



IF YOU ATTEND ONLY ONE CONFERENCE THIS YEAR – MAKE IT PADONA!!!!

PADONA 38TH ANNUAL CONFERENCE

MARCH 24 – 27, 2026

HOTEL HERSHEY, HERSHEY, PA

THERE IS NO OTHER CONFERENCE LIKE IT!!

JOIN US AS PADONA HOSTS NURSE LEADERS FROM POST ACUTE CARE FACILITIES IN PA FOR 4 DAYS OF EVERYTHING A NURSE LEADER NEEDS!

COME FOR THE EDUCATION

STAY FOR THE NETWORKING AND FUN

AND LEAVE KNOWING YOU ARE PREPARED

Register as soon as possible and reserve your hotel room!

THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!

PADONA HOSTED EDUCATION WEBINARS

- **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
- **Whose decision Is It? Healthcare Decisions and Who Has the Decision-Making Power**
Date: May 14, 2026
Time: 11:30 am until 12:30 pm
Educator: Mark Mattioli, Healthcare Attorney with Post & Schell
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
- **Documentation Support for the MDS**
Date: June 9, 2026
Time: 11:30 am until 12:30 pm
Educator: Heather McGowan, RN, BSN, RAC-CT, Director of Clinical Reimbursement, CHR Consulting Services
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), CIC, Infection Prevention Advisor, Patient Safety Authority
Registration Fee: \$35 for members and \$50 for non-members
- **Internal Controls for Nursing Home Pharmacy OIG Work Plan Item and Opioid Deprescribing**
Date: August 11, 2026
Time: 11:30 am until 12:30 pm
Educator: Ana Sidor, PharmD, BCGP, FASCP, Director of Clinical Services Brockie PhramaTech
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

- **Effective Grievance Management – Distinguishing Between Grievances and Concerns**
Date: September 22, 2026
Time: 11:30 am until 12:30 pm
Educator: Lori Ammon, MA, LSW, NHA, PCHA, CHC, Compliance Manager, AQORD Compliance Collaborative
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

8.0 Nursing Continuing Professional Development Contact Hours

Educator is: Melanie Ronda, MSN, RN, LTC-CIP, CPHQ

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

IPRO – the PA QIO

Registration is open now!

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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

Educator 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

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 Inspections

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.

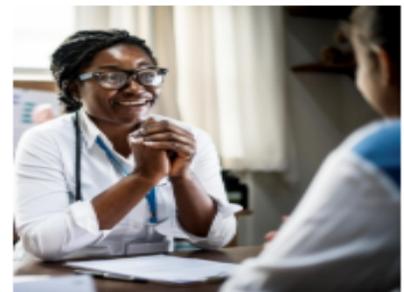


We Meet You Where You Are

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.





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@jhf.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

Great Leaders Boost Motivation and Avoid Quiet Quitting

The phrase quiet quitting has been cast as a generational rebellion, a disengagement crisis, and a leadership failure, all rolled into one. The narrative suggests that half of your workforce has decided to coast, collecting a paycheck while doing the bare minimum.

According to new global research fewer than 2% fit into the definition of quiet quitting, that is, employees who lack motivation to go above and beyond but still plan to stay with their company. That finding challenges the viral narrative, suggesting that what's happening inside organizations is more nuanced than a mass withdrawal of effort.

So, quiet quitting wasn't the crisis you thought it was, but leaders still face the challenge of unmotivated employees. This data suggests that leaders ought to focus on strengthening the conditions that inspire people to keep showing up with purpose, rather than on rooting out disengaged employees.

1. Listen like a scientist, not a detective

Leaders can approach disengagement as something to diagnose and fix, but employees can sense when conversations are driven by suspicion instead of curiosity. This means asking open-ended questions, such as "Do you feel like you're thriving? Why or why not?" and listening without defensiveness. When employees feel psychologically safe enough to share what's behind their behavior, leaders can address root causes instead of reacting to surface-level symptoms. That sense of safety is what enables employees to sustain high performance over time.

2. Focus on the 52% who are engaged and committed

Here's an overlooked insight: While fewer than 2% of employees are quiet quitting, more than half (52%) are both motivated and committed, which is the sweet spot for engagement. These are the employees carrying organizations forward, yet they often receive the least attention. Leaders need not wait for performance reviews to celebrate these employees. Recognize them and tie appreciation to future potential. Share something along the lines of, "Here's the impact you've made, and here's what's next."

3. Redefine retention: Don't fear turnover, design for flow

Even if employees are performing well, fear-based retention can limit their growth and engagement. Internal mobility programs, mentorship, and career-pathing initiatives can help employees find roles that are more fulfilling and energizing.

Leaders can explore this by asking questions like:

- "What keeps you here, and what would make your work even more energizing?"
- "Which parts of your role feel meaningful, and which feel stagnant?"
- "If you could design your next step here, what would it look like?"

4. Design for energy, not endurance

Organizations ask employees to deliver more while giving them less to work with. High-performing teams outside of business, like firefighting crews or surgical units, understand that performance is more about balancing focus with recovery. Leaders can apply the same principle by building systems for sustainable energy, such as redistributing workloads, encouraging rest, and rewarding behaviors that support long-term resilience. When energy drives performance, employees' motivation naturally rises.

Excerpted from Fast Company Blog

Compliance Communication

Florida Nursing Assistant Convicted of \$11.4M Health Care Fraud Scheme Targeting Medicare Beneficiaries

A federal jury in Fort Lauderdale, Florida, convicted a nursing assistant for his role in an \$11.4 million health care fraud and wire fraud conspiracy in which hundreds of Medicare beneficiaries were sent thousands of orthotic braces they did not need.

“Nursing Assistant Chris Cruz devised a scheme to enrich himself by defrauding Medicare to the tune of millions of dollars,” said Assistant Special Agent in Charge Chris Caldwell of the FBI Miami Field Office. “The FBI and our partners will not relent in the pursuit of Medicare fraudsters - including greedy nurses.”

According to court documents and evidence presented at trial, Christian “Chris” Cruz, 45, of Pompano Beach, Florida, owned and operated a durable medical equipment (DME) supplier based in Florida through which he submitted millions of dollars in false claims to Medicare for medically unnecessary orthotic braces. Cruz and his co-conspirator paid illegal kickbacks and bribes to obtain signed doctors’ orders. They used these orders to ship orthotic braces to Medicare beneficiaries nationwide and then claim payment from Medicare, including to beneficiaries who neither requested nor required the braces. Cruz lied to Medicare, claiming that he was the sole owner and operator of the company when in fact he shared ownership in the company with his co-conspirator, a convicted felon. Medicare would not have allowed the company to enroll with Medicare if it had known about Cruz’s co-conspirator. The co-conspirator has been charged but remains at large.

Cruz received several hundred thousand dollars to his personal bank account from the fraudulent scheme that he frequently withdrew in cash on consecutive days at different bank branches in South Florida, often in amounts just under the bank reporting threshold of \$10,000.

Cruz was convicted of one count of conspiracy to commit health care fraud and wire fraud, four counts of health care fraud, one count of conspiracy to defraud the United States and to make false statements relating to health care matters and three counts of structuring. He is scheduled to be sentenced on April 13 and faces a maximum penalty of 125 years in prison. A federal district court judge will determine any sentence after considering the U.S. Sentencing Guidelines and other statutory factors.

The FBI and HHS-OIG investigated the case.

Compliance Requirements:

- 1) Ensure there are policies and procedures regarding the ordering of DME and all medical supplies for the residents of the facility.
- 2) Ensure the policies related to medical supplies include a review of the items when they are being delivered to ensure that what was ordered was delivered and nothing more and that the items are correct and have not been exchanged for more expensive equipment or items.
- 3) Ensure that all team members who are involved in the ordering and acceptance of medical supplies and DME are educated regarding the policies.
- 4) Ensure invoices for medical supplies and DME are reviewed prior to payment to ensure the items received are the only items being billed.

AI Enters the Courtroom, Nursing Home Operators Brace for New Legal Threats in 2026

Nursing homes are facing rising legal risk as plaintiffs are increasing their use of AI to analyze medical records and public data. The trend is making documentation gaps more visible and influencing which nursing home-related cases law firms choose to pursue.

In 2026, skilled nursing providers will face key legal challenges tied to this shift, including heightened scrutiny of documentation and compliance, ownership transparency, and multi-defendant lawsuits involving third-party vendors. Additional pressures will come from increased False Claims Act exposure, resident monitoring and privacy concerns, state-level staffing enforcement, and expanded resident rights protections, legal experts told Skilled Nursing News.

The presence of AI is also changing the profile of those driving nursing home lawsuits, Laura Hall, partner with law firm Hall Booth Smith noted. Law firms with less history and experience in the sector are now deciding to take on nursing home cases, emboldened by their ability to parse data more easily with the use of AI tools.

“They now have the tools to digest publicly available data. They can take massive records that previously were overwhelming to a firm that doesn’t necessarily handle skilled nursing work and digest it in a more expedient way and in a more cost-effective way,” said Hall. “We’re going to be seeing firms come into the space that don’t really have a history of practicing in the space.”

Given this environment, strong, consistent documentation is more critical than ever, Hall said, especially around activities of daily living (ADLs) and care delivery. That documentation is potentially getting thrown back at operators in court.

“Firms take and process medical records to find patterns that sometimes previously they weren’t necessarily investing in. It’s going to make documentation come up even more in the coming years, as plaintiff lawyers get more savvy with how AI interprets records,” said Hall. “It’s going to fine tune which cases they pursue, but it’s also going to make the gaps a little bit more glaring.”

Hall believes that operators should prioritize thorough, integrated documentation across all providers and services to mitigate risk. Ensuring clear records of communication, visits and care coordination will help with any holes in documentation exposed with AI.

Traditional cases involving falls and wounds will continue, but cases will take on a more corporate and multi-defendant character, she said, with AI introducing new and evolving surprises in litigation strategy.

CMS Clarification Increases Risk of Nursing Homes Falling Below 90% QRP Threshold

The Centers for Medicare and Medicaid Services (CMS) recently clarified how assessments are counted under the SNF Quality Reporting Program (QRP), while quietly collecting data on a slew of new measures due to be added to another nursing home program: SNF Value-Based Purchasing (VBP).

The Prospective Payment System (PPS) 5-day and PPS End-of-Stay assessments used to be submitted as one assessment but will now be counted as two separate assessments when calculating compliance as part of the QRP program.

If one portion is incomplete, a nursing home may lose credit for one or both, increasing the risk of a facility falling below the 90% data completion threshold needed to avoid a 2% annual payment update penalty. If data is missing that is common to both assessments, that's a "double hit" on the annual payment update. Missing information such as hearing and vision will result in the MDS assessment being considered incomplete. Data collected from these assessments, and the way they are counted, will impact future fiscal years, including 2028.

The SNF Value-Based Purchasing (VBP) Program, meanwhile, also underwent some changes, continuing to grow in the number of quality measures beyond its original 30-day all-cause hospital readmission measure. Operators need to pay attention to when data collection starts versus when the quality measures are implemented, and also what their states are planning to do ahead of this shift to more performance-based payments.

Data collection for new quality measures started about two years prior to implementation for some, while others will have a one-year gap between data collection and implementation. Starting in October 2025 we expanded to four measures. Next October, there'll be four more measures, so we'll have a total of eight, and then in 2028 they're going to retire the old all-cause readmission.

These eight measures include: infections requiring hospitalization, staffing hours per resident day, staff turnover, discharge to community, percentage of residents experiencing one or more falls with major injury, discharge function score, number of hospitalizations per 1,000 long stay resident days, and potentially preventable readmissions.

Unlike SNF QRP, which penalizes noncompliance, the VBP program withholds 2% of Medicare payments from all facilities and then redistributes the funds based on performance or improvement.

More measures will be added to the VBP through 2027 and 2028, and the all-cause readmission measure will be replaced by a 30-day potentially preventable readmission measure. Crucially, many of the measures that will affect 2028 payments are in their data collection period right now.

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.

CMS Reconsiders Rigid Stance on Antipsychotics

Nursing home providers and pharmacy groups reacted with a mix of surprise and cautious optimism after federal regulators confirmed they are reexamining a policy that strongly discourages the use of antipsychotic medications for most residents.

A spokesperson for the Centers for Medicare & Medicaid Services (CMS) confirmed the review, stating the agency is “actively reviewing the antipsychotic quality measure with the goal of supporting clinically indicated use while continuing to discourage inappropriate prescribing.”

“CMS will remain committed to ensuring quality measures are evidence-based, clinically appropriate, and support transparency for residents and families,” the spokesperson added in an email.

The agency did not respond to specific questions about how it would move forward with the review, or when providers might see some, if any, relief from what is largely seen as one of the most challenging metrics helping to determine ratings available to consumers.

The Washington Post reported ([Dementia patients' families face tough choices on antipsychotic drugs - The Washington Post](#)) that Congress instructed the agency to better distinguish between appropriate and inappropriate prescribing in skilled nursing policies as part of budget negotiations last month.

But CMS noted its review of the antipsychotic measure was “already underway prior to the appropriations report. CMS continuously reviews its quality measures to ensure they are based on the best available evidence and reflect appropriate clinical care. In this case, it is important to balance resident access to necessary treatment with the critical need to protect against inappropriate prescribing.”

Nursing homes have significantly reduced use of antipsychotics since 2012, but CMS has pushed them to further limit use through a series of audits, penalties and ratings reductions. Meanwhile, the medications have continued to evolve without review of their “black box” warnings or exemptions of new drugs being designed specifically for patients with dementia and other conditions commonly treated in nursing homes.

The current measure — which penalizes providers for any antipsychotic prescribed to a patient without one of three rare diagnoses — runs counter to CMS’ own support for patient-centered care in nursing homes. If a patient’s physician determines he or she needs antipsychotics, “a prescriber should be allowed to prescribe them without a facility saying, ‘That will hurt my QM.’”

APPACN, LeadingAge and the American Society of Consultant Pharmacists are all aligned with Project PAUSE ([Project PAUSE \(Psychoactive Appropriate Use for Safety and Effectiveness\) - Alliance for Aging Research](#)) which has been working on the issue for more than five years. The ad hoc coalition of national patient and professional organizations operates under the Alliance for Aging in Research and receives some support from drug companies. But the Alliance has a 35-year track record in research and advocacy for patient protections and healthcare affordability.

Those comments followed the publication of a white paper ([Alliance-for-Aging-Research-White-Paper-FINAL-for-Publication-November-2025.pdf](#)) by Manatt Health and the Alliance for Aging Research that argued that the quality measure scoring nursing homes was discouraging use of needed medications. Outside of nursing homes, some antipsychotics are used often to help ease distressing neuropsychiatric symptoms that affect 97% of patients with Alzheimer’s disease.

Effective Emergency Response in LTC Requires a Continuous State of Readiness

Recent headlines say it all when it comes to what long-term care operators need to be prepared for — at any time.

- Three Killed in Nursing Home Explosion
- Ten Residents Die in Assisted Living Fire
- Wildfire Forces Nursing Homes to Evacuate
- Long Term Care Facilities Prepare for Hurricane
- Missing Nursing Home Resident Found Deceased
- Nation Braces for Winter Storms

Whatever the peril may be, long-term care providers must understand one simple premise that I promote during every single keynote presentation, conference breakout session or safety in-service I deliver at an individual facility: *It's a normal day, until it isn't.*

No one goes to work thinking that today's the day that a gas leak is going to blow up my place of employment or a tornado is going to wipe out my long-term care facility. A concept known as "optimistic bias" is the poison pill in effective emergency preparedness and response. Simply put, just because it hasn't ever happened in the past doesn't mean it won't happen in the future. Many people get stuck thinking, "OK, we understand that it 'could' happen here, but it probably won't, right? It's never happened before, so we should be good."

Effective emergency preparedness and response require all employees of a long-term care facility or any type of operation serving vulnerable citizens to have a constant mindset and posture of readiness. Another concept that should be promoted to all staff is that they are all "first responders." While we typically think of our community's first responders as the folks who pull up in big trucks with sirens blaring and lights flashing, the reality is that the true first responders in a LTC facility are the team members who are on duty when emergencies and disasters strike.

A significant barrier to effective response also includes a mental posture that downplays the potential for an emergency to evolve. Just like direct patient care, where a common motto is, "Always err on the side of patient safety," the same is true for response to a potential emergency. Here are some examples:

- When the tornado warning is issued for your area, immediately take cover in the facility and move residents to designated interior, hardened areas of the building.
- When the fire alarm sounds, respond every time as if there is a fire in the building; don't try to determine if it is only a drill.
- When there is an odor of natural gas in or around the building, notify the fire department immediately.
- When a suspicious person is observed continuously on your property, notify the police.
- When a hurricane or wildfire is approaching, prepare to evacuate or shelter in place.
-

All of the procedures that are needed to execute an effective response to the above examples should be clearly illustrated in your long-term care facility's Emergency Operations Plan (EOP). A state of readiness in a single word equates to "culture." It is essential to create and sustain a continuous culture of preparedness in your facility to help ensure a safe, compliant and prepared environment of care.

Author is Stan Szpytek is the president of Fire and Life Safety, Inc., based in Mesa, AZ. He is a consultant for the American Assisted Living Nurses Association and is the life safety/disaster planning consultant.

More Hybrid QM Data Collection Likely Ahead for Nursing Homes

Regulatory changes to the nursing home industry for this year may seem small individually, but together, they reflect broader initiatives sought by the Centers for Medicare and Medicaid Services (CMS) to tighten oversight, accountability and performance measurement.

Changes are expected to increase financial risk exposure and require tighter interdisciplinary coordination. Notably, CMS is increasingly combining Minimum Data Set (MDS) data and Medicare claims data when calculating quality measures (QMs) in a process known as the “hybrid method.”

Reports from the Office of the Inspector General (OIG) on the use of antipsychotic medications and falls with major injury propelled the hybrid method and suggestions made to CMS indicate more QMs may be subject to hybrid data collection as well.

The antipsychotic medication quality measure, for example, was updated following a 2021 OIG study which found that the MDS did not accurately reflect the number of residents receiving antipsychotic medications. CMS agreed with OIG that information collected needed to be enhanced and that MDS reports need to be validated, and that supplemental data was needed to monitor use of such medications.

CMS made these changes in phases: 2022 marked an initiation of survey regulations with new F-tags introduced, and 2023, CMS led an MDS focus audit of schizophrenia diagnosis. In 2025, CMS consolidated and updated F-tags tied to antipsychotic medications.

The hybrid collection of MDS data and claims data is the agency’s most recent solution to OIG findings. Antipsychotic use can be captured through pharmacy or physician claims even if it’s not coded in the MDS. Exclusion diagnoses like schizophrenia need to appear on both the MDS and claims to qualify.

The falls with major injury QM is also becoming a hybrid, under the SNF QRP. The decision also came from more OIG reports, which found many major injuries documented in hospital claims weren’t reflected in the MDS. CMS also revised the criteria for how facilities are selected for the Special Focus Facility (SSF) program, adding falls in place of adequate staffing as part of the selection process.

Nearly 60% of claims of falls with major injury identified by the hospital or physician office were reported on the MDS – meaning 40% of falls with major injury never made it to the MDS, according to OIG findings.

Moving forward, CMS is requiring hospital and emergency department claims along with ICD-10 diagnosis and external cause codes to identify qualifying falls. Nursing homes should ensure accurate MDS coding and may need to modify assessments if hospital documentation later confirms a major injury. Diagnoses that would indicate a major injury includes” traumatic fracture, traumatic joint dislocation or subluxation, injury to the head with and without loss of consciousness, other non-fracture bone injury, organ trauma, crush injury, spine injury involving the cord or disc, and traumatic amputation. CMS pulls MDS data on the last Sunday of the month following the end of a quarter, and nursing homes need to submit corrections before the pull date for corrections to be included in QM calculations.

OIG to Investigate State Monitoring of Nursing Homes' Opioid Practices

The federal government is investigating how well states oversee nursing home pharmacies' efforts to prevent opioid overuse, misuse and diversion among the more than 150,000 patients taking them.

The Department of Health and Human Services Office of the Inspector General (OIG) announced plans for the new study. It said almost half of all US nursing homes were recently cited by state survey agencies for pharmacy services deficiencies during complaint and standard health inspections.

HHS first declared the opioid crisis a public health emergency ([Opioids Renewal | PHE - December 15, 2025](#)) in 2017 and has renewed it annually. Opioid overdosing has claimed more than 700,000 lives since, with nearly 6 million others having either become addicted or disabled, including many vulnerable, frail seniors.

"If effective systems and procedures to ensure the safe and effective use of medications are not implemented, over 157,000 nursing home residents who receive opioids could be at risk for overuse, misuse or diversion," the agency said in its notice ([Implementation and Effectiveness of Nursing Home Pharmacy Service Internal Controls to Prevent Opioid Overuse, Misuse, and Diversion | Office of Inspector General | Government Oversight | U.S. Department of Health and Human Services](#)).

HHS reminded that nursing homes must provide pharmaceutical services that include procedures that assure "the accurate acquiring, receiving, dispensing, and administering of all drugs." Operators also must store such drugs securely, restrict access only to authorized personnel and provide locked, secure compartments for Schedule II drugs. Nearly half of the nation's 15,000 certified nursing homes recently failed one or more of the requirements, officials said.

The OIG's study highlights areas where consultant pharmacists already play a critical role in ensuring both safety and compliance in long-term care settings. Consultant pharmacists are uniquely trained and equipped to oversee the entire medication-use process, ensuring the chain of custody for controlled substances is properly maintained from procurement to administration and disposal.

Active consultant pharmacists also identify providers' potential "risk points" and help implement mitigation strategies that "reduce the potential for overuse, misuse or diversion.

Opioid overdose deaths among the general population declined last year for the first time in two decades, according to federal statistics.

Under heavy pressure from federal healthcare officials in recent years, nursing homes have lessened their use of opioids, but more still needs to be done, experts stress. Research completed last fall noted that major gaps still existed in tracking opioid use among nursing home patients on Medicare.

The OIG study projected its study to be completed in fiscal 2028.

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.

Tuesday, April 14

**RLA Learning and
Conference Center**

850 Cranberry Woods Drive
Cranberry Township, PA
16066

[Register](#)

Thursday, April 16

**The Conference Center at
Central Penn College**

600 Valley Road
Summerdale, PA 17093

[Register](#)

Wednesday, April 22

**Hilton Garden Inn Valley
Forge/Oaks**

500 Cresson Boulevard
Phoenixville, PA 19460

[Register](#)

Monday, May 4

**DoubleTree by Hilton
Wilkes-Barre**

600 Wildflower Drive
Wilkes-Barre, PA 18702

[Register](#)

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.)

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 or mblackston@messiah.edu

YOUR PADONA ASSOCIATION CONTACTS:

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

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