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Leading the Next Chapter

CEO Ted Wahl reflects on his journey from the field and how a shared foundation of experience is shaping the future of HCSG.

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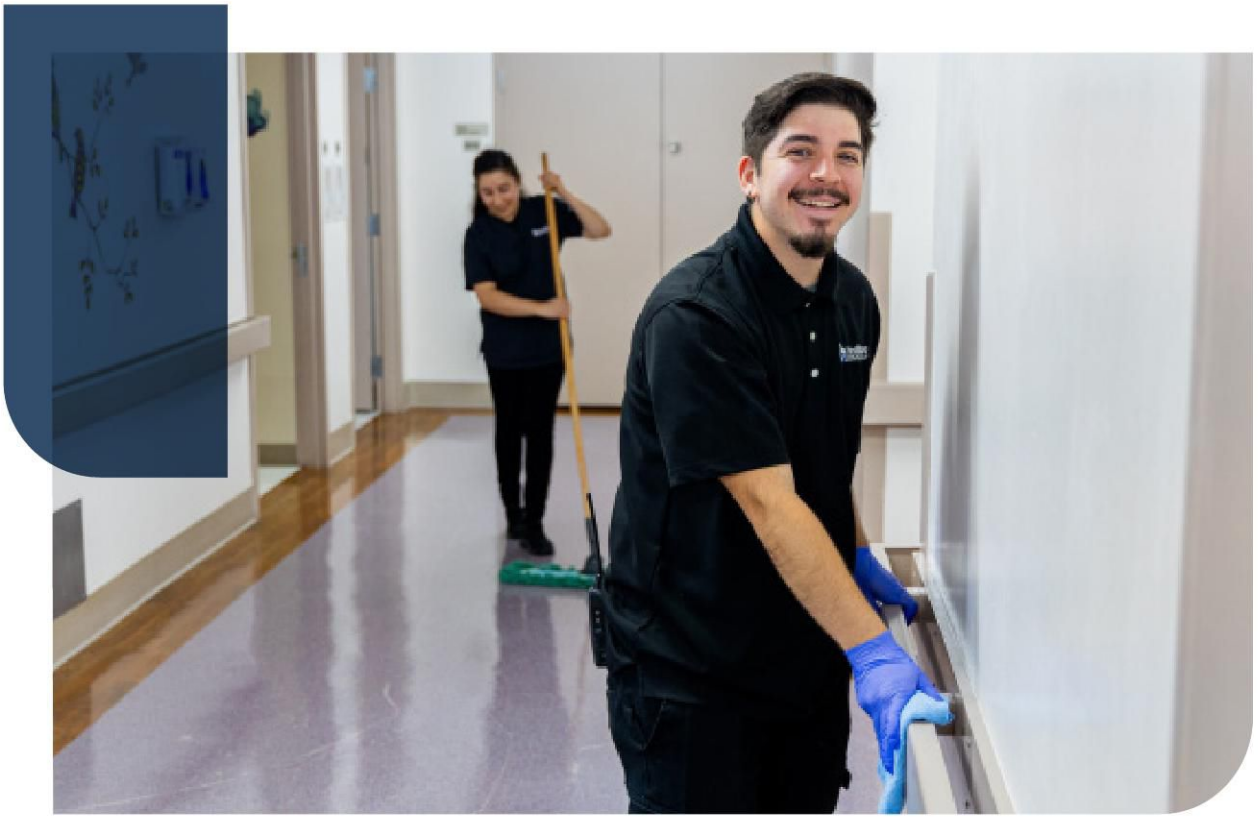
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Future PDPM pay cuts feared

BY JAMES M. BERKLAN

Providers are awaiting the release of the final skilled nursing pay rule in July with concern after a proposed version dangled the prospect of PDPM changes that could eventually lead to a blanket 4.3% reduction in case-mix-indexes or a 3.6% total reduction across the payment system.

The Centers for Medicare & Medicaid Services' Request For Information asked for stakeholder input on a possible new methodology for quantifying and addressing "case-mix creep" under the 7-year-old Patient Driven Payment Model. CMS highlighted increases in malnutrition, swallowing disorder and depression coding as examples in its April proposal.

While providers were expecting just a modest pay increase for fiscal 2027 — proposed at 2.4% — they were more optimistic about the prospect of removing quality reporting measures that didn't necessarily align with current quality standards. ■



Sen. Roger Marshall (R-KS) has introduced a bill requiring faster prior authorization approvals from Medicare Advantage plans and coverage aligned more with traditional Medicare.

Photo: Tom Williams/Contributor/Getty Images

Taking MA to task

House and Senate bills would curb Medicare Advantage

FOR MORE REGULATORY COVERAGE: SEE PAGES 3, 4, 6, 8, 12, 15, 18 AND 19



Regal name, working game
Jewish Home's Mike King energizes growing community with innovative drive
PAGE 32

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Key drivers of Alzheimer's ID'd

BY FOSTER STUBBS

Diet, gut health, cardiovascular conditions and surgical history were identified as the most prevalent drivers of Alzheimer's disease, according to an April study in *Alzheimer's & Dementia: Diagnosis, Assessment and Disease Monitoring*.

Machine learning models helped discern that higher lactose, plant-based and omega-3-rich diets were associated with a lower risk of developing AD among 9,832 participants. Dietary changes, microbiome therapy and better cardiovascular management can help, the authors reported. ■

Flu vax intake drops in SNFs

BY JAMES M. BERKLAN

Influenza vaccination coverage among nursing home workers fell to 42.1% during the 2024-2025 flu season, according to an April report published by the Centers for Disease Control.

Slightly more than 61% of nursing home residents were flu-vaccinated, which was below the 76% rate for those 75 and older among the general public, officials reported.

Lack of confidence in the influenza vaccine among staff centered around potential side effects, study authors said. They suggest implementing customized immunization programs for employees to increase vaccination rates. ■



Flu vaccinations fell among nursing home residents and staff last year.

Providers urge 'swift' passage of MA reform



Sen. Sheldon Whitehouse (D-RI) is sponsoring the bipartisan bill, which has a companion in the US House that is well-supported by physician members.

BY KIMBERLY MARSELAS

Newly proposed federal legislation aims to make post-acute care services more accessible and streamline prior authorization approval in Medicare Advantage.

U.S. Sens. Roger Marshall (R-KS) and Sheldon Whitehouse (D-RI) introduced the Medicare Advantage Improvement Act April 27 in what the American Health Care Association called "the most sweeping attempt to enhance Medicare Advantage to date." It "represents a significant step towards ensuring Medicare Advantage delivers on its promise to America's seniors," said AHCA President and CEO Clif Porter while urging "swift passage."

A group introduced a similar bill in the House earlier in April, saying they wanted to tackle inconsistent coverage and administrative barriers interfering with timely treatment as MA enrollment increases.

Changes effective Jan. 1, 2028, would require prior authorization approval within 72 hours in most cases; align coverage criteria with traditional Medicare; and add real-time approval for low-risk services. ■

Nursing home fights PBJ audits

BY KIMBERLY MARSELAS

A New Jersey nursing home that expects to lose $450,000 in annual Medicaid revenue over its staffing data is suing the Centers for Medicare & Medicaid Services to stop off-site audits from triggering quality rating changes.

Our Lady's Center for Rehabilitation & Healthcare argues docking star ratings over missed or inaccurate Payroll Based Journal reporting exceeds CMS authority. The operator wanted to appeal an audit that suppressed its staffing rating to 1 star, but CMS offers no way to contest findings.

"The immediate downgrade of the staffing star rating, its impact on the overall Five-Star Quality Rating, and the immediate publication of the star rating has profound detrimental effects on Plaintiff's businesses," the nursing home's attorneys argued in their claim. ■

At Deadline

» HHS Secretary Robert F. Kennedy Jr. on May 4 announced a broad effort to curb "psychiatric overprescribing" and prioritize nonmedication treatments to improve mental health. Educational resources are forthcoming, as is a technical expert panel on drug tapering and discontinuation. Earlier this year, CMS said it was reconsidering its harsh policy on antipsychotic use given congressional pressure.

» CMS is convening workgroups to address "workflow gaps" and technical issues that make the prior authorization process burdensome for providers. The May 5 announcement followed a voluntary pledge made by many insurers last June to reduce their use of prior authorization, as well as multiple rules already in motion to transform lengthy insurance reviews into fully digital, faster experiences.

» A Maryland nursing home has asked a federal appeals court to limit CMS use of financial penalties in cases of Immediate Jeopardy or actual harm, unless providers have the option for a trial. Attorneys for the facility and AHCA asked for relief from the Fourth Circuit Court May 5. A decision may be delayed while the Supreme Court weighs a similar case.

Daily updates

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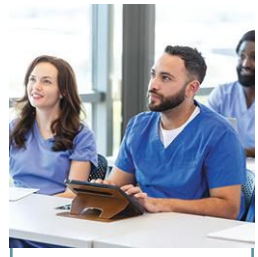
Photos (L): geargodz/Getty Images (R): Andrew Harnik/Staff/Getty Images

CMS: Funds for nurse staffing campaign have nearly tripled

BY KIMBERLY MARSELAS

The Centers for Medicare & Medicaid Services' nursing home staffing campaign funding has nearly tripled to reach $200 million, officials said this spring.

The program was originally set to devote $75 million to nurse training and recruitment for the long-term care sector, but a collaboration with states grew the fund.



States committed funding to increase overall spending projections.

"Every governor, all 50, engaged us to contribute money so all of us can train more nurses designed for nursing home staffing, especially in rural areas," CMS Administrator Mehmet Oz said March 16. "And it's gonna work. We'll launch it over the summer."

In May, the agency confirmed the campaign includes up to $40,000 in tuition reimbursement and/or a $10,000 stipend in return for working three years in a qualifying nursing home or state inspection agency.

Jodi Eyigor, vice president of health policy for LeadingAge, called the announcement "good news."

"For nursing homes to be able to recruit and retain the registered nurses residents depend on, initiatives like [CMS'] expanded financial incentives program announced today are critically important," she said. ■

Facility sues over 'paralyzing' OIG audit

BY KIMBERLY MARSELAS

A nursing home found to have erred in 99 of 100 reimbursement submissions during the pandemic is fighting back against an attempt by regulators to extrapolate audit results and claw back $31 million.

Providers and payment experts were shocked in November when the Department of Health and Human Services Office of Inspector General accused Pinnacle Multicare of a 99% error rate across all claims submitted over a two-year period.

The nursing home said auditors had confused payment and medical coding requirements and overlooked key COVID-era waivers, resulting in gross miscalculations.

The Bronx, NY, facility is now asking the US District Court for Southern New York to throw out the audit results; find the recoupment demand unconstitutional; and prevent the Centers for Medicare & Medicare Services from collecting or offsetting the 2020 and 2021 payments at the center of the case.

Pinnacle attorney Alyssa A. Friedman argued that payment demand "would immediately paralyze Pinnacle by rendering it unable to pay its employees and would result in the shutdown of the entire nursing facility — leaving highly vulnerable patients without life-saving care." ■

Regulatory Update

» The HHS OIG in April urged CMS to remind nursing homes of the need to maintain backup power systems, following an audit that estimated 73% of facilities have "inadequate or unreliable" systems.

» The Justice Department rescheduled FDA-approved and state-regulated medical cannabinoids under the Controlled Substances Act, allowing acceptable medical uses and opening therapies to some Medicare beneficiaries.

Bill Watch

» Sens. Mark R. Warner (D-VA) and Tim Scott (R-SC) reintroduced the Ensuring Seniors' Access to Quality Care Act to allow nursing homes with certain penalties to restart in-house CNA training.

» Sen. Roger Marshall (R-KS) introduced the ACCESS Act to cover assisted living under Medicaid for older adults who meet nursing facility criteria. The goal is to lower overall spending while expanding access to community-based care.

60 Seconds with...



Rachael Arielly, PsyD
Associate Director of Psychiatry and Behavioral Health
Hebrew SeniorLife

Q: What's the goal of the sexual health guidelines recently published in *Annals of Long-Term Care*?

A: We aimed to help meet the sexual health needs of older adults in long-term care settings, whose sexuality is largely dismissed, mocked or pathologized in care settings. We wanted to do this in a way that supports the dignity and autonomy of the older adults, while also ensuring appropriate assessment of consent potential and safety, particularly for those with cognitive or other disabilities. Second, we aimed to support the direct care staff who are most likely to encounter sexual interactions on long-term care units, and who have expressed uncertainty and discomfort in doing so.

Q: Why is this such an overlooked policy area in post-acute care?

A: There are many possible explanations. Some still unwittingly perpetuate myths about older adult sexuality, for example that older adults are largely asexual; that older adult sexuality is inappropriate. Some lack the knowledge or comfort to assess consent in people with cognitive disabilities. Others may hold religious or cultural beliefs that preclude them from engaging with this topic. What we know is that intimacy of many types reduces loneliness, improves quality of life, bolsters cognition and improves physical health.

Q: What role does education play?

A: Education is the crucial second step to rolling out our guidelines. We hope to create modules for direct care staff who are likely to respond first to sexual behavior, and one for providers, social workers and care team members who may assist in creating individual sexual health treatment plans. Our hope is that staff will feel empowered to act independently when needed.

Photo: SDI Productions/Getty Images

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OIG finds nursing homes are 'masking' antipsychotic use

BY KIMBERLY MARSELAS

A federal watchdog has accused nursing homes of inappropriately diagnosing residents with schizophrenia to "mask" the misuse of antipsychotic drugs and "artificially inflate" their star ratings.

Two new reports from the Department of Health and Human Services Office of Inspector General rebuked skilled nursing facilities for overprescribing antipsychotic drugs, which can have a sedative effect and pose an increased risk of death for elderly patients with dementia.

Based on a review of 40 inspections conducted from 2018 to 2021, the OIG also said medical directors made inappropriate schizophrenia diagnoses to "justify prescribing antipsychotic drugs," used those diagnoses to "skirt Medicare safeguards" and "compromised residents' care" by inappropriately diagnosing schizophrenia.



The agency said such nursing home practices pose a risk to residents. The report came shortly after CMS acknowledged it was "actively reviewing the antipsychotic [quality] measure with the goal of supporting clinically indicated use while continuing to discourage inappropriate prescribing." ■

LTC has edge over AL in vaccinations: study

BY ALICIA LASEK

Nursing homes are less likely to have residents hospitalized for vaccine-preventable illnesses compared to assisted living communities, according to a study of 2023 Ohio survey data published in *JAMDA*.

The same study found that the nursing homes showed significantly higher coverage than assisted living communities across all vaccine types, with near-universal programs for influenza, COVID-19 and pneumococcal diseases.

Meanwhile, assisted living communities were less likely to have programs for RSV (49.9% in ALs vs 75.8% in NHs), hepatitis B (56.2% vs 80.0%), shingles (47% vs 71.7%) and Tdap (38.2% vs 58.3%). These communities also reported a higher perceived risk of transferring residents to the hospital for all illnesses, while nursing homes reported the highest perceived risk for respiratory illnesses.

The disparities could be attributed to structural differences between the two sectors, the authors noted. Assisted living communities have fewer clinical resources, less regulatory oversight and more out-of-pocket payment by residents versus Medicaid as a primary payer in nursing homes, they wrote. ■

Caregiving Update

» Weekly, individualized email feedback on hand hygiene did not yield compliance in long-term care, finds a study in *Infection Prevention in Practice*. The authors suggest more intensive intervention and leadership.

» Nursing home patients are more likely to die in the facility or in hospice than in a hospital when their state has a mature Physician Orders for Life-Sustaining Treatment program, according to a first-of-its-kind study published in *JAMDA*.

» Medicare Advantage beneficiaries had less depression and anxiety and fewer hospitalizations and emergency department trips when they participated in a program using the telehealth-based geriatric behavioral health platform Vitalic, according to a pilot study conducted by VNS Health and Vitalic.

Photo: Kateryna Bibro/Getty Images

ASK The Care Expert



Nancy Tuders, FACDONA, IP-BC, AS-BC and QAPI-BC
Assistant Director of Education, NADONA

Q: I am a relatively new DON, and I have witnessed two of the seasoned staff nurses constantly bickering or arguing in front of other staff. What is the best way to handle this? They are both very good nurses.

A: If you feel there is true concern between two or more individuals, be sure you meet with them together.

Your role is most likely going to be a mediator in this case. You would state the issue, give examples and intervene only if it gets out of control. After hearing all sides, you should sum up the discussion and ask what it would take to appease each of them.

Ask each party to make a commitment to make the necessary changes to resolve, or at least reconcile, the conflict.

Some people just don't see "eye to eye," and in most cases there is nothing you can do to make these people like each other. It is your job to show them that the common ground here is the responsibility of common goals you need accomplished.

They do not have to like each other, but they do need to show mutual respect to achieve the common professional goals you have instilled in them.

Be sure those involved in conflict see the big picture and focus on the future. There is no room for blame.

You want all who leave a meeting with you seeing hope for the future and a win-win resolution. If employees feel there will be change for the better, you've reduced the chance of future conflict.

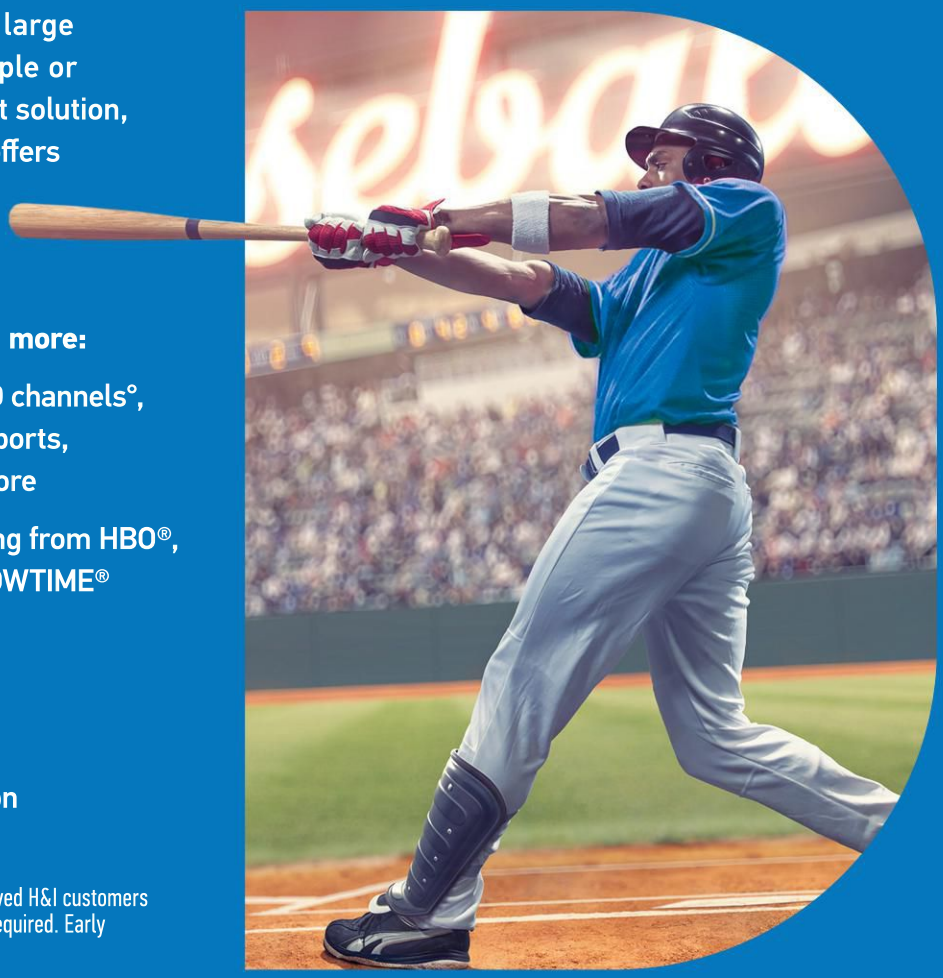
The quicker you help resolve a conflict, the less likely it will spread throughout the entire department.

Let the parties involved know you expect and have confidence they will make every attempt to resolve each other's differences with respect to one another. You should follow up with both parties in a week or so to assure all is on track, and again in a month to assure everything stays on track.

Please send your resident care-related questions to Nancy Tuders at ltcnews@mcknights.com.

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Advocates turn back effort to block LTC skin products use



BY KIMBERLY MARSELAS

Mobile wound care providers and nursing homes reacted with shock in early April when a Medicare Administrative Contractor temporarily blocked the use of skin substitute wound products in long-term care.

Access to such products, more broadly known as cellular, acellular and matrix-like products — or CAMPs — had already been squeezed since January. That's when the Centers for Medicare & Medicaid Services set reimbursement at $127.14 per square centimeter, regardless of brand.

The Wound and Hyperbaric Association reported in March that among a group of wound care providers serving 5,500 patients weekly, 50% reported closure or planned closure of a practice or service line. That was before National Government Services announced it would not cover the use of CAMPs in nursing homes, potentially forcing patients in 10 states to travel to outpatient clinics or hospitals for such care. Within three days, however, the MAC had reversed the policy in response to advocates.

Martha Kelso, an advisor to the Post-Acute Wound & Skin Integrity Council, said the move would have left patients without advanced wound care — and often sitting on wounds in need of healing as they traveled to clinics. Nurses also would miss out on education from advanced providers. ■

Color-changing dots heal, monitor wounds

BY KIMBERLY MARSELAS

Australian researchers have embedded tiny, multi-functional nanomaterials, called carbon dots, into a hydrogel dressing to enable monitoring and treatment.

The dots can map a wound and also change dressing color when there is a pH change. When notified by a smart device, clinicians can trigger the dressing to release artificial enzymes that reduce inflammation.

Those enzymes are triggered manually by applying gentle pressure to the dressing, which means patients may also be able to "turn on" healing properties. After publishing results in *Chemical Engineering Science*, researchers are looking to scale the bandages and bring them to market.

"Being able to address potential infection at the earliest opportunity is critical to chronic wound management, making this real-time system a potential game-changer for healthcare," said lead study author Nan Nan, of the Royal Melbourne Institute of Technology. ■

Treatment Update

» The National Pressure Injury Advisory Panel updated its "Prevention and Treatment of Pressure Ulcers/Injuries" quick reference guide in late February. The fourth edition of the international guideline includes new recommendations and practice statements on a range of risk assessment and prevention strategies.

» Experimental nanofiber dressings that incorporate wound-specific drugs and other customizable features accelerate wound contraction. But researchers reported in *Wounds* that future work must evaluate whether the benefit in diabetic patients can outstrip up-front costs.

» Injecting hyaluronic acid gel beneath diabetic foot ulcers using the new Curacorn technique reduces recurrence in high-risk patients, according to a study in *The International Journal of Lower Extremity Wounds*.

Photo (L): Ryan S. Brandenberg/Temple University

ASK The Wound Care Expert



Fatima Naqvi, MD, CMD
Assistant Professor at George Washington University, Geriatrics and Palliative Care Medicine

Q: Wound management is a clinical matter, so what do administrators need to know before annual surveys?

A: More than a billion dollars is spent on wound claims annually in the US. Questions remain about what can be done to avoid this. How can we reduce wound incidence and document appropriately when a wound is unavoidable?

Administrators play an important role in leading wound care in their facilities. Survey readiness is as important as person-centered care for the leadership team.

With regard to wound assessment and management, surveyors are looking for accurate, timely and comprehensive assessment. Also important are the wound stage, cause, location, pain and local factors, along with nutritional assessment, medical comorbidities, timely interventions and treatment rendered to the patient.

Surveyors match the documentation with the clinical condition, and how it was incorporated into the individualized care plan. They assess how the facility's infection control policy is in alignment with proper use of Personal Protective Equipment and sterile technique when needed.

They often observe the staff perform wound care on a resident during their inspection. In short, they look for staff training and competencies with ongoing supervision for wound management.

Administrators can audit the documentation prior to the surveyors' visit. They also can review the involvement of wound care specialists, dietitians, nurses, medical providers; appropriate surface devices (low-air loss mattresses, wheelchair cushions); dressing availability; and wound management and tracking.

It also is important to utilize the QAPI process when appropriate.

Remember what the great thinker Mahatma Gandhi once said: "The future depends on what you do today."

Please send your wound care-related questions to Dr. Naqvi at ltcnews@mcknights.com.

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Violence spurs 1 in 5 SNF workers' comp claims in CA

BY ALICIA LASEK

About 18% of workers' compensation claims made by skilled nursing facility staff between 2013 and 2021 were related to violence, according to a study of California claims published in the *American Journal of Industrial Medicine*.

The state passed a workplace violence prevention standard that was phased in from 2017-2018 and required tracking and training in healthcare workplaces. Claims records allowed the study authors to track violence frequency around this time period. Across all state healthcare sectors, they found 418,278 total claims filed during the study period, with 11% of those violence-related, and the highest number of the latter filed in 2019.

Many types of physical harm were reported.

"Musculoskeletal injuries and cuts or punctures were common during these incidents, as many occurrences involved staff members physically restraining or managing a patient during an episode of agitation," study authors wrote.



Claims reveal injuries occurred most commonly when staff managed agitated patients.

Notably, claims citing violence decreased in the skilled nursing industry and general hospital sectors during California's COVID-19-associated shutdown, from 2020 to early 2021, while other sectors' claims remained stable, a finding that tracks with other studies during California's shutdown, the authors said. ■

Docs don't write most antipsychotic scripts

BY ALICIA LASEK

Advanced practice clinicians now drive most Medicare antipsychotic prescribing, according to a study in *JAMA Network Open*.

During the 10-year study span, annual antipsychotic prescription claims by advanced practice registered nurses (APRNs) or physician assistants (PAs) more than tripled, while falling precipitously for psychiatrists and primary care physicians.

It was unclear from the study whether the increase in APRN prescribing was mostly concentrated among clinicians treating nursing home residents or those treating schizophrenia in the community, James S. Goodwin, MD, noted in invited commentary. But he said the number of APRNs working in nursing homes more than doubled during the period. About 15% of Medicare Part D enrollees over age 75 who live in nursing homes are prescribed antipsychotics. ■

Medication briefs

» Once-daily treatment with valbenazine capsules helps manage uncontrolled movements associated with tardive dyskinesia in older residents, according to a study presented at the PALTC26 Annual Conference.

» The FDA has approved a GLP-1 pill for weight loss that can be taken any time of day without food or water. Clinical trial participants averaged 12.4% weight loss when taking Lilly's Foundayo at the highest dose.

» The shingles vaccine cuts cardiac event risk by 50%, with effects most notable in patients with heart disease, found a study presented at the American College of Cardiology's Annual Scientific Session in March.

Photo: AndreyPopov/Getty Images

ASK The Nursing Expert



Amy Stewart, MSN, RN, RAC-MT, RAC-MTA, DNS-MT, QCP-MT
Chief Nursing Officer for the American Association of Post-Acute Care Nursing (AAPACN)

Q: How can nurse leaders support staff retention when burnout is high and hiring remains difficult?

A: Frontline teams that feel supported, respected and set up to succeed experience less turnover. The good news? The most effective strategies aren't flashy. They're practical and people-centered.

Leverage scheduling. It isn't just operational — it's emotional. When staff feel they don't control their time, everything else (competitive pay, perks, even culture) matters less. Consider what guardrails would enable:

- Flexible scheduling
- Self-scheduling blocks
- Shift-swaps
- "Float" options

Design onboarding to build confidence. Many new hires resign by 90 days because they feel overwhelmed. Emphasize clarity and support and include:

- Clear expectations for the role
- A consistent preceptor or mentor
- Hands-on learning
- Frequent check-ins
- Asking, "What's still confusing?"

Coach your middle, not just your frontline. Guide charge nurses, team leads and supervisors. That "in-between layer" shapes the day-to-day experience for frontline staff. Invest in:

- Micro-training on giving feedback and de-escalating conflict
- Clear authority and boundaries
- Specific, not generic, recognition

The bottom line: No single program drives retention. Daily experiences determine whether staff remain. Team members with stable schedules, strong onboarding, supported supervisors, meaningful recognition and smooth workflows stay longer and perform better. In nursing homes, that translates to better care.

Please send your nursing-related questions to Amy Stewart at ltcnews@mcknights.com.

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Tech UPDATE

» **The American Telemedicine Association, in collaboration with Johns Hopkins Medicine, has announced a three-year initiative** that aims to educate the public on the urgent need for federal reforms to improve telehealth access nationwide. The Licensure Innovation for Telehealth Transformation Initiative focuses on targeted federal solutions that reduce state licensure hurdles and expand telehealth nationwide, while still preserving state standards of care and enforcement authority.

» **An article highlighting AHCA/NCAL's Long-Term Care Data Cooperative** was published in the *Journal of the American Geriatrics Society*. The LTC Data Cooperative is a professional resource that gathers electronic health records data from skilled nursing facilities and assisted living communities across the country for the principal purposes of public health surveillance and comparative research.

» **Senior-care technology company Sage revealed it has raised $65 million in new funding** to improve quality of life for older adults and their caregivers. Founded in 2020 as Elder Technologies Inc., Sage offers a platform that is designed for use by senior living and skilled nursing providers to monitor resident activity and coordinate caregiving workflows.

» **Prime Care Holdings Inc. announced the divestiture of its managed services/hosting division** as well as key leadership promotions across its core Software as a Service platforms. As part of its next phase, PCH also introduced ASKprime, a private, dedicated AI cloud tool to empower users with easier access to insights and cross-platform intelligence. PCH said it will concentrate exclusively on its differentiated AI tool, ASKprime, along with PCH's affiliated SaaS companies: PrimeVIEW Analytics, LLC; ProClaim Partners, LLC; Managed Care Group, LLC; and PrimeFORCE, LLC.

» **Health tech company PointClickCare recently announced the launch of its next-generation electronic health record** for physician practice groups. The new introduction underscores the company's continued investment in its ONC-certified EHR technology designed specifically to eliminate fragmentation between physician workflows and long-term and post-acute care facilities.

CMS rule would phase out fax machine use in SNFs

BY JOHN ROSZKOWSKI

The days of nursing homes using a fax machine to submit health claims and documentation appear to be just about over.

The Centers for Medicare & Medicaid Services announced a final rule that would phase out fax machines — and traditional "snail mail" — in favor of streamlined, universal electronic transactions when providers need to exchange healthcare claims and documentation.

Federal officials estimate the rule will save the healthcare industry roughly $781 million annually by establishing national standards for the electronic exchange of clinical documentation used to support claims.

"This new rule will modernize American healthcare by standardizing electronic claims attachments and enabling secure electronic signatures. Every minute providers save on paperwork is another minute they can spend caring for patients," CMS Administrator Mehmet Oz said in a March news release publicizing the rule.

Covered entities, which include healthcare providers, health plans and payers, healthcare clearinghouses and technology providers, must comply by May 26, 2028.

The change will be a wake-up call for nursing homes, many of whom still rely on manual methods to submit claims-related documentation, such as medical records, clinical notes, X-rays and lab results.



Photo: Odilon Dimier/Getty Images

Fax machines will be phased out for claims submissions purposes by May 2028, per CMS.

Robin Roberts, director of health IT regulatory affairs at healthcare technology company PointClickCare, called the rule a "line in the sand" the long-term care sector needs.

"Faxing remains entrenched in skilled nursing despite digital progress, and it isn't just a tech lag, it's a clinical risk," Roberts told *McKnight's Long-Term Care News*.

"Moving away from the fax isn't about hitting a compliance deadline; it's about ensuring that a patient's data moves as fast as their needs do," she added. ■

VA launches national rollout of virtual reality

BY JOHN ROSZKOWSKI

The US Department of Veterans Affairs is teaming up with Mynd Immersive to use virtual reality technology to help veterans dealing with issues such as chronic pain, anxiety and social isolation.

The VA announced in April that it was expanding its immersive therapy initiative to support a national rollout of the VR technology initiative across 45 additional VA medical centers, with the eventual goal of expanding it to other centers, veterans' homes and home-based care nationwide.

"It's an important step toward integrating spatial computing into everyday clinical care — giving providers new tools to engage veterans and extending care beyond the four walls of a facility," said Mynd Immersive CEO Chris Brickler.

Mynd Immersive, in partnership with Meta and clinical-grade content producers, has built a prescriptive virtual reality platform designed in collaboration with care teams to support veterans with guided breathing, relaxation, cognitive engagement and physical therapy. Those are considered nonpharmacological clinical alternatives Under the VA's Pain Management, Opioid Safety and Prescription Drug Monitoring Program.

The immersive therapy expansion builds on a multi-site clinical study that was conducted across nine Pennsylvania VA Medical Centers and a 2025 home-based pilot serving more than 500 veterans. ■

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Business BRIEFS

» **CareTrust REIT** began 2026 with an off-market acquisition of a Mid-Atlantic portfolio of six skilled nursing facilities for approximately $142 million, followed by a $380 million April deal to acquire a second group of 15 nursing homes with 1,700 beds across California. Overall, the REIT had invested $990 million year-to-date by late April, with a blended yield of 8.8%.

» **Regional Health Properties** ended 2025 with $3.4 million in profits following a merger with SunLink Health Systems that broadened the company's healthcare platform, according to fourth-quarter and full-year 2025 earnings reports released in April. The combined company now operates under the name Regional Health Properties and trades under Regional's ticker symbols — RHEP, RHEPA, RHEPB and RHEPZ — on the OTCQB, also known as the Venture Market.

» **MonticelloAM** financed an $84 million transaction for a stand-alone skilled nursing facility in New York City. The transaction includes a $79 million bridge loan and a $5 million working capital line of credit, with a 30-month initial term. The borrower was not disclosed.

National Healthcare to buy 35 facilities from REIT landlord

BY KIMBERLY MARSELAS

National Health Investors has agreed to sell 32 skilled nursing facilities and three independent living communities to National Healthcare Corp. for $560 million, the two companies announced in April.

NHC had been leasing most of the properties from NHI, which last year accused the operator of defaulting on lease provisions. That followed an NHI shareholder's push to derive more value from the NHC holdings; NHC later disputed contract concerns.

NHC communities already operate 80 skilled nursing centers, 26 assisted living communities, nine retirement communities, three behavioral health hospitals, 30 hospice agencies, and 34 home care agencies. CEO and Inside Director Steve Flatt called the planned purchase a "milestone" that will provide his company with "maximum flexibility to execute our long-term vision."

"We expect this transaction to be accretive to both earnings and cash flow, reinforcing our commitment to disciplined capital allocation and enhancing long-term shareholder value," Flatt said. The deal includes facilities in Alabama, Florida, Kentucky, Missouri, South Carolina, Tennessee, and Virginia.



Photo: National HealthCare Corporation

NHC CEO and Inside Director Steve Flatt says the purchase will bring the company more flexibility.

"Each of these facilities is located in a critical area of NHC's operating footprint and represents an important link in our continuum of care model," Flatt added.

The transaction is expected to close in the third quarter of 2026, though NHI said in May that it was still open to other offers. A sale will enable the real estate investment trust to focus on senior housing and reduce its exposure to skilled nursing. ■

GOOD TIMES

» **NH administrator credentialing**
The American Association of Post-Acute Care Nursing in May expanded its "gold-standard" certifications beyond the clinical realm with the launch of its first nursing home administrator certification.

» **Riverwoods Center**
A 240-bed SNF in Florida, Riverwoods Center scored a rare sector win when an administrative law judge cleared it of union interference charges.

BAD TIMES

» **Pacemaker recall**
Boston Scientific issued a recall to customers of its ACCOLADE pacemakers and CRT-Ps after they were implicated in four deaths.

» **DON turnover effects**
Directors of nursing appear to have a greater impact on resident care experiences than administrators, according to a study comparing the effect of turnover among the two nursing home leadership roles. Researchers reviewed data from more than 750 nursing homes to reach conclusions.

METRO MONITOR

The highest and lowest average annual absorption rates in majority-nursing care properties in major U.S. metro markets. (As of the 4Q 2025)

LEADERS		
1	Portland, OR	6.6%
2	Riverside, CA	3.3%
3	San Diego	2.8%
4	Chicago	2.6%
5	Las Vegas	2.6%

LAGGARDS		
27	Orlando, FL	-0.3%
28	Tampa, FL	-0.6%
29	Sacramento	-0.8%
30	Pittsburgh	-1.0%
31	Seattle	-1.2%

Source: NIC MAP® Data. Visit nicmap.com to learn more.



ASK The Payment Expert

Eleisha Wilkes, RN, RAC-CTA, RAC-CT, DNS-CT
Clinical Consultant,
Proactive LTC Consulting

Q: What can we be doing now to better align clinical, MDS and business office teams in preparation for FY 2027 payment changes?

A: You're right to start here and now. One thing that continues to become increasingly clear is that accurate reimbursement depends heavily on how well teams work together.

To start, make sure everyone shares the same understanding of success. Clinical teams focus on resident outcomes, MDS teams on accuracy and timeliness, and the business office on reimbursement. But these goals are connected. Helping each team understand that connection is key.

Regular, structured communication also makes a big difference. Short daily check-ins and weekly reviews of admissions and upcoming MDS assessments keep everyone on track. Including the business office in clinical talks ensures financial impact isn't an afterthought.

Education across roles is another piece that often gets overlooked. Clinical staff don't need to become PDPM experts, but they do need to understand how their documentation directly affects reimbursement. Additionally, business office staff can benefit from understanding the basics of MDS and quality measures. A little cross-training goes a long way.

It's also important to recognize the pressure on MDS teams. They are often the bridge between clinical and business office teams. Without the right support, it's easy for errors or burnout to creep in.

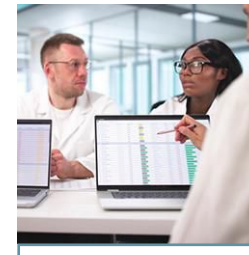
Finally, using data in real time instead of looking backward can change everything. Tracking things like case mix index, quality measures, and documentation trends as they happen, and sharing that information across teams stops small issues from becoming bigger problems.

Please send your payment-related questions to Eleisha Wilkes at ltcnews@mcknights.com.

Skin evaluation and functional scoring triggering audits most

BY JAMES M. BERKLAN

Providers could be headed for trouble if they don't start improving their documentation related to skin and functional assessments. Operators have been coming up short most often in these areas in early rounds of the new Skilled Nursing Facility Validation Program.



Providers should be ready: As many as 1,500 facilities may be chosen for audits each year.

Currently, the Centers for Medicare & Medicaid Services isn't penalizing providers for inadequate documentation in these areas. Instead, the agency — threatening a possible 2% payment deduction for noncompliance — is mandating that operators submit all notes and data requested within a 45-day period.

Experts see providers' current data-reporting shortcomings as potential land mines. Regulatory and financial penalties will be levied for insufficient QRP program submissions in the future, experts predict.

An initial request for 10 MDS submissions from selected nursing homes went out in January and February of this year; providers started receiving audit results in March.

Contractors have been looking especially closely at skin care and wound information in both admission and discharge MDS sets.

Section GG, which is used to measure resident function, also was being heavily scrutinized, experts noted. ■

GO FIGURE

13

The number of US rural nursing homes declined by 13% from 2015 to 2025, more than double the overall US decline, according to a KFF analysis.

49.2

Swiss researchers found that more than 49% of nurses worldwide are affected by presenteeism, which refers to employees working despite being ill.

340,000

The Vision Centre estimates that 340,000 new long-term care leaders will be needed by 2040. Some 65,000 would be to satisfy extra demand fueled by the elder wave.

SNFs fear 1M hour data reporting surge

BY JAMES M. BERKLAN

Nursing home operators are bracing for what could be an added 1 million hours of work annually to collect and submit data called for in the proposed fiscal 2027 federal skilled nursing pay rule.

About 964,000 hours of that would stem from the Centers for Medicare & Medicaid Services newly requiring submission of quality data regardless of payer type. The SNF QRP system currently collects information only for Medicare Part A skilled stays captured in the Minimum Data Set.

But starting in 2031, CMS wants to require providers to submit MDS assessments for all patients — regardless of whether they are covered by an Institutional-Special Needs Plan or a commercial Medicare Advantage plan. That could result in the submission of 1.1 million more MDS forms per year.

When combined with two new quality-reporting measures proposed to start the same year, the additional per-nursing home reporting burden could be more than 67 hours per Medicare facility. A final rule is expected to be issued in late July. ■

Photo: AndreyPopov/Getty Images

McKnights
EXECUTIVE DECISIONS

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50 years of focused partnership

HCSG is redefining what service means in healthcare

Ted Wahl CEO,
Healthcare Services Group



For five decades, Healthcare Services Group has set the standard in managing environmental, dining and nutritional services in healthcare communities. Chief Executive Officer Ted Wahl developed his leadership perspective through hands-on operational experience, gaining profound respect for the administrators who lead those communities, and the people and processes necessary to deliver high-quality clinical outcomes for patients and residents.

As HCSG celebrates its 50th anniversary, this perspective continues to guide the company with a clear focus on people, consistency, and long-term partnerships.

Q: Can you tell us about your career journey with HCSG and how it has shaped your leadership?

A: Well, I started as a manager-in-training in 2004 and spent the first stage of my career working in facilities in New York and New Jersey. After completing the training program, I moved to Southern California to become an account manager and was later promoted to district and then regional roles. All told, I spent about five years in our field-based operations before pursuing an opportunity at our home office in Bensalem, PA, which led to my current role.

The time I spent in the field was invaluable to my professional development and to shaping me as a leader. More than anything, I gained a deep appreciation for the unique setting of a skilled nursing facility. As challenging as it can be, there are so many opportunities to find warmth and inspiration in our team members who go beyond, in daily interactions with residents and their families, and in our clients — the administrators, nurses, department heads, and other folks providing care.

The most meaningful work we do happens within the four walls of each community we serve, so having an appreciation for the hard work our people put in every day has stayed with me and impacts the decisions we make in every way.

Q: What did you see as the greatest opportunity when you assumed the role of CEO?

A: First and foremost, I saw the opportunity to lead and support our 35,000-plus team members as a very special charge, and I still do. At the time of my transition into

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the role, I was mindful to honor our accomplishments of the past, but committed to always looking forward, not being afraid to initiate change.

That meant refusing to let HCSG stagnate and instead, fostering a culture of innovation that would enable us to withstand any future inevitable market shifts, whether they be regulatory, staffing or economic. We had to evolve to continue to lead and ensure that our priorities would position us as a trusted, durable client-partner into the future.

Q: You mention innovation. That's not necessarily a word people think of when they think of an environmental services and dining company.

A: Maybe not, but we sure do! Of course, advancements in technology are happening at a rapid pace. We aim to be ahead of the curve in the industry by piloting and adopting new operational technology. We leverage technology across every aspect of our business — from AI-enabled recruiting tools to menu management to floor care.

These investments free our managers from administrative tasks, allowing them to dedicate more time to the human elements of our business — coaching our people and directly interacting with patients and residents.

But even more impactful than technology have been our innovations in employee engagement. We invested in studying the views of our employees across all roles within the organization to really understand how they viewed the company and their connection to it. There were some powerful findings along with opportunities for improvement.

We've prioritized finding ways to better communicate and connect with our team members. We use our time clocks for on-shift messaging, a company intranet, and a proprietary app to better engage with our employees, meet them where they are, and share their stories, wins and successes throughout the organization.

We have more inspired and better-connected employees than ever, and the data backs that up. Our engaged team members are having a more positive impact on the resident experience — and that's certainly our most important job.

Q: That's interesting. Most people might think of HCSG's role as simply focused on "clean or dirty," or in "getting meals out on time."

A: I hear you, but for us, that's the price of admission. We've refined and enhanced our operational systems over the past five decades, and we will continue to adapt them to an ever-changing environment. Our value proposition is to deliver improved outcomes for our clients.

Systems adherence is critical for us and should yield regulatory compliance. Acting as financial stewards on behalf of our clients is a responsibility we take extremely seriously. When we're hitting all those marks, we should deliver a superior customer experience. For us, "customer" means our clients, the administrators and staff in the facilities, and especially the patients, residents and their family members.

Having well-trained and supported team members in every role enables us to deliver on those priorities, so our clients can focus on caring for patients and residents.

Q: So what do the next 50 years look like for you and for HCSG?

A: Well, I certainly doubt I'll be here for another 50 years, but I have no doubt we are building HCSG into as trusted and valuable a client-partner as you will find in long-term and post-acute care!

We will continue to invest significant resources in service excellence and technology, and in unlocking ways to further empower our team members to reach their full potential. I hope every team member knows how much I appreciate them, their grit and what they do every single day.

By continuing to empower our people, I know we'll be able to deliver a successful future for the organization! ■

To learn more, visit
www.hcsg.com

CALIFORNIA

Providers urge state to restore incentive payments for workers after OBBBA leads to cut of popular program

A coalition of skilled nursing providers and union members rallied in May to urge California lawmakers to restore a critical quality incentive pool for nursing homes.

Gov. Gavin Newsom (D) cut the program short after offering workforce, clinical quality and equity incentives for just two years. The Workforce and Quality Incentive Program had initially been expected to pay out $280 million annually through 2026.



Cassie Dunham, CEO & President of the California Association of Health Facilities, speaks at a May 7 rally.

Photo: Support Skilled Nursing Patients Coalition

But last year, the program fell victim to a budget deficit that exploded to $12 billion following the federal government's passage of the One Big Beautiful Bill Act.

While money will be paid out this year for WQIP criteria met in 2025, there will be no payments for 2026 achievements without a change to the 2027 state budget.

Support Skilled Nursing Patients, a coalition pushing for the incentive program's return, said that more than 100,000 caregivers had relied on WQIP-supported staffing, training and retention programs.

MIDWEST

'Happy hour' bill allows easier drinks

MINNESOTA — Long-term care facilities can now legally serve alcohol at events without a special license.

A provision clarifying licensing requirements — nicknamed the "Grandparents' Happy Hour" — was included in a larger bill focused on liquor rules and regulations throughout the state. Gov. Tim Walz (D) signed the bill in late April.

Nursing homes can now serve alcohol to residents and guests during organized events and activities without having to hold a liquor license. Facilities must provide notification to the state and comply with state Department of Health and Centers for Medicare & Medicaid Services regulations on food safety and storage.

"Living in a nursing home shouldn't mean you have fewer freedoms than anyone else," Ben Hansen, director of communications for LeadingAge Minnesota, told *McKnight's Long-Term Care News*.

SOUTH

State association's nurse training shines

ARKANSAS — The country's first nurse training school run by a state provider association launched last year and already has posted eye-popping numbers. The first class of higher-level nurses to enter the Arkansas Health Care Association's School of Nursing boasted a nearly 92% graduation rate, officials said.

AHCA worked with member facilities around the state to promote its nursing program at three locations: Jonesboro and Rogers, which graduated 21 students each; and Little Rock, which graduated 24 students, all in April.

"This program is the first of its kind in the nation and was built on a simple idea: Create a pathway for people already working in long-term care to grow into nursing roles without leaving the workforce," association President Rachel Bunch told *McKnight's*.

The graduates were all certified nursing assistants when they enrolled. They have now received the medication assistant certification and completed the licensed practical nurse program. Half of the graduates also have passed the National Council Licensure Examination.

Students are nominated by their employers to begin a competitive admission process that is weighted based on years worked in long-term care, ACCUPLACER scores and recommendation letters. Students continue working part-time while attending the 10-month program.

Some 113 enrollees — a 60% increase — have been admitted to the second cohort, program officials announced.

WEST

Hospitals caught keeping SNF funding

UTAH — A state audit published this spring blasted hospital entities for retaining nearly half a billion dollars that state officials said was intended to support nursing homes.

Several municipal entities affiliated with hospitals and skilled nursing facilities were accused of keeping federal money drawn to the state through local spending in the Upper Payment Limit program. Eighty of the state's 98 nursing homes are in the program, through which the municipal entities filter money back to healthcare businesses under their umbrella.

The UPL facilities are owned by the non-state government entities and managed by senior living groups they contract with.

While not all of the funding drawn down has gone to nursing homes, Utah Health Care Association President and CEO Allison Spangler said most still does. The state pays about $100 less per day for Medicaid residents than the cost of care, making extra revenue obtained through the UPL critical.

"These resources are essential to maintaining access to care for Utah's growing frail and elderly population," said Spangler, noting strict regulations and standards tied to quality, reporting and the appropriate use of funds.

While administrative fees are usually in the 1% to 3% range, Utah's auditor said those entities were keeping 51% for management costs, though the audit did not explicitly say where the dollars went.

Spangler said the NSGEs receive "a portion of funds, including reimbursement for their up-front contributions and for program administration. These funds have also been used to strengthen healthcare delivery, particularly in rural communities, and to support facility improvements that enhance patient care."

Auditor Tina Cannon, however, was highly critical of the nearly $472 million the three hospital-affiliated entities running the program kept between 2016 and 2024. She called for stronger program monitoring by the state's Department of Health and Human Services.

"This money is intended to be used in nursing facilities, not as administrative fees," she said. ■



ASK
The Legal Expert

Norris Cunningham, Esq.
Member
Stoll Keenon Ogden, PLLC

Q: CMS is launching yet another audit of SNF pharmacy services related to opioids. Why, and how, can SNFs protect themselves?

A: The Office of Inspector General recently updated its work plan to include a Centers for Medicare & Medicaid Services audit to ensure skilled nursing facilities are complying with regulations to prevent the overuse of opioids by residents, and to see if SNFs have effective internal controls to prevent misuse or diversion.

There is little doubt that pharmacy services are well-trodden ground for regulators. However, the OIG noted that almost half of nursing homes nationwide were cited by state survey agencies for deficiencies in pharmaceutical services during recent complaint and annual surveys. A sizable portion of those were related to mismanagement, including drug diversion.

That prevalence, coupled with an at-risk patient population of more than 157,000, certainly justifies the additional scrutiny.

SNFs are required to provide pharmaceutical services utilizing effective internal controls to assure the safety and accuracy of all drugs acquired, received, dispensed and administered. The risk of drug diversion is present along that entire continuum. Appropriately, SNFs have devoted a great deal of energy to related education and training.

Comparable efforts should be directed toward policy enforcement, auditing and monitoring. Facility leadership should ensure there are clear policies and procedures regarding shift-to-shift counts, medication handling and waste documentation. Leaders also should ensure any discrepancies in procedures or documentation are treated as suspected diversion and investigated as such.

Regular internal reviews and third-party audits should be used to assess and monitor compliance. This is one area where SNFs primarily hold the keys to their success.

Please send your legal questions to Norris Cunningham at ltcnews@mcknights.com.

Sens. aim to deny Medicare to PE-backed nursing homes

BY JOHN ROSZKOWSKI

Legislation that seeks to ban Medicare funding to private equity firms that own nursing homes and hospitals appeared to be gaining momentum among federal lawmakers.

A bill sponsored by US Senators Chris Murphy (D-CT) and Mary Gay Scanlon (D.-PA) would effectively ban private-equity ownership of nursing homes and hospitals by making them ineligible for Medicare funding. Currently, more than 400 nursing homes and hospitals in the US are operated by private equity firms.

Legislation sponsors contend that private equity firms have put profits over patient care when acquiring healthcare facilities, routinely slashing services and staffing and charging patients more while degrading the quality of care.

"My legislation would get these firms out of healthcare and allow hospitals and nursing homes to put care first," Murphy said in a news release.

But nursing home advocates say blanket criticism of private equity in long-term care is a red herring.

Only about 5% of nursing homes are run by private equity firms and PE acquisitions have been declining for nearly a decade, said Michael Bassett, senior vice president for government relations for the American Health Care Association/National Center for Assisted Living.



Photo: Anadolu/Contributor/Getty Images

Sen. Chris Murphy (D-CT) is a lead bill sponsor..

"Focusing on private equity in long-term care has become a distraction from the real issues that impact the majority of providers, like chronic Medicaid underfunding and a growing caregiver shortage," he told *McKnight's Long-Term Care News*.

Meanwhile, some states have also proposed legislation to rein in private equity in long-term care. A Minnesota bill would prohibit private equity owners that have been convicted of crimes or have been subjects of civil litigation from buying or operating additional facilities in the state. ■

Group calls for better LTC access for felons

BY JOHN ROSZKOWSKI

The ACLU of New York has accused nursing homes in the state of "widespread discrimination" against individuals with previous criminal convictions.

The ACLU chapter and the Parole Preparation Project sent a letter to New York health officials in March urging them to "remind nursing homes of their obligations to operate free from discrimination, including discrimination against people with felony convictions and criminal justice involvement."

ACLU of New York Supervising Attorney Daniel Lambright said many New York nursing homes deny admissions to individuals because they are on parole or have past criminal convictions. The practice, he argued, disproportionately affects Black and Hispanic individuals because of racial disparities in the criminal justice system.

"This is not a bad-apple problem, this is a widespread thing among nursing homes," he told *McKnight's Long-Term Care News*.

Lambright said the ACLU would consider litigation against nursing homes whose policies prohibit admissions of individuals solely based on past criminal convictions, even if they don't pose a danger to others.

The New York State Health Facilities Association denied nursing homes have blanket policies against admitting patients with past criminal records. But "it is also important to recognize that nursing homes serve a particularly vulnerable population, and facilities have a responsibility to ensure the safety and protection of the residents in their care," NYSHFA said in a statement. ■

Company BRIEFS

» **Aria Care Partners** grew its dental and vision care by approximately 200 skilled nursing facilities in Georgia and Alabama through its acquisition of Sanford. Aria acquired Sanford Dental, Sanford Vision and Dynamic Mobile Dentistry (collectively known as Sanford) which expands the company's reach in the Southeast US. Aria works with more than 3,000 SNFs nationwide, offering dental, vision, audiology, and podiatry services. Aria will retain Sanford's providers and other client-facing staff for continuity of care.

» **SafeSpace Global** has successfully installed its artificial intelligence technology that replaces wearable devices with proactive safety measures in several SNFs and assisted living facilities in Kentucky and Florida. Providers pay a monthly fee for a platform that can detect elopement and falls in real time through the use of cameras and biometric systems. SafeSpace Global can layer its technology into a facility's existing security hardware; residents are given the option to opt out of in-room cameras.

» A committed purchasing program from **Skil-Care Corp.** will alleviate margin pressure for long-term care providers in the HPSI Purchasing Services network. The initiative offers price stability, standardization and potential cost savings on safety, positioning and fall-management products. Skil-Care is currently the only contracted supplier in its category participating in the HPSI Plus committed structure.

» **Tarkett** has added 85 soft-surface flooring options to its QuickShip program, which delivers the products within five business days. The curated QuickShip collection is designed to work together functionally and aesthetically. Orders as large as 1,500 square yards or as small as one carton of carpet tile or five square yards of Powerbond hybrid carpet can be shipped anywhere with a one-week lead time.

» **Allina Health**, a large nonprofit health system serving Minnesota and Wisconsin, teamed with **Real Time Medical System** to launch the analytics provider's AI-driven platform at more than 40 skilled nursing facilities. Allina and the nursing homes will gain live access to post-acute clinical care data that enables early detection of changes in a patient's condition and targeted strategies to help prevent unnecessary hospitalizations.

New census management tool streamlines occupancy

BY JESSICA TOWHEY

Olio has launched a one-stop dashboard for skilled nursing operators to keep better track of their patients and plan ahead.



A discharge calendar added to the platform helps providers plan for and fill open beds.

The innovative Census Management dashboard gives skilled nursing facilities a shared and accurate view of projected discharges, including dates, locations, payer information and live referral status through a Discharge Calendar.

The technology transforms census data into a holistic view of the facility's occupancy, indicating where dips, surges and openings will impact top-line and margin performance. By using these tools, providers can avoid costly overstaffing and prevent margin-eroding understaffing.

"We saw that skilled nursing teams needed a view of their discharge data that helps them make better decisions, faster," said Olio CEO Ben Forrest. "This new Census Management capability delivers transparency into how discharge patterns are directly influencing SNF revenues."

Census Management underwent a soft launch in February with Ignite Medical Resorts, which uses Olio to coordinate admissions and patient care across nearly 30 facilities in Illinois, Indiana, Kansas and Missouri. The Discharge Calendar was developed out of this relationship.

"Now our SNF nursing, admissions and operations teams are all working from the same information and can see what's coming," said Erica Dewan Kelly, senior vice president for Care Transitions at Ignite Medical Resorts.

"This gives us better referral coordination and more control over our census without creating more work."

The Discharge Calendar and Census Management dashboard shifts nursing homes away from relying on spreadsheets, phone calls and faxes so they can better coordinate across entire teams and facilities as well as anticipate revenue at risk, plan strategically for fluctuations, and tune staffing to demand, officials said.

Olio manages referrals and provides 31 days of post-discharge tracking. The company claims its methods of streamlining communication between care teams and improving visibility lead to a 39:1 return on investment. ■

CenTrak unveils safety and tracking tech

BY JESSICA TOWHEY

Real-time monitoring and discreet safety alerts for long-term care patients were among the technologies unveiled by CenTrak at a recent industry conference.

The company, a leading healthcare IT provider for real-time location systems and Internet of Things , showcased its products during live demonstrations at the Healthcare Information and Management Systems Society conference held n Las Vegas, NV, in mid-March.

The demonstrations highlighted cross-platform innovations designed to help facility staff translate data into real-time insights for staff safety, patient protection and operational performance.

"Our goal is to provide a single, comprehensive platform that gives healthcare teams the confidence and clarity they need to focus on what matters most, delivering high-quality care," said CenTrak Chief Commercial Officer Crystal Ryan.

Among the new products that debuted were the CenTrak Safety Bracelet, a wearable device similar to a watch the provides continuous monitoring of patients at risk of wandering off, and Next-Generation BLE Sticker Tags, which are ultrathin and disposable tags that can be affixed to electronics and devices owned by patients and visitors.

CenTrak also revealed AI-Enhanced Assets, an AI platform that deciphers real-time data trends and patterns to optimize facility workflows, reduce inefficiencies and improve operations. ■

Photo: Solskin/Getty Images



The 'Academy Awards' of long-term care

Ousley tops list of 33 luminaries lighting up the 2026 *McKnight's* Pinnacle Awards

BY KIMBERLY MARSELAS

The *McKnight's* Pinnacle Awards hit New York this year, shining the bright lights of Broadway on 33 of the long-term care sector's best leaders and most devoted team members.

They ranged from a long-time retirement community driver known for building lasting relationships with residents to Mary Ousley, the former American Health Care Association board chair lauded for championing quality and opening doors for other skilled nursing professionals over a nearly 50-year career.

In a powerful speech tracing her roots from growing up a coal miner's daughter in Kentucky to working the halls of Congress, Ousley continued to tout the promise of caring for the nation's aging and most vulnerable populations.

"I wanted to have a career that everyone would understand that nursing centers are not a place to die," the 2026 Career Achievement winner said. "They are a place to live with dignity, respect and quality of care."

Now president of her own consulting company and chief strategy officer for PruittHealth, Ousley called the *McKnight's* Pinnacle Awards "the Academy Awards of our profession."

While acknowledging a senior care choice is "not easy" for anyone, Ousley thanked the many teams that had helped her develop and thrive as a leader, including at AHCA, where a national quality award is given annually in her honor.

Ousley credited a long-ago resident in her 90s for inspiring her to turn what she thought was a short-term stint in a nursing home into what became a remarkably important and influential career.

In addition to the Career Achievement Award winner, 32 others who work in senior living, skilled nursing or home care were celebrated across seven award categories. All honorees are industry veterans with at least 20 years of experience in their chosen fields. They were selected by a national judging panel from submitted nominations.

New this year

After three years in Chicago, the live Pinnacles celebration moved to the Edison Ballroom and Rooftop, located in Manhattan's Broadway District.

Also new this year was the *McKnight's* Pinnacle Summit, which featured educational panel discussions on workforce, risk management and value-based care. The daytime sessions preceded a cocktail party with views of the city and theater district, a formal dinner and awards presentation.

Scott White, former CEO and current board chairman of healthcare real estate company Invesque, delivered a keynote speech. He is partner and coach at CEO Coaching International, as well as author of the 2022 book, "The Life Is Too Short Guy: Strategies to Make Every Day the Best Day Ever."

White shared principles from his book, including

Pinnacle Awards and Forum Outtakes



"I challenge each and every one of you today that are far younger than I am: We've come a long way on this journey that I've tracked over this 40 — more like 50 — years, but we have a long way to go. So just keep doing what we've been doing, and keep making sure that challenge stays real and live and continues to move forward."

- Mary Ousley, Ousley & Associates president and 2026 Career Achievement winner



"I would like to think that we'd be in a world where it's the patients deciding the quality of care we provide. All the time, we hear about the measurements, the markers. When does the patient outcome ever really come into any of those measurements?"

- Rick Foley, Omnicare lead director, 2026 Forum panelist



"Medication management and medication reconciliation is a big concern. We know that it is one of the top reasons for rehospitalizations or unnecessary hospitalizations. ... Staff will become part of your risk management strategy. Think about how [they] can be engaged."

- Lisa Thomson, Pathway Health COO, 2026 Marketplace Influencer winner and forum panelist

Nominations for the 2027 Pinnacles program will open in the fall. Stay tuned to mcknightspinnacleawards.com, *McKnight's newsletters and social media for additional information on nominations and in-person events.*

Photos: Erica Berger Photography

the power of positivity.

"Keep your thoughts positive, because your thoughts become your words. Keep your words positive, because your words become your behaviors," he advised. "Keep your behaviors positive, because your behaviors become your habits. Keep your habits positive because your habits become your values. Keep your values positive because your values become your destiny."

In memoriam

In a poignant moment, *McKnight's* honored G. Scott Herman, founder and CEO of home health, hospice and personal care firm New Day Healthcare. Herman died in February, little more than two months after his Pinnacle Award achievement was announced, following a battle with cancer.

Several colleagues and members of his family attended the awards ceremony. Accepting the honor in his place were his wife, Kim, and New Day's Chief Administrative Officer Lester Simmons.

"By all accounts, Scott Herman was the kind of guy you wanted to work with — and work for," said event host James M. Berklan, executive editor of *McKnight's Long-Term Care News*. "Hailed as a 'champion of home care' and a 'transformational leader' by sector giants who would know, Scott Herman was a rare blend of leadership and compassion, of excellence and gusto."

Moving moments

Andy Lipps, a veteran driver with Life Enriching Communities, was a crowd favorite. The second-to-last winner honored in the evening ceremony, Lipps joyfully hoisted his statue above his head and basked in raucous applause in a well-deserved moment of recognition.

Earlier in the night, Ousley noted that she is working part-time now. That enables her to spend more time with her children, grandchildren and great-grandchildren. She noted she also is counseling the next generation of leaders who will succeed those preparing to retire.

"I kind of think that's one of my most important jobs," she said. "Certainly, it has been the honor of my life to move into this mentor role."

Reflecting on her career, Ousley said: "It never felt like work to me. It wasn't just a job. Every time that you, and maybe others, gave me the opportunity to represent our profession, I loved it. I was scared. I was intimidated. I was all of those things. But I was also proud, very proud, to talk about the importance of what we do."

Sponsors of the 2026 *McKnight's* Pinnacle Awards included the New York Chapter of the American College of Health Care Administrators, BHI, Connexall, eCap, Everest Management Solutions, GEM Enrollments, LI Script, Kare, Navigator Group Purchasing, Omnicare, RSF Partners, Smartlinx and TapestryHealth. ■



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Photos: Erica Berger Photography

1) From left to right, *McKnight's* Senior Editor Kimberly Marselas, Connexall's Jan Capps and Pathway Health COO and 2026 Pinnacle honoree Lisa Thomson discuss risk management during the educational forum. 2) Keynote speaker Scott White, former CEO and current board chairman of Invesque, delivers remarks in his "Life is Too Short" presentation. 3) Lowell S. Feldman, CEO and founder of The Lowell Group, picks up his 2026 Agent of Change award. 4) *McKnight's* Executive Editor James M. Berklan presents 2026 Career Achievement Award winner Mary Ousley with her trophy. The current consultant and PruittHealth chief strategy officer reflected on her remarkable 40-plus years in skilled nursing, including time as influential AHCA board chair. "We did not select the easiest profession," she said during a moving acceptance speech. "But whether you chose it, or it chose you, gosh how rewarding it is." 5) Life Enriching Communities driver Andy Lipps was second-to-last to accept his award, but received an exuberant standing ovation. 6) 2026 Thought Leader Award winner Napoleon Shaw Jr. enjoys the pre-banquet cocktail hour with colleagues, including 2022 *McKnight's* Women of Distinction Hall of Honor inductee Demetress Harrell (far right). 7) The 2026 class of *McKnight's* Pinnacle Awards winners pose for a group photo.

How to do it...

Keep residents secure in an emergency

BY JESSICA R. TOWHEY

Emergencies ranging from severe weather to power outages to security threats will inevitably happen. Long-term care providers are increasingly being tested on their ability to protect resident health *and* resident safety when it matters most. Our experts offer insights to ensure success.

"The biggest mistake communities make is assuming their emergency plan will work simply because it exists on paper."

1 Resident mobility is a key differentiator in responding to an emergency in nursing homes, as opposed to schools, office buildings or other facilities. Mobility limitations, hearing impairments and cognitive conditions can influence how someone reacts during an emergency.

"In senior living, emergency planning has to reflect the realities of the residents," says Scott Wede, senior living business development manager for Kings III Emergency Communications.

Lisa Thomson, chief operating officer for Pathway Health, says residents are typically dependent on their caregivers and other staff during a crisis.

"Emergencies in long-term care settings require a different level of preparation because residents often rely on staff for mobility, medical care and decision-making," she says. "Protecting resident security during an emergency really comes down to preparation, clear responsibilities, and keeping residents' dignity and safety at the center of the response."

2 Role clarity can be the difference between a safe, effective evacuation and one that feels chaotic. While operators must develop emergency plans to comply with state and federal regulations, designated staffing roles can reduce the chaos.

Centers for Medicare & Medicaid Services emergency preparedness regulations and Appendix PP emphasize that facilities must plan not just for evacuation or sheltering in place, but also for maintaining resident safety, privacy and continuity of care, Thomson says. And the specific planning must begin with making sure staff understand their roles before an emergency happens.

"During drills and training, staff should know who is responsible for specific units, who is assigned to account for residents, and who manages communication with leadership, families, and emergency responders," Thomson stresses.

"Preparedness really comes down to clarity and practice," Wede says. "When staff understand their responsibilities and regularly test emergency procedures, responses tend to be faster and more coordinated."

3 Regardless of title and daily responsibilities, all staff must know how to respond in an emergency.

"Knowing where fire doors, refuge areas, evacuation routes, and emergency equipment are located can make a significant difference when seconds matter," Thomson notes.

"Staff need to know residents' capabilities during an emergency — mobility, cognitive level, medical conditions, those requiring specific medical equipment, also special populations [requiring] vents, bariatric care. ... Those factors all play an important role in staff maintaining the safety of the residents during an emergency."

4 Viewing technology as another emergency preparedness resource adds to a facility's toolkit. Wearable alerts, electronic health records with secure remote access and resident location systems that help staff quickly account for individuals should be incorporated into the playbook, Thomson says.

But technology goes beyond medical equipment. Communications backups must be in place so staff can act quickly and decisively when conditions change, especially during severe weather that can disrupt power, phones and internet.

"Secure electronic records, controlled access to units, and clear procedures for safeguarding medications and personal items help maintain resident dignity even during disruption," Thomson explains.

5 Plans set out on paper are just that – paper plans. They turn into emergency preparedness routines when they are practiced.

"Regular drills help staff practice these responses so they can act calmly and efficiently during situations such as severe weather, fires, or power outages," Thomson points out.

Wede agrees that hands-on practice is necessary.

"The biggest mistake communities make is assuming their emergency plan will work simply because it exists on paper," he says. "The real test is whether staff know their roles and can execute the plan under pressure. Mobility limitations, hearing impairments and cognitive conditions all affect how people respond during a crisis." ■

Mistakes to Avoid

- Overlooking residents' mobility, cognitive or medical needs
- Relying on informal communication or outdated emergency plans instead of clearly defined and practiced protocols
- Not planning to secure resident records, medications and belongings during an emergency leading to evacuation

The Big Picture | Surviving future whistleblower lawsuits

As of this writing, an appellate court was expected to rule at any time in a major whistleblower case.

The decision could reshape how the False Claims Act is enforced and might even reach the Supreme Court.

For nursing facilities long burdened by these cases, optimism is understandable. But caution remains warranted.

The case, *United States ex rel. Zafirov v. Florida Medical Associates*, examines whether private whistleblowers can pursue fraud claims on the government's behalf. In 2024, a District Court said no.

Does that translate to less trouble for providers? Depends on how you define "less trouble."

Even if courts continue to limit qui tam actions, enforcement won't disappear — it will simply take a more deliberate, targeted form. Frivolous claims may persist, but when cases do move forward, the stakes will likely be higher.



"Your employees are the canaries in this particular coal mine."

JOHN O'CONNOR
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In practical terms, your exposure won't hinge on who files a case. It will depend on whether your billings align with your documentation — and whether that documentation accurately reflects the care delivered.

That sounds straightforward, but many operators know how quickly operational challenges can gum up the works.

Staffing gaps, delayed charting, and MDS upcoding — even if no harm is intended — can all create problems. Small errors or inconsistencies can still draw scrutiny and raise unexpected questions. Put more bluntly: Claims problems start in your building, not the courtroom.

What will continue to matter most is how your operation holds up under scrutiny — documentation that stands on its own, internal concerns addressed and recorded promptly, and a compliance program that functions in practice, not just on paper.

And here's some more free advice: Listen to your staff. Whatever happens to whistleblower law, your employees are the canaries in this particular coal mine. Ignored concerns don't vanish — they fester.

None of this is easy. It takes time, discipline and relentless attention. But it's the part you control.

So the real question isn't what the courts will decide. It's simpler: If someone looked closely at your facility tomorrow, would everything line up the way it should?

Because whatever changes come, that's the standard you'll still be held to. ■

Read O'Connor's blog each Monday at www.mcknights.com.

Things I Think | The fax gets the ax

Goodbyes are never easy. But this one is really going to hurt.

By divine decree of the Centers for Medicare & Medicaid Services, the epoch of the fax machine in long-term care will end in 2028. To which I say, "Noooooo! Please don't do this!"

I've already lost my Rolodex, carbon paper, floppy disks, IBM Selectric typewriter and vial of Wite-Out (page me if I've missed anything). So please, please, please don't take my fax machine. That anachronistic little device is about all that's left of the world that was. Perhaps perversely, I'm actually going to miss the paper jams and misalignments, the solid black vertical ink streak, the hideous screech of an attempted connection, the way a vital fax document would sometimes curl up, fall to the floor and roll unobserved under a nearby desk, thus giving me a few vital minutes head start to avoid the evil thugs who are trying to kill me. No wait, that was Tom Cruise in the movie "The Firm." Sorry, I get the two of us confused.

Unlike my lingering romantic affection for this imperfect technology, many folks in long-term care will feel only relief. And rightly so.

Every day since the 1980s, you've experienced the frustrating worst of it, the dropped calls, wrong numbers and busy signals, and especially the uncertainty of never knowing for sure whether vital information is even getting through, or if care is being compromised. You'll probably mutter a well-deserved, "Good riddance," and move on.

I'm sure that in some offices or industries, these devices will survive indefinitely, rows of antiquated machines beeping like soldiers in a remote jungle who haven't heard that the war ended. But the painful truth is: It's over. Which raises an inevitable question: How are you going to communicate the reality of imminent demise to your innocent and oblivious fax machine?



GARY TETZ
McKnight's Long-Term Care News
Columnist and blogger

The conversation is bound to be unpleasant, and it would be tempting to just send it a fax and avoid the pain of direct confrontation. But I urge you to show some humanity.

On the day of its appointed demise, you should sit down on the same level as your fax machine, look deep into its modem, slowly caress its paper tray, and whisper words of calm reassurance as you slyly remove the plug with your other hand.

All while keeping in mind that with the fax getting the ax, and the AI robots gathering, you could definitely be next. ■

Things I Think is written by Gary Tetz, a national Silver Medalist and regional Gold Medal winner in Humor Writing in the American Society of Business Publication Editors (ASBPE) awards program.

Editor's Desk | This provider bid for ACO relevance faces uphill roll

Not too long ago, I went to write about a group's suggested policy change and a turf war broke out. Luckily, no cuts, bruises or scrapes resulted. But if they had, we would have been well equipped because physicians were on one side of the battle lines.

The other side was occupied by none other than the largest nursing home association in the US, the American Health Care Association. It had the temerity to push forth an updated white paper that said the feds should create an ACO program that's more focused on skilled nursing and long-term care interests.

LTC operators say let those who are most intimately familiar with the day-to-day existence of these needy elderly folks — namely them — run the show.

There's an extra bit of opportunity, insiders say, since the current administration seems particularly focused on addressing the high-needs crowd. Build a track within the developing LEAD model or create an entirely new model, the AHCA/NCAL workgroup urges.



"Not so fast, say the stethoscope wielders."

JAMES M. BERKLAN
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A facility-based attribution approach is needed to prevent residents from improperly falling out of the high-needs bucket necessary for so many needy patients, the argument goes. In general, skilled nursing and assisted living providers are best to address proper care responsibilities. That's the way to step up to the plate ...

But not so fast, say the stethoscope wielders. Keep physicians leading care for long-term care patients within MSSP and other existing models, physician representatives say.

AHCA views its recommendations as tweaks to help save Medicare $2 billion or more per year, physician groups see them as a "massive policy shift" deserving of all their resistance.

While the Post-Acute and Long-Term Care Medical Association may not strike fear into the hearts of providers or policy makers, the American Medical Association and the National Association of Accountable Care Organizations would bounce the needle higher, for sure.

As if having physicians gathering at the door isn't enough reason for pause, other implications may be. If nursing homes were to get their way, hospitals — also minus "patient-facing clinicians" — are likely to follow suit, an expert warns.

I'm not here to say long-term care providers' wishes are either off-base or unwise.

Just that when the competition starts wielding scalpels and hospital deeds, it's a different kind of fight. ■

Having My Say | Shaken up, not stirred: The new EEOC's trip to the 1950s

A team-building event for female employees of a Coca-Cola distributor way back in 2024 probably went a long way toward strengthening workplace culture and promoting loyalty among women, who comprise a small minority in their line of work.

For its effort, the company can now enjoy a lawsuit from the US Equal Employment Opportunity Commission, an agency vastly changed from the one in place just two years ago.

The March lawsuit is a cautionary tale for LTC, an industry deeply invested in championing women in leadership and creating diversity programming that aims to open careers to nontraditional or overlooked groups.

As Duane Morris attorney Gerald Maatman told the Washington Post, "The world has changed." The detail that demonstrates to me just how extreme a stance the EEOC is taking is this one from the newspaper's coverage: Coca-Cola Beverages Northeast notified all 11 of its unions about that first women's event. None of them objected, but the new EEOC did.

The Coca-Cola case is far from resolved, but its existence alone should change how skilled nursing providers think of equity and inclusion programming. The key, Maatman says, is ensuring that mentoring or training opportunities are "open to anyone and offer an equal opportunity to participate."

At least until the case shakes out — or agency control changes — that means fostering programs that build up women (or other groups) but let others opt-in too. Of course, many provider programs already do that.

But forcing all events to be open to both genders forgets the generations of men who have shut women out of the meetings, golf course functions and other face-to-face events that often make deals (and promotions) happen. For a federal agency to reject employers' efforts to combat decades of distrust and discrimination is disgraceful.



"Tread carefully into this new dimension."

KIMBERLY MARSELAS
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Fortunately, skilled nursing has a reputation for creatively supporting its people. I've heard countless women point to male mentors who have helped them climb clinical and corporate ladders. Men and women in roles of influence need to step up even more now to ensure that employees feel embraced and empowered, under the cautionary advice of Maatman and other legal experts.

Tread carefully into this new dimension, but please, keep treading. ■

McKnights

TECH AWARDS + SUMMIT

2026

The *McKnight's* Excellence in Technology Awards are back!

The *McKnight's* Excellence in Technology Awards recognize the innovations and practices that enhance care and contribute to the bottom line. Highlight your leading-edge technology and its positive impact on the aging services sector.

Extended deadline: **June 23**

Scan here to submit your nomination

Focus On BRIEFS

» KARE launches free scheduling platform

KARE this spring introduced NASTi (Not Another Staffing Tool), a free scheduling and time-and-attendance platform aimed at solving persistent workforce management challenges in senior living. Designed to replace costly, slow-to-implement legacy systems, NASTi can be deployed in under two hours and focuses on preventing labor issues before they occur.

Built on a "rules before reports" model, the platform allows administrators to set guardrails for overtime, shift swaps and staffing levels. It enforces them in real time rather than flagging problems after the fact.

KARE executives say the goal is to give operators immediate control over labor costs and reduce reliance on retrospective reporting.

Key features include geo-located clock-ins to reduce time theft, flexible shift management for staff, and scalability across single sites or entire portfolios. By eliminating licensing fees and lengthy implementation timelines, KARE positions NASTi as a practical, cost-saving alternative for operators seeking more proactive labor management.

» Viventium acquires Apploi to launch National Healthcare HCM Platform

Viventium has acquired Apploi to create a nationally scaled, healthcare-exclusive, human capital management platform designed specifically for post-acute and long-term care providers. The deal combines Apploi's recruiting, credentialing and onboarding capabilities with Viventium's payroll, HR and workforce management systems.

The combined solution manages the entire employee life cycle, from job application to payroll while supporting compliance and operational efficiency.

"We are providing thousands of providers with the visibility and operational speed they need to manage their entire workforce, from clinical staff in the field to administrative teams in the office," said Viventium CEO Navin Gupta.

Serving providers across all 50 states and supporting hundreds of thousands of healthcare workers, the platform aims to help organizations address staffing shortages, reduce administrative burden and improve workforce stability.



Photo: Jacob Wackerhausen/Getty Images

Tech integration, not hype, key to workforce solutions

Operators urged to unify systems and apply AI strategically to improve hiring, retention and care delivery amid persistent challenges

BY JESSICA R. TOWHEY

Technology should be viewed as an assistive partner that helps automate tasks so staff can stay focused on providing care in the face of persistent workforce development and retention challenges, experts say.

Most skilled nursing and senior living providers have cobbled together disconnected systems instead of creating unified, consolidated platforms, noted Rossmary Gil-Tian of payroll and HR solutions provider Viventium.

She said advanced technology systems that bring recruiting, onboarding, time, payroll and compliance operate under one umbrella and can give leaders real-time visibility into staffing coverage gaps and regulatory risk before they become survey deficiencies.

"Every minute a clinician spends navigating disconnected systems is a minute away from a resident," Gil-Tian added.

AI platforms may sound cool, but their effectiveness as a tool depends on the users, cautions Charles Turner, CEO of KARE, an app-based hiring platform.

Gussying up ineffective services — such as using a "cute" puppy avatar to make a bot more attractive — doesn't do much to move the needle unless it is coupled with training and utilization, he said.

"I know there is a rush right now to figure out how AI plays in our space," Turner said. "If team members were not asking questions of the data before using your company's business intelligence system, what makes you think they will want to ask questions to your puppybot? While exciting, the utilization of this kind of effort is not proving itself out."

The more forward-thinking leaders in the AI space for long-term care are those who recognize how best to integrate the platforms into operations, experts agree.

"A better use of AI is to incorporate a multitude of variables such as resident acuity, resident needs, staff preferences, staff performance, budget and EHR data to build schedules, workflow and staff satisfaction," Turner said. "This is where we are starting to see some inroads where more sophisticated operators realize that technology does a better job than humans. It is hard for a human to consider all of the variables, but a good AI model can." ■

Focus On BRIEFS

» Hybrid model boosts margins, outcomes

A new hybrid therapy model in skilled nursing facilities blends in-house therapy teams with external clinical and operational oversight to improve financial and clinical performance. Developed as an alternative to traditional contract or fully in-house models, Gravity Consulting's new model was based on a restructuring initiative across six nursing homes in Louisiana.

The hybrid model enables providers to retain more revenue while strengthening compliance, documentation and interdisciplinary coordination.

"When therapy teams are integrated into the clinical and operational structure — not operating separately — facilities are able to improve both outcomes and performance in a meaningful way," said chief operating officer Melissa Brown.

Early results show significant margin growth, reduced therapy costs and increased reimbursement. Within 12 months of implementation, the portfolio's therapy program margins increased from approximately $1.1 million to $2.6 million. During the same period, internal therapy-related revenues grew by 232%.

» Integrate Advantage unifies therapy, compliance, reimbursement strategy

Concept Rehab's Integrate Advantage is a unified service model that combines contract therapy, MDS consulting, and compliance support into a single, coordinated solution for post-acute care providers. Rather than relying on separate vendors, the model brings therapy, clinical programming, reimbursement strategy and regulatory oversight together under one partner, thereby improving alignment and reducing operational silos.

The approach emphasizes stronger communication, accountability and data-driven decision-making, aligning therapy and clinical programs with quality measures to enhance resident outcomes.

Integrate Advantage also said it incorporates real-time reporting, predictive analytics, and compliance-focused processes to help facilities improve quality ratings and maintain regulatory readiness. Overall, the model represents a shift toward a more integrated, strategic partnership designed to streamline operations, strengthen performance, and position skilled nursing organizations for long-term success, company officials said.



Photo: SDI Productions/Getty Images

Therapy's new mandate in protecting reimbursement

Reducing avoidable hospital readmissions requires a focus on safe discharge planning, mobility training and patient education

BY JESSICA R. TOWHEY

As nursing homes move deeper into value-based care, therapy departments are being asked to rethink how they can help protect and enhance facility revenue.

Under the Centers for Medicare & Medicaid Services Skilled Nursing Facility Value-Based Purchasing program, providers are evaluated on quality measures such as hospital readmissions, infection rates, staffing levels and turnover.

"Better clinical care drives value-based performance," said Melissa Brown, chief operating officer for Gravity Consulting.

Reducing avoidable hospital readmissions, she said, requires therapists to focus on safe discharge planning, mobility training and patient education. Strong therapy interventions also can directly influence functional gains that keep residents in the facility and out of the hospital, a key financial lever in value-based models.

This shift makes therapy's role less about minutes delivered and more about measurable patient impact. The transition also moves away from population-based metrics to more granular, patient-centered outcomes, said Renee Kinder, executive vice president of Clinical Services for Broad River Rehab.

"Therapists are uniquely trained to recognize subtle changes in function that often precede more significant medical events," Kinder said. "Early identification allows interdisciplinary teams to intervene sooner, stabilize health status, and reduce avoidable complications such as hospital readmissions, weight loss, falls, and loss of independence."

Teams that anticipate risk, intervene early, and demonstrate measurable improvement will help safeguard reimbursement, Kinder added.

Kim Saylor, chief growth officer for Concept Rehab and Engage Consulting, said therapists can proactively identify quality measure triggers, minimize residents' functional declines, strategize with MDS staff and drive improved discharge function score measures.

She added that therapy services, quality measures and discharge function scores are a recipe for success in SNF quality ratings, reimbursement, and consumer choice. ■



A Day in the Life

Over the moon: Lunar New Year events brighten provider's halls and families

Most often, New Year's festivities in the United States culminate with a ball drop. But when it came time to celebrate the 2026 Lunar New Year, the team at NYC Health + Hospitals/Gouverneur certainly did not drop the ball.

The 295-bed nursing home has been celebrating the holiday for more than two decades. True to form, this year's edition brought plenty of excitement, dancing and, of course, great food.

"We are located just north of New York City's Chinatown and many of the residents and patients coming for short-term rehab are from our community," NYC Health + Hospitals/Gouverneur chief executive officer Susan Sales told *McKnight's Long-Term Care News*. The facility's celebration included a multitude of events such as the Lion Dance and the closing Lantern Festival performed by a local dance troupe.

For Nicola Chen, a senior clinical program manager and family caregiver, the tradition has a special personal meaning. As a second-generation Chinese Indian with a mother who resides at Gouverneur, she was overjoyed to be able to celebrate Lunar New Year with her.

"Even though we were immigrants, we never lost the tradition, we never lost the culture," Chen said. An organizer said a bigger space may be needed next year to keep up with growth.

— FOSTER STUBBS

SALARY SNAPSHOT

Director of Human Resources



Average salaries (all facilities)

REGION	SALARY ($)	REGION	SALARY ($)
1	$99,700	6	$93,864
2	$100,421	7	$101,069
3	$105,421	8	$91,163
4	$98,170	9	$95,334
5	$92,754	All	$98,665

Source: 2025-2026 Nursing Home Salary & Benefits Report, published by the Hospital & Healthcare Compensation Service, endorsed by LeadingAge and in cooperation with the American Health Care Association



"There was a slight misunderstanding. ... I didn't say 'You tickle us.' I said, 'You are *meticulous*.'"

Cartoon credit: Jonny Hawkins

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Compassion in the crosshairs

MICHAEL S. KING

CEO, Jewish Senior Life

For Mike King, leadership isn't defined by a corner office — it's defined by the grit of a blue-collar upbringing and a 24/7 commitment to service.

King is the president and CEO of the Jewish Home in Rochester, NY, and oversees a sprawling 75-acre campus and 15 distinct service lines. But the 67-year-old's approach remains rooted in lessons he learned hauling trash and working on septic trucks in his hometown of Corning, NY.

"I'm from the boomer generation," he says with a smile. "We work. It's just what we do."

King's path to the pinnacle of senior care was anything but linear. After earning a business degree from SUNY-Fredonia, he began his career with ServiceMaster, a contract management firm. What started as managing hospital housekeeping evolved into 16 years where King rose to vice president, overseeing senior living operations across a three-state area.

He found himself yearning for a deeper connection to the people he served, however. This drove him to earn a master's degree from SUNY-Brockport and obtain his nursing home administrator's license.

After a successful five-year stint leading a facility in Buffalo, King joined the Jewish Home in 2005. His trajectory within the organization — from COO in 2010 to CEO in 2015 to even more today — has been defined by a relentless focus on innovation and sustainability.

Under his visionary leadership, the Jewish Home has transformed from a traditional skilled nursing facility into a dynamic community resource. He is currently spearheading a $45 million CCRC expansion and a 90-unit middle-income housing complex, ensuring that the Jewish Home meets the evolving needs of Rochester's seniors.

One of King's most prideful achievements isn't made of brick and mortar. It's the employee grocery store. Recognizing the financial pressures on his frontline staff, he launched an initiative that allows eligible employees to take home free groceries twice a month.

"It's about doing the right thing," the son of a licensed practical nurse and one-time gas station owner explains. "If we want our staff to provide world-class care, we have to care for them first."

When he isn't navigating the complexities of senior care, King finds solace in the rugged landscapes of Upstate New York. An avid fisherman, bow hunter and hiker, he recharges in the woods or at his home, where he tends to a small flock of chickens.

A "diehard" Buffalo Bills fan, he has stood by them through every Super Bowl loss and playoff drought. This same devotion extends to his family.

He and his wife, Amy, a former HR professional and colleague at a Buffalo nursing home, have four grown children. King's personal experience raising a son with special needs has given him a profound empathy for the developmentally disabled, a passion he channels through the participation in Project SEARCH.

Whether he is planning a European river cruise or strategizing another decade in senior care, King remains a leader driven by a simple credo: "This is not work for me. I really just enjoy what I'm doing."

— JAMES M. BERKLAN



Photo: Myers Creative Imaging

RESUME

1982	Earns bachelor's in business administration
1996	Earns master's of public administration
1998-2002	Serves as Weinberg Campus vice president and administrator of record
2003	Becomes administrator of The Heritage
2005	Named senior vice president at Jewish Senior Life
2011	Becomes COO, Jewish Senior Life
2015	Named CEO, Jewish Senior Life
2016-present	Board member, Mary Cariola Center, Rochester
2020	Becomes LeadingAge New York board member; named chair-elect in 2026
2023-present	Serves as executive committee member for the Association of Jewish Aging Services
2026	Wins *McKnight's* Pinnacle Agent of Change award

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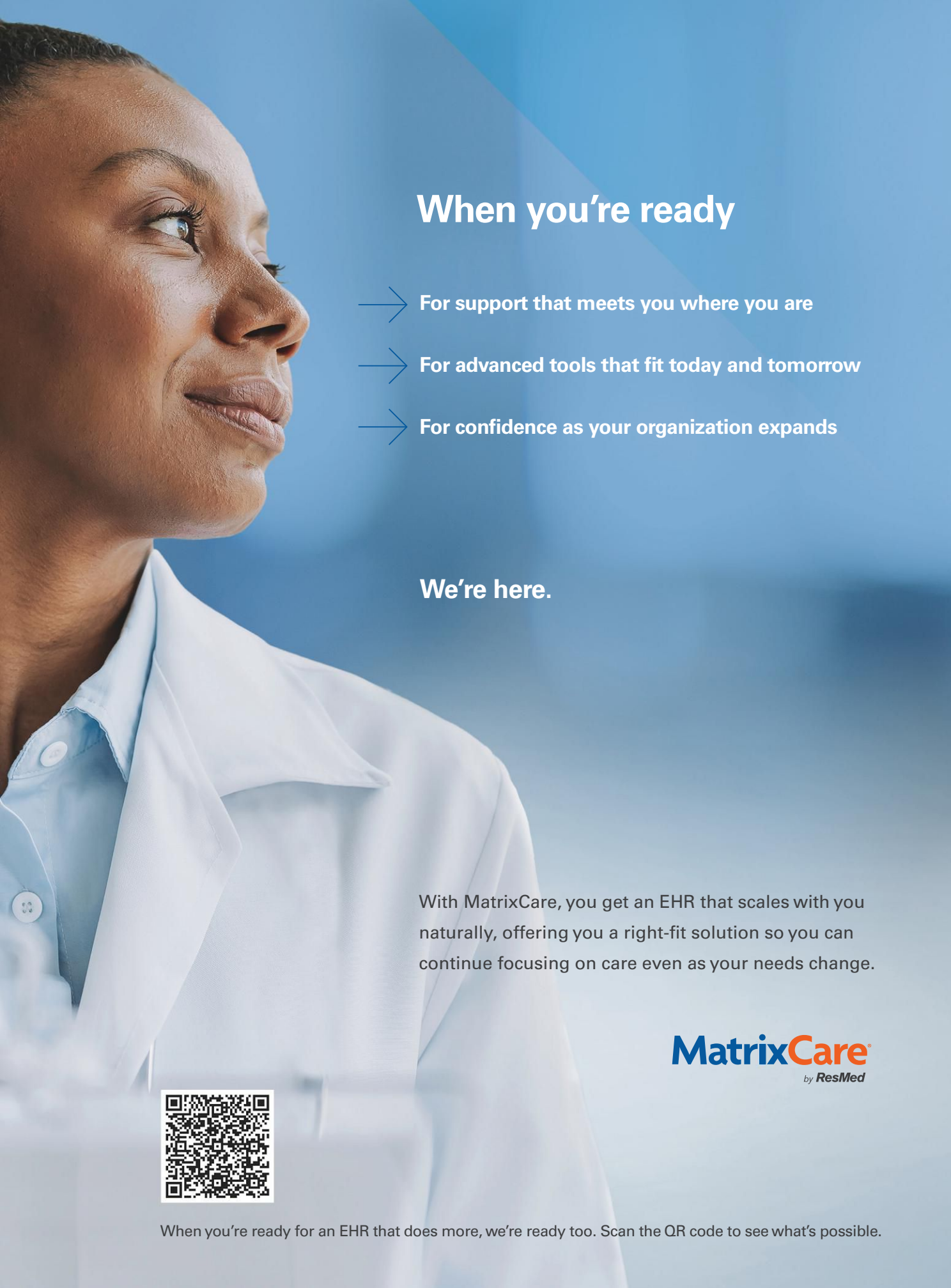
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