



It's That wonderful time of the year! When visions of the annual PADONA conference swirl around in your head and thoughts of learning from experts and networking with peers at the beautiful Hotel Hershey dance around in your head.

Don't let it be just a thought - make it happen! PADONA wants to see YOU there!

For those nurse leaders who have attended in the past – we want to see you back again in 2026! For the nurse leaders who have not attended – make this the year to be there!

Registration is open for the conference and for hotel rooms at the Hotel Hershey.

It is a great opportunity to learn from industry experts, from state and federal agency representatives and to meet industry vendors who can assist you in resident care! The opportunity to network with peers and develop that “phone a friend” network is so positive.

A four-day educational experience focused on what you need to know and what you have told us you want to know – through evaluations and emails. It's a Pennsylvania long term care educational extravaganza for nurse leaders!

Let's meet in Hershey on March 24 at the PADONA Conference!

THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!

PADONA HOSTED EDUCATION WEBINARS

- **Trauma Informed Care in the Nursing Home**
Date: February 3, 2026
Time: 11:30 am until 12:30 pm
Educator: Dr. Kathleen Weissberg, OTD, OTR/L, CMDCP, CDP, CFPS, CGCP, TIE, National Director of Education, Select Rehabilitation
Registration Fee: \$35 for members and \$50 for non-members
- **GDR Completion: What Is Required**
Date: March 5, 2026
Time: 11:30 am until 12:30 pm
Educator: Edward Faulkner, Vice President Vital Healthcare Solutions
Registration Fee: \$35 for members and \$50 for non-members
- **Documentation Support Required for External Audits**
Date: April 14, 2026
Time: 11:30 am until 12:30 pm
Educator: Stephanie Kessler, Partner, RKL
Registration Fee: \$35 for members and \$50 for non-members

*******Registration for all webinars closes at 9 am on the day of the webinar.**

*******All PADONA hosted education is recorded for purchase at a low cost from the website.**

**Mark your calendars and plan to attend the annual PADONA Infection Preventionist Boot Camp
May 19 and 20, 2026 – 4 hours each morning with a break
8:30 am – 12:30 pm
Provided by IPRO – the PA QIO
More information to come!**

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**Plan to schedule team members to attend the PADONA Annual Wound Care Course
August 4, 2026
8 am – 12:30 pm
Provided by Angela Huffman, RN, WCC
More information to come!**

PADONA ANNUAL CONFERENCE

REGISTRATION IS OPEN!

PADONA's 38th Annual Conference

Tuesday, March 24 – Friday, March 27, 2026

The Hotel Hershey • Hershey, Pennsylvania

We are thrilled to announce that registration is now open for PADONA's 38th Annual Conference! Join us this spring for four days of education, networking, and celebration at the beautiful Hotel Hershey.

Our full conference schedule will be released soon!

👉 Register online: padona.com/convention
Or contact: LuAnn White – luann@padona.com

Hotel Information

PADONA's discounted room block at The Hotel Hershey is now available.

☎ Call 855-729-3108 and request the PA Directors of Nursing Association 2026 block

🏷 Room Rate: \$299/night + 11% tax

📅 Room block closes: Thursday, March 5, 2026

(After this date, rates may increase and room availability is not guaranteed.)

📌 Online Reservations Link: <https://www.thehotelhershey.com/qr/LQQU8HAIAE/>

Important Notes for Online Booking

- You must use the link to receive the conference rate
- Copy/paste the link into a new browser window
- The link does not work in Internet Explorer
- Government-issued devices may block access—try a personal device if needed

Why Attend in 2026?

- ✓ Mid-day kickoff on Tuesday—more flexibility for travel
- ✓ Hear the latest from regulatory leaders and industry experts
- ✓ Expand your network and share best practices with peers
- ✓ Dedicated time with vendors showcasing innovative solutions
- ✓ More free time for connection and collaboration

🎉 And don't miss our Thursday evening party featuring The Roustabouts, playing favorite hits from the 60s through today!

We can't wait to gather again in *The Sweetest Place on Earth!*
See you in Hershey this spring!

PADONA is a proud partner of the Teaching Nursing Home Collaborative



PADONA is proud to partner with the PA Department of Health Bureau of Epidemiology for education



Introducing the CMS QIN-QIO for the Mid-Atlantic Region

As the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network–Quality Improvement Organization (QIN-QIO) for the Mid-Atlantic region, Delaware, District of Columbia, Maryland, **Pennsylvania**, Virginia, and West Virginia, the collaborative team of IPRO, Healthcentric Advisors, and Qlarant is committed to delivering localized, high-impact support to healthcare providers.

With over 40 years of experience improving care for Medicare beneficiaries, this team offers tailored technical assistance, data-driven insights, and clinical expertise to help providers achieve meaningful, sustainable improvements.

Select hospitals, nursing homes, and outpatient clinical practices have been identified by CMS to participate in the 13th Scope of Work (SOW), a five-year quality improvement initiative which focuses on advancing healthcare quality and outcomes in CMS' priority areas, including:

- **Chronic disease management and preventive care** (e.g., hypertension, diabetes, kidney disease, adult immunizations)
- **Patient safety and harm reduction** (e.g., infections, adverse drug events, falls, pressure injuries)
- **Behavioral health access and quality** (e.g., depression, suicide prevention, substance use)
- **Care coordination** to reduce avoidable hospital and emergency department utilization
- **Infrastructure resilience** (e.g., workforce development, emergency preparedness, cybersecurity, drug shortage, supply chain)
- **Health IT** integration and optimization

Proud to partner with the Mid-Atlantic QIN-QIO Team on this CMS-funded initiative. Providers who receive an invitation are encouraged to join and take advantage of this opportunity to improve care and performance.

To learn more about the QIO, visit their [website](#) or contact the team at QIN-QIOR2@ipro.org.

Leadership Snippets

Forget job hunting. Gen Z is 'growth hunting'

They're not chasing titles. They're chasing momentum. When talking with leaders about Gen Z, the same frustration often bubbles up: "They won't stay." It's said with a kind of bewildered shrug, as if the younger generation has suddenly rewritten the rules out of thin air. A new Youngstown State University study of 1,000 full-time U.S. professionals found that nearly half of Gen Z workers are already planning to leave their jobs—not for higher pay, but for better growth. That is the highest rate of all generations surveyed. It's not impulsiveness. It's not disloyalty. It's something far more reasonable. It's "growth hunting."

There's a familiar script about young workers: They're too quick to leave, too impatient, too everything. That narrative has been around for so long that many leaders use it as the default explanation without thinking. But when nearly one out of two early-career workers say they can't picture a future where they are, that points to something systemic—not personal.

Taken together, the message is straightforward: This generation isn't avoiding responsibility. They're asking employers to share it. They're not chasing titles. They're chasing momentum. They're not waiting for permission. But they will absolutely walk if an employer refuses to invest in them. And honestly, that's rational. Growth hunting is not about impatience. It's about survival.

You can't ask workers to level up and then close the door to the support they need to do it. You can't talk about retention and then offer no path forward. This is where the generational disconnect becomes obvious. Companies say they want a future-ready workforce. Gen Z is asking them to mean it.

This feels like the moment where the values of Gen Z and the habits of corporate culture finally collide. Not because Gen Z is rebelling, but because they're taking organizations at their word. If you say you value growth, you have to create it. If you say you care about development, you have to invest in it. Otherwise, Gen Z will simply walk toward someone who does.

And here's the twist: They don't feel guilty about it. They're not sneaking out the back door. They're leaving through the front—head high—because the expectations were never mutual to begin with. This doesn't require an overhaul. It just takes intention. And while every organization is different, here are a few approaches that can make a real difference.

1. **Put money behind upskilling.** Even partial funding shifts the relationship.
2. **Make advancement transparent.** When people have to guess, they eventually stop trying.
3. **Tackle burnout before talking development.** Growth can't happen when people are empty.
4. **Promote based on readiness rather than time served.** Tenure alone doesn't tell you who's capable.
5. **Ask employees what growth actually means to them.** Answers are often more practical than expected.

These aren't the only steps, but they're a meaningful start. And they're far more achievable than most leaders realize.

Gen Z isn't running from work. They're running toward growth. They know what it costs to stay still, and they're not willing to pay that price. Not anymore. They aren't rejecting the workplace. They're asking it to evolve with them. When employers offer real development, this generation will show up with incredible commitment. When they don't, Gen Z moves on with the same honesty and clarity they bring to everything else. That clarity is a gift if leaders choose to use it. Because building a workplace where people can grow isn't just good for Gen Z. It's good for everyone.

Excerpted from Fast Company Blog

Compliance Communications

New York Nursing Home Worker Pleads Guilty to Stealing \$60,000 from Resident

New York Attorney General Letitia James announced on December 18, 2025, that a nursing home aide formerly employed at a Rochester nursing home has pleaded guilty to stealing a resident's debit card and withdrawing over \$60,000.

An investigation by the Office of the Attorney General's Medicaid Fraud Control Unit (MFCU) found that between April and November 2023, the defendant made 220 withdrawals using the resident's card. She used the funds for groceries, bills, and lottery tickets in an attempt to win back the money she had stolen.

The resident's debit card was primarily used for incidental costs and monthly nursing home payments. In November 2023, when payment to the facility was declined for insufficient funds, the nursing home contacted the resident's bank and discovered multiple unauthorized withdrawals. The MFCU investigation confirmed that the defendant had stolen the card and made cash withdrawals at ATMs throughout the Rochester area, including locations at Delta Sonic Car Wash, Wegmans, and Tops.

The defendant pleaded guilty to Grand Larceny in the Third Degree in Monroe County Court. She faces a sentence of 30 to 60 days in jail, to run concurrently with five years of probation, and an order to pay restitution.

Compliance Requirements:

- 1) Review facility policies and procedures regarding prevention of abuse and neglect under F600 and F602 regarding financial exploitation and abuse and F602 for receiving gifts from residents.
- 2) Ensure the facility policies include information regarding safeguarding resident funds, valuables and personal property and that the federal regulation is embedded in the policy.
- 3) Ensure all team members in the facility are aware of the policy through education that is completed at least upon hire and annually. But review of the policy in staff meetings is also valuable.
- 4) Periodically audit resident accounts to ensure accuracy and audit resident belongings including checkbooks, credit/debit cards to ensure they are correct.
- 5) Educate residents through resident council regarding safeguarding valuables while in the facility, the process for obtaining funds from their accounts and gifts to staff. As well as F600 and F602 and the reporting process if they suspect violations.
- 6) Review audit results at the QAPI committee meetings.

Nurses Ranked Most Trusted Profession for 24th Consecutive Year

Gallup Poll Results Reaffirm Nurses' National Leadership and Public Trust

SILVER SPRING, MD – The American Nurses Association (ANA) celebrates that nurses have once again been ranked the most trusted professionals in [Gallup's annual Most Honest and Ethical Professions Poll](#) for the 24th consecutive year. The poll continues to show that the public places more confidence in nurses' honesty and ethical standards than in any other profession surveyed.

For nearly a quarter of a century, nurses have topped Gallup's national measurement of honesty and ethics, reflecting sustained public recognition of the compassion, expertise, and integrity nurses bring to patient care and community health. In the most recent poll, 75 percent of Americans rated nurses' honesty and ethical standards as "very high" or "high," outpacing all other professions.

"Year after year, the American public turns to nurses as the most trusted professionals in the nation," said Jennifer Mensik Kennedy, President of the American Nurses Association. "After 24 consecutive years at the top of this Gallup poll, this trust is more than an accolade. It affirms the essential leadership role nurses play on the national stage of healthcare, in policy, in strengthened communities, and in advancing equitable, high-quality care."

"These results also reinforce how essential it is that patients have access to care delivered by nurses in every setting," added Mensik Kennedy. "The results remind us why it's so critical that we continue to advocate for safer workplaces, sustainable staffing, and policies that support nurses, so they can provide the high-quality care patients deserve across the country."

First Data Validation Requests Arrive to Provider Inboxes

Months after announcing a new program to validate self-reported nursing home quality data, the Centers for Medicare & Medicaid Services (CMS) has begun notifying providers of their selection. Audit requests arrived in iQies inboxes on January 5, requiring affected providers to name two points of contact within five business days and fully submit all information by February 26.

Amid delays and confusion, CMS announced in mid-December that it had delayed the start of the validation program to January from its planned fall 2025 launch. The agency describes the new audit-like review as a way to evaluate the accuracy of quality measure data elements derived from the Minimum Data Set (MDS) and used in the Value-Based Purchasing (VBP) and Quality Reporting Programs (QRP).

The audits seek medical records for up to 10 residents from each affected nursing home. Up to 1,500 facilities will be randomly selected annually. Nursing homes will be considered compliant if they submit all request information; those who don't could be subject to a 2% financial penalty.

While those expectations had been made clear previously, the technical submission requirements outlined by CMS in the notices could be a barrier for some nursing homes and their compliance teams. Submission requires ability to manage records electronically and PDFs that haven't been required previously. Many nursing homes may be unfamiliar with or not have the software needed to compile multiple records into a single PDF document with bookmarks, as now required by CMS. The mix of electronic and paper documentation systems also may require providers to gather a mix of physical and electronic files and collate them.

When responding to audits of any kind, there is usually the option to fax and mail the audits back into CMS, the MAC or auditing entity. Usually, the preferred method is uploading electronically, but not all facilities across the country have the ability to make that happen.

Healthcare Management Services is conducting the audit under a contract with CMS and posted a webinar ([Overview of the Data Validation Process for the SNF Assessment-Based Measures](#)) and related resources to help providers navigate this new audit process.

Slides from that presentation ([Overview of the Data Validation Process for the SNF Assessment-Based Measures](#)) indicate that facilities unable to submit electronically should contact the Help Desk for guidance on "alternative submission options, such as paper or fax." CMS established a snfvalidation@hcmsllc.com Help Desk email to assist in the data validation process and answer questions Monday through Friday from 8 a.m. to 6 p.m. ET.

The initial selection notifications will include the list of resident medical records requested. The notification also will provide detailed instructions on which sections of the medical record to submit.

Those samples can include information related to admission or discharge assessments. Specific requests may include skin assessments; nursing, CNA and therapy notes; functional assessments; MDS coordinator interviews; wound care notes and consultant visit notes; and treatment notes.

Nursing Homes and Compliance in 2026 Amid Surveyors and Regulations

Inconsistent interpretation of federal regulations at the state level, and surveyor subjectivity are gray areas that will make compliance navigation in 2026 a challenge, with many also warning of a reliance on outdated processes.

Providers are calling for clearer guidance on 5-Claim Probe audits from the Centers for Medicare and Medicaid Services (CMS), demanding more consistency in surveys and a more detailed direction on new quality measures that took effect January 1.

Robust Quality Assurance and Performance Improvement (QAPI) programs have captured the focus of a lot of providers, with many leaders suggesting that expanded QAPI programs should engage frontline staff, track trends, include root cause analyses and meaningful operational and clinical changes to stay compliant. Some providers have gone even further with their QAPI programs, conducting internal audits, mock surveys and facility assessments, while also focusing more on emergency preparedness training.

CMS survey changes that became effective April 28 last year place greater emphasis on assessment accuracy and real-time care planning, as well as documentation quality, but there's still ambiguity in how surveyors will interpret the updated requirements.

The biggest risks to survey success – outdated or incomplete documentation – especially when planning resident discharges, transfers, antipsychotic and other psychotropic medication use and nonpharmacological interventions. An increased focus this year on nonpharmacological interventions, as-needed medication use and trauma-informed care in real time will translate to strong collaboration with hospice providers in particular and effective overall interdisciplinary care planning at admission. Behavioral health interventions and programs and coordinating care and services with external providers will also be positive for residents and surveys.

Medical records must “tell the resident’s story,” showing how care decisions align with the resident’s condition, goals and evolving needs, and be updated with every change in condition or medication.

Medicare officially completed the 5-claim audit in 2025 but decisions on the review have not been provided to all providers. Those that submitted records will still receive audit decisions and have final error rates calculated based on claims reviewed. That includes partial reviews. For example, if only two claims were reviewed and one was denied, the facility’s error rate would be 50%. That said, it’s unclear how the agency would address this in 2026.

Operators with 100% error rates have been automatically referred to the Targeted Probe and Educate (TPE) audits involving 20 to 40 claims per round and potentially up to three rounds bound to continue into this year. Providers selected for TPE audits need to monitor communications carefully and submit records promptly.

Echoing a lot of survey preparedness points, TPE audit preparation involves strengthening documentation, ensuring timely physician signatures, auditing claims internally and aligning records with Minimum Data Set (MDS) entries. Denied claims can still be appealed, but CMS counts original denials toward a facility's error rate even if it's overturned.

In 2026. Providers must consider additional areas of change and compliance. Nursing home associations including LeadingAge warn that shifting certain procedures to outpatient settings unintentionally limits Medicare beneficiaries' ability to qualify for covered SNF care.

Providers may see possible movement around the elimination of the three-day stay rule, which may be considered outdated with the phasing out of the IPO list. Under current rules, traditional Medicare beneficiaries must have a three-day inpatient hospital stay to be eligible for SNF coverage.

If certain procedures no longer qualify as inpatient but still need nursing home care after, the stagnant rule would get in the way, leaders argued. About 20% to 50% of current SNF admissions involve Medicare patients recovering from musculoskeletal procedures, which would be among those moved to outpatient procedures.

Updates to the Minimum Data Set (MDS), including those around antipsychotic medication tracking, are expected to create new compliance risks as well.

Therapy minutes were removed as part of the shift from Resource Utilization Groups (RUGS) to the Patient Driven Payment Model (PDPM), and facilities must now account for prescriptions filled, not just medications administered. A solution, or at least a big indicator of MDS success this year, will involve strengthening relationships with pharmacy partners to ensure accurate documentation while increasing self-audits of MDS diagnoses.

Three or more MDS inaccuracies found by a surveyor could automatically escalate a citation to a higher scope and severity; there's little margin for error.

PADONA Posts Position Openings to Website

PADONA can assist with your recruitment efforts. As a PADONA member, one of your benefits is that PADONA will post your ads for open positions on our website without cost. If you need to post a staffing ad for a leadership position, please send the written ad to Sophie Campbell at scampbell@padona.com and it will be posted on the PADONA website. The PADONA website is where Pennsylvania nurses and nurse leaders go to look for available positions. We are here to help you fill those needed positions.

Isolation Fears, Shifting Infection Control Practices Endanger Residents and Staff

Researchers monitored the progression and management of 24 outbreaks in nursing homes, ultimately selecting seven for extensive monitoring of practices including symptom-based testing, isolation, use of personal protective equipment, visitor restrictions and cancellation of group activities.

“Organization-wide IPC protocols were often too general and insufficiently tailored to the diverse contexts within nursing homes,” the team reported in *JAMDA* ([JAMDA](#)) January 10. “Inconsistent guidance compelled staff to adapt protocols based on situational judgment. These findings raise critical questions about the role of individual decision making in outbreak management, particularly regarding the factors that influence nursing home staff’s choices and whether similar and consistent decisions would be made under comparable circumstances.”

Room isolation decisions, in particular, varied widely across the seven outbreaks. While most staff interviewed viewed isolation as effective at preventing infections, leaders differed in how they balanced its benefits against impacts such as restlessness and agitation ([Coronavirus Commission on Safety & Quality in Nursing Homes - Final Report \(Limited External Release Only\)](#)), as well as practical feasibility given staffing levels or a resident’s independence level.

“These differences shaped diverse approaches,” the researchers found. “Some strictly implemented isolation even when most residents were already infected or extended isolation durations. Others adjusted measures due to visible resident distress or gradually questioned effectiveness.”

Across interviews, they emphasized the need to “tailor” isolation to individual circumstances, even when that meant deviating from protocol. Of the 42 units affected by the closely studied outbreak, 60% used isolation. Meanwhile, only 52% of units canceled all activities.

And while consensus existed to limit visitor restrictions, the researchers also found complete bans were avoided by decision makers, who considered protective benefits less powerful than the potential “social harm” for residents. In the end, just one-third placed visitor limitations.

Symptom-based testing, however, was used by 100% of the units. PPE protocols also were broadly implemented with little discussion, but frontline staff reported inconsistent compliance, expressing doubt about their effectiveness because of high attack rates, residents’ inability to distance or the behavior of other staff. In all, 60% of units used PPE on the entire unit if any residents were ill.

The researchers found that managers and geriatricians aimed to balance the impact and protective value of infection control measures, but their individual assessments and priorities varied. That led them to adjust practices throughout the duration of an outbreak.

“Although these adjustments may have mitigated negative consequences, they also carried the risk of increased viral transmission and adverse outcomes,” the study concluded. “These findings underscore the need for proactive, context-sensitive IPC planning that takes the realities of care delivery in diverse settings into account. Without such preparation, staff are left to make complex ethical decisions under pressure, which can lead to inconsistent practices, moral distress and suboptimal outcomes for both residents and staff involved.”

MedPAC Recommends a 4% Reimbursement Decrease for Nursing Homes

A Congressional advisory group on January 8 voted to recommend a 4% reimbursement decrease for skilled nursing providers for the next fiscal year, but members also renewed calls to look at payments outside the traditional Medicare program when making future reimbursement decisions.

The Medicare Payment Advisory Committee (MedPAC) voted unanimously to support the recommendation cutting reimbursements for Medicare residents, who accounted for a median 8% of all stays across some 14,400 facilities.

MedPAC staff reported that the supply of facilities and volume shrunk through 2024 but said that slide didn't reflect the adequacy of Medicare rates. With occupancy rates increasing to near pre-pandemic levels, total margins also improved compared to 2023. In fact, Medicare margins were forecast to hit 25% in 2026.

In a vacuum, several members said supporting a reimbursement decrease — one that could theoretically save up to \$5 billion in fiscal 2027 and up to \$25 billion over a decade — a logical choice. But they also acknowledged that providers in LTC don't operate in the kind of laser-focused way that the Medicare-only commission does.

“Within our constraints, this makes sense, but I just want to voice that it's increasingly unsatisfying to have these constraints,” said Commissioner Tamara Konetzka, PhD, of the University of Chicago. “I think in the nursing home sector, there are a lot of sources of uncertainty right now. There's workforce, there's the Medicaid cuts. There's pressure from MA. And so, I really think it's important, as we move forward to move beyond the constraints of this particular exercise and look at the overall viability of SNF payment and the welfare of the beneficiaries ... looking at models like I-SNPs that can sort of break down some of those barriers across payers.”

“What I think is within our swim lane reasonably, over a fairly short period of time, is to understand the impact of MA payments on SNFs because we're increasingly looking at a smaller and smaller piece of the nursing facility pie [for Fee for Service Medicare],” he said. “A piece of that pie is outside our swim lane, of course, because it's Medicaid, but, you know, in totality, understanding how MA impacts the overall margins of nursing facilities is very important.”

MedPAC members also approved a recommended 7% for home health agencies in fiscal 2027. All of its payment recommendations will be sent to Congress in a March report, though neither members nor regulators who set pay rates are obligated to any policy or payment suggestions.

Nearly Half of Nurses Feel Unsafe at Work, Survey Finds

A total of 49.5% of nurses have felt unsafe due to verbal or physical aggression from a patient or a patient's family member in the past year, according to a January survey from Joyce University, a nursing and health sciences institution located in Draper, UT.

"Together, these findings highlight that emotional strain is only part of what nurses are navigating; many also face barriers to accessing the support intended to help them cope," authors said.

"Reducing stigma, strengthening confidentiality protections, and promoting psychological safety are essential steps in creating environments where nurses can seek help without hesitation. As the broader workforce continues to face high demands, addressing these cultural and structural barriers is critical to supporting long-term well-being and retention of nurses."

The survey polled 1,000 registered nurses in the United States in 2025 who answered questions about their emotional well-being, workloads, mental health resources and workplace experiences. According to the US Bureau of Labor Statistics, there are an estimated 193,100 nursing positions ([Registered Nurses : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics](#)) opening each year as the nation faces a significant staffing shortage.

Results showed that 74% of nurses have felt emotionally exhausted from work multiple times a week in the past month. Among early-career nurses, 28% of Gen Z nurses have felt burnt out from work every day over the past month. In addition, 53% of nurses have seriously considered leaving the nursing profession monthly or more in the past six months, while 49% of nurses have been worried, once a week or more, that they might make a medication error or other mistake due to fatigue or being overwhelmed.

At the same time, the stigma surrounding the use of mental health resources appears to prevent Gen Z from seeking help. One in 4 Gen Z respondents (25%) said they choose not to use these resources due to concerns about confidentiality or career impact.

More than half of the nurses surveyed (55%) also said they regularly skip meals or breaks on most shifts because they are too busy.

CMS Reduces Survey Expectations to Account for Government Shutdown

The Centers for Medicare & Medicaid Services (CMS) is reducing pressure on state survey agencies to make up for time lost during a federal government shutdown in fall 2025.

In a memo sent to state survey agency directors mid-January directors of the Quality, Safety & Oversight Group and Survey & Operations Group said it would reduce goals around some nursing home survey and certifications standards by about 20%.

That's roughly commensurate with the six-week shutdown, during which state surveyors were prohibited from conducting federally funded nursing home compliance work, except for in specific cases such as in response to immediate jeopardy allegations.

CMS issues annual standards to survey agencies, assessing their compliance at the end of each fiscal year through the State Performance Standards System.

"CMS is adjusting the evaluation of several FY26 SPSS measures in recognition of the Federal government shutdown that occurred from Oct. 1, 2025, through November 12, 2025," the agency said in its memo ([Fiscal Year 2026 State Performance Standard System Guidance](#)).

"Measures directly impacted by shutdown guidance (refer to QSO-26-01-ALL Revised) ([QSO-26-01-ALL REVISED 2025-10-01](#)) limiting SAs' ability to conduct certain survey and certification work will have an exception applied commensurate with the approximate time period affected, approximately 20% of the FY."

The move, following the nation's longest shut down in history, comes as many states still struggle to adequately perform routine annual surveys. CMS has in recent years emphasized a response to complaint allegations, which have skyrocketed but can be unsubstantiated. Those complaints contributed to 38 states failing to meet required recertification goals ([Amid 107K complaints, most states miss annual nursing recertification goals](#)) in 2024. Recertification and revisits, both largely paused during the 2025 shutdown, led to missed performance standards in 2023.

The CMS memo also acknowledged challenges survey agencies are having migrating information from a legacy data system to the new Internet Quality Improvement and Evaluation System (iQIES). The agency said it is monitoring data to ensure scores are calculated accurately.

Last week, CMS said it was also monitoring data concerns on the provider side. That announcement also said CMS would be removing some complaint allegation information from Care Compare, where it's currently unclear to consumers whether those allegations were investigated or confirmed.



Transforming Nursing Home Care through the 4Ms of Age-Friendly Health Systems

Join the PA Long-Term Care Learning Network's weekly webinars in Q1 2026 to learn practical ways you can embed the Age-Friendly 4Ms framework in your daily work!



Webinars occur every Thursday at 2-3PM ET starting **January 22!**

If you do NOT already receive the Learning Network webinar invites, email Stacie at bonenberger@jhfi.org to join the invite list

WEBINAR SCHEDULE:



4MS AND THE TEAM

January 29- February 5



4MS AND MANAGING CLINICAL CONDITIONS

February 12 - February 19



4MS AND QAPI

February 26- March 5



4MS AND CULTURE

March 12- March 19

Gather Your Team!

- At least one team member should attend each session
- Webinar recordings will be available online
- Webinars will review Age-Friendly Health System recognition process; LTC RISE Partners will help nursing homes apply

Messiah University CNA Training Program Classes Announced

Messiah University is pleased to announce six new dates for the Nurse Aid Training program and a new website with online application.

- March 3 - March 31, 2026
- May 19 - June 17, 2026
- September 1 - September 29, 2026
- October 27 - November 24, 2026

Below is information for your existing and potential employees in need of Nurse Aid Training. Applications are currently being accepted for all six dates.

The [Nurse Training Program website](#) includes direct links to all required application documents along with the **APPLY NOW** button at the bottom of the page. You will upload all required documents and submit your application instantly and electronically (no paper applications or materials will be accepted).

Once your completed application has been submitted, the materials will be reviewed by the course instructor, Mahogany Blackston, for accuracy and completeness. Mahogany will email you if additional information is needed. Please note you are not officially admitted into the program until you receive a confirmation of acceptance email from Mahogany.

After you have reviewed the updated website, if you have further questions, please contact bridgecenter@messiah.edu or mblackston@messiah.edu

Mid-Atlantic CMS
QIN-QIO (Region 2)

QIN-QIO
Quality Innovation Network
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

The Mid-Atlantic Quality Connection



October 2025

What's an IP3?

IP3 stands for Infection Prevention for Infection Preventionists by Infection Preventionists. It is a special program of the Mid-Atlantic CMS QIN-QIO (Region 2), developed to provide essential support to nursing home staff charged with overseeing infection prevention within their facilities.

IP3 is for You if...

- You are a new infection preventionist.
- You are a seasoned infection preventionist who would like some assistance with regulations.
- You would like to connect with experienced IPs to discuss hot topics like enhanced barrier precautions, understanding vaccine recommendations, developing an antibiotic stewardship program, and more.

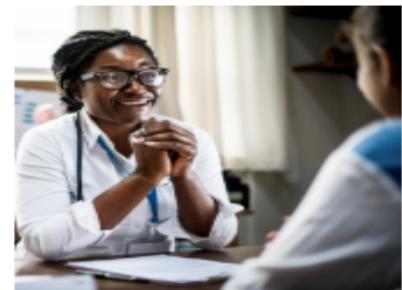


We Meet You Where You Are

Wherever you are in your IP journey, the Mid-Atlantic CMS QIN-QIO IP3 Group is here to help meet your needs for education, information and peer support. Join our weekly scheduled virtual office hours, or jump into a conversation whenever the you have the time by logging into our dedicated, professionally moderated Facebook page.

Learn More

Email Infection Preventionist **Melanie Ronda, MSN, RN, LTC-CIP, CPHQ**, Director, Healthcare Quality Improvement, at mronda@ipro.org, or [schedule a one-on-one conversation](#) with your local Quality Improvement Advisor to learn more.



YOUR PADONA ASSOCIATION CONTACTS:

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