



**Come on over! We're hoping you will be there! We want to see you there!**

**The 2026 PADONA Annual Conference – of course! Where else can you:**

- **Attend 15 education sessions in 4 days – YES YOU CAN!**
- **Receive 18.0 Nursing and administrator CE hours**
- **Learn from CMS, the Department of Health, Office of Long-Term Living and PA Life Safety Inspection in the same conference**
- **Listen, learn and laugh with industry leaders and experts**
- **Meet and network with colleagues doing what you do**
- **Indulge in culinary delights and oh the desserts – and did I mention chocolate**
- **Meet the PADONA board members – live and in person**
- **Party like its 2023 (remember when the pandemic ended and your feet had to dance)**

**The PADONA 38<sup>th</sup> Annual Conference registration at the iconic Hotel Hershey in the sweetest place on earth is open for your registration! Don't wait – hotel rooms fill up quickly – and why not?! PADONA is hoping to host you again this year for 4 days!**

**And while at the conference – please stop and meet our board of directors. They are there to assist you through the conference experience but want to meet you too!**

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

**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
- **Need to Know: 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
- **Antibiotic Stewardship**  
**Date:** June 2, 2026  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Denise Cutting, RN, MSN, MHS, CNL, CIC, Infection Prevention Advisor with Patient Safety Authority  
**Registration Fee:** \$35 for members and \$50 for non-members
- **Wound Care Infections**  
**Date:** June 23, 2026  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Merewyn Sheeran, BS, RN, CIC, LTC-CIP, Infection Preventionist | PA Project Firstline  
**Registration Fee:** \$35 for members and \$50 for non-members
- **HAI Reporting requirements in Pennsylvania**  
**Date:** July 7, 2026  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Amanda Bennett, MPH, MLS(ASCP)<sup>CM</sup>, CIC, Infection Prevention Advisor, Patient Safety Authority  
**Registration Fee:** \$35 for members and \$50 for non-members
- **Enhanced barrier Precautions Reviewed**  
**Date:** August 18, 2026  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Monica Magee, BSN, RN, CIC, Infection Prevention Advisor, Patient safety Authority  
**Registration Fee:** \$35 for members and \$50 for non-members
- **Leadership in Healthcare**  
**Date:** September 1, 2026  
**Time:** 11:30 am until 12:30 pm  
**Educator:** Tammy Dunmyre, RN, RAC-CT, Nurse Consultant, Lewis Litigation 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

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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**

**8.0 Nursing Continuing Professional Development Contact Hours**

**Eduator is: Melanie Ronda, MSN, RN, LTC-CIP, CPHQ**

**Director, Healthcare Quality Improvement, Health Systems Leader, Infection Preventionist**

**I PRO – the PA QIO**

**Registration is open now!**

\*\*\*\*\*

Plan to schedule team members to attend the

**PADONA Annual Skin and Wound Care Course**

**August 4, 2026**

**8 am – 12:30 pm**

**4.0 Nursing Continuing Professional Development Contact Hours**

**Eduator is: Angela Huffman, RN, WCC, CHC**

**Compliance Specialist Ascension Living**

**Registration is open now!**

## PADONA ANNUAL CONFERENCE

REGISTRATION IS OPEN!

### PADONA's 38th Annual Conference

Tuesday, March 24 – Friday, March 27, 2026

The Hotel Hershey • Hershey, Pennsylvania

Registration is open for PADONA's 38th Annual Conference! 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](https://padona.com/convention)

Or contact: LuAnn White – [luann@padona.com](mailto: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 Inspections

Will all be providing education sessions at the PADONA 38<sup>th</sup> 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](mailto:scampbell@padona.com)

Last day to send questions is March 13, 2026



# Congratulations!

*PLEASE JOIN PADONA IN CONGRATULATING THE 27 NURSE LEADERS WHO RECENTLY BECAME CERTIFIED NURSING DIRECTORS IN LONG TERM CARE (CNDLTC)!!!!*

**Brittany Bacher  
Ida Barnhart  
Amber Bennett  
Stephanie Boxler  
James Brady  
Sunil Chacko  
Sarah Colon Randolph  
Allison Dent  
Jessica Drexler  
Elizabeth Ernst  
Donna Ferguson  
Jesse Gaylor  
Gretchen Geist  
Deirdre Howard  
Kristen Kelly  
Amy Kidd  
Tierany Lowell  
Carissa Matty  
Alverda McClintock  
Kathryn Pobursky  
Nicole Polliard  
Debra Ann Shutter  
Chandra Smith  
Megan Spring  
Vicki Teal  
Kathrine Thompson  
Kimberly Weaver**

**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.

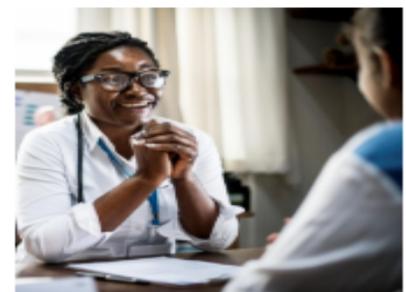


## We Meet You Where You Are

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](mailto:mronda@ipro.org), or [schedule a one-on-one conversation](#) with your local Quality Improvement Advisor to learn more.





# 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](mailto: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

## Leadership Snippets

### Why Is Employee Engagement Low? ...And What Can We Do About It?

This is one of the most common concerns for leaders. Many describe the stress of wondering what they are missing, wishing they could do better, and feeling the pressure of wanting their teams to thrive. At the same time, these conversations often include a different thread – a shift toward frustration and blame. We hear comments like, “*They have a poor ethic*”, “*They just lack motivation*,” “*That younger generation...*” “*That older generation...*” – you get the idea!

It's easy to interpret the issue as something wrong with the employees themselves rather than a signal about the environment in which they are working in. But what if lack of engagement isn't about the person at all, but about their experience at work? And this matters because engagement isn't just “nice to have”. Research consistently shows that customer service, innovation, and achieving organizational goals are natural outcomes when employee engagement is high.

Engagement does **not** respond well to pressure, mandates or motivational slogans. It grows in environments where people feel supported, valued and connected to work in meaningful ways. Engagement is the by-product of the culture people experience every day.

When leaders shift from trying to *extract* engagement to intentionally cultivating it, the dynamic changes. Instead of asking, “Why aren't employees more motivated?” the question becomes, “What conditions help people thrive here?” This reframing opens the door to curiosity instead of blame, and to practical action instead of frustration. Engagement improves not because employees suddenly choose to care more, but because leaders can begin to create the kind of workplace where caring and a sense of connection are possible.

**Rethink dips in performance.** Pause, ask questions, find out what is really going on. Is the work lacking meaning? Is there unresolved team conflict?

**Focus on priorities and purpose.** Regularly articulate what matters most – and why it matters. Clarity is essential for engagement.

**Think micro-moments.** Pay attention to how you show up in your everyday interactions. Are you approachable? Do you take an interest in people's work? Do you check in on progress without micromanaging?

**Recognize effort.** Acknowledge progress, learning and perseverance—not just task completion. Appreciation is powerful.

**Invite voice and offer choice.** When people feel their perspective matters, they invest more deeply. Ask for input, listen openly, and follow up so employees see the impact of their contributions.

**Remove barriers to doing great work.** Leaders can improve engagement by clearing roadblocks and adjusting workloads or streamlining processes.

These practices are not complicated, but they do require attention and intention. Engagement grows in places where leaders cultivate clarity, trust and connection. Start small. Choose one practice to focus on this week and notice the difference it makes. Engagement grows through consistent, intentional moments – and the environment you create can make all the difference.

*Culture matters. It's the environment that either fuels engagement or quietly erodes it.*

Excerpted from Achieve Lea

## **Compliance Communications**

### **93-Year-Old Resident Dies After Elopement from Connecticut Nursing Home**

A 93-year-old woman died after wandering outside a Connecticut nursing home in dangerously cold, below-zero temperatures on February 8, 2026, police said. Surveillance footage shows she exited the facility at approximately 1:50 a.m.

Around 4:45 a.m., staff discovered she was no longer in her bed and began searching the property. Employees were aware that she had a history of wandering related to cognitive decline. She was eventually located outside in a snow-covered area just beyond the driveway, south of the building. Investigators believe she may have fallen in the snow.

Authorities reported that the woman was unresponsive when she was found, though staff indicated she initially had a pulse. She was placed in a wheelchair and brought back inside the facility, where resuscitation efforts began. Police said emergency medical services (EMS) were not contacted until after she was located and staff had started providing aid. EMS and police were called at 6:23 a.m.

The woman was later transported to a hospital, where she was pronounced dead. Officials said the exact cause of death has not yet been determined, noting factors such as her age, cognitive condition, and the extreme weather. The state Office of the Chief Medical Examiner took custody of the body and will conduct an autopsy to determine the official cause and manner of death.

Family members said the woman had Alzheimer's disease and wore an ankle monitoring device designed to alert staff if she attempted to leave the building. According to relatives, the monitoring system had functioned properly during previous outings. Police confirmed that the investigation remains ongoing and said it is too early to determine whether any policies were violated. However, an officer noted that in situations involving exposure to severe weather, emergency responders are typically contacted immediately.

Investigators also believe the woman may have exited through a rear employee entrance intended to remain closed and locked, but which allegedly was often propped open. Police said the door does not have a Wander Guard monitoring system but requires a keypad code to unlock it.

## **Compliance Requirements:**

- 1) Review policies and procedures related to elopement risk assessments to ensure team members recognize changes that require the completion of a new risk assessment. Ensure all team members are aware of the signs of potential elopement and exit seeking behaviors and know to report these and monitor.
- 2) Ensure facility policies related to resident elopement prevention include door security and checking alarms for function and doors do not open when they are alarmed.
- 3) Ensure all team members on all shifts are aware of the residents who are elopement risks and what their responsibilities are in keeping residents safe as well as in maintaining door safety.
- 4) Ensure all team members on all shifts are aware of the steps to take if they note a resident who has left the care unit.
- 5) Routinely educate team members in all departments regarding these policies and procedures.
- 6) Routinely and periodically audit team members for understanding of these policies and their responsibilities.
- 7) Routinely audit all doors that are required to function with the wander guard or other devices to ensure they are working as expected and ensure they are being monitored for function as well as the wander guards or other devices.
- 8) Communicate audit results through the QAPI committee.

## **Providers May Be Blindsided By Unexpected CMS Antipsychotic Data Changes**

Federal regulators made it clear last year that changes were coming in January 2026 as to how they calculated rates of antipsychotic drug use in nursing homes. But now the agency appears to have made even more changes without advance notice.

One consequence could be lower five-star ratings of which providers might be unaware. The Centers for Medicare & Medicaid Services (CMS) announced in its manual that this new hybrid antipsychotics measure would start with an initial period of the third quarter of 2025. But the results they put out show they applied it to time periods before July 1, 2025.

The problem, as stated by experts, is that the first regenerated calculations came out January 21, as expected. But many providers who re-ran their reports on or after January 26 found values had changed — with no notification having come from CMS. Most providers have seen a decrease in their quality measure ratings. QIP values will be recalculated July 1, 2026, which is when effects of the unexpected changes could really be realized.

The updated long-stay antipsychotic measure now includes Medicare and Medicaid claims data and Medicare Advantage encounter data to supplement MDS data. Prior to the update, the national average for the long-stay antipsychotic measure was 14.423%. Now with MDS and claims data factored in, it has jumped to 16.69%, citing Data.CMS.Gov information.

Most providers will experience an increase in percentage points. However, for star rating calculations, the cut points for this measure have been set to place providers into 10 equal deciles based on the distribution of providers' performance, citing the Five Star User's Guide.

Although the antipsychotics data goes back farther, the iQIES resident level and facility level reports on Care Compare still only display the third quarter. The data collection period for this measure remains blank on Care Compare.

One way or another, providers need to be aware of their revised data so they can accurately pursue their quality improvement initiatives. If a facility was a 5-star or 2-star in Quality Measures and they lose a star, that will affect their overall rating. It could be very important for a facility that drops overall from 3 stars to 2 stars, or from 2 stars to 1 star, just because of this technical change. Providers need to become familiar with the revised specifications so that they can understand and explain any changes in their ratings.

Last September, CMS announced a new ([REVISED: Updates to Nursing Home Care Compare](#)) timeline for incorporating changes to the long-stay antipsychotic measure and how it's displayed on Care Compare. At the time, it projected that data would include all Medicare, Medicare Advantage and Medicaid claims and encounter data, in addition to Minimum Data Set (MDS) data, starting January 28, 2026.

The goal, regulators said, is to reduce underreporting and identify more inappropriately excluded prescriptions.

## **CMS Reignites \$80 M Long-Term Care Nurse Education Grants Program**

The Centers for Medicare & Medicaid Services (CMS) has injected new life into a grant program that could supply as much as \$40,000 in educational grant funding to nursing students intending to work in long-term care.

CMS posted a Notice of Funding Opportunity on February 9, specifying that up to \$80 million may be distributed. The new notice is aimed at entities that might apply to become distributors of the grant money — called Financial Incentive Administrators — such as educational institutions. The same kind of notice was posted in January of 2025, but after the new administration came on board, no applicants were selected. Last fall, CMS Administrator Mehmet Oz then said the program was being tweaked and would be restarted in 2026.

At its core are stipends and loan repayments to registered nurses and licensed practical nurses who must pledge to work three years in either a federally qualified nursing home or state survey agency. The program is meant to tackle severe shortages of government facility inspectors, as well as help bolster facility workforce ranks.

The CMS notice ([Search Results Detail | Grants.gov](#)) created excitement at the American Association of Post-Acute Care Nursing (AAPACN) when they learned of it said Janine Finck-Boyle, the group's senior vice president of engagement. AAPACN cannot apply for FIA status because as a nursing education organization that has members, it is not eligible.

There have been several starts and stops to the Nursing Home Staffing Program ([Nursing Home Staffing Campaign | CMS](#))— dating back to the Biden administration. Initially, \$75 million was pledged in 2023 toward helping boost the LTC workforce as an outgrowth of the Biden nursing home staffing mandate. FIA applications must be submitted by March 27, 2026. Awards will be announced June 15, with the earliest possible start to the program expected to be July 1, 2026. The agency will award one or two applicants per region, according to a notice posted by the American Health Care Association (AHCA) this week. CMS said 15 grants are expected to be awarded. The FIAs will notify grant distributors which labor-needy nursing homes will qualify to benefit from the grant winners.

Nursing homes, nursing home associations and state agencies are not eligible to be grant distributors. Organizations that may apply include education organizations, nonprofit nursing and education organizations, nonprofit organizations, and other small nonprofit businesses, AHCA noted, citing CMS specifications.

Nurses already working in nursing homes are not eligible to receive grant funding, which could amount to up to \$40,000 for student loan repayment, or a \$10,000 stipend to work at a qualifying facility, or both. LPNs and RNs (both two-year and four-year educated) are eligible to receive the grants.

## **Coverage Denials Focus On Functional Gains and SNF Transitions**

With length-of-stay shrinking and appeals netting just an average of four days more skilled nursing care, researchers say it's time for providers to focus on function, transitions and more effective documentation. In a new study of discharge appeals, researchers found that the 10% of post-acute residents who sought longer stays commonly cited concerns about discharge readiness. Appeals led to an average of just four more days of nursing home care "without much additional functional improvement and residents still mostly went home."

"Our findings highlight the importance of improving transitional care for the SNF-to-home transition," wrote the team from the University of California San Francisco and the University of Colorado Anschutz Medical Campus. "Appeals may be borne from a gap in patient/caregiver knowledge about how to manage medications, wound care, and maintenance therapy after discharge. Transitional care programs that focus on creating care plans before SNF discharge could help."

Much of the focus nationally in recent years has been on Medicare Advantage denials and appeals. KFF reported ([Medicare Advantage Insurers Made Nearly 53 Million Prior Authorization Determinations in 2024 | KFF](#)) in February that MA plans issued more than 53 million prior authorization requests and denied 4.1 million (or 7.7%) of those in 2024. That's an increase over the 6.4% in 2023. Traditional Medicare issued far fewer prior authorization requests, but denied a larger share at 22.9% in 2024, per KFF.

But the study ([Can I Stay, or Must I Go Now? A Cohort Study of Discharge Appeals in a Post-Acute Skilled Nursing Facility - Journal of the American Medical Directors Association](#)) published in *JAMDA* February 2 found that denial and appeals concerns at the single California nursing home examined transcended insurance type: About 43% of appeals were connected to residents on traditional Medicare. The researchers noted their discharge dates are typically set by staff at the nursing home, rather than by insurance plan staff or algorithms employed by plans ([Medicare advantage becoming a disadvantage with use of artificial intelligence in prior authorization review | npj Digital Medicine](#)).

The analysis showed the median time to first appeal was 19 days and that results were similar among those who won their appeals and those who lost their final appeal. Overall, the 30-day rehospitalization rate was 21.3%, with a 27.8% rate among residents who lost their final appeal compared with no rehospitalizations among those who won their appeals. But the fact that most residents lost their final appeal and still reported concerns about discharge readiness — even when clinicians did not — highlights the "significant distress" experienced by appellants, wrote the researchers, led by James Deardorff, MD, of the Division of Geriatrics at UCSF.

"Although patients go to SNFs to recover independence, many subsequently experience adverse outcomes, such as rehospitalization and prolonged periods of functional impairment. Therefore, the discharge process from an SNF to home is frequently a distressing time for patients and caregivers who may feel unprepared and unsafe to return home," the study concluded. "This may reflect a broad disconnect between patient/caregiver expectations regarding discharge readiness and eligibility criteria for institutional skilled post-acute care set out in the Medicare Benefit Policy Manual." When the need for rehabilitation ends, many residents may come to the realization they will need help with everyday tasks such as housekeeping, meal preparation and personal care assistance — services not covered as a post-acute care benefit in Medicare.

Additional studies could examine whether appeals rates could be related to the local availability of long-term supports and services. The study used electronic health records to capture information about resident function and ongoing needs; researchers noted that clinical documentation about appeals was "sparse. If SNF staff believe patients have ongoing skilled needs, thorough clinical documentation about those needs — including the diagnosis and specific ongoing skilled nursing/therapy needs — is essential to effectively advocate for patients," they reminded.

## **Beyer Introduces Legislation to Address Nationwide Nursing Shortage**

**Washington, February 4, 2026**

Congressman Don Beyer (D-VA) today introduced the National Urgent Recruitment for Skilled Employees (NURSE) Visa Act to address the nationwide nursing shortage by making visas available to foreign nurses working in areas where the Health Resources and Services Administration (HRSA) has determined there is a nursing workforce shortage.

“Across the country, healthcare facilities are facing staffing struggles because we simply don’t have enough nurses. As our health care system grapples with an increasing number of retiring nurses, the continued ripple effects of the pandemic, and continued high demand for skilled nursing professionals, we are approaching a critical tipping point where acute nurse staffing shortages are driving burnout leading to a compounding cycle,” said **Rep. Don Beyer**. “My bill, the NURSE Visa Act, would bolster the nursing workforce by allowing qualified foreign nurses to fill these gaps, ensuring that hospitals and clinics remain adequately staffed and American families get the timely, high-quality care they expect and deserve.”

Specifically, the NURSE Visa Act would create 20,000 nonimmigrant visas per fiscal year to employ nurses in areas where the HRSA has determined there is a nursing workforce shortage and where the facility has a provider-to-patient staffing ratio in place.

The United States has long struggled with nursing workforce shortages, which were further [exacerbated by the COVID-19 pandemic](#), and the current domestic training infrastructure will be unable to meet these needs in the near term. According to a [Health Workforce Analysis](#) published by the HRSA in December 2025, federal authorities project a shortage of 267,330 full-time registered nurses (RN) in 2028 and a shortage of 204,690 full-time RNs in 2033.

Text of the National Urgent Recruitment for Skilled Employees (NURSE) Visa Act is available (<https://beyer.house.gov/uploadedfiles/beyer>)

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## **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](mailto: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.

## **Congress Moves to Institute Its Own LTC Staffing Rule - To Force Spending on Workforce**

A group of seven Democratic senators is introducing legislation backing a new nursing home staffing rule that imposes standards similar to those included in repealed federal regulations.

In addition, the Nurses Belong in Nursing Homes Act calls for an additional \$800 million in enforcement funding. It also would require the Centers for Medicare & Medicaid Services (CMS) to tap civil monetary funds to provide significant investments in the long-term care workforce.

The bill, sponsored by Senator Ron Wyden (D-OR), would amend Medicare and Medicaid statutes to establish minimum staffing standards, including the 24/7 presence of a registered nurse and a staffing floor of 3.48 total nursing hours per resident day provided by RNs, licensed practical nurses (LPNs) and certified nurse aides (CNAs).

It in many ways mimics the 2024 mandate implemented — and repealed ([BULLETIN: HHS repeals nursing home staffing rule provisions - McKnight's Long-Term Care News](#)) early February — by CMS. But because it makes clear Congressional intent to change long-held staffing provisions, it would be immune to some of the legal challenges provider groups used to defeat the CMS rule in two federal courts.

It is unlikely to advance in a Republican-controlled Congress, in which other leaders in both houses had previously introduced bills to block the rule's labor provisions from taking effect. Congress ultimately put a 10-year moratorium on the rule even before its repeal.

Congress has already spoken on this issue “when it deemed staffing mandates inappropriate and a threat to seniors’ access to care,” Clif Porter, president and CEO of the American Health Care Association/National Center for Assisted Living, said in a statement.

“It’s unfortunate that a minority of lawmakers are focused on outdated and failed policies of the past rather than common-sense and forward-thinking solutions,” he added. “Nursing homes have made significant strides recently, but to address our nation’s growing caregiver shortage, we need a collective effort in Washington to help us build the caregivers for tomorrow. We stand ready to work with policymakers from both parties on better ways to strengthen the nursing home workforce and quality care.”

The Senate bill (<https://www.finance.senate.gov/download/021226-nurses-belong-in-nursing-homes-actpdf>) would require a Department of Health and Human Services (DHS) study within two years of enactment — and then every four years after — to consider whether the initial minimum staffing levels are “sufficient to meet resident needs.”

Those studies would have to include the voices of residents, families, frontline workers, nursing home operators, unions and others. Their feedback would contribute to decisions on increasing minimums based on resident acuity and determine whether minimum ratios should be established for specific categories of direct care workers, according to early bill text.

“Though we appreciate that Sen. Ron Wyden’s (D-OR) legislation contains more flexibility in mandated staffing than that of the now-repealed April 2024 finalized staffing rule, the core issue with these approaches must be addressed: workforce and funding,” said LeadingAge President and CEO Katie Smith Sloan. “Aging services providers operate in a very challenging labor market, competing with a variety of employers across the healthcare industry that in many cases have access to far more resources.”

In an email, she noted a current shortage of 3,000 RNs in the US, and immigration policies that are making recruiting and retaining foreign-born staff “more difficult and sometimes impossible.” LeadingAge previously estimated that a 24/7 RN requirement would cost almost \$350 million per year.

“These mandates will add to the already difficult operational and financial landscape that providers face as HR 1 is being implemented and states grapple with the loss of nearly a trillion dollars in federal Medicaid funding,” she added. “There is a very real threat of undercutting equity and access in care across the aging services spectrum. Nursing homes will be forced to close their doors or limit admissions; hospitals will continue to be backed up with patients who can’t be discharged to nursing homes.”

The bill also appropriates \$800 million annually beginning in fiscal year 2027 to support state inspections and enforcement activities for nursing homes and other healthcare entities. That provision ignores accounting that led in part to a moratorium on the CMS staffing rule passed by Congress last summer; Republicans needed the [\\$22 billion in enforcement savings \(Senate considering deeper Medicaid, provider tax cuts than House\)](#) to make the One Big Beautiful Bill Act pencil out.

Wyden’s bill requires a “significant” portion of civil money penalty funds to be reinvested in the long-term care workforce. It specifies that states must use at least half of their CMP funds for nursing home workforce recruitment, education, and training through grants to educational institutions, advocacy organizations, and labor unions; nursing home career pathway development programs; and student loan repayment or tuition assistance for qualified nursing home staff who commit to at least three years of service in a nursing home.

A recent analysis found states had about \$485 million in CMPs at the start of 2025. Under the staffing rule bill, however, CMP funds would be withheld from nursing home entities with related-party relationships.

Democratic Senators cosponsoring the bill include Andy Kim (NJ), Cory Booker (D-NJ), Richard Blumenthal (C-CT), Chris Murphy (D-CT), Elizabeth Warren (D-MA), and Ben Ray Lujan (D-NM).

If passed, the new staffing requirements would take effect within 180 days.

## **Long-Term Care Infection Prevention Symposia 2026**

The Patient Safety Authority is offering four regional [Long-Term Care Infection Prevention Symposia](#) in 2026. Don't miss these infection prevention (IP) topics, presented by leading experts and specifically focused on the needs of long-term care: building surveillance skills, managing contracted clinical services, water safety management, preventing and managing outbreaks, and conducting risk assessments.

The symposia will be held on four different dates at locations throughout the commonwealth.

Registration and conference times, as well as the [agenda](#), are the same for all dates and locations.

**Registration and Breakfast:** 7:30–8 a.m.

**Symposia:** 8 a.m.–3:30 p.m.

Register now for the location that is most convenient for you! For more information, contact your infection prevention advisor.

<b>Tuesday, April 14</b>	<b>RLA Learning and Conference Center</b> 850 Cranberry Woods Drive Cranberry Township, PA 16066	<a href="#">Register</a>
<b>Thursday, April 16</b>	<b>The Conference Center at Central Penn College</b> 600 Valley Road Summerdale, PA 17093	<a href="#">Register</a>
<b>Wednesday, April 22</b>	<b>Hilton Garden Inn Valley Forge/Oaks</b> 500 Cresson Boulevard Phoenixville, PA 19460	<a href="#">Register</a>
<b>Monday, May 4</b>	<b>DoubleTree by Hilton Wilkes-Barre</b> 600 Wildflower Drive Wilkes-Barre, PA 18702	<a href="#">Register</a>

**5.50 continuing education hours will be awarded for completion of this course.** Continuing education credits apply to Pennsylvania registered nurses only. (Note: We have applied for nursing home administrator [NHA] credits, but are awaiting approval.)

Patient Safety Authority | 3202 McKnight East Dr PMB 302 | Pittsburgh, PA 15237 US

## **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.

- 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](mailto:bridgecenter@messiah.edu) or [mblackston@messiah.edu](mailto:mblackston@messiah.edu)

## **YOUR PADONA ASSOCIATION CONTACTS:**

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PADONA is on LinkedIn! Follow us at:  
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**Contact PADONA for your education needs!**

[\*\*scampbell@padona.com\*\*](mailto:scampbell@padona.com)

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