



Seats are filling up quickly! But there is still room for YOU! Don't wait to register!

The PADONA 38th (yes hard to believe) Annual Conference registration is not only open but waiting for you to register! We want to see you there! One of the best educational opportunities in Pennsylvania for nurse leaders in long term care! Why Not Attend?

- 24 different educational sessions to attend
- 18 Nursing Continuing Professional Development Contact hours
- 18 NAB approved administrator CE hours
- Greater than 300 nurse leaders and administrators to network with
- 4 days filled with education, networking and fun!
- More than 70 long term care business leaders to meet with and learn from
- Scholarship gift baskets to bid on
- Learn more about PADONA scholarship recipients
- Learn from industry leaders and experts
- Hear from and learn from federal and state government regulators
- Laugh while you learn
- Celebrate being a leader in long term care at one awesome party!

Make it happen! Register as soon as possible and reserve your hotel room!

There is a reason why PADONA selects the sweetest place on earth for conference!

THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!

PADONA HOSTED EDUCATION WEBINARS

- **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
- **F658 Schizophrenia Diagnosis, Antipsychotic Medication Quality Measure Changes and Falls With Major Injuries**
Date: April 28, 2026
Time: 11:30 am until 12:30 pm
Educator: Tammy Coleman, RN, RAC-CTA, CNDLTC, Vice President of Business Development and Consulting, Affinity Health Services
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!**

.....

**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

YOU HAVE QUESTIONS – YOUR LEADERS HAVE ANSWERS!

Susan Williamson – Department of Health

Jill Vovakes and Dr Larry Appel – Office of Long-Term Living

Charlie Schlegel – Office of Life Safety

Will all be providing education sessions at the PADONA 38th Annual Conference

THEY WANT TO HEAR FROM YOU!!!

Each of these state leaders wants your questions so they can respond during their sessions.

Your questions will be submitted anonymously

Please submit your questions to Sophie Campbell at scampbell@padona.com

Last day to send questions is March 13, 2026

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



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.

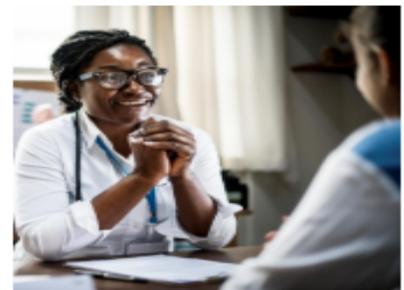


We Meet You Where You Are

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.



Leadership Snippets

When “Fun” Fell Off Your To-Do List

When was the last time you did something purely because it was enjoyable? Not useful. Not impressive. Not something you felt obligated to turn into progress. If nothing comes to mind, play may have quietly slipped out of your routine. For a lot of adults, this happens gradually. Work expands. Energy narrows. Free time gets optimized, scheduled, or sacrificed. Activities that once felt restorative start to feel optional, then inconvenient, then unnecessary. But enjoyment isn't excess. It plays a role in how the brain regulates stress and recovers from sustained effort.

When you engage in activities purely for enjoyment, your brain releases chemicals associated with mood regulation and stress reduction. It also activates regions involved in creativity, emotional regulation, and flexible thinking. This is part of how the brain resets between demands. Research shows adults who maintain hobbies have lower stress levels, better sleep, and stronger overall mental health. These benefits aren't tied to mastery or achievement. They come from regular exposure to low-stakes enjoyment.

Play supports the same systems you rely on when work gets heavy.

Play deprivation is linked to higher stress reactivity, decreased emotional flexibility, and increased risk of depression. Without play, the nervous system stays “on” longer than it should. Play also creates conditions for flow, that state where attention settles, time fades, and effort feels contained instead of draining. Flow is connected to lower anxiety, higher satisfaction, and better focus. Without opportunities for that kind of engagement, mental fatigue accumulates faster.

Most people don't struggle to find time. They struggle to justify using it this way.

You don't need to be good at a hobby. You don't need a plan. You don't need to prove it's “worth it.” The only requirement is that it feels appealing enough to begin. Start with something small and self-contained. Choose activities that don't demand improvement or output.

Avoid turning it into a project. Let interest determine how long you stay with it. Enjoyment doesn't need a secondary benefit to be legitimate.

Excerpted from Crucial Conversations

Compliance Communications

Woman Sentenced to 75 Months for Posing as Nurse at Michigan Nursing Home

On January 27, 2026, the US Attorney for the Western District of Michigan announced that a 51-year-old woman formerly of Wayland, Michigan, was sentenced to 75 months in prison for creating false medical records indicating that she was licensed as a registered nurse. She was also sentenced for committing aggravated identity theft after fraudulently assuming the identity of a real nurse licensed in Michigan.

Between August 2022 and May 2023, the defendant worked as a registered nurse at a nursing home in the Western District of Michigan. She obtained the position through Indeed.com by assuming the identity of a registered nurse licensed in Michigan. To secure the job, she created a fake nursing license, diploma, and identification documents, making it appear that she was trained and licensed as a registered nurse.

After obtaining employment, the defendant applied for and received a promotion to unit manager, a position in which she supervised other healthcare professionals and the care provided to nursing home residents. During this time, she performed patient assessments, administered medications, started intravenous lines, and carried out other nursing duties. As her performance deteriorated, the nursing home demoted her, and she began seeking employment elsewhere. Her prospective employer uncovered her true identity and reported the matter to authorities.

The US Attorney's Office for the Western District of Michigan charged the defendant with fraud and aggravated identity theft on September 26, 2023. She pleaded guilty in October 2023. After entering her guilty plea and while awaiting sentencing, she fled the jurisdiction and again fraudulently obtained employment as a physician assistant and registered nurse in Illinois and California. She was ultimately apprehended near Los Angeles, California, and returned to the Western District of Michigan for sentencing.

This case represents the third time the defendant has been convicted of falsely representing herself as a nurse. In 2016, the Kent County Prosecutor's Office convicted her of fraudulently impersonating a licensed nurse. In 2017, she was again convicted by the US Attorney's Office for the Southern District of Texas. Despite these convictions, she continued to engage in the same conduct.

Compliance Requirements:

- 1) Review policies and procedures related to employee credentialing, licensure verification, and ongoing monitoring to ensure they reflect current regulatory requirements and best practices.
- 2) Provide ongoing education to staff responsible for hiring, credentialing, and compliance oversight to ensure they understand regulatory requirements related to employee screening and licensure verification.
- 3) Educate all team members and remind them regarding their reporting responsibilities if they know anything about a team member and/or see changes in a team member's performance they are responsible for reporting.
- 4) Periodically audit employee files to ensure accurate degrees, credentials and licenses.
- 5) Review audit results through the QAPI committee meetings.

Representative Estes Reintroduces Legislation Benefiting Nursing Homes In-House CNA Programs Washington, January 21, 2026

Representative Ron Estes (R-Kan.) and Representative Josh Harder (D-Calif.) reintroduced the Ensuring Seniors' Access to Quality Care Act. This bill allows nursing homes to continue operating their in-house CNA training program even if they incur fines above a certain amount, so long as the fines are issued for reasons unrelated to direct resident care.

"This common sense, bipartisan bill accounts for the current workforce challenges nursing homes face without compromising on a commitment to quality care for residents." said Representative Estes. "This bill ensures nursing homes continue to meet high standards without losing the staffing levels needed to provide high-quality care."

Representative Estes said, "The Seniors' Access to Quality Care Act prevents an in-house CNA education program from facing suspension due to non-care related clerical violations." "That's a commonsense solution to help keep CNA education programs operational and assist nursing homes across the country with staffing levels."

"We should be doing everything we can to rebuild our workforce and make sure seniors get the consistent, high-quality care they deserve," said Representative Harder. "This bill will help grow the pipeline of caregivers. I'm grateful to Congressman Estes for his leadership on this issue."

"We applaud Congressmen Estes and Harder for reintroducing the Ensuring Seniors' Access to Quality Care Act to help develop more certified nursing assistants. As America's population ages and demand for long term care grows, we strongly support this legislation and its goals to expand training pipelines and workforce capacity so that we can continue delivering high-quality, person-centered care. Addressing a key legislative priority of our Caregivers for Tomorrow initiative, this commonsense legislation represents the type of practical, collaborative policy solutions needed to support our caregivers and the people they serve," Michael Bassett, Senior Vice President of Government Relations for American Health Care Association (AHCA) said.

Today, current surveys show about 94-96% of nursing facilities are still actively hiring or struggling to fill roles, and rural areas have reported having to limit admissions to their facilities close to 50% their full capacity due to these challenges. We are pleased that we were able to roll back the Biden administration's nursing home staffing mandate which would have worsened workforce shortages across the country and required nursing homes nationwide already struggling to find staff to hire more than 100,000 additional nurses and nurse aides. One estimate suggested nearly 300,000 residents would lose access to care – more than one-fourth of all residents – as nursing homes slow admissions to comply with the mandate.

Under current law, Medicare prevents nursing homes from operating a Certified Nurse Aide (CNA) training program for two years if the facility is fined a certain amount. In making the decision to prohibit the training program, Medicare does not account for the seriousness of the underlying deficiency or activity the fine was related to. For example, a nursing home could be fined for a deficiency unrelated to direct resident care, like having expired crackers in a food pantry, yet would still be prohibited from operating a CNA training program for two years. While current law contains a waiver, it is seldom used and has proven inadequate. Representative Estes' legislation addresses this issue.

CMS Revises Nursing Home SFF Selection, Citing Underreporting of Serious Falls

The Centers for Medicare & Medicaid Services (CMS) issued a revised memo in late January to strengthen the Special Focus Facility (SFF) program, directing state survey agencies to place greater emphasis on resident falls when choosing new SFFs. At the center of the revisions is a shift in how facilities are selected for the SFF program. The CMS memo notes that when facilities have similar compliance histories, those with higher fall rates may be prioritized for SFF designation. CMS cited Office of Inspector General (OIG) findings highlighting the seriousness of falls and improving fall safety as a key driver of this change.

In September 2025, OIG issued a report noting that during resident assessments, nursing homes failed to report 43% of falls with major injury and hospitalization among Medicare-enrolled residents. The memo builds on earlier reforms finalized in 2022 and 2023 and is aimed at accelerating improvement, curbing repeat noncompliance, and increasing accountability for facilities that continue to put residents at risk.

The Long-Stay Prevalence of Falls is a survey measure that is a broad one. It includes any fall, including intercepted falls and those resulting from overwhelming external force since admission, at readmission, or the most recent OBRA or PPS assessment, regardless of whether an injury occurred, she explained. While there is no standalone quality measure for falls with injury other than major injury, CMS does collect that information through specific minimum data set (MDS) items – J1900B and J1900C – which track falls with injury and falls with major injury.

In addition to adding falls prevalence data as criteria for SFF selection, CMS outlined some other changes to the program. Namely, if a survey agency is considering two SFF candidates with a similar compliance history, CMS is now recommending selecting the facility with the higher prevalence of falls among the resident population. Furthermore, nursing homes will be identified as SFF candidates based on their last two standard health survey cycles, a change from three such cycles previously.

State survey agencies will select new SFFs from the latest CMS-issued candidate list, typically updated monthly, with 5 to 30 nursing homes per state. Currently, 88 SFFs are on the list, and CMS will conduct surveys at least every six months (a minimum of two per year), with Life Safety Code and Emergency Preparedness surveys conducted at least annually, the memo noted as part of the revisions.

Once CMS approves a new SFF, the state survey agency must notify the facility. The CMS memo now states that the facility then has five business days from receiving the notice to submit contact information for all accountable parties.

A nursing home will graduate from the SFF program after two consecutive standard health surveys with 12 or fewer deficiencies at level “E” or below, the memo notes. Facilities cannot graduate if any survey shows deficiencies at “F” or higher, LSC/EP deficiencies at “G” or higher, 13 or more total deficiencies, or pending complaint surveys triaged as Immediate Jeopardy or Non-IJ High. Graduation requires the facility to have returned to substantial compliance across all surveys.

Also unchanged from past guidance is the monitoring period. CMS will monitor SFF graduates for three years, and facilities showing continued serious deficiencies may face enhanced enforcement, including possible termination from Medicare or Medicaid.

CMS Issues Revisions to State Operations Manual Chapters 5 and 7

On January 30, 2026, the Centers for Medicare & Medicaid Services (CMS) issued a memorandum announcing revisions to Chapters 5 and 7 of the State Operations Manual (SOM). The updated guidance is effective March 30, 2026, and CMS directed that the information be communicated to appropriate staff within 30 days.

Revisions to Chapter 5 focus on oversight and investigation processes related to alleged noncompliance in nursing homes. CMS updated examples used to determine Immediate Jeopardy (IJ) priority, including situations such as discharging a resident to an unsafe setting. The revisions also clarify that off-site investigations must be approved by CMS in advance to ensure consistent application across states.

Chapter 7 was substantially updated to standardize survey and enforcement processes and to consolidate guidance previously found in Appendix P of the SOM. The revisions address a wide range of topics, including survey team composition, survey procedures, plans of correction, verification of corrections, survey revisits and off-site paper reviews, off-hours surveys, enforcement actions, nurse staffing waivers, and the disposition of civil money penalties (CMPs). Technical updates were also made to ensure references throughout the chapter are accurate.

Guidance on IJ was updated to clarify how it is identified, how surveyors determine when it has been removed, and conditions under which the severity of a deficiency may be reduced once IJ is abated. The revisions also clarify expectations for acceptable plans of correction in response to Office of Inspector General (OIG) recommendations.

Enforcement updates revise CMP policies to reflect current practices, including the use of the CMP Analytic Tool and annual inflation adjustments under the Federal Civil Penalties Inflation Adjustment Act. Changes aligned with the Fiscal Year 2025 Skilled Nursing Facility Prospective Payment System final rule expand CMS's ability to impose per-instance and per-day CMPs to support sustained correction of deficiencies.

Updates to the Civil Money Penalty Reinvestment Program clarify allowable and non-allowable uses of CMP funds, application review procedures, and reporting requirements for funded projects. The revisions also state that state CMP fund balances will be publicly posted. Guidance on Informal Dispute Resolution (IDR) was updated to align with the Independent Informal Dispute Resolution (IIDR) process and to include instructions for documenting deficiencies pending IDR or IIDR in CMS record-keeping systems.

[Access the memorandum here.](#) ([qso-26-03-nh-original-release-date-2026-01-30.pdf](#))

Nursing Home Surveys: More After-Hours Inspections and Consistent Team Staffing

The Centers for Medicare & Medicaid Services (CMS) is updating its nursing home surveyor guidance to emphasize more off-hours surveys, standardize survey team composition and add more examples of Immediate Jeopardy situations to help guide surveyor assessments. The agency explained the coming changes in a memo late January.

As far as off-hours surveys, guidance has long allowed “variance” in survey timing to include evenings and weekends. The new memo, however, said CMS has standardized off-hours survey expectations. Providers should expect more consistent use of non-business-hour starts to observe real-world staffing and care patterns. The authority exists in today’s [guidance document], but the new language is intended to make application more uniform across states.

Survey composition changes are “reaffirming the key role of RNs in survey leadership activities as well as clinical assessments” and also emphasize “the importance of using a multidisciplinary team to assess a provider’s compliance and get a holistic view of the facility’s operations.” Overall, the guidance indicates that the make-up of a survey team should be based on the facility’s prior noncompliance and complaint history, with specialists on hand as needed.

CMS also indicated surveyors must pass the Surveyor Minimum Qualifications Test to be able to survey independently but can be part of a team and complete some tasks if they are being surveyed by a qualified surveyor. CMS also confirmed that an RN must be included on the multidisciplinary team for initial and recertification surveys.

All of the changes ([gso-26-03-nh-original-release-date-2026-01-30.pdf](#)) become effective March 30.

CMS said it is also addressing recommendations from the Health and Human Services Office of Inspector General by clarifying what an acceptable plan of correction must contain. Facilities should expect a stronger emphasis on root cause, durable systemic fixes, measurable milestones, and credible monitoring. The chapter currently describes plan of correction elements. The 2026 text tightens expectations.

Specific guidance wasn’t added to the revised State Operations Manual, but by saying it’s implementing an OIG recommendation, the expectation is that CMS expects that plans of correction will need more specifics to be accepted moving forward.

That should reduce state-to-state variation and cut down on disputes about process. Surveyors should arrive better prepared, with defined roles and more robust off-site prep, which can make findings more focused and timely.

Nursing Home Sues its Insurer to Pay for More ‘Killer Nurse’ Lawsuits

A Pennsylvania nursing home that employed a nurse convicted of murdering three residents and plotting to kill 19 others says its insurance carrier is trying to not pay on as much as \$2.5 million in claims coverage. The coverage impasse has restricted the provider’s ability to negotiate settlements with the estates of six victims of so-called “killer nurse” Heather Pressdee, plaintiff attorneys said.

The Columbia Casualty Company, a unit of CFA Financial Corp., is wrongly interpreting a state malpractice law to mischaracterize the type and number of claims it must cover, say attorneys for Sunnyview Nursing and Rehabilitation Center of Butler, PA. The insurer maintains that it can be held responsible for only \$500,000 per claim, or \$1.5 million in aggregate.

Sunnyview counters that the lawsuits do not fall under a traditional medical professional liability exception clause under the Pennsylvania Medical Care Availability and Reduction of Error Act (MCCARE), which manages a state malpractice coverage fund. Sunnyview argues that the lawsuits allege offenses pertaining to “non-medical administrative decisions and supervisory failures” regarding former nurse Heather Pressdee and therefore shouldn’t be subject to the law’s medical-care limits.

In 2024, Pressdee pleaded guilty to three counts of first-degree murder ([\[UPDATED\] ‘Killer Nurse’ gets 380 years after pleading guilty to 3 nursing home murders - McKnight's Long-Term Care News](#)) and 19 counts of attempted homicide. Nicknamed “the killer nurse” by former co-workers, she was employed at 11 nursing homes over her five-year nursing career. She admitted to killing residents with insulin overdoses and is now serving a life sentence without parole.

Other Pennsylvania providers that employed Pressdee also are facing lawsuits filed by the estates of former residents.

In the Sunnyview case, the court must interpret the meaning and intent of a stipulation that MCARE claims are valid for actions “arising out of the rendering of or failure to render professional services.” “Allegations that involve hiring, training, retention, and supervision of employees including their actions that are performed outside of the furnishing of medical services are not covered under the Act,” Sunnyview attorneys wrote in their filing in the US District Court for the Western District of Pennsylvania.

The Sunnyside claim also challenges its insurer’s attempt to bundle the six lawsuits as one related claim. Instead, they should be treated as “at least” three claims based on their characteristics, plaintiff attorneys said. They noted that four of the suits focus on alleged negligent supervision issues; another is based on alleged systemic neglect that led to Pressdee’s hiring; and the last focuses on alleged negligent hiring practices.

The outcome of the case could determine whether the insurer will be responsible for covering one claim at the lower limit of a \$500,000 cap, or three claims capped at \$1 million each, or up to \$3 million in aggregate.

Sunnyview’s attorneys assert that none of the lawsuit’s center on “medical skills associated with specialized training that is required for coverage under the MCARE Act.” Therefore, they said the lower policy coverage limits should not apply.

Use of Robots in Nursing Homes: From Monitoring and Cleaning to Therapy Bots

As nursing home operators seek wraparound services to help with staff burnout, turnover and retention, leaders in the sector say it's unwise to overlook the use of robotics.

Robotics that help with cleaning, dietary and menu selection in particular seem to be more within reach for a lot of operators, freeing up staff to focus on more complicated tasks. But robotics adoption in skilled nursing is still early and limited, Heitz Technologies Founder and Ignite Medical Resorts Consultant Rob Heitz told Skilled Nursing News, with only a small segment of the U.S. nursing home market using robotic technology at scale.

Latest innovations involving robotics include getting high-acuity residents up and moving – a major challenge in skilled nursing. Without robotics, getting such residents up and moving is labor intensive and risky for both the residents and the staff, requiring multiple therapists, Heitz said.

Heitz's background is in neurological rehabilitation robotics, including robotic exoskeletons, virtual reality and sensor-based systems that support gait training and mobility for residents who might otherwise remain bed- or wheelchair-bound.

And while the industry has made some headway with staff numbers, many residents don't receive as much mobility therapy as they should. The goal here is earlier, safer mobilization of residents and faster functional improvement, but not at the expense of a staff position. Indeed, tools for physical therapy robotics are meant to make clinical practice more efficient, Heitz said, while also reducing injury risk and improving job satisfaction.

The greater use of robotics could help with staff recruitment and retention as well, Heitz said. "Having those advanced tools, it's attractive. It helps retention, it helps attract better staff and maintain high quality staff because they have access to technology and to more advanced tools," Heitz said.

Ignite is the only skilled nursing operator in the U.S. known to have integrated physical therapy robotics at scale, with 18 robotic devices across 28 facilities. Getting people up on the first day that they're there, getting them up and moving to a better condition more quickly. It's not necessarily replacing the user, but really facilitating them to do their job more efficiently, more effectively, and oftentimes at lower risk of incurring their own injuries.

Monarch Healthcare Management, meanwhile, has seen its robotics collaboration generally foster excitement among residents and staff, resulting in reduced fear of technology for any future investments.

Monarch uses Pepper Softbank Robots for resident interaction, in collaboration with the University of Minnesota Duluth robotics program. Pepper robots are more hospitality focused with emotion recognition and customer service programmed in. The overall experience was positive, the robots didn't reduce staff workload, given that it took extra time in the day to work on the social functions of the robots. surprise benefit of robots was that residents seemed more willing to share information with the robots than with people, regardless of cognitive status.

Most existing research on rehabilitation robotics focuses on hospitals and inpatient rehabilitation rather than skilled nursing. It's a common pattern for these settings to see new health care technologies before filtering down to other care settings like nursing homes, Heitz said.

Robots typically require a capital investment ranging between \$50,000 and \$150,000, Heitz said, with physical therapy robots priced at the higher end and task-based bots, like floor-cleaning robots, at the lower end.

Robotics purchases in the U.S. are funded through philanthropy or foundation grants rather than operating budgets. Currently, there's little to no federal or state funding for robotics in nursing homes, but that may change once return on investment and payer savings comes into focus.

Task-based robotics offers clearer return on investment, while therapy robotics rely more on indirect benefits such as safety, outcomes, differentiation and workforce stability. Improved financial performance could potentially translate to higher wages for staff, but this hasn't been observed as yet, Heitz said.

Humanoid or semi-humanoid robots that can help nursing home staff with direct resident interaction, repositioning and routine tasks are anticipated in the U.S. within the next two to three years, Heinz said. But dexterity and general-purpose functionality remain major challenges, he said.

In the near term, task-specific robots like cleaning, food service and logistics will expand, along with greater integration of artificial intelligence (AI). This means more autonomous and interactive systems in facilities, Heitz said.

Robotics has already been proven effective in other countries, with Japan in particular using robots to lift, move and rotate nursing home residents in beds and around rooms, as well as mobility robots used by residents to move around and bathe, according to a study published in January 2025 by the University of Notre Dame. The study found that robot use was associated with increased employment and employee retention, along with improved productivity and a higher quality of care.

Robots assisting with resident transfers, mobility and monitoring were shown to reduce physical strain on workers and in turn helped retain staff – this was especially true for part-time workers and staff with less experience. And facilities using robots reported fewer resident restraints and pressure ulcers, researchers of the Notre Dame study found.

Resurgence in Legislation on Electronic Monitoring Devices in Nursing Homes

There's been a resurgence in legislation on electronic monitoring devices in nursing homes, with 17 states actively figuring out the right balance between privacy for residents and their safety amid continued workforce pressures. One thing is clear between operators and state associations: such laws must put resident choice and autonomy first.

Legal expert Bradley Arant Health Care Attorney Chris Puri shared examples from five states, including Ohio and Oklahoma, which he said were considered "best in class" when it came to nursing home surveillance. He said that as the legislative push expands, states will be eyeing their example closely.

In 2020, about nine states had laws allowing cameras in resident rooms, with Rhode Island's law just going into effect last month and Florida, New York and Pennsylvania having bills moving along this legislative session.

The pandemic changed what families expect from long-term care. They want access, they want transparency and they are not going to settle for less. Providers should learn the regulations, develop clear policies and procedures and train staff.

Oklahoma's resident room monitoring laws were ahead of the curve. These laws were implemented in 2013 and expanded in 2020 to offer a strong, consistent framework including roommate rights, conspicuous signage and anti-retaliation, along with device placement and security rules. Oklahoma set the standard. "Oklahoma's provisions are frequently cited in multistate policy comparisons for their clarity and balance between dignity and privacy, and resident safety," said Puri.

In Ohio's case, the resident's choice has played an important role. Policymakers and families continue to look for ways to enhance transparency and resident safety through a renewed interest in such monitoring in Ohio, Ohio Health Care Association CEO Scott Wiley told Skilled Nursing News. States that don't already have monitoring laws are re-examining their existing framework. The trend reflects an important ongoing conversation about how technology can support trust and accountability in long-term care, Wiley added. "We believe it's essential that discussions around electronic monitoring remain centered on resident rights — ensuring that any monitoring is driven by the resident's choice and aligned with their dignity, privacy and autonomy."

Ohio's Esther's Law passed in 2022 is considered a newer, comprehensive enactment with a lot of Illinois components: cameras are authorized in nursing home rooms with resident and roommate consent, signage, anti-retaliation and temper prohibitions. "Because Ohio's legislation is recent, it reflects lessons learned from earlier states and has quickly become a reference point," said Puri.

OHCA engaged with lawmakers and state agencies during implementation to align the law with real-world care environments, added Wiley. Throughout the process, the association stressed that electronic monitoring needs to be a resident-driven decision and that providers shouldn't bear the responsibility of installing, operating or managing the monitoring devices or the recordings they produce. Instead, OHCA has engaged constructively to ensure resident privacy is protected and the legislative framework avoids unintended legal, HIPAA-related or operational consequences, Wiley said.

Striking a balance between safety and privacy begins with a simple but essential premise, Wiley said: resident autonomy is first, always. “Safety and privacy are not competing priorities – both must be upheld simultaneously,” Wiley said.

Some people don’t want a camera watching them get dressed or having a private conversation with their doctor. That is very valid. While others — especially families who live far away or can’t visit often — want that window into daily life. That is a conversation within the family that needs to happen and providers can help guide that if requested.

Context matters, and cameras do not always provide it. No one wants to end up in court, but at the same time it makes sense why families want this option.

While Ohio is more recent, Illinois was one of the first to get monitoring legislation on the books. Authorized Electronic Monitoring in Long-Term Care Facilities Act is considered a model for other states. “It offers explicit statutory authorization, standardized consent forms, roommate consent and accommodation rules, clear signage and notice requirements, anti-retaliation provisions and procedures for disabling during personal care upon request,” Puri said.

State law offers options to restrict audio and penalties tied to obstruction or tampering of monitoring equipment; Illinois law also lays out cost allocation and complaint pathways for situations concerning resident monitoring.

Texas, meanwhile, offers another template statute with clear resident and roommate consent for monitoring, Puri said. Monitoring must be done with mandated notices and door placards, anti-retaliation protections, detailed placement and privacy parameters, limits on covert use and an enforcement structure. “Operational guidance for facilities is well developed and familiar to regulators and providers,” added Puri.

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.



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

YOUR PADONA ASSOCIATION CONTACTS:

CEO/President:

cmcmullen@padona.com (Candace McMullen)

Executive Director:

scampbell@padona.com (Sophie Campbell)

Administrative Assistant:

luann@padona.com (LuAnn White)

PADONA is on LinkedIn! Follow us at:
[linkedin.com/company/padona](https://www.linkedin.com/company/padona)

PADONA is an approved Directed Inservice Training Provider!!

We offer a Discounted fee with our Directed In-services and all education for providers with at least one PADONA member!

**[PADONA provides education for member facilities!](#)
[Contact PADONA for your education needs!](#)**

scampbell@padona.com

You received this message because you are subscribed to the Google Groups "ALL BUT AGENCY" group.
To unsubscribe from this group and stop receiving emails from it, send an email to AllButAgency+unsubscribe@padona.com