA Participants</p>	<p><i>Why the “82 Cents on the Dollar” Claim Misleads the Public</i></p> <p>A recent study has been widely cited for the claim that Medicaid pays nursing homes only “82 cents for every dollar of care.” It’s an alarming figure — and it has been used to argue that nursing homes are</p>



Richard T. Moore is Chair of the DignityMA Legislative Workgroup and a member of the Coordinating Committee. He is a former Massachusetts State Senator.



James A. Lomastro, PhD, is a member of the Coordinating Committee for Dignity Alliance Massachusetts and a surveyor for CARF International. He writes frequently on issues concerning nursing homes, home- and community-based services, private equity, artificial and augmented intelligence, and caregiving. He had an extensive career in healthcare administration and academia.

chronically underfunded. But there’s a critical piece missing from this story.

The study relies on reported costs, not actual costs. And in today’s nursing home industry, those two numbers can be very different.

Many for-profit nursing homes now operate through complex webs of related companies — management firms, staffing agencies, real-estate holding companies, and supply vendors that are owned by the same investors who own the nursing home itself. These companies can charge the facility above-market rates for rent, staffing, or services. On paper, these payments appear as “costs.” In reality, they are often unregulated profit routed through side companies.

When these inflated payments are counted as “costs,” the books can make even highly profitable chains appear to be losing money on Medicaid residents.

The study does not adjust for these practices. It does not separate legitimate care expenses from related-party markups. And it does not account for profit embedded inside those transactions. As a result, the “82 cents” figure reflects what facilities choose to report, not what it actually costs to provide care.

This matters because the public deserves an honest picture. Residents and families deserve to know whether money intended for care is being spent on care — or siphoned off through hidden channels. Policymakers deserve data that reflect reality, not accounting strategies.

Before we accept claims of underfunding, we must ask a simple question: Are we measuring the true cost of care, or the cost of a business model built on opacity and extraction?

Birthday Wishes

Dick Van Dyke turned 100 years old on December 13.

CNBC

December 13, 2025

[Today is Dick Van Dyke’s 100th birthday: His tips for a long, healthy life—‘sometimes I feel like I’m 15 again’](#)



By Renée Onque

Dick Van Dyke's Secrets for Longevity at 100

Dick Van Dyke, officially turning 100, attributes his long, healthy life to several practices detailed in his book, *"100 Rules for Living to 100: An Optimist's Guide to a Happy Life."*

Three Research-Backed Staples for Longevity

1. Stay Physically Active

- He goes to the gym three times a week, sometimes dancing as he walks between machines.
- On his non-gym days, he practices yoga and stretching, maintaining a flexibility that still amazes his doctors (e.g., being able to touch his toes).

2. Maintain an Optimistic Outlook

- He believes people are born with a certain perspective and tends to look on the "good side of things."
- He maintains a sense of playfulness, pursues fulfilling work (like acting), and believes he is lucky to have a job doing what he would have done anyway.
- He is open to new and exciting opportunities, such as starring in Coldplay's "All My Love" music video at age 99.

3. Value Quality Time with Loved Ones

- He treasures spending time with his loved ones, including his children, grandchildren, and great-grandchildren.
- He actively works to make his home fun for family visits (e.g., planning to add a zip line to his backyard).
- His commitment to "social fitness" (maintaining healthy, long-lasting connections) aligns with findings from a decades-long Harvard study on happiness and longevity.

100th Birthday Plans

- His itinerary is relaxed, as he "doesn't want to do anything" except stay in his room watching *Jeopardy!* reruns with his wife, Arlene Silver.

[*How to Live to 100, According to Dick Van Dyke*](#)

New York Times (free access)

By Jancee Dunn

November 29, 2025 (updated)

When I learned that Dick Van Dyke — the singing, dancing star of classic films like *"Mary Poppins"* — would be 100 years old next month, I knew I had to get him on the phone.

I grew up watching his movies on repeat, and I wanted to hear how he felt about hitting the century mark.

Van Dyke was born during the Coolidge administration and still remembers the ice man from his childhood who made his deliveries in a horse-drawn wagon. "I'm a super-old," he joked.

How did he make it this far? While genetics have most likely helped, he also practices evidence-based longevity habits. He details them in his new book, “100 Rules for Living to 100: An Optimist’s Guide to a Happy Life.”

Some aspects of aging have been difficult, the Emmy, Tony and Grammy winner told me. He wears a hearing aid, and his eyesight is dimming. “When you reach 100, a lot of things don’t work too well,” he said. But “sometimes I feel like I’m 15 again,” he added.

He shared his secrets while relaxing in his Los Angeles bedroom, sipping a cup of coffee with his customary five lumps of sugar.

“Yes, you heard that right,” he said.

He stays active.

It’s well documented that regular exercise [increases your chances of a long life](#) and Van Dyke tries to move every single day. He [goes to the gym](#) three days a week to do circuit training, he said, and sometimes, as he moves from one machine to the next, he busts out a soft-shoe dance.

If he needs extra motivation to hit the gym, he said that he’ll promise himself he can have a power nap as a reward.

In between gym days, he does yoga and stretching. “The doctors can’t believe it when I touch my toes,” he said.

He commits to being playful.

Van Dyke’s approach to aging, he said, “is that I try to avoid being the ‘get off my lawn’ guy.” Instead, he taps into his sense of playfulness, which “keeps me connected to the child inside me,” he writes.

Playfulness, he told me, “gives you a sense of fun and freedom,” no matter how you feel physically. And [research suggests](#) that it lowers stress and improves well-being. Van Dyke looks for moments during the day to be playful, whether it’s chances to crack jokes or to make a toddler laugh in the supermarket line.


He also has three cats and a dog. “Pets just lift your spirits,” he said, which is a claim backed by evidence.

And he adds levity to his life by singing every day, which has been [shown to reduce stress](#). “I hum, too,” he said. “It does everything for my mental health.”

He says yes.

Being open to new experiences as an older adult may be good for your brain health and emotional well-being. For Van Dyke, that means [saying yes to things](#) as often as you can.

When a local theater asked him to direct grade-school children, he immediately accepted. Last year he agreed to

	<p>dance — nimbly, and barefoot — in a Coldplay video called “All My Love,” directed by Spike Jonze and Mary Wigmore. It can be tempting to dwell in the past, he explained, but saying yes keeps him firmly in the present and the future. So does having an open mind, he said. Van Dyke’s assistant uses the pronouns “they” and “them.” This “took some getting used to,” Van Dyke writes, but he said he embraced it. It’s tempting to resist change, he added, “but you do really have to keep your mind open as you get older, especially to new ideas.”</p> <p>He maintains his connections.</p> <p>Keeping your social ties strong is a key to aging well, and Van Dyke makes an effort to sustain his relationships. He told me that he’s constantly “scheming” to get his grandchildren and great-grandchildren over to his house, and that he wants his backyard to feel like a theme park. His next projects: a rope swing and a zip-line. “Just hearing them all out there squealing gives me such joy,” he writes.</p> <p>And for 25 years, Van Dyke has sung in an a cappella group called the Vantastix. The other guys are all decades younger, “which has a rejuvenating effect,” Van Dyke said. He works hard to sustain his friendships, although he doesn’t have any pals his age. Attention, centenarians: “I’m in the market for some 100-year-old friends,” Van Dyke said. Fortunately, his friend Mel Brooks, the director, is turning 100 next year. And Sir David Attenborough, the British naturalist, turns 100 in May. Dick, maybe you should reach out.</p>
<p>Remembering with Dignity</p> <p>To access the submission form scan</p>  <p>or click on: https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A.</p>	<p><i>Dignity Alliance Massachusetts Launches “Remembering with Dignity,” a Digital Memorial to Honor Those who Died During the COVID-19 pandemic</i></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 have no official national day or place of remembrance. During the COVID-19 emergency, widespread closures led to</p>

<p>For more information or questions, contact: Deborah W. Coogan Chair, DignityMA's "Remembering with Dignity" initiative dwc@cooganlaw.com 617-332-8828</p>	<p>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>How to Submit a Remembrance:</p> <ul style="list-style-type: none"> • Visit www.dignityalliancema.org and navigate to the "Pandemic Memorial" page under the "Resources" tab or click on https://tinyurl.com/DignityRemembrance or https://forms.gle/GbzP2H9RG1sWSzA3A. The QR code below can also be used. • A remembrance should be no more than 175 words. • Rather than a formal obituary, each submission should describe the person's essence, values, and their story. • 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). <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>Retrospective Observation Status Appeal Deadline is Jan. 2, 2026</p>	<p><u>Reminder: Retrospective Observation Status Appeal Deadline is Jan. 2, 2026</u></p> <p>Thanks to a successful class action lawsuit led by the Center for Medicare Advocacy, if you were hospitalized between January 1, 2009 and February 13, 2025 and reclassified from inpatient to "observation status," you may have the right to file a retrospective appeal.</p>

	<ul style="list-style-type: none"> • Retrospective appeals must be received by Medicare's contractor by January 2, 2026. • Who is eligible: Medicare beneficiaries with original/traditional Medicare who were reclassified from inpatient to observation status between January 1, 2009 and February 13, 2025. Other criteria also apply. See CMA's FAQ about the observation status court decision. • What you may recover: Out-of-pocket costs paid to nursing homes, or hospitals, depending on individual circumstances. • How to appeal: submit your Request for Retrospective Appeal of Medicare Part A Coverage so that it is received by the Eligibility Contractor by January 2, 2026. <p>The court case also permanently established prospective appeals, allowing certain patients to appeal their observation status while still in the hospital or after discharge.</p> <ul style="list-style-type: none"> • For more information about both types of appeals, see the Center for Medicare Advocacy's Observation Status Appeal Resources.
<p>Healthy to 100: The Science of Social Connection SUBSCRIBE</p>	<p><i>Perhaps You Should Skip the Hours on TikTok and Focus on Your Marriage.</i></p> <p>We've long known that meaningful relationships with the people closest to us have an overall positive effect on life expectancy and happiness - but now we also know, thanks to a new UCLA Health study, that these same relationships may help protect against obesity by literally rewiring how the brain and gut talk to each other.</p> <p>Researchers found that people in high-support relationships, especially supportive marriages, had lower BMI (body mass index), fewer food-addiction behaviors, and stronger activity in the brain regions that help control cravings. Their gut biology looks different too - with healthier metabolites tied to mood, energy, and inflammation. At the center of it all was oxytocin, the so-called "love hormone," acting like a messenger between the brain and gut, boosting self-control while promoting metabolic health.</p> <p>Marriage matters in this equation, but the quality of the relationship matters most: married participants who felt emotionally supported showed the biggest benefits; those in strained partnerships didn't get the same lift.</p> <p>The takeaway? Good relationships don't just make life more pleasant -- they show up in our biology. Real emotional support changes hormones, brain circuits, and gut chemistry. The researchers argue that building strong, stable connections might deserve a spot next to diet and exercise in conversations about long-term health and tackling the obesity crisis.</p>
<p>Recruitment</p>	<p>See: Listings on MASterList.com's Job Board for all current listings</p>

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

Nursing Homes

[CMS confirms Medicare revalidation suspension, acknowledges lost applications](#) (McKnights Long-Term Care News, December 13, 2025)

[The Quotes That Defined Skilled Nursing in 2025 — and Hint at What's Ahead](#) (Skilled Nursing News, December 12, 2025)

[Nursing Home Incentive Program Falls Flat, New Work Explains Potential Reasons](#) (Leonard Davis Institute of Health Economics, December 9, 2025)

[New National Guidelines Aim to Cut Infections in Nursing Homes](#) (HealthDay, December 9, 2025)

[Nearly 1 in 6 Nursing Home Residents Spend Down Savings to Qualify for Medicaid](#) (Skilled Nursing News, December 9, 2025)

[Palliative, Hospice Access Issues Reduce SNFs to 'Holding Areas' for Declining Patients](#) (Skilled Nursing News, November 17, 2025)

Assisted Living Residences

[Two more wrongful death suits filed for Gabriel House assisted living facility fire victims](#) (MassLive.com, December 14, 2025)

Housing

[HUD Secretary Turner Issues Letter Encouraging PHAs to Adopt More Restrictive Screening Practices](#) (National Low Income Housing Coalition, December 8, 2025)

Health Care

[Getting Chemotherapy While in a Nursing Home](#) (Center for Medicare Advocacy, December 11, 2025)

Disability Topics

[Building accessibility codes shouldn't apply differently in Newton and Pittsfield](#) (*Boston Globe, December 14, 2025)

Ageing Topics

[New study shows how your brain changes at four key ages: 9, 32, 66 and 83](#) (*Washington Post, December 9, 2025)

Private Equity

[From healthcare to retail, private equity's failures pile up in second half of 2025](#) (Private Equity Stakeholder Project, December 8, 2025)

[Blackstone real estate suffers \\$600 million in losses from sales of senior housing portfolio](#) (Private Equity Stakeholder Project, December 4, 2025)

Bankruptcy

['It sends a message': Justice Department to oversee new auction for troubled nursing home giant Genesis](#) (*Boston Globe, December 12, 2025)

[How Delays and Bankruptcy Let a Nursing Home Chain Avoid Paying Settlements for Injuries and Deaths](#) (KFF News, December 9, 2025)

[Healthcare Bankruptcy Trends Stabilize Mid-Year, but Funding Pressures Loom for Healthcare Providers](#) (Gibbons Advisors, December 2025)

	<p><u>80-year-old retirement community chain files Chapter 11 bankruptcy</u> (The Street, December 8, 2025)</p> <p>Federal Policy <u>CMS set to suspend nursing home Medicare revalidation process indefinitely</u> (McKnights Long-Term Care News, December 9, 2025) <u>FDA to investigate whether adult deaths linked to coronavirus vaccine</u> (*Washington Post, December 9, 2025)</p> <p>State House <u>Primary care spending proposal sets the stage for legislative action in 2026</u> (CommonWealth Beacon, December 10, 2025) <u>Mass. considers payroll tax to fund long-term care for aging residents</u> (*Boston Globe, December 8, 2025)</p> <p>Office of Attorney General Andrea Campbell <u>AG's Office Secures Guilty Plea From Haverhill Defendant For Defrauding PCA Program</u> (Office of Attorney General Andrea Campbell, December 10, 2025)</p> <p>Under the Golden Dome <u>Message from Senator Patricia Jehlen (D-Somerville)</u> (December 2025)</p>
<p>Webinars and Online Sessions</p>	<p>1. The Long-Term Care Community Coalition Tuesday, December 16, 2025, 1:00 p.m. <u>The Expanding Role of Big Finance in Long-Term Care: What It Says About Profitability and Resident Well-Being</u> In this webinar, elder abuse attorney Ed Dudensing explains how Big Finance is growing its market share in long-term care facilities, what that investment suggests about facility profitability, and how it affects resident well-being. <u>Register for LTCCC's December 16 Webinar</u></p> <p>2. U.S. Access Board Thursday, January 8, 2026, 2:30 to 4:00 p.m. <u>New Year, New Hobby—Find Your Accessible Recreation Fun!</u> This presentation will highlight provisions in the Americans with Disabilities Act (ADA) and Architectural Barriers Act (ABA) Accessibility Standards that pertain to making boating facilities, fishing piers and platforms, golf and mini golf accessible for people with disabilities. Actual technical assistance scenarios will be used to provide real-life examples and to further knowledge of applying the Standard to recreational facilities. <u>Learn More</u></p>
<p>Previously posted webinars and online sessions</p>	<p>Previously posted webinars and online sessions can be viewed at: https://dignityalliancema.org/webinars-and-online-sessions/</p>
<p>Nursing Homes</p>	<p>3. McKnights Long-Term Care News December 13, 2025 <u>CMS confirms Medicare revalidation suspension, acknowledges lost applications</u> By Kimberly Marselas Official Suspension</p>

- **Indefinite Delay:** The Centers for Medicare & Medicaid Services (CMS) has officially suspended the national revalidation effort for federally funded nursing homes indefinitely.
- **Deadline Removal:** The previous deadline of January 1, 2026, for submitting expanded ownership and investor information has been removed.
- **Scope:** The suspension applies to all Skilled Nursing Facilities (SNFs) with pending initial, revalidation, reactivation, or CHOW applications as of October 1, 2024.

Technical Challenges and Lost Data

- **System Errors:** CMS acknowledged issues with the digital Provider Enrollment, Chain, and Ownership System (PECOS) that led to the deletion of some partially completed forms.
- **Data Recovery:** While the agency is assessing if removed applications can be recovered, they warned that recovery may not always be possible.
- **Cause of Deletion:** In-progress applications were removed due to standard inactivity timeframes.

Guidance for Providers

- **Continue Data Collection:** Providers are urged to continue collecting necessary data on ownership, managerial, and related party information despite the suspension.
- **Prevent Deletion:** To stop future applications from being removed for inactivity, anyone adding information to PECOS must make at least one saved edit or addition every 120 days.
- **Future Requirements:** LeadingAge warns that while the "off-cycle" compliance date is suspended, the initiative continues, and providers may still be required to submit this data during upcoming routine revalidations.

Industry Reaction

- **Support:** The American Health Care Association (AHCA) expressed gratitude for the relief, citing the significant challenges providers faced.
- **Commitment:** Stakeholders remain committed to transparency but advocate for streamlined reporting that prioritizes patient care over paperwork.

4. Skilled Nursing News

December 12, 2025

[*The Quotes That Defined Skilled Nursing in 2025 — and Hint at What's Ahead*](#)

By Amy Stulick

Based on the text provided, here is a summary of the skilled nursing sector's landscape in 2025:

Regulatory and Legislative Shifts

- **Mixed Deregulation:** While the Trump administration began the year with a regulatory freeze and ended it by repealing the federal staffing mandate—a move praised by industry leaders—enforcement in other areas remained strict.

- **OBBBA Impact:** The passage of the "One Big Beautiful Bill Act" (OBBBA) in July drew criticism for applying "bandaids" rather than long-term solutions. While it protected state-level provider taxes, it cut hospital funding and health assistance, raising concerns about a 4% reduction in Medicare payments over the next decade.
- **Systemic Strain:** Experts warn of a "halo effect" where federal cuts to hospital funding will force states to divert Medicaid resources away from nursing homes to save struggling hospitals.

Enforcement and Facility Closures

- **Aggressive Decertification:** Despite deregulation hopes, the year saw a surge in immediate terminations of Medicare and Medicaid certifications for Special Focus Facilities (SFFs).
- **Lack of Recourse:** Operators described a "no chance to correct" environment where the lack of progressive discipline forced immediate facility closures in states like Missouri and Kansas.
- **Sector Contraction:** Since 2020, over 774 nursing homes have closed. This scarcity has driven up valuations, creating a "scarcity premium" for remaining facilities.

Market Activity and Financial Scrutiny

- **M&A Activity:** Increased state Medicaid rates and facility scarcity sparked intense buyer activity, described as a "feeding frenzy" or "pool of piranhas," particularly in states like Nevada and Arizona.
- **Private Equity Backlash:** The July bankruptcy of Genesis Healthcare renewed political scrutiny. Federal lawmakers accused private equity owners of "looting" the company through leveraged buyouts and asset extraction.

Clinical Trends and Future Outlook

- **Palliative Care Deficits:** Studies suggest the Patient Driven Payment Model (PDPM) is underused for palliative care, resulting in patients being "rehabbed to death" through unnecessary care transitions rather than receiving appropriate end-of-life support.
- **Technological Necessity:** The annual CliftonLarsonAllen (CLA) report characterizes the future as a time of "pressure and opportunity," asserting that success will depend on adopting AI and data-driven operations to manage the aging Baby Boomer population.

5. Leonard Davis Institute of Health Economics

December 9, 2025

[*Nursing Home Incentive Program Falls Flat, New Work Explains Potential Reasons*](#)

By Christine Weeks

A Major Federal Value-Based Purchasing Program Was Designed to Cut Hospital Readmissions. LDI Fellows Say the Incentives Are Too Small to Drive Real Change

I. Key Findings on the SNF VBP Program

- The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program failed to meet its goal of reducing 30-day hospital readmissions.

- Research by LDI Senior Fellows Robert Burke, Atul Gupta, Rachel M. Werner, and colleagues suggests the failure is due to the **small and irregular size of the financial incentives**.
- The study, [“Size of the Financial Incentives in Medicare’s Skilled Nursing Facility Value-Based Purchasing Program.”](#) was published on September 2, 2025, in *JAMA Network Open*.

II. Financial Incentive Analysis

The SNF VBP program levies penalties (up to 2% of Medicare reimbursement) or grants bonuses (up to 3%) based on 30-day readmission rates.

- **Total Payout:** From 2019 to 2021, the program paid out over **\$571 million** to more than 14,000 facilities.
- **Typical Impact:** Most facilities incurred a penalty, with a median loss of **\$10,336**.
- **Proportional Impact:** The gain or loss represented only **0.15%** of the average net operating income per facility, suggesting the amount is insufficient to motivate operational change.
- **Comparison:** This contrasts sharply with a similar, successful hospital initiative that imposed an average annual penalty of **over \$160,000** per hospital.
- **Instability:** The year-to-year variability of rewards and penalties was also found to undermine the program's effectiveness.

III. Broader Value-Based Care Debate

The work adds to the ongoing debate among experts regarding the success of value-based payment programs:

- **Argument Against:** Health policy researcher Andrew Ryan argued that value-based payments have failed and should be abandoned.
- **Argument For:** Farzad Mostashari, CEO of Aledade Inc., asserted that physician accountability is key to saving money and improving quality.

6. HealthDay

December 9, 2025

[New National Guidelines Aim to Cut Infections in Nursing Homes](#)

Key Takeaways

- New guidance urges every nursing home to have at least one full-time infection prevention staffer
- Recommendations include training, vaccination, and stronger health agency partnerships
- The change aims to protect residents from infections like flu and COVID-19

New National Guidelines for Nursing Home Infection Prevention Core Requirement

- **Dedicated Staffing:** Every nursing home should employ at least one full-time staff member dedicated solely to infection prevention, with larger facilities potentially requiring more.

Key Recommendations

- **Enhanced Protocols:** Implement better staff training and vaccination programs.

- **Collaboration:** Build stronger partnerships with public health agencies.
- **Inclusive Strategy:** Involve non-medical personnel (custodial, IT) in prevention efforts.
- **Visitor Policy:** Permit visitors and activities whenever possible, even during outbreaks, by utilizing safety measures to mitigate spread.

Context and Rationale

- **Vulnerability:** Nursing home residents are highly susceptible to drug-resistant bacteria, flu, and COVID-19 due to age and health conditions.
- **Superbugs:** Multidrug-resistant organisms (MDROs) are a growing challenge, often following patients from hospitals to shared nursing home spaces.
- **Systemic Shift:** This guidance replaces 2008 recommendations, acknowledging that modern nursing home residents often require complex post-hospital care.
- **Goal:** Protect residents, support staff, and reduce long-term costs.

7. Skilled Nursing News

December 9, 2025

[Nearly 1 in 6 Nursing Home Residents Spend Down Savings to Qualify for Medicaid](#)

By Kristin Carroll

Study Overview

[A study](#) published in *JAMA Network Open*, tracking nearly 200,000 traditional Medicare beneficiaries, reveals that **one in six** nursing home residents initially admitted under private pay or Medicare deplete their financial assets and enroll in Medicaid during their stay. This highlights the severe financial strain placed on families and concerns regarding Medicaid sustainability.

Spend-Down Rates and Timing

- **Conversion Rate:** Among residents entering without Medicaid, **16.4%** spent down their assets to qualify for coverage.
- **Timeframe:** The average time to reach spend-down status was **6.1 months**.
- **Long-Term Impact:** The likelihood of Medicaid transition increases significantly with the length of stay. After four years, **61.8%** of residents who began as private-pay had transitioned to Medicaid.

Demographic Disparities

The study highlighted significant disparities in spend-down rates based on race, age, and marital status, which authors attributed to preexisting wealth gaps:

- **Race:** Black residents were **10 to 17 percentage points** more likely to spend down than White residents. Hispanic and Native American residents were **8 to 15 percentage points** more likely to spend down than White residents.
- **Age:** Residents entering under age 65 were significantly more likely to deplete assets; those over 65 were **4 to 47 percentage points less likely** to spend down.

	<ul style="list-style-type: none"> • Gender and Status: Women and individuals who were widowed, separated, or divorced were 3 to 14 percentage points more likely to exhaust their resources. <p>Financial Context</p> <ul style="list-style-type: none"> • Cost vs. Savings: Annual costs for long-term services range from \$24,700 to \$288,288, far exceeding the median older adult income and savings of \$36,000. • Assisted Living Factor: The rise of private-pay assisted living means many seniors deplete their assets in those settings before entering nursing homes, often arriving at or near Medicaid eligibility. <p>Study Limitations</p> <ul style="list-style-type: none"> • The data was restricted to traditional Medicare beneficiaries and did not include those in Medicare Advantage. • The study did not track private long-term care insurance or pre-admission financial activity.
<p>Assisted Living Residences</p>	<p>8. MassLive.com December 14, 2025 Two more wrongful death suits filed for Gabriel House assisted living facility fire victims By Susannah Sudborough</p> <p>New Wrongful Death Lawsuits</p> <ul style="list-style-type: none"> • Filings: Two new lawsuits were filed in Fall River Superior Court on Tuesday regarding the July 13, 2025, fire at Gabriel House. • Plaintiffs: The suits represent the estates of Robert King (78) and Eleanor Willett (86), residents who died in the blaze. • Defendants: Litigation targets owners Dennis and Karen Etzkorn, Gabriel Care LLC, and the inspection firm Fire Systems Inc. <p>Allegations and Legal Context</p> <ul style="list-style-type: none"> • Claims of Negligence: The filings allege the facility was improperly managed, staffed, and inspected, specifically citing a known defective sprinkler system. • Defense Conflict: In existing suits, the facility owners and the fire inspection company have filed cross-claims blaming one another for the sprinkler failure. • Broader Litigation: These cases join at least seven personal injury lawsuits and one previous wrongful death suit already filed. <p>Background of the Tragedy</p> <ul style="list-style-type: none"> • Casualties: The fire resulted in 10 deaths and dozens of injuries. • Severity: The incident at the Fall River facility is recorded as the deadliest fire in Massachusetts in over 40 years.
<p>Health Care</p>	<p>9. Center for Medicare Advocacy December 11, 2025 Getting Chemotherapy While in a Nursing Home By Toby Edelman</p> <p>The Issue: Consolidated Billing</p> <ul style="list-style-type: none"> • Nursing homes often deny admission to Medicare beneficiaries requiring expensive medications due to financial concerns.

- Under "consolidated billing," facilities are generally liable for the cost of all medications, therapies, and services provided during a Medicare Part A stay.

The Exception: Chemotherapy Exclusions

- Nursing homes may not realize that specific "high-cost, low-probability" categories are excluded from consolidated billing.
- These exclusions often cover certain chemotherapy items and administration services, meaning the facility is not financially responsible for them.
- CMS regulates these lists and reviews them annually; recent 2025 updates added seven chemotherapy drugs to the exclusion list while terminating two.

Advocacy and Resources

- **Case Study:** Advocacy successfully reversed a facility's decision to deny a resident chemotherapy by identifying that her specific drugs were on the exclusion list.
- **Actionable Advice:** If a facility denies admission based on chemotherapy needs, advocates should check the specific drugs against the current exclusion list.
- **Reference Materials:** Pertinent resources include PubMed articles on billing challenges and quarterly HCPCS code updates (e.g., July 2025).

10. Skilled Nursing News

November 17, 2025

[*Palliative, Hospice Access Issues Reduce SNFs to 'Holding Areas' for Declining Patients*](#)

By Kristin Carroll

Based on the selected text, here is a summary of the current issues and proposed solutions regarding palliative care in Skilled Nursing Facilities (SNFs):

The "Rehabbed to Death" Cycle

- **The Problem:** SNF leaders describe a prevalent cycle where patients face futile rehabilitation due to hospital discharge pressures and a mismatch between "restorative" labels and end-stage medical realities.
- **Patient Impact:** Instead of recovery, patients with profound debility or metastatic cancer often endure unnecessary suffering and escalating interventions.
- **Clinician Impact:** Dr. Taimur Mirza (ArchCare) and Holly Bowen (Cascadia Healthcare) note that this mismatch causes emotional exhaustion for staff and erodes trust among families.

Financial and Regulatory Solutions

- **Leveraging PDPM:** A study in the *Journal of the American Geriatrics Society* suggests using the Patient Driven Payment Model (PDPM) to fund palliative care.
- **Skilled Needs:** PDPM can incentivize palliative care by classifying it as a "skilled need" requiring complex nursing (e.g., frequent medication adjustments).

	<ul style="list-style-type: none"> • Call for Guidance: Industry leaders are urging CMS to provide clearer guidance on using PDP for palliative options and to explore concurrent SNF-and-hospice demonstration models. <p>Operational Success and Future Models</p> <ul style="list-style-type: none"> • ArchCare Case Study: By partnering with Memorial Sloan Kettering, ArchCare integrates palliative principles with skilled care, utilizing early goals-of-care conversations. • Bridge vs. Holding Area: This model transforms SNFs into a "bridge" between acute care and hospice, rather than a "holding area" for decline. • Outcomes: Integrating palliative medicine reduces unplanned transfers, improves pain control, lowers costs for insurers, and honors resident preferences.
<p>Housing</p>	<p>11. National Low Income Housing Coalition December 10, 2025 Update on 2025 CoC NOFO Litigation</p> <p>Litigation Overview</p> <ul style="list-style-type: none"> • The National Low Income Housing Coalition (NLIHC), alongside a coalition of local government nonprofit organizations, filed a lawsuit challenging the U.S. Department of Housing and Urban Development's (HUD) FY2025 Continuum of Care (CoC) Notice of Funding Opportunity (NOFO). • The suit was filed to prevent "unlawful and unreasonable restrictions" in the NOFO that NLIHC contends would push up to 170,000 people into homelessness and shift funding away from proven solutions. <p>Key Development</p> <ul style="list-style-type: none"> • On December 8, 2025, hours before the first scheduled hearing, HUD officially rescinded the CoC NOFO. • HUD reserved the right to issue another NOFO. <p>Upcoming Court Date</p> <ul style="list-style-type: none"> • The court has not yet issued a ruling. • The next hearing is scheduled for December 19, 2025, at 10 a.m. ET, to consider the plaintiffs' motion for a preliminary injunction. • The hearing will be livestreamed on the U.S. District Court for Rhode Island's official YouTube channel. <p>NLIHC's Stance and Goals NLIHC joined the litigation because the NOFO introduced structural restrictions that threatened evidence-based solutions. The organization is currently fighting to:</p> <ul style="list-style-type: none"> • Prevent hundreds of thousands of people from losing their homes. • Protect proven permanent housing interventions within CoC funding. • Defend the ability of local communities to lead response strategies using data and evidence. <p>About the CoC Program</p> <ul style="list-style-type: none"> • The CoC program is described as a "lifesaving system" intended to help communities prevent and end homelessness. • It funds critical services, including: <ul style="list-style-type: none"> ○ Shelters ○ Rapid rehousing

- Permanent supportive housing
- Coordinated entry
- Local outreach and planning

Where to Watch

12. National Low Income Housing Coalition

December 8, 2025

[HUD Secretary Turner Issues Letter Encouraging PHAs to Adopt More Restrictive Screening Practices](#)

By Kim Johnson, NLIHC Senior Director of Policy and Renee Williams, NLIHC Senior Policy Advisor

Here is a summary of the letter issued by HUD Secretary Scott Turner regarding tenant screening and criminal records.

Overview of the Action

On November 25, HUD Secretary Scott Turner sent a letter to Public Housing Authorities (PHAs) and owners of HUD-assisted multifamily housing. The letter officially **rescinds previous HUD guidance** that had encouraged leniency regarding the use of criminal history in housing decisions. Instead, the Secretary is now encouraging PHAs to adopt stricter practices that limit housing access for individuals with criminal or arrest records.

Key Policy Shifts

- **Rescinded Guidance:** The letter withdraws three specific documents that previously sought to reduce barriers for the formerly incarcerated:
 - **Notice 2015-19:** Which advised against using arrest records (without conviction) in housing decisions.
 - **2016 OGC Memo:** Which applied "Fair Housing Act" standards to the use of criminal records to prevent discrimination.
 - **2022 FHEO Memo:** Which provided implementation guidance for the 2016 memo.
- **Return to "One Strike":** The letter references the "One Strike, You're Out" policy (Notice PIH 1996-16), signaling a return to more aggressive eviction and screening guidelines.
- **New Reporting Hotline:** PHAs and owners are encouraged to post a hotline for residents to report fraud, waste, crime, and "illegal aliens."

Legal Context

Despite the change in guidance, the letter notes that **underlying legal requirements have not changed.**

- Admissions and eviction policies remain at the discretion of PHAs and owners.
- Prohibitions on discrimination under the **Fair Housing Act** and the **Violence Against Women Act (VAWA)** remain in full effect.

Projected Impact

The text outlines significant consequences for housing stability and equity:

	<ul style="list-style-type: none"> • Barriers to Reentry: The withdrawal of guidance creates higher hurdles for formerly incarcerated people trying to return to their communities, increasing the risks of homelessness and recidivism. • Use of Arrest Records: With the 2015 guidance rescinded, housing providers may now more easily exclude individuals who have been arrested but never convicted of a crime. • Disproportionate Harm: Because of systemic bias in the criminal-legal system, stricter screening is expected to disproportionately exclude Black, Latino, and Native people, as well as people with disabilities and members of the LGBTQ+ community.
<p>Disability Topics</p>	<p>13. *Boston Globe December 14, 2025 <u>Building accessibility codes shouldn't apply differently in Newton and Pittsfield</u> By The Editorial Board <i>A state regulation on handicapped accessibility was not intended to stymie home repairs in low-value neighborhoods. But that's what it does.</i></p> <p>The Regulatory Barrier: The "30 Percent Rule"</p> <ul style="list-style-type: none"> • The Law: Massachusetts law dictates that if renovation costs exceed 30% of a property's assessed value, the owner must bring the <i>entire</i> building up to current handicap accessibility codes (e.g., installing elevators, widening all doorways). • The Inequity: The formula is based on property value rather than the scope of work. <ul style="list-style-type: none"> ○ Wealth Gap: Identical buildings with identical repair needs are treated differently based on location. A \$90,000 repair might trigger the full-code requirement in Worcester (where values are low) but not in Wellesley (where values are high). ○ Disproportionate Burden: This places a heavier financial strain on owners in lower-income communities, often making renovations financially impossible. <p>Consequences for Housing and Communities</p> <ul style="list-style-type: none"> • Stalled Development: Projects frequently become nonviable because compliance costs can double the budget. <ul style="list-style-type: none"> ○ <i>Example:</i> A Worcester triple-decker project was abandoned because the accessibility mandates doubled the \$170,000 renovation cost, leaving the unit vacant. ○ <i>Example:</i> A Pittsfield church converting space into a homeless shelter faced a seven-year delay and doubled costs after a lower property assessment triggered the 30% rule. • Increased Blight: Landlords in "Gateway Cities" (former mill towns) often defer necessary maintenance, such as roof or window replacements, to avoid triggering the costly mandates, causing neighborhoods to languish in disrepair. <p>Proposed Solutions</p> <ul style="list-style-type: none"> • The Ideal Fix (Federal Alignment): The editorial suggests Massachusetts should align with the federal Americans with

	<p>Disabilities Act (ADA). The ADA requires accessibility upgrades only in the specific area being renovated, and only if those costs do not exceed 20% of the renovation budget.</p> <ul style="list-style-type: none"> • Current Proposal: The Architectural Access Board is considering a smaller change: exempting specific upgrades (such as plumbing, roofing, and energy efficiency) from the 30% calculation. • The Verdict: While the board’s proposal is a step forward, the editorial argues it fails to address the core unfairness regarding property values and calls for a complete overhaul to ensure equitable housing development.
<p>Aging Topics</p>	<p>14. *Washington Post December 9, 2025 New study shows how your brain changes at four key ages: 9, 32, 66 and 83 By Maggie Penman Summary of Lifelong Brain Development Study A study published in <i>Nature Communications</i>, analyzing around 4,000 brain scans from people aged 0 to 90, identified that brain development is continuous and occurs in distinct phases across the entire lifespan. Key Findings on Lifelong Brain Development</p> <ul style="list-style-type: none"> • Four Major Turning Points in brain structure change were identified around the ages of: <ul style="list-style-type: none"> ○ 9 ○ 32 ○ 66 ○ 83 • These turning points divide the lifespan into five distinct phases (epochs) during which the brain is wired in different ways. • The brain's structural changes are continuous from birth until old age, emphasizing that it's constantly changing, not just stabilizing after youth. <p>The Five Distinct Phases (Epochs)</p> <p>1. Childhood (Infancy to ~9 years old)</p> <ul style="list-style-type: none"> • The brain is busy with consolidation of neural connections, competitive elimination of synapses, and rapid increases in gray and white matter. • Interestingly, the brain becomes less efficient (information takes longer to travel between regions), which researchers hypothesize may be related to this period's intense learning (language, motor skills). <p>2. Adolescence (~9 to Early 30s)</p> <ul style="list-style-type: none"> • A dramatic turning point occurs around age nine, often coinciding with the onset of puberty. • The brain rewires to become more efficient. • This phase is a protracted window, lasting for two decades into the early 30s on average. • It is a critical time for brain development and when people are most vulnerable to developing a mental health disorder. <p>3. Adulthood (~32 to ~66 years old)</p>

	<ul style="list-style-type: none"> • The longest phase, lasting over three decades. • Characterized as a period of relative stability in brain changes, though the brain is still changing. • This consistency aligns with the expected stability in intelligence, behavior, and personality observed in adults. <p>4. Early Aging (~66 to ~83 years old)</p> <ul style="list-style-type: none"> • Another turning point around age 66. • The brain becomes more vulnerable to age-related diseases. • This phase also brings positive changes, such as increased wisdom and better emotional regulation. <p>5. Late Aging (83 years old and onward)</p> <ul style="list-style-type: none"> • Defined by a process called "increasing centrality," where particular brain regions become more important than others. • There is reduced connectivity, but the change follows a specific pattern, potentially indicating the brain is prioritizing important connections as others drop off. <p>Implications of the Research</p> <ul style="list-style-type: none"> • The findings demonstrate that the brain develops continually throughout life, not just during childhood or adolescence. • Understanding these phases can help anticipate changes and better explain why the brain may be more vulnerable to certain disorders during specific times (e.g., adolescence, older age). • Future research should connect these brain structure measures to cognitive processes. • Brain development, including "successful aging," is influenced by factors within our control, such as diet, exercise and social connection.
<p>Private Equity</p>	<ul style="list-style-type: none"> • Private Equity Stakeholder Project December 8, 2025 From healthcare to retail, private equity's failures pile up in second half of 2025 By Justin Flores <p>Overview of Private Equity Trends</p> <ul style="list-style-type: none"> • Systemic Issues: The PE model prioritizes short-term profits and aggressive debt over long-term stability, leading to reduced prospects for companies and harms to workers and communities. • Higher Default Rates: Moody's reported in 2024 that PE-backed companies default at twice the rate of non-PE companies, exacerbated by aggressive debt usage and rising interest rates. <p>Platinum Equity: High-Profile Distresses</p> <p>Despite the lavish lifestyle of CEO Tom Gores, Platinum Equity faces significant defaults among its portfolio companies:</p> <ul style="list-style-type: none"> • LifeScan (July 2025): The glucose monitor maker filed for Chapter 11 bankruptcy to eliminate 75% of its \$1.7 billion debt after failing to compete with newer technologies. • Genesis Healthcare (July 2025): The skilled nursing operator filed with over \$1 billion in debt following asset stripping and regulatory violations. The bankruptcy paused over 200 lawsuits, prompting

	<p>concern from Senator Elizabeth Warren regarding potential insider sales.</p> <p>15. Private Equity Stakeholder Project December 4, 2025 <u>Blackstone real estate suffers \$600 million in losses from sales of senior housing portfolio</u> By Jordan Ash Based on the selection provided, here is a summary of Blackstone’s senior housing portfolio losses:</p> <p>Financial Performance and Sales</p> <ul style="list-style-type: none"> • Significant Losses: Blackstone is selling a portfolio of approximately 90 properties (9,000 units), incurring over \$600 million in losses on a \$1.8 billion investment. • Asset Liquidation: The firm has sold 70 properties individually and is negotiating the sale of the remainder. • Devaluation: Properties in markets like Denver, Chicago, and South Florida sold for 70% less than their purchase price. In some cases, sales prices were lower than the loans taken out on the properties. <p>Causes of Distress</p> <ul style="list-style-type: none"> • Debt Structure: The \$1.2 billion used to finance the deal carried floating interest rates. Rising rates increased loan payments and squeezed cash flow. • Loan Defaults: Loans on roughly two dozen properties entered special servicing, indicating distress or default risk. • Operational Challenges: The portfolio required specialized resident services that differed from Blackstone’s standard property management needs. <p>Regulatory and Quality Issues</p> <ul style="list-style-type: none"> • Care Deficiencies: Regulators cited over a dozen properties for deficiencies in resident care. • Specific Violations: <ul style="list-style-type: none"> ○ South Carolina: Received a one-star CMS rating due to dangerous medication errors. The property eventually sold for 60% below the purchase price. ○ Aventura, FL: Cited for inadequate care and unsanitary conditions. The property sold for 75% less than the \$48.8 million purchase price. <p>Acquisition and Funding Background</p> <ul style="list-style-type: none"> • Timeline: Blackstone acquired 64 properties in 2016 for \$1.1 billion and 26 properties in 2017 for \$745 million. • Pension Fund Exposure: The acquisition was funded through Real Estate Partners VIII, which included investments from public employee pension funds in Arizona (\$100M), San Francisco (\$150M), North Carolina (\$200M), and Pennsylvania (\$300M).
<p>Bankruptcy</p>	<p>16. *Boston Globe December 12, 2025 <u>‘It sends a message’: Justice Department to oversee new auction for troubled nursing home giant Genesis</u> By Kay Lazar</p>

Court Ruling and Impact

- **Rejection of Insider Deal:** Chief Judge Stacey G. C. Jernigan halted a bankruptcy plan that would have allowed [nursing home chain Genesis](#) to sell itself to its own private-equity owner, Joel Landau (ReGen Healthcare).
- **Preservation of Liability:** The decision ensures that \$1.6 billion in claims from approximately 600 families, vendors, and creditors remain valid rather than being erased.
- **Judge's Rationale:** Judge Jernigan expressed "discomfort" regarding testimony about the initial shrouded proceedings, which included allegations that Landau threatened a competing bidder.

Background and Allegations

- **Operational Concerns:** Genesis, which runs 49 facilities in New England, has a history of serious violations, including physical abuse, medication errors, and patient deaths linked to negligence.
- **Auction Controversy:** The initial "secret" auction favored Landau's bid (CPE 88988) despite a competing offer ([Genie 3 Partners](#)) that was valued at roughly \$20 million higher and would have allowed family claims to proceed.
- **Federal Intervention:** The Department of Justice and US Senators petitioned the court to stop the deal, arguing it was not the product of fair, arms-length bargaining.

Next Steps and Reactions

- **New Auction:** The judge plans to order a new auction overseen by the US Trustee's office (an arm of the DOJ) to ensure transparency and access to all bids.
- **Legislative Response:** Senator Elizabeth Warren, citing this case and others like Steward Health Care, is sponsoring [legislation](#) to jail executives who siphon funds from nursing homes if such actions lead to patient deaths.
- **Victim Advocacy:** Legal representatives and families of deceased residents praised the ruling as a victory for accountability, preventing owners from wiping away liability for substandard care.

17. KFF News

December 9, 2025

[How Delays and Bankruptcy Let a Nursing Home Chain Avoid Paying Settlements for Injuries and Deaths](#)

By Joran Rau

Based on the KFF Health News investigation, here is a summary of how Genesis HealthCare is utilizing bankruptcy and legal delays to avoid liability for resident injuries and deaths.

Overview of the Strategy

- **Strategic Insolvency:** Genesis HealthCare, formerly the nation's largest nursing home chain, filed for Chapter 11 bankruptcy in July 2024 to clear liabilities.
- **Scope of Liability:** The company estimates \$259 million in liability regarding nearly 1,000 settled and pending lawsuits.

- **Non-Payment:** A review of 155 settlement agreements reveals that Genesis paid nothing in 85 cases and only partial amounts in 70 others.
- **Known Insolvency:** Executives allegedly approved settlements knowing insolvency was imminent, yet included provisions to defer payments for a year or more.

Legal Tactics to Avoid Payouts

- **Delay and Defer:** The company utilized appeals and arbitration requests to drag out cases for years. When settlements were reached, they often included installment plans with start dates delayed by months or over a year.
- **Confidentiality Clauses:** Settlements included clauses preventing families from discussing the incidents or the terms of the agreements.
- **Bankruptcy Shield:** By filing for bankruptcy, Genesis halted enforcement of court orders requiring payment for settlements, leaving families as "unsecured creditors" unlikely to recover owed funds.

Operational Failures and Quality of Care

- **Poor Ratings:** CMS rated 58% of Genesis-affiliated homes as "below average" or "much below average."
- **Regulatory Fines:** The chain has incurred \$10 million in federal fines over the past three years for health standard violations.
- **Severe Neglect Examples:** Lawsuits detail severe neglect, including a resident dying with a maggot-infested gangrenous foot, residents suffering fatal falls, and failure to prevent sexual assaults in memory care units.

Financial History and Private Equity

- **Leveraged Buyout:** Troubles began with a \$1.5 billion leveraged buyout by private equity firms in 2007.
- **Sale-Leaseback Model:** In 2011, Genesis sold its real estate to Welltower (a REIT) for \$2.4 billion and leased the buildings back, creating unsustainable rent obligations.
- **Debt Structure:** The company owes \$709 million in secured debt (lenders/IRS), which takes precedence over \$1.6 billion in unsecured debt (including victims' families).

Current Bankruptcy Proceedings

- **Proposed Sale:** Genesis plans to sell its assets to Joel Landau, a private equity investor and current lender to the company.
- **Opposition:** Creditors and Senator Elizabeth Warren have raised concerns that this is an "insider" sale designed to wipe out debts while allowing current stakeholders to retain control.
- **Creditor Allegations:** Unsecured creditors allege that Landau and Welltower orchestrated a plan to siphon value from the company while driving it into insolvency, to the detriment of patient care and legal claimants.

[DignityMA note: in recent years, Genesis owned over twenty nursing homes and several assisted living residence which have now been sold.]

18. Gibbons Advisors

December 2025

[Healthcare Bankruptcy Trends Stabilize Mid-Year, but Funding Pressures Loom for Healthcare Providers](#)

[Gibbins Advisors](#) has published its **Third Quarter 2025 Healthcare Bankruptcy Report**, analyzing Chapter 11 filings by healthcare companies with more than \$10 million in liabilities from **January 1, 2019, through September 30, 2025**.

Following a slower mid-year period, **Q3 2025 saw 12 new filings**, aligning with the six-year quarterly average. While year-to-date activity remains about **16% below 2024 levels** on an annualized basis, past patterns suggest that **Q4 may bring a modest increase** in activity consistent with historical trends.

Middle-market organizations (\$10M–\$50M in liabilities) continue to represent the majority of filings, in line with prior years. The overall reduction in 2025 activity reflects fewer **mid-to-large cases (\$100M–\$500M)**, offset by a slightly higher proportion of **large filings exceeding \$500M** in Q3 2025.

Across subsectors, **Senior Care and Pharmaceuticals** together account for nearly half of all filings since 2019. In 2025, **Senior Care and Hospital filings** have shown a measured increase compared to 2024, while activity in other subsectors has moderated. **Senior Care filings are also positioned to slightly exceed Pharmaceutical filings** for the first time since 2021.

Outlook: Policy Shifts and Economic Forces Signal a Tougher Road Ahead for Providers

1. **Medicaid funding cuts, coverage losses and the Federal Government shutdown:** The so-called One Big Beautiful Bill Act (OBBBA), signed July 4, 2025, enacts the largest federal health spending reduction in U.S. history — \$964 billion in Medicaid cuts over 10 years and an estimated 10 million people losing coverage. Unless Congress decides otherwise, an additional 5.1 million are expected to lose insurance with the expiration of enhanced premium tax credits at the end of 2025, heightening uncompensated care for providers and increasing insurance premiums for individuals.

Lapses in federal funding amid the government shutdown further threaten provider payments (e.g., pass-through federal funds) and program continuity (e.g., telehealth), though core federal healthcare programs remain operational.

2. **Interest rates and funding cuts impacting M&A:** The Federal Reserve implemented two consecutive 0.25% cuts in September and October 2025, lowering the target range to 3.75%–4.00%. Yet, ongoing Medicaid reductions, tariffs, market volatility, and the recent government shutdown continue to dampen M&A — just 15 hospital and health-system deals were announced in Q3 2025, compared with 27 in Q3 2024.

3. **Labor and supply cost pressures:** Median healthcare staff pay rose 4.3% in 2025, up from 2.7% in 2024, reflecting continued workforce strain. Healthcare sector unemployment remains low at 3.1% as of

August. Tariff-related inflation and elevated drug costs continue to erode margins.

4. **Hospital performance:** Median hospital operating margins stood at 1.9% in August 2025, down from 2.1% in FY 2024, and is the lowest monthly CYTD margin this year.

5. **Pressure on, and pressure from payors:** Health insurers continue to grapple with rising loss ratios from government programs, leading to premium increases exceeding 20%. CMS finalized a 5.1% increase in the 2026 Medicare Advantage rate benchmark for insurers, the largest in a decade, though whether benefits would flow through to providers remains unclear.

6. **Macroeconomic forces shifting care delivery:** Care delivery continues to migrate away from hospitals and skilled nursing facilities toward outpatient, community, and home-based settings, with an estimated \$50 billion in revenue shifting to independent, non-hospital sites.

19. The Street

December 8, 2025

[80-year-old retirement community chain files Chapter 11 bankruptcy](#)

By Kirk O'Neil

The York, Pa., retirement community operator seeks a sale of its assets.

Key Points

- Senior care facility bankruptcies are expected to rise from 11 in 2024 to 15 in 2025.
- Major facility operators Cypress Skilled Nursing LLC and Genesis Healthcare Inc. filed for Chapter 11 in 2025.

Another retirement community operator filed for bankruptcy protection to seek a sale of its assets. Senior care facility operators have faced economic challenges in 2025 that include increased insurance liability premiums, a decline in reimbursement rates, and rising labor, product, and operating costs.

These economic issues were projected to lead to an increase in senior care facility bankruptcy filings this year, rising from 11 in 2024 to 15, according to Gibbins Advisors' "[Healthcare Restructuring: Trends and Outlook](#)" released on Nov. 5.

Nursing home facility operators file for bankruptcy

Troubled skilled-nursing facility chain operator Cypress Skilled Nursing LLC was among those companies seeking bankruptcy protection, as it declared Chapter 11 to reorganize its businesses, according to [RK Consultants](#).

The Atlanta-based operator of nine skilled nursing facilities in Georgia filed its petition in the U.S. Bankruptcy Court for the Northern District of Texas on Oct. 13, listing \$1 million to \$10 million in assets and liabilities in its petition.

The debtor did not state a specific reason in its petition for filing for bankruptcy, but it faced scrutiny from regulators for operations at seven of its facilities.

National nursing home facilities owner [Genesis Healthcare Inc.](#), which operated [175 nursing home facilities](#) in 40 states with 20,000 beds,

	<p>15,000 residents, and 27,000 employees, filed for Chapter 11 bankruptcy on July 9, 2025, seeking a sale with over \$708 million in secured debt and over \$1.5 billion in unsecured debt.</p> <p>The debtor revealed on Dec. 1, 2025, that an affiliate of Pima Capital Partners submitted the winning bid in a bankruptcy auction to purchase Genesis for \$40 million cash and assumption of liabilities, Skilled Nursing News reported.</p> <p>The bid requires bankruptcy court approval.</p> <p>Spiritrust Lutheran files for Chapter 11 bankruptcy</p> <p>And now, 80-year-old retirement community chain Spiritrust Lutheran has filed for Chapter 11 bankruptcy protection, seeking a sale of its assets after facing lawsuits and court judgments.</p> <p>The York, Pa.-based non-profit operator of life-plan communities and senior care services filed its petition in the U.S. Bankruptcy Court for the Middle District of Pennsylvania on Nov. 21, listing \$50 million to \$100 million in assets and \$100 million to \$500 million in liabilities, according to Bondoro.</p> <p>The debtor listed \$19 million in unsecured debt, judgments totaling \$8.95 million, and \$83.3 million in secured debt owed to M&T Bank. The Chapter 11 bankruptcy filing triggered an automatic stay of all litigation while the bankruptcy case proceeds.</p>
<p>Federal Policy</p>	<p>20. Justice in Aging December 9, 2025 New CMS Guidance on Medicaid Work Requirements</p> <p>New Work Verification Mandates</p> <ul style="list-style-type: none"> • H.R. 1 Requirements: Under the budget reconciliation act, states must verify that Medicaid enrollees ages 19–64 are working, engaging in qualifying activities, or meet exemption criteria. This excludes those dually eligible for Medicare or SSI. • CMS Guidance: CMS has released an initial overview bulletin, with specific implementation guidance for states expected soon. <p>Populations at Risk While those over age 65 or on Medicare/SSI are excluded, new paperwork requirements pose a high risk of coverage loss for:</p> <ul style="list-style-type: none"> • Older adults ages 50 to 64. • People with disabilities or chronic health conditions. • Family caregivers. <p>Advocacy Resources and Next Steps</p> <ul style="list-style-type: none"> • New Issue Brief: Justice in Aging and its partners released a brief titled Recommendations for Mitigating Harms, focusing on strategies to ensure access to "medically frail" and caregiver exemptions. • Call to Action: Advocates are urged to use available template letters to contact state officials immediately to help minimize coverage losses and relay concerns to CMS during the implementation process. <p>21. McKnights Long-Term Care News December 9, 2025 CMS set to suspend nursing home Medicare revalidation process indefinitely</p>

By James M. Berklan

CMS Indefinitely Suspends Nursing Home Revalidation Deadline Announcement Details

- **Indefinite Delay:** The Centers for Medicare & Medicaid Services (CMS) is suspending the mandatory off-cycle revalidation deadline for skilled nursing facilities indefinitely.
- **Fourth Postponement:** This is the fourth delay of the requirement, effectively removing the previously expected January 1, 2026, deadline.
- **Cause:** The suspension follows reports from the American Health Care Association (AHCA) regarding serious technical issues with the CMS PECOS provider enrollment system and the logistical burden on providers.

Policy Status

- **Not a Repeal:** Unlike the federal staffing mandate, ownership transparency requirements remain official policy. The delay is strictly due to software and logistical concerns.
- **Requirements:** Facilities are required to disclose extensive ownership, management, and business relationship data (down to vendors and volunteers) via Form 885A.
- **Consequences:** Providers eventually risk having Medicare certification suspended or revoked if they fail to comply once the process resumes.

Exceptions and Provider Guidance

- **Pending Requests:** Operators who have already submitted data and received a request for additional information must still submit that information by the specified due date.
- **Preparation:** The AHCA advises that underlying reporting policies have not changed. Providers should continue to gather necessary ownership and operational data to ensure they are ready to submit once CMS issues further guidance.

22. *Washington Post

December 9, 2025

[FDA to investigate whether adult deaths linked to coronavirus vaccine](#)

By Daniel Gilbert and Rachel Roubein

FDA Investigations into Vaccine Safety

- **Expansion of Probes:** The FDA is investigating whether coronavirus vaccines are linked to adult deaths. This expands upon an existing investigation into allegations that the vaccines caused the deaths of children.
- **HHS Stance:** Under Health Secretary Robert F. Kennedy Jr., the Department of Health and Human Services (HHS) has issued statements suggesting mRNA vaccines are risky. Spokesman Andrew Nixon stated documents will soon be released confirming the vaccines resulted in children's deaths.
- **Expert Skepticism:** Public health experts have requested more details regarding the review process, noting that previous studies established the vaccines' general safety.

Proposed Regulatory Changes

	<ul style="list-style-type: none"> • Stricter Standards: A leaked email from Vinay Prasad, a senior FDA official, outlined plans to raise approval standards. This would require vaccines to demonstrate protection against disease rather than solely generating antibodies. • Potential Impact: Experts suggest these changes would require larger studies and increase the burden on pharmaceutical development. Twelve former FDA commissioners warned this could undermine the nation's ability to fight infectious diseases. • Policy Uncertainty: Financial analysts note the policy was not formally announced, and reports indicate the email was not cleared by Secretary Kennedy or the health department before being sent. <p>Review of RSV Immunizations</p> <ul style="list-style-type: none"> • Safety Inquiries: The FDA is reviewing the safety of RSV preventative treatments and has contacted manufacturers including Merck, Sanofi, and AstraZeneca. • Manufacturer Response: <ul style="list-style-type: none"> ○ Merck: Confirmed meetings with the FDA regarding Enflonsia and expressed confidence in its safety profile. ○ Sanofi/AstraZeneca: Defended their therapeutic, Beyfortus, citing clinical trials involving over 400,000 infants where no safety issues were identified.
<p>State Policy</p>	<p>23. *Boston Globe December 8, 2025 Mass. considers payroll tax to fund long-term care for aging residents By Kay Lazar</p> <p>The Proposal Massachusetts lawmakers are considering a public long-term care insurance program to address the soaring costs of aging and the financial strain on the state's Medicaid budget.</p> <ul style="list-style-type: none"> • Funding: The program would be funded by a mandatory payroll tax, estimated between 0.68% and 2.74%. For a worker earning \$100,000, this would cost between \$56 and \$229 monthly. • Benefits: Potential plans offer lifetime benefits ranging from \$75,000 to unlimited coverage. Funds would cover home care, assisted living, and nursing homes. • Legislative Status: A bill to create a commission to design the program within two years is currently before the Ways and Means committees. <p>Economic Drivers</p> <ul style="list-style-type: none"> • Rising Costs: In Massachusetts, a home health aide costs roughly \$87,000 annually, while a private nursing home room averages \$186,000. • The "Middle" Trap: Only 10% of residents over 60 have private insurance. Middle-income residents are often too wealthy for Medicaid but unable to afford private care, forcing them to impoverish themselves to qualify for state aid. • State Savings: A feasibility study suggests the program could reduce Massachusetts' total Medicaid long-term care spending by 5% to 45% over 75 years.

Implementation Challenges & Criticism

- **Washington State Model:** The proposal is loosely based on Washington's "[WA Cares Fund.](#)" That program faced significant "growing pains," including a near-bankruptcy caused by an initial opt-out loophole and criticism that it taxes low-income workers to fund benefits for higher earners.
- **Public Misconceptions:** While federal data shows 70% of people will eventually need long-term care, surveys indicate that nearly half of seniors mistakenly believe Medicare covers these costs, and 57% of adults over 50 believe they will never need such care.

The Human Toll

- **Case Study:** The text highlights the experience of Jane and Michael Brown. Despite careful financial planning, Michael's early-onset Alzheimer's depleted their savings, forcing Jane to delay retirement and take a reverse mortgage.
- **Insurance Barriers:** The Browns had previously applied for private long-term care insurance but were denied coverage due to pre-existing conditions.

24. Commonwealth Beacon

December 10, 2025

[Primary care spending proposal sets the stage for legislative action in 2026](#)

By Chris Lisinski

Task force recommends more than doubling the share of health care dollars flowing toward front lines

Proposed Primary Care Spending Benchmark

- A panel of health care experts is finalizing a recommendation for the Massachusetts Legislature to establish a state benchmark for primary care spending, putting a specific target and timeline on paper for the first time.
- **Target:** Legislators are urged to codify a target to either **double the share of health care spending on primary care** or **require 15 percent of health care dollars to go toward primary care, whichever is greater.**
- **Current Spending:** Primary care made up only about 6.7 percent of all commercial health spending in 2023.
- **Timeline:** The increased spending would be ramped up over a **five-year implementation period.**
- **Funding Requirement:** The proposal insists on a dramatic "reorientation" and "rebalancing" of resources without increasing total health care spending, meaning money would be taken from other sectors like specialists and pharmaceuticals.

Context: The Primary Care Crisis

- Primary care is the "linchpin" of the health care network but is described as the area of health care "most in crisis."
- The state faces a "shrinking primary care workforce" and a "desperate shortage of primary care providers."

	<ul style="list-style-type: none"> • A national study estimated that a patient in the Boston area faced an average wait of 69 days when booking a physical with a new provider, the longest among 15 cities surveyed. <p>Legislative Outlook and Key Challenges</p> <ul style="list-style-type: none"> • Expected Action: Sen. Cindy Friedman, the Senate's point person on health care, expects a vote on some form of primary care reforms in the Senate in 2026. • Accountability: The recommendation will urge the Legislature to empower state agencies, such as the Health Policy Commission (HPC) and the Division of Insurance, to hold payers and providers accountable to the proposed spending requirements. • Opposition: The resource shift is expected to be challenging due to the lobbying influence of groups that would see less funding, including pharmaceutical companies, specialists, and large academic hospitals. • Task Force Timeline: The recommendation for the spending target is due to Beacon Hill by December 15, with other "deliverables" on payment models, health plan design, and workforce pipelines due in March and May of the following year.
<p>Office of Attorney General Andrea Campbell</p>	<p>25. Office of Attorney General Andrea Campbell December 10, 2025 <u>AG's Office Secures Guilty Plea From Haverhill Defendant For Defrauding PCA Program</u> <i>Defendant Sentenced to 1 Year in House of Correction; Ordered to Pay Restitution to MassHealth</i></p> <p>Case Details and Sentencing</p> <ul style="list-style-type: none"> • Defendant: Jasmin Bryan, 46, of Haverhill (a MassHealth consumer). • Crime: Defrauding MassHealth's Personal Care Attendant (PCA) program by submitting false claims for services never provided by her PCA, Victor Simard. • Loss: The scheme resulted in false claims to MassHealth for over \$150,000 in PCA services. • Evidence: Bryan submitted timesheets claiming Simard provided services during times he was incarcerated, a fact both individuals were aware of and financially benefited from. • Jasmin Bryan's Sentence (Pleaded Guilty Dec 2025): <ul style="list-style-type: none"> ○ One year in a House of Correction. ○ 18 months of probation, to begin after incarceration. ○ Ordered to pay restitution to MassHealth. ○ Must refrain from any responsibility with the MassHealth PCA program and any work involving billing and bookkeeping. • Victor Simard's Sentence (Pleaded Guilty June 2025): Sentenced to one year in state prison for Medicaid False Claims and Larceny over \$1,200 by False Pretenses. <p>II. The MassHealth PCA Program</p> <ul style="list-style-type: none"> • Purpose: Helps individuals with chronic or long-term disabilities live independently in their community.

	<ul style="list-style-type: none"> • Function: Provides medically necessary physical assistance with personal care needs. • Funding: MassHealth members employ PCAs, and MassHealth pays for the services through a fiscal intermediary. <p>III. AG’s Office Commitment to Combating Fraud</p> <ul style="list-style-type: none"> • The matter is cited as evidence of the Attorney General's commitment to combating fraud and abuse in the PCA program. • Related September 2025 Cases: <ul style="list-style-type: none"> ○ The AGO secured a guilty plea and a state prison sentence of up to 3 years for a Worcester defendant who orchestrated a widespread fraud scheme, stealing personal information to bill for false PCA and home health services. ○ Another defendant pleaded guilty and was sentenced to 18 months in jail for conspiring to submit over \$150,000 in false claims for unprovided PCA services. <p>IV. Investigating Parties and Division Funding</p> <ul style="list-style-type: none"> • Handled by: The AGO’s Medicaid Fraud Division. • Assistance Provided by: <ul style="list-style-type: none"> ○ The Office of the Inspector General for the U.S. Department of Health and Human Services. ○ MassHealth. ○ Members of the Massachusetts State Police. • Medicaid Fraud Division Role: Investigates and prosecutes healthcare providers who defraud MassHealth, and investigates complaints of abuse, neglect, and financial exploitation of residents in long-term care facilities and Medicaid patients. • FY 2026 Funding: 75% (\$6,458,176) from the U.S. Department of Health and Human Services, and 25% (\$2,152,724) from the Commonwealth of Massachusetts.
<p>Under the Golden Dome</p>	<p>26. <u>Message from Senator Patricia Jehlen (D-Somerville)</u> December 2025 Dear Neighbor, I love being a senator and representing the people in our district! But I’ve been in the Senate for 20 years, and it’s time to move on. I won’t be running for re-election next year. But I’ll still represent you for all of 2026, and there’s a lot to continue working on together. New rules for the legislature allow Senate members of each joint committee to report Senate bills. Previously we had to get agreement from the House members, who are a majority on each committee. The rules also required all bills to be acted on by last week, although a few can be extended. This should speed up work, at least in the Senate. Here are some of my bills that have been reported favorably. The cost of housing is the most urgent issue in our communities. That’s why Somerville’s rent stabilization home rule bill, as well as my state-wide local option tenant opportunity to purchase bills are priorities. ("Tenant opportunity to purchase" means that when a landlord sells a building, a tenant association can match an offer, or assign their right to a nonprofit who which would keep the units permanently affordable.) I</p>

will work to pass the state-wide **rent stabilization ballot question** ([CBS story](#)), especially if the legislature fails to pass my state-wide local option bill, which is still in committee).

I'm very optimistic that our AGE committee bill to **license home care agencies** will pass soon. ([Globe editorial](#)) And our bill to take the next step toward **public long term care insurance**. ([Globe article](#))

Older adults are the fastest growing group of unhoused people. My bill to create a state-wide **rental bridge subsidy** program would allow eligible lower income older adults to remain in place while they await approval for long-term subsidized housing. A pilot Somerville program has kept 10 older families housed. ([Globe article](#))

My **senior property tax deferral** bill would lower barriers that keep people from using this program, which can keep them in their homes.

People **wrongfully convicted** and imprisoned for crimes they didn't commit are eligible to receive compensation under one of my earlier bills. But they still have to wait years after their release. Now advocates have agreed with the Attorney General's office on my bill that will provide timely relief. (One of many Globe articles on limits and delays of compensation is [here](#).)

I'm also working on bills to prevent **false confessions** ([Globe article](#)), and make **medical parole** more available to permanently disabled or terminally ill incarcerated people.

My bill to provide free **menstrual products** in public schools, prisons, and shelters passed the Senate again this year and awaits action in the House. Another bill would provide them in all public buildings.

Another of my bills would **allow teachers and school committee members to be appointed to the Board** of Elementary and Secondary Education - the only board that doesn't include professionals!

An Education Committee bill on **charter schools** includes my bill requiring the Board of Education to consider the impact of new or expanded charter schools on the sending districts. Right now, the state Board of Elementary and Secondary Education insists that it does not have the power to consider whether a new charter school will harm the children who go to the district schools. This will clarify that they can do so.

Most communities have a cap of 9% on the tuition that can be sent to charter schools. But those in the lowest 10% of MCAS scores have an 18% cap. My bill would use **growth scores** (how students improve) instead of static measures. MCAS scores are highly correlated with socio-economic status and districts which rank lowest on MCAS have the highest poverty levels. Most experts, including conservatives, agree

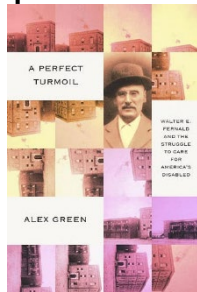
	<p>that growth scores measure the impact of schools rather than family background.</p> <p>Transgender people are among those facing threats from the Trump administration. My bill to create a Commission on the Status of Transgender People is a priority to protect people and resist those threats.</p> <p>Those are just <i>my</i> bills. There are many other important bills that we should pass, as well as a responsible and adequate budget. And I serve on several commissions, including on assisted living residences, continuing care retirement communities, senior housing, LGBTQ aging, that will lead to legislation.</p> <p>Looming over everything are threats from the federal government! I'm working with colleagues to protect immigrants from ICE, and to reduce the impact of federal spending cuts.</p> <p>Mass Health (Medicaid) is our largest spending program - and the most threatened by federal cuts. Trying to mitigate those cuts will affect all parts of the budget.</p> <p>Thanks to everyone who campaigned and voted for the Fair Share Amendment, which has provided \$2.3 billion for education and transportation in its first two years.</p> <p>But now two proposed ballot questions would cut the state income tax, and cap total state tax revenue increases to CPI. I hope to work with all of you to defeat those questions!</p> <p>No legislation is successful without strong advocacy by many people across the state. I am grateful to all those who work with me on so many issues, and persist sometimes for many years! I'm also fortunate to have a wonderful staff! I'm also thankful to all the people over the years who have helped me get elected, first to the school committee, then the House and Senate.</p>
<p><i>A Raise for Mom: Campaign to Increase the Personal Needs Allowance (PNA)</i></p>	<p><i>The Campaign to Increase the Personal Needs Allowance (PNA)</i></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>

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: <https://dignityalliancema.org/take-action/#/25>. It literally takes less than a minute to deliver the message.

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 <https://tinyurl.com/ForgetMeNotPNA> or you can email your story to Dignity Alliance MA (info@DignityAllianceMA.org), 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.

**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.*

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

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

By Alex Green

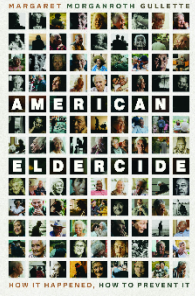
From the moment he became superintendent of the nation's oldest public school for intellectually and developmentally disabled children in 1887 until his death in 1924, Dr. Walter E. Fernald led a wholesale transformation of our understanding of disabilities in ways that continue to influence our views 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](#)

disabled people in Massachusetts.

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.](#)

Bringing People Home: The Marsters Settlement

Webpages:
https://www.centerforpublicrep.org/court_case/marsters-et-al-v-healey-et-al/
<https://marsters.centerforpublicrep.org/>

Support Dignity Alliance Massachusetts

[Please Donate!](#)

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.

As a fully volunteer operation, our financial needs are modest, but also real. Your donation helps to produce and distribute *The Dignity Digest* weekly free of charge to almost 1,000 recipients and maintain our website, www.DignityAllianceMA.org, which has thousands of visits each month.

Consider a donation in memory or honor of someone.

	<p>The names of those recognized will be included in The Dignity Digest and posted on the website.</p> <p>https://dignityalliancema.org/donate/</p> <p>Thank you for your consideration!</p>	
Dignity Alliance Massachusetts Legislative Endorsements	<p>Information about the legislative bills which have been endorsed by Dignity Alliance Massachusetts, including the text of the bills, can be viewed at: https://tinyurl.com/DignityLegislativeEndorsements</p> <p>Questions or comments can be directed to Legislative Work Group Chair Richard (Dick) Moore at dickmoore1943@gmail.com.</p>	
Websites		
Blogs		
Podcasts		
YouTube Channels		
Previously recommended websites	<p>The comprehensive list of recommended websites has migrated to the Dignity Alliance MA website: https://dignityalliancema.org/resources/. Only new recommendations will be listed in <i>The Dignity Digest</i>.</p>	
Previously posted funding opportunities	<p>For open funding opportunities previously posted in <i>The Tuesday Digest</i> please see https://dignityalliancema.org/funding-opportunities/.</p>	
Websites of Dignity Alliance Massachusetts Members	<p>See: https://dignityalliancema.org/about/organizations/</p>	
Contact information for reporting complaints and concerns	Nursing home	<p>Department of Public Health</p> <ol style="list-style-type: none"> 1. Print and complete the Consumer/Resident/Patient Complaint Form 2. Fax completed form to (617) 753-8165 <p>Or</p> <p>Mail to 67 Forest Street, Marlborough, MA 01752</p> <p>Ombudsman Program</p>
MassHealth Eligibility Information	<p>MassHealth / Massachusetts Medicaid Income & Asset Limits for Nursing Homes & Long-Term Care</p> <p>Table of Contents (Last updated: December 16, 2024)</p> <p>Massachusetts Medicaid Long-Term Care Definition</p> <p>Income & Asset Limits for Eligibility</p> <p>Income Definition & Exceptions</p> <p>Asset Definition & Exceptions</p> <p>Home Exemption Rules</p> <p>Medical / Functional Need Requirements</p> <p>Qualifying When Over the Limits</p> <p>Specific Massachusetts Medicaid Programs</p> <p>How to Apply for Massachusetts Medicaid</p>	
Money Follows the Person	<p>MassHealth</p> <p>Money Follows the Person</p> <p>The Money Follows the Person (MFP) Demonstration helps older adults and people with disabilities move from nursing facilities, chronic</p>	

	<p>disease or rehabilitation hospitals, or other qualified facilities back to the community.</p> <p>Statistics as of March 31, 2025: 344 people transitioned out of nursing facilities in 2024 49 transitions in January and February 2025 910 currently in transition planning</p> <p>Open PDF file, 1.34 MB, MFP Demonstration Brochure MFP Demonstration Brochure - Accessible Version MFP Demonstration Fact Sheet MFP Demonstration Fact Sheet - Accessible Version</p>
Nursing Home Closures	<p>List of Nursing Home Closures in Massachusetts Since July 2021: https://dignityalliancema.org/2025/04/07/nursing-home-closures-since-july-2021/</p>
Determination of Need Projects	<p>List of Determination of Need Applications regarding nursing homes since 2020: https://dignityalliancema.org/2025/04/07/list-of-determination-of-need-applications/</p> <p>Recent approval: Town of Nantucket – Long Term Care Substantial Capital Expenditure Approved May 5, 2025</p>
List of Special Focus Facilities	<p>Centers for Medicare and Medicaid Services <i>List of Special Focus Facilities and Candidates</i> https://www.cms.gov/files/document/sff-posting-candidate-list-march-2025.pdf Updated March 26, 2025</p> <p>CMS has published a new list of Special Focus Facilities (SFF). SFFs are nursing homes with serious quality issues based on a calculation of deficiencies cited during inspections and the scope and severity level of those citations. CMS publicly discloses the names of the facilities chosen to participate in this program and candidate nursing homes.</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>What can advocates do with this information?</p> <ul style="list-style-type: none"> • Include the list of facilities in your area/state when providing information to consumers who are looking for a nursing home. Include an explanation of the SFF program and the candidate list. • Post the list on your program’s/organization’s website (along with the explanation noted above). • Encourage current residents and families to check the list to see if their facility is included.

- Urge residents and families in a candidate facility to ask the administrator what is being done to improve care.
- Suggest that resident and family councils invite the administrator to a council meeting to talk about what the facility is doing to improve care, ask for ongoing updates, and share any council concerns.
- For long-term care ombudsmen representatives: Meet with the administrator to discuss what the facility is doing to address problems and share any resources that might be helpful.

Massachusetts facilities listed (updated)

Newly added to the listing

- Salem Rehab Center, Salem
<https://www.adviniacare.com/adviniacare-salem/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225644/>
- Fall River Healthcare
<https://www.nextstephc.com/fallriver>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225723/>

Massachusetts facilities which have graduated from the program

- Marlborough Hills Rehabilitation and Health Care Center, Marlborough
<https://tinyurl.com/MarlboroughHills>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225063>
- Somerset Ridge Center, Somerset
<https://somersetridge rehab.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225747>
- Tremont Healthcare Center, Wareham
<https://thetremontrehabcare.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225488/>

Massachusetts facilities that are candidates for listing (months on list)

- AdviniaCare Newburyport (13)
<https://www.adviniacare.com/adviniacare-country-center/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225332>
- Brandon Woods of New Bedford (1)
<https://brandonwoodsnewbedford.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225264/>
- Cape Cod Post Acute, Brewster (9)
<https://capecodrehabhc.com/>
 Nursing home inspect information:
<https://projects.propublica.org/nursing-homes/homes/h-225667/>
- Charwell House Health and Rehabilitation, Norwood (37)
<https://tinyurl.com/Charwell>
 Nursing home inspect information:

	<p>https://projects.propublica.org/nursing-homes/homes/h-225208</p> <ul style="list-style-type: none"> Life Care Center of Merrimack Valley, Billerica (2) https://lcca.com/locations/ma/merrimack-valley/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225546/ Medway Country Manor Skilled Nursing & Rehabilitation, Medway (1) https://www.medwaymanor.com/ Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225412 Pine Knoll Nursing Center, Lexington, (3) https://www.longtermcentersgroup.com/About-Pine-Knoll-Nursing-Center-Rehab Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225049/ RegalCare at Glen Ridge (20) https://www.genesishcc.com/glenridge Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225523 West Newton Healthcare, West Newton (9) https://www.nextstephc.com/westnewton Nursing home inspect information: https://projects.propublica.org/nursing-homes/homes/h-225324/ <p>No longer operating</p> <ul style="list-style-type: none"> South Dennis Healthcare, South Dennis https://tinyurl.com/SpecialFocusFacilityProgram 																																																
<p><i>Nursing Home Inspect</i></p>	<p>ProPublica Nursing Home Inspect Data updated October 15, 2025</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 (July 1, 2022 through September 30, 2025). Massachusetts listing: https://projects.propublica.org/nursing-homes/state/MA</p> <p>Deficiencies By Severity in Massachusetts (What do the severity ratings mean?)</p> <table border="1"> <thead> <tr> <th>Deficiency Tag</th> <th># Deficiencies</th> <th># Reports</th> <th>MA facilities cited</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>257</td> <td>187</td> <td>Tag B</td> </tr> <tr> <td>C</td> <td>77</td> <td>63</td> <td>Tag C</td> </tr> <tr> <td>D</td> <td>5,993</td> <td>1,193</td> <td>Tag D</td> </tr> <tr> <td>E</td> <td>1,872</td> <td>630</td> <td>Tag E</td> </tr> <tr> <td>F</td> <td>446</td> <td>226</td> <td>Tag F</td> </tr> <tr> <td>G</td> <td>420</td> <td>278</td> <td>Tag G</td> </tr> <tr> <td>H</td> <td>54</td> <td>30</td> <td>Tag H</td> </tr> <tr> <td>I</td> <td>2</td> <td>1</td> <td>Tag I</td> </tr> <tr> <td>J</td> <td>64</td> <td>31</td> <td>Tag J</td> </tr> <tr> <td>K</td> <td>30</td> <td>9</td> <td>Tag K</td> </tr> <tr> <td>L</td> <td>7</td> <td>2</td> <td>Tag L</td> </tr> </tbody> </table>	Deficiency Tag	# Deficiencies	# Reports	MA facilities cited	B	257	187	Tag B	C	77	63	Tag C	D	5,993	1,193	Tag D	E	1,872	630	Tag E	F	446	226	Tag F	G	420	278	Tag G	H	54	30	Tag H	I	2	1	Tag I	J	64	31	Tag J	K	30	9	Tag K	L	7	2	Tag L
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	Updated October 15, 2025		
Nursing Home Compare	<p>Centers for Medicare and Medicaid Services (CMS) <i>Nursing Home Compare Website</i> 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. This information will be posted for each facility and includes:</p> <ul style="list-style-type: none"> • Staff turnover: The percentage of nursing staff as well as the number of administrators who have stopped working at a nursing home over the past 12-month period. • Weekend staff: The level of weekend staffing for nurses and registered nurses at a nursing home over a three-month period. <p>Posting this information was required as part of the Affordable Care Act, which was passed in 2010. In many facilities, staffing is lower on weekends, often meaning residents have to wait longer or may not receive all the care they need. High turnover means that staff are less likely to know the residents, recognize changes in condition, or implement preferred methods of providing care. All of this contributes to the quality-of-care residents receive and their quality of life. https://tinyurl.com/NursingHomeCompareWebsite</p>		
Data on Ownership of Nursing Homes	<p>Centers for Medicare and Medicaid Services <i>Data on Ownership of Nursing Homes</i> CMS has released data giving state licensing officials, state and federal law enforcement, researchers, and the public an enhanced ability to identify common owners of nursing homes across nursing home locations. This information can be linked to other data sources to identify the performance of facilities under common ownership, such as owners affiliated with multiple nursing homes with a record of poor performance. The data is available on nursing home ownership will be posted to data.cms.gov and updated monthly.</p>		
DignityMA Call Action	<ul style="list-style-type: none"> • Advocate for state bills that advance the Dignity Alliance Massachusetts' Mission and Goals – State Legislative Endorsements. • Support relevant bills in Washington – Federal Legislative Endorsements. • Join our Work Groups. • Learn to use and leverage social media at our workshops: Engaging Everyone: Creating Accessible, Powerful Social Media Content 		
Access to Dignity Alliance social media	<p>Email: info@DignityAllianceMA.org Facebook: https://www.facebook.com/DignityAllianceMA/ Instagram: https://www.instagram.com/dignityalliance/ LinkedIn: https://www.linkedin.com/company/dignity-alliance-massachusetts Twitter: https://twitter.com/dignity_ma?s=21 Website: www.DignityAllianceMA.org</p>		
Participation opportunities with	Workgroup	Workgroup lead	Email
	General Membership	Bill Henning Paul Lanzikos	bhenning@bostoncil.org paul.lanzikos@gmail.com
	Assisted Living	John Ford	jford@njc-ma.org

<p>Dignity Alliance Massachusetts</p> <p>Most workgroups meet bi-weekly via Zoom.</p> <p>Interest Groups meet periodically (monthly, bi-monthly, or quarterly).</p> <p>Please contact group leaders for more information.</p>	Behavioral Health	Frank Baskin	baskinfrank19@gmail.com
	Communications	Lachlan Forrow	lforrow@bidmc.harvard.edu
	Facilities (Nursing homes and rest homes)	Jim Lomastro	jimlomastro@comcast.net
	Home and Community Based Services	Meg Coffin	mcoffin@centerlw.org
	Legislative	Richard Moore	Dickmoore1943@gmail.com
	Legal Issues	Stephen Schwartz	sschwartz@cpr-ma.org
	Interest Group	Group lead	Email
	Housing	Bill Henning	bhenning@bostoncil.org
	Veteran Services	James Lomastro	jimlomastro@comcast.net
	Transportation	Frank Baskin Chris Hoeh	baskinfrank19@gmail.com cdhoeh@gmail.com
	Covid / Long Covid	James Lomastro	jimlomastro@comcast.net
	Incarcerated Persons	TBD	info@DignityAllianceMA.org
	Bringing People Home: Implementing the Marsters class action settlement	<p>Website: https://marsters.centerforpublicrep.org/ Center for Public Representation 5 Ferry Street, #314, Easthampton, MA 01027 413-586-6024, Press 2 bringingpeoplehome@cpr-ma.org Newsletter registration: https://marsters.centerforpublicrep.org/7b3c2-contact/</p>	
REV UP Massachusetts	<p>REV UP Massachusetts advocates for the fair and civic inclusion of people with disabilities in every political, social, and economic front. REV Up aims to increase the number of people with disabilities who vote. Website: https://revupma.org/wp/ To join REV UP Massachusetts – go to the SIGN UP page.</p>		
The Dignity Digest	<p>For a free weekly subscription to <i>The Dignity Digest</i>: https://dignityalliancema.org/contact/sign-up-for-emails/ Editor: Paul Lanzikos Primary contributor: Sandy Novack MailChimp Specialist: Sue Rorke</p>		
Note of thanks	<p>Thanks to the contributors to this issue of <i>The Dignity Digest</i>:</p> <ul style="list-style-type: none"> • Center for Medicare Advocacy • Wynn Gerhard • James Lomastro • Richard Moore <p>Special thanks to the MetroWest Center for Independent Living for assistance with the website and MailChimp versions of <i>The Dignity Digest</i>. If you have submissions for inclusion in <i>The Dignity Digest</i> or have questions or comments, please submit them to Digest@DignityAllianceMA.org.</p>		
<p><i>Dignity Alliance Massachusetts is a broad-based coalition of organizations and individuals pursuing fundamental changes in the provision of long-term services, support, and care for older adults and persons with disabilities.</i></p>			

Our guiding principle is the assurance of dignity for those receiving the services as well as for those providing them.

The information presented in "The Dignity Digest" is obtained from publicly available sources and does not necessarily represent positions held by Dignity Alliance Massachusetts.

Previous issues of The Tuesday Digest and The Dignity Digest are available at:

<https://dignityalliancema.org/dignity-digest/>

For more information about Dignity Alliance Massachusetts, please visit www.DignityAllianceMA.org.