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Advisory Board on Nursing Home Oversight and Accountability **Meeting Notes – DRAFT**

STRENGTHENING OVERSIGHT OF VIRGINIA'S NURSING HOMES – EXECUTIVE ORDER FIFTY-TWO (2025)

November 14, 2025

**Virginia Department of Social Services, 5600 Cox Road, Glen Allen, VA 23060
10:00 AM – 1:00 PM**

Members Present: Karen Kimsey (Chair), Virginia Department of Health (VDH) Commissioner Dr. Karen Shelton, Jonathan Cook, Jackson Baynard, Joanna Heiskill, Joani Latimer, Amanda Gannon, Sherrin Alsop, Department of Medical Assistance Services (DMAS) Director Cheryl Roberts, Laura Finch, Sam Kukich, Tammy Whitlock, Todd Barnes, Paige McCleary, Peter Anderson, James Sherlock, Emily Hardy, Tracey Pompey, Department of Health Professions (DHP) Director Arne Owens, (Designee for Corrie Tillman Wolf)

Members Present Virtually: Candace Gilliam, Jared Calfee (Designee for James Dau)

Presenters: Michele Greep, *Fire Captain, Henrico County*; Andrew Mitchell, DMAS; Arman Latif, VDH; and Tobin Joseph, VDH

Members Absent: Carla Hesseltine

Health and Human Resources Staff: Leah Mills, Health and Human Resources (HHR); Mindy Diaz, HHR; Jona Roka, HHR; Christopher Lindsay, VDH; Andrew Mitchell, DMAS; July Traylor, DMAS; Courtney Richter, DMAS; Sara Stowe, DARS; James Jenkins, VDH; Arman Latif, VDH; Tobin Joseph, VDH; Erin Barrett, DHP

Welcome and Introductions

Ms. Leah Mills, Chief Deputy Secretary, HHR

Ms. Karen Kimsey, Chair

Dr. Karen Shelton, Commissioner, VDH

Chief Deputy Secretary Leah Mills welcomed Advisory Board members and thanked them for their participation. She thanked the Virginia Department of Social Services (VDSS) for hosting the meeting. Ms. Mills shared logistical information for the meeting and thanked family members, advocates, and members of the Board for sharing their experiences and perspectives.

Ms. Mills reminded Board members about the Executive Order's charge to provide an annual report. Since the previous meeting on October 23rd, three workstreams have been convened to brainstorm and will meet again later in the meeting to share recommendations.

Ms. Mills offered remarks on behalf of Secretary Janet V. Kelly, who was unable to attend the meeting. In her remarks, Ms. Mills reminded the members that the Board operates on consensus and encouraged them to keep that principle in mind as they deliberated and discussed the recommendations presented before them during the meeting.

Ms. Karen Kimsey, Chair, welcomed the members and introduced the Board's new member, Tracey Pompey with Justice and Change for Victims of Nursing Facilities.

Ms. Kimsey then asked the members of the Advisory Board to briefly introduce themselves. Dr. Karen Shelton then welcomed the Board members and guests and expressed her appreciation for their efforts in improving quality of care in nursing facilities across the Commonwealth.

Ms. Kimsey shared the draft minutes. The meeting minutes from October 23, 2025, were presented, and one correction was made by Sam Kukich to add additional information along with the links that were shared during her presentation to the meeting minutes. The meeting minutes with corrections were adopted by consensus.

Ms. Kimsey reminded everyone that the meeting materials could be accessed by scanning the QR codes on the agenda and were located on the HHR website:

<https://www.hhr.virginia.gov/initiatives/long-term-care/>

The first presentations would be provided by three Advisory Board members: Jonathan Cook, Joanna Heiskill, and Chief Jackson Baynard. Ms. Kimsey stated this would be to provide different contexts and perspectives from stakeholders on nursing home experiences.

Stakeholders Perspectives

Jonathan Cook, President and CEO, LifeSpirre Virginia

Mr. Jonathan Cook provided an overview of his role in long-term care (LTC). Mr. Cook noted that the staff in their buildings have a servant's heart, and he shared a letter he received from a satisfied family member. Mr. Cook acknowledged that it was clear that not all nursing homes are created equally. He shared that with the wide variety of experiences; it is important to listen intently. Mr. Cook stated that he was unaware until he was appointed to this Board that Virginia ranked 38th in the nation for nursing facility quality.

Mr. Cook noted several examples discussed in previous meetings that, while not his own experiences, reflect those of others at the table. To be effective, he suggested removing emotion and trying to focus on progress and facts. Mr. Cook then shared that personal experiences bring value but that members must also be open to other perspectives.

Joanna Heiskill, Justice and Change for Victims of Nursing Facilities

Ms. Joanna Heiskill shared insights into her role as a family advocate. Ms. Heiskill stated that frontline staff are exhausted, overworked, underpaid, and unsupported. She shared that staff support should be treated with more urgency. She noted that family members' voices are often not heard and are met with silence and deflection.

Ms. Heiskill shared that agencies have a responsibility to address these issues. She stated that training on policies and procedures is needed, and that mandated reporting should be required for all levels of professionals who have any part to play in poor health outcomes resulting from nursing home facilities. She explained the importance of having consequences for those who fail to report when they are aware of issues. Ms. Heiskill pointed out that the root of many of the issues is related to prioritizing profit over

quality of health, particularly in corporate chain facilities, which often lobby for legislation that protects their bottom line.

Ms. Heiskill acknowledged that while there are good facilities, there is a reason Virginia ranks 38th in nursing facility quality and why this Advisory Board was created. She challenged her fellow Board members to remember the residents who were not properly cared for and to remember them when making recommendations.

*Jackson Baynard, Fire Chief, Henrico County
Michele Greep, Care Captain, Henrico County*

Chief Jackson Baynard, joined by Michele Greep, Captain, shared his professional perspective as Fire Chief as well as his personal perspective, as his father resides in a Virginia nursing facility. Chief Baynard shared statistics from Henrico County, noting a call volume of 61,000, with 83% of those being Emergency Medical Services (EMS) calls. He stated that of the 83% of EMS calls, 15% are for low acuity situations. Long-term care (LTC) facilities account for 85% of the transport calls and make up 21% of the county's total transports.

Chief Baynard shared problematic trends within LTC facilities, including that many of the calls for service are unnecessary and could be managed with on-site care, appropriate staffing, or that they may be due to a non-emergency matter. EMS providers are often told that certain events require a call due to facility policy, yet facilities are unable to provide documentation of these policies. He also shared that certain incidents, specifically in memory care units, are often inappropriately handled through emergency custody orders, when proper staff training could address the behaviors. Chief Baynard emphasized the increased risk and poor health outcomes associated with transfer trauma.

Operationally, Chief Baynard discussed issues related to acuity/resource mismatching, where facilities inappropriately utilize EMS rather than using appropriate community resources such as non-emergency ambulances or critical care ambulances. He also noted the toll that burdensome calls have on EMS providers. Captain James Sherlock stated that it was likely a liability issue, which was why it could be a facility's policy to call EMS for certain events.

Captain Greep gave insights into her role as a LTC Liaison and Care Captain, supporting smoother coordination of 911 responses for the county's nursing facilities. She meets with facility administrators and directors of nursing to review emergency protocols and educate staff on when to use 911 versus non-emergency transport. This work has helped to reduce unnecessary calls and ensure residents receive the most appropriate level of care.

Laura Finch asked where advanced practice providers fall into the process. Chief Baynard shared that they typically do not interact with those providers and instead work with floor staff such as Registered Nurses (RNs), Licensed Practical Nurses (LPNs), or Certified Nursing Assistants (CNAs).

Public Comment

Ms. Kimsey shared the instructions for public comment. Two attendees signed up for public comment.

Mr. Bob Kukich shared that his mother lived in five facilities and described the poor conditions as "state-sanctioned torture." He cited unsafe staffing and identified a few facilities across the state with unsafe conditions. He concluded his public comment by recommending minimum staffing ratios. Ms. Kimsey thanked Mr. Kukich for his heartfelt testimony.

Ms. Shannon Payne provided public comment on behalf of her mother who passed away following poor conditions in a facility. She stated that she had made calls to the Office of Licensure and Certification and had not received any response back regarding her mother's case. Ms. Payne informed the Board that her

mother was just a case file. She urged state agencies be held just as accountable as the nursing homes and encouraged members to be serious about their role on this Board. Dr. Shelton and Ms. Kimsey thanked Ms. Payne for her testimony and offered their condolences over the loss of her mother. They assured her that her testimony would shape this very important work.

Captain Sherlock shared his reflection from the two public comments stating that he agrees facilities should be held accountable but under the Governor's, Secretary's, and Commissioner's leadership, that VDH and DMAS have completely turned this around. Captain Sherlock also shared that many of the poor-quality nursing homes are part of three major chains.

Ms. Sam Kukich responded to Captain Sherlock's comment about nursing facility chains and reminded members about the list shared at the last meeting from a letter by Congressman James Clyburn.

Office of Licensure and Certification Update on Implementation of Executive Order 52

Christopher Lindsay, Chief Operating Officer, VDH

Mr. Christopher Lindsay provided an Office of Licensure and Certification (OLC) update.

Mr. Lindsay introduced the two senior leaders: Ms. Kenya Jean-Louise, OLC LTC Division Director, and Ms. April Dovel, OLC Director. Ms. Jean-Louise shared her experience working in LTC as a CNA, licensed practical nurse (LPN), and registered nurse (RN) exclusively. Ms. Dovel shared that she previously worked for the Department of Behavioral Health and Developmental Services (DBHDS) in the Division of Licensing and is excited to provide process improvement expertise for OLC. Mr. Lindsay shared that 23 new positions have been filled since July 2025 and 11 more must be filled to meet the Executive Order's goal, which VDH is on track to meet.

Optimizing the Licensing Process

Arman Latif, Director of Office of Information Management, and Tobin Joseph, Director of Business Enablement and Innovative Solutions

Mr. Lindsay introduced Mr. Arman Latif and Tobin Joseph to provide an update on the optimization of the licensing process.

Mr. Latif shared an overview of the licensing module, complaint intake process, and nursing homashboard.

Mr. Joseph walked members through the details of the Nursing Home Information Portal, which uses Centers for Medicare and Medicaid Services (CMS) data and displays Virginia-specific information. It provides clear and transparent complaint and compliance information, and users can filter nursing facilities by ratings. The portal launched on November 14, 2025.

Next, Mr. Joseph shared the Complaint Module, which provides a new digital intake process for complaints and is expected to launch on December 8, 2025. The new process will include automated confirmations for complaint submitters and generate an automated dashboard with complaint analytics as well as operational metrics. This will address two of the Executive Order requirements.

Mr. Joseph explained that the new solutions will serve the public and VDH OLC staff. Complaint submitters can utilize the VDH website, phone, mail, or email to submit their complaints. VDH will be sunsetting the fax line, which is very sparsely utilized. VDH OLC staff will now have automatic routing of complaints, triage, and entry into CMS's system, disposition, and automated dashboards.

Complaint submitters will receive an automatic confirmation with submission reference numbers and notification of submissions will also be sent to submitters' emails if they choose. Every complaint will be reviewed by OLC staff.

Ms. Kukich noted that, although the process is encouraging, she questioned how this technology will support facilities in providing better direct care for patients. Chief Baynard shared that he thought this would be very useful for their EMS staff and could serve as an avenue for providers to share what they are hearing and seeing in a timely manner.

Ms. Kukich reiterated the importance of mandating staffing.

Ms. Emily Hardy noted that other methods, such as paper reporting, remain valuable and commended VDH for providing multiple avenues for reporting.

Ms. Heiskill asked if there is a component that allows staff to submit anonymous complaints about issues occurring within their facilities. Mr. Lindsay shared that the system includes a checkbox for individuals who wish to remain anonymous. It also allows submitters to indicate if they are a representative of the facility.

Ms. Kukich raised concerns regarding the new digital process.

Mr. Lindsay responded that no existing submission options would be eliminated except for fax, which was rarely used. He explained that the prior spreadsheet-based system has been replaced by a comprehensive, team-accessible platform that enables better management of complaint data.

The new tool allows complaints to be categorized and tracked by type, geographic location, ownership, and facility. This will provide greater visibility into how VDH allocates quality resources and significantly improve overall complaint tracking and resolution. Ms. Tracey Pompey asked what the turnaround time is for complaints submitted. Mr. Lindsay responded within three days.

Ms. Latimer asked whether the categories would be visible to individuals filing a complaint and whether family members would be able to provide additional details. Mr. Lindsay was unsure of the exact categories offhand but stated that there are blank text boxes in the complaint form, so submitters can provide as much detail as desired.

Mr. Lindsay also shared that using a salesforce platform boosted their processes and they are working with CMS on how they can drive improvement and quality of care.

DMAS Value-Based Purchasing Update

Andrew Mitchell, Director, Incentive Coordination and Economic Research Division, DMAS

Ms. Kimsey introduced Andrew Mitchell and thanked him for providing an update on DMAS' Value-Based Purchasing (VBP) program. Mr. Mitchell noted that he was going to abbreviate his presentation for the sake of time and cover background, quality measures, and future directions.

Mr. Mitchell shared that this program was established and authorized by the General Assembly in 2001. It does not replace Medicaid reimbursement but complements it. The current budget is \$85 million and 255 facilities are eligible for payment.

Mr. Mitchell shared a high-level overview of the program. Facilities can receive payment for staffing, quality, performance attainment tiers, and improvement pools.

Captain Sherlock asked if information on the facilities who receive these payments and their breakdown of tiers was available online. Mr. Mitchell shared that there is a dashboard available online, but he is unsure if it is specifically listed with those percentages.

Mr. Mitchell shared that in State Fiscal Year (SFY) 2026, DMAS plans to reduce/eliminate attainment payments to nursing facilities that decline in performance to ensure facilities are not being rewarded for

backsliding. In addition, DMAS is asking CMS for authorization to not provide payment to facilities that have dropped tiers.

Captain Sherlock asked for the current makeup on dropping of tiers and Mr. Mitchell shared that 75% of payments are related to the attainment pathways.

In SFY 2027, DMAS plans to exclude facilities that are in the Special Focus Facility (SFF) program or those that are SFF candidates from receiving payments. This would include the six worst performing facilities in the state. DMAS plans to include a turnover measure and will sunset its urinary tract infection (UTI) prevention measure as it is no longer applicable. DMAS is planning to align its VBP program with CMS' Medicare VBP program.

Captain Sherlock asked about self-reporting issues for many of these measures. Mr. Mitchell shared that CMS acknowledges that limitation and cross-checks claims data to combat that.

Ms. Kukich asked how mandated staffing ratios factor into the program. Mr. Mitchell explained that the Virginia Code includes a minimum staffing standard, and once that requirement takes effect, meeting it will become the baseline for program payments. Although SFY 2027 is several years away, DMAS must plan well in advance due to the program's structure.

Mr. Cook shared that hiring staff has been a challenge and shared that his facilities are currently hiring from the Philippines because there is not enough qualified nursing staff. He stated it is important to keep this in mind when recommending hiring more people.

Ms. Kukich shared that facilities should only accept the number of residents they can safely care for, and if they cannot adequately staff for their current census, they should reduce their census.

Mr. Lindsay shared that state staffing standards were enacted in 2023, but implementation was delayed due to pending federal regulations. Since CMS regulations have now been paused, Virginia's nursing home staffing standards are progressing through the rulemaking process.

Ms. Kimsey thanked members for their discussion and provided a summary of the conversation.

Ms. Pompey asked whether value-based care is tied to CMS Star Ratings. Mr. Mitchell clarified that it is not and instead incorporates inspection results and other quality measures. Ms. Pompey expressed concern that Star Ratings can be artificially inflated by internal reporting practices, leading to unbalanced assessments of facility performance.

Ms. Latimer emphasized that having sufficient staff is essential for delivering quality care, and that a focus on ownership and resulting patterns is also important.

As you look around the room, you will see boards set up. Each board has the recommendations you all discussed in your workstream meetings this past week.

Workstream Meetings

Ms. Kimsey asked the Advisory Board members to move to their assigned Workstream tables for breakout discussions. Ms. Mills and HHR staff guided in-person members to their respective tables where they would review and discuss proposed recommendations.

For members participating virtually, Ms. Kimsey instructed them to prepare and note their recommendations in advance, as these would be shared during the full-group discussion that would follow the breakout sessions.

To allow enough time for each Workstream to present its recommendations during a working lunch, Ms. Kimsey asked if the Board would agree to extend the meeting until 1:15 p.m. The Advisory Board consented, and the meeting was officially extended to 1:15 p.m.

Working Lunch – Workstream Report Outs and Advisory Board Discussion

Workstream One: Quality of Care Initiatives/Data: Sara Stowe, Department of Aging and Rehabilitative Services

Workstream One, led and reported by Ms. Sara Stowe with the Department of Aging and Rehabilitative Services (DARS), recommended improving the vetting and application process to ensure owners and operators meet quality standards through expanding current cost reporting mechanisms to respond to private equity purchases. In addition, it was suggested to expand the authority of VDH to deny purchases or intervene in cases when an owner exhibits a consistent pattern of poor performance. Workstream members recommended using tools such as DMAS cost reporting, legislative updates, and VDH inspection data to track poor quality. In addition, the group determined that a strong definition and clear criteria for identifying a “quality” facility would need to be established.

The workstream was unable to detail their second recommendation due to time constraints but recognized the importance of workforce issues and wanted to underscore the comments made on this topic. The group suggested programs such as Certified Nursing Assistant (CNA) training and accessible pathways for progressive nursing experience, including CNA-to-LPN and LPN-to-RN programs.

Captain Sherlock shared that some facilities have in-house CNA training programs, which have a direct link to quality. He also shared that the use of property records can aid in determining ownership structure and cross-referencing cost reporting.

Workstream Two: System & Processes: Christopher Lindsay, VDH

Workstream Two, led and reported by Mr. Lindsay with VDH, recommended creating cross-agency collaboration opportunities among DMAS, Virginia Department of Social Services (VDSS), VDH, and Virginia Department for the Aging (DARS) and facilitating discussions across senior leadership. The complaint portal will provide an avenue for easier reporting, but it also needs to be advertised and shared broadly with the public.

The workstream members recommended expanding access to workforce development opportunities, such as in-facility “Train Your Own” programs for CNAs and highlighted the correlation between these opportunities and the improved quality that comes from investing in their own workforce.

Lastly, the workstream members discussed the Rural Health Transformation initiative, which includes a provision for workforce development, specifically for CNAs.

Workstream Three: Family & Resident Engagement/Advocacy: July Traylor, DMAS

Workstream Three, led and reported by July Traylor with DMAS, shared a set of recommendations. The first recommendation was to fully fund the Long-Term Care (LTC) Ombudsman program to allow for reasonable salaries for local ombudsmen and to allow for LTC Ombudsman to be available to all older adults, not just those residing in nursing facilities.

Secondly, they proposed that hospitals be required to provide discharge options based on quality ratings, as patients are often directed to lower-rated facilities.

Captain Sherlock shared that Star Ratings are often meaningless and skewed. It would be more beneficial to use inspection ratings.

The group recommended that a patient's home should be considered as an option, with the necessary resources provided to allow individuals to thrive in a home environment.

The third recommendation was a resource and residents' rights campaign aimed at providing families with information about the complex nursing facility system and educating them on resident meetings, councils, and related activities.

Ms. Pompey suggested creating a handbook that could guide families through the nursing facility process, emphasizing that it should be offered outside of the facility as well.

Captain Sherlock stated that resident rights are outlined in the Social Security Act and suggested using this language to emphasize that they are established by federal law. He noted that while resident rights should be posted, they may not always be easily understandable.

Ms. Kukich asked about what would be done with these comments. Ms. Mills shared that they will be incorporated into the report.

Dr. Shelton expressed gratitude and acknowledged that while this issue will not be resolved overnight, the progress made has already been significant.

Advisory Board Adjourns and Next Steps

Deputy Secretary Mills thanked Workstream Leads, Advisory Board members, and members of the public. Ms. Mills stated that the Advisory Board members would receive draft recommendations with time to provide feedback. She noted that when the draft report was compiled, it would be shared so that the public could offer comment to ensure it accurately captures all comments and recommendations.

Ms. Kimsey thanked members for staying late and for their participation. She then adjourned the meeting at 1:15 p.m.