ACHCA

American College of Health Care Administrators

NEW YORK CHAPTER

Voices of Leadership Summer 2025 Edition

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Advocacy: A Vital Responsibility for ACHCA Members

Submitted by Mark Prifogle, FACHCA, ACHCA Board Chair – VP of Operations, Indiana, BHI Senior Living

Summer 2025 – ACHCA NY Chapter Newsletter

In today's rapidly evolving post-acute and aging services environment, advocacy is more critical than ever. Members of ACHCA have a unique and essential role in advocating for policies, and regulations, that benefit both our profession and the communities we serve. Advocacy is more than just participation; it is actively engaging with legislators, stakeholders, and community leaders to influence decisions impacting healthcare administration at every level.

What is Advocacy?

Advocacy involves actively promoting the interests and well-being of individuals, groups, or professions by influencing decision-makers and shaping public policy. It includes actions like meeting with legislators, educating the community, engaging in public campaigns, and participating in grassroots efforts to drive policy change.

Grassroots advocacy refers to the collective efforts of individuals at the local level who mobilize to influence policies through direct engagement with community leaders and policymakers. Examples of grassroots efforts in healthcare administration include organizing local community forums, writing letters or emails to elected officials, coordinating social media campaigns to raise awareness on specific issues, and encouraging public participation in legislative hearings.

Examples of grassroots advocacy in our industry include:

- Local community forums addressing staffing shortages in long-term care facilities, leading to increased public awareness and legislative attention.
- Campaigns to engage community members in contacting state legislators about the need for improved Medicaid reimbursement rates.
- Social media initiatives highlighting the daily challenges healthcare administrators face, which helps drive public and policymaker support for administrative resources and workforce development.

Why Advocacy Matters

Protecting our profession is crucial. According to the American Hospital Association, regulatory requirements alone cost the healthcare industry approximately $39 billion annually. Active advocacy can help manage these costs and improve efficiency, enabling administrators to focus on patient care and organizational sustainability (source: aha.org).

Quality of care is directly influenced by advocacy. When administrators engage in advocacy efforts, policies are more likely to reflect real-world operational needs, thereby enhancing care outcomes. For instance, the Kaiser Family Foundation notes that proactive advocacy can significantly impact policy outcomes related to Medicare and Medicaid funding, directly affecting the quality of care provided to millions of Americans.

Influencing positive change is another key outcome of effective advocacy. Administrators who proactively engage in legislative advocacy contribute to policies that promote improved reimbursement, stronger workforce development, and better patient and resident care outcomes. For example, the American Health Care Association highlights that advocacy efforts have contributed to increased awareness and solutions addressing the critical workforce shortage in post-acute and aging services.

How ACHCA Supports Advocacy

ACHCA understands the importance of advocacy and has established a structured approach through its Public Affairs Committee. This Committee closely monitors legislative and regulatory developments affecting healthcare administration. Members who participate will gain firsthand knowledge of current policy issues and have opportunities to interact directly with policymakers.

Committee involvement equips administrators with essential resources and platforms to voice their professional insights effectively. It provides structured opportunities to collaborate on strategic initiatives, enabling collective advocacy efforts that significantly enhance the profession's influence.

Getting Involved

Active participation in advocacy through ACHCA's Public Affairs Committee is highly encouraged. Regular committee meetings, training sessions, and coordinated advocacy campaigns offer practical avenues for meaningful engagement. Your involvement ensures that real-world experiences and expert insights guide the formation of impactful healthcare policies.

Joining the Public Affairs Committee not only strengthens ACHCA’s collective voice but also empowers individual administrators to drive meaningful, lasting change in post-acute and aging services administration. Your advocacy directly influences policy decisions that

shape the future of our industry: benefiting administrators, healthcare providers, and, most importantly, the patients and residents we serve.

Learn more and join us in advocacy today.

Regulatory Updates from the Board of Examiners of Nursing Home Administrators (BENHA)

Submitted by Greg Chambery, President of Maplewood Nursing Home and Chair of BENHA
Summer 2025 – ACHCA NY Chapter Newsletter

The Board of Examiners of Nursing Home Administrators (BENHA) is implementing a series of regulatory changes in 2025 designed to modernize licensure pathways, streamline administrative processes, and better reflect the dynamic roles of today's long-term care leaders.

Please Note: *Once BENHA's legal division finalizes the regulatory language, a 90-day public comment period will follow. During this time, the public will have an opportunity to review and weigh in on the changes. After the comment period, the new rules will be sent to the Commissioner of Health for final approval and signature.*

Improving Transparency and Flexibility in Licensure

One of the most significant changes now in effect is the pre-approval process for qualifying field experience. In the past, applicants often discovered late in the licensure process that their work experience did not meet the requirements—typically due to role misalignment or insufficient supervisory scope. To address this, BENHA now allows candidates to submit their two-year qualifying experience plans in advance for approval. This proactive step ensures candidates are working in roles that are clearly above department-head level and include the supervision of at least two major departments.

Once approved by the Commissioner, BENHA will reduce the required hours for the Administrator-in-Training (AIT) program from 1,820 to 1,365 hours. While the program's minimum duration remains nine months, the reduction in required hours is intended to reduce barriers for emerging professionals and encourage growth in the administrator pipeline. This change also brings New York closer in line with national standards while preserving the integrity of hands-on training.

Expanding What Qualifies as Leadership Experience

At its May 2025 meeting, BENHA completed the change package going to the Commissioner by adopting a broader and more inclusive definition of acceptable qualifying departments under 10 NYCRR §96.1(o)(3). Traditionally, qualifying experience was limited to core clinical departments such as nursing and social services. However, modern long-term care leadership often spans a variety of operational and interdisciplinary areas.

Under the new change package, experience in departments such as Therapeutic Recreation/Activities (as a stand-alone unit), Quality Assurance/Performance Improvement (QAPI), Patient Relations and Risk Management, Human Resources, and Environmental Services will now count toward licensure qualifications. This recognizes the reality that many administrators today play critical roles outside of the narrow scope previously defined.

Why These Changes Matter

This BENHA change package acknowledges the increasingly complex and team-oriented nature of long-term care leadership. Administrators frequently lead initiatives in compliance, risk management, resident satisfaction, and workforce development—areas that weren't historically counted toward licensure. By widening the lens of what constitutes leadership experience, BENHA is creating a more realistic and equitable pathway for future administrators.

This evolution also marks a broader shift toward competence-based licensure—prioritizing practical leadership ability and experience over rigid, outdated definitions. For mentors, preceptors, and emerging professionals, this is a pivotal moment to engage with the changes and shape a more inclusive future for the field.

Looking Ahead

ACHCA NY applauds these forward-thinking updates and encourages members to stay informed and involved. Whether you're mentoring an AIT, advising a colleague, or navigating licensure yourself, understanding these changes will help ensure that the next generation of long-term care leaders is better equipped—and more fairly recognized—for the work they do every day.

Recognize Excellence in Leadership: Nominate a Colleague for a 2026 NY ACHCA Award

As we begin preparations for the New York Chapter of ACHCA's 2026 Annual Meeting, the Awards Committee invites you to take part in one of our most meaningful traditions—recognizing excellence in leadership, service, and promise within our profession.

Each year, NY ACHCA honors individuals who exemplify commitment to the field of long-term care through several prestigious awards and scholarships. We are now accepting nominations for:

- **Administrator of the Year**
- **New Administrator of the Year**
- **The Ralph Baron Scholarship**
- **The Brookmeade Scholarship**
- **The Thersian Scholarship**

These honors not only celebrate professional achievement and personal dedication but also foster continued excellence and leadership in long-term care. If you know someone whose contributions deserve recognition—whether a seasoned leader or an emerging voice—please consider submitting a nomination.

Now is the time to act. Early submissions allow the committee to carefully consider each nominee and ensure the awards reflect the integrity and spirit of our Chapter.

📧 *To submit a nomination, email Michael Hotz at* michael.hotz.58@gmail.com.

Let's celebrate those who elevate our field. Nominate a peer today and help us honor those who make a difference.

Participants at the Summer Leadership Program in Aruba listen to a conversation about leadership from **Black Belt Mindset's James Bouchard**

Keep Your MDS Ducks in a Row

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OMIG Compliance & Excluded Provider Checks: A Crucial Responsibility for Administrators

Submitted by Keith Chambery, Executive Director, Crystal Vision Consulting Inc.

Summer 2025 – ACHCA NY Chapter Newsletter

In the increasingly complex world of healthcare regulation, compliance with exclusion monitoring requirements is not just a best practice—it's a legal necessity. The New York State Office of the Medicaid Inspector General (OMIG) requires all providers who receive Medicaid funds to routinely verify that none of their employees, contractors, or business partners appear on federal or state exclusion lists. This process, commonly referred to as "excluded provider checking," has become a focal point of OMIG audits, particularly in long-term care facilities.

Many organizations perform exclusion checks at the time of hire, but the requirement doesn't stop there. OMIG mandates **monthly** screenings of all individuals and entities connected to the organization's operations—including per diem staff, volunteers, and contracted service providers. Failing to conduct these checks on a recurring basis can result in significant financial penalties, including the full recoupment of Medicaid payments associated with the excluded individual, civil monetary penalties, and in some cases, disqualification from the Medicaid program itself.

To remain compliant, facilities must check against three primary databases: the OMIG List of Restricted and Excluded Providers, the U.S. Department of Health and Human Services Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE), and the U.S. General Services Administration's SAM (System for Award Management) database. Administrators are responsible for ensuring that these checks are thorough, well-documented, and completed on a monthly basis. This includes verification for all categories of staff—clinical and non-clinical—as well as any contractors involved in resident care or operations.

Best practices include implementing automated exclusion monitoring software, maintaining timestamped verification logs, and incorporating exclusion language into contracts with vendors and staffing agencies. Facilities should also designate a compliance officer or HR staff member to manage and archive monthly reports. If a potential match appears, it must be investigated and resolved immediately to determine whether the individual is indeed excluded and whether services have been rendered during that period.

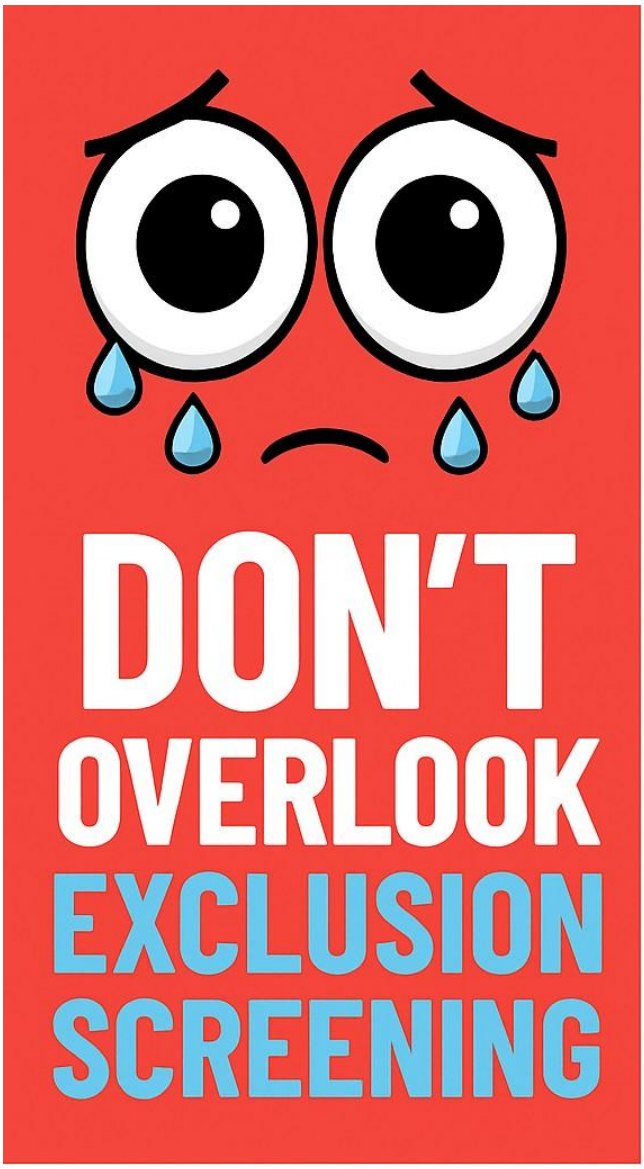
It is also recommended that organizations maintain a “compliance folder” for each month, containing search documentation, verification reports, and any necessary follow-up communications. Surveyors and auditors will expect to see not just that checks were conducted—but that the facility has a consistent and proactive system in place to prevent excluded individuals from delivering reimbursable services.

Ultimately, OMIG has made clear that the responsibility lies with the provider. Administrators cannot rely solely on hiring processes or outside vendors to ensure compliance. Excluded provider checking must be part of the facility’s broader compliance infrastructure—just like infection control or life safety standards.

For detailed guidance and access to the necessary search tools, visit OMIG’s compliance resources page at https://omig.ny.gov/compliance. Your vigilance not only protects your organization from financial risk, but reinforces your commitment to integrity and accountability in resident care.

ACHCA NY Chapter President Mark Sanchez’ View on Immigration Reform

Nursing homes across the U.S. are experiencing a staffing crisis due to increased emphasis on legal immigration and immigration policies, which have led to revoked work authorizations—including Temporary Protected Status (TPS) and humanitarian parole—for many foreign-born employees. These workers make up a significant portion of the direct care workforce, and nursing homes are now losing staff and seeing fewer applicants, with some legal immigrants skipping shifts out of fear. Efforts to recruit internationally are also hampered by visa delays, prompting hiring managers, like **Mark Sanchez of United Hebrew in New Rochelle, NY,** to warn that potential recruits are being lost to countries like Canada and Germany. Industry leaders caution that this disrupted labor pipeline jeopardizes care quality and undermines a sector already struggling to staff for America’s rapidly aging population. To read the entire article, follow this link.



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Before the Shift: Strategic Thinking for NY's PDPM Transition

Submitted by Maureen McCarthy, RN, BS, RAC-MT, QCP-MT, DNS-MT, RAC-MTA – CEO, Celtic Consulting

Summer 2025 – ACHCA NY Chapter Newsletter

New York is preparing to make a significant shift in how skilled nursing facilities (SNFs) are reimbursed through Medicaid, moving from the long-standing RUG-III system to a model aligned with the Patient-Driven Payment Model (PDPM). Although this mirrors changes implemented federally in Medicare, the impact on Medicaid reimbursement in New York presents unique challenges, and opportunities, for providers.

Assess Your Current Position

A critical first step is understanding how your organization is currently being reimbursed. The RUG-III model, which has heavily relied on therapy minutes and ADL scoring, will give way to a more clinically driven methodology. With PDPM, resident characteristics and clinical profiles, not service volume, are central.

- **Strategic Consideration:** Facilities should be reviewing how current practices will translate under the new structure, including identifying key shifts in resident categorization and revenue drivers.

Adapt to New Case Mix Complexity

PDPM introduces a more layered approach to case mix calculations, incorporating a range of resident data elements that extend beyond those traditionally used. This means that both clinical knowledge and data fluency will need to evolve across departments.

- **Strategic Consideration:** Teams will need to build internal capacity to understand and apply the core concepts of the new model. This includes adjusting workflows and deepening collaboration across disciplines.

Revisit Functional Scoring Practices

One of the most notable operational shifts involves the transition from Section G to Section GG in determining resident function. This change redefines how resident performance is observed, documented, and reflected in reimbursement.

- **Strategic Consideration:** Facilities should examine how functional performance is being captured, ensure consistency among staff, and align documentation practices with new expectations.

Explore the Potential Impact, Now

The transition period offers a limited window to prepare without financial consequences. Organizations that proactively assess potential changes in resident classification, reimbursement, and clinical documentation are likely to uncover gaps that can still be addressed before go-live.

- **Strategic Consideration:** Internal modeling and comparative analysis can help highlight areas for refinement in documentation, coding, and care processes, helping to minimize surprises once the new methodology takes effect.

Final Thoughts

Providers should begin evaluating readiness across several dimensions:

- **Clinical & Coding:** Are assessment protocols and documentation habits aligned with the expectations of a more clinically nuanced model?
- **Financial:** Has your organization begun exploring how this transition might impact overall reimbursement and case mix?
- **Operational:** Are there processes in place to regularly evaluate data trends and adjust care planning in response?
- **Compliance:** Is there confidence that documentation fully supports the care delivered and will stand up under review?

The transition to PDPM represents more than just a payment change, it's a shift in how care is defined, measured, and reimbursed. While it may seem complex, those who start preparing now, by strengthening internal systems, training staff, and enhancing documentation and reporting practices, will be in the best position to thrive in the new environment.

At Celtic Consulting, we've supported providers through similar transitions across multiple states. Our approach goes beyond surface-level assessments, we help organizations build sustainable processes to support long-term success under PDPM. If you're looking for a strategic partner as you prepare for what's ahead, we're here to support your next steps.

Empower your team. Elevate your bottom line.

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We are **post-acute care advisors,** delivering **operational, clinical,** and **financial support** to health care providers.

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> **"[Our associate] is absolutely brilliant and a guiding light... Your company is truly first-rate because of the people you have working for you."**

As New York prepares to shift to PDPM-based Medicaid reimbursement, one thing is clear, your CMI is only as strong as the team behind it.

At Celtic Consulting, we don't just identify issues; we empower your team with the tools, training, and support to optimize CMI and drive lasting success.

Our Solutions

Achieving a Seamless Medicaid Transition

- Readiness Assessments to Identify Gaps and Prepare
- Targeted Education for Accurate Coding and Compliance
- CMI Tracking Support and Systems to Capture Optimal Reimbursement

Optimizing Reimbursement and Financial Stability

- Strategies to Sustain and Improve CMI Performance Post-Transition
- Advisory Support to Align Clinical and Financial Operations
- Ongoing Analysis to Identify Revenue Opportunities and Reduce Risk

Elevating Quality Outcomes Through Clinical Alignment

- Guidance to Ensure Quality Measures Support Case Mix Goals
- Interdisciplinary Coaching to Strengthen Documentation and Outcomes
- Integration of Restorative Nursing and Other Programs to Boost Both CMI and Quality Metrics

Contact Us

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Critical Technology Alert for Healthcare Facilities: Upgrade from Windows 10 to Windows 11 — Before It's Too Late

Submitted by Justin Schwartz, IT Solution Specialist, Atlantic
Summer 2025 – ACHCA NY Chapter Newsletter

This fall, Microsoft will officially end support for Windows 10 — a transition with serious consequences for healthcare facilities that haven't yet upgraded. While some may view this as just another software update, the reality is far more urgent. For long-term care and healthcare providers, staying on Windows 10 could mean putting your organization's operations, compliance, and patient safety at serious risk.

Why This Matters More in Healthcare

Unlike other industries, downtime in healthcare isn't merely an inconvenience — it can compromise patient outcomes. From Electronic Health Records (EHRs) and pharmacy systems to communication platforms and billing software, nearly every core system in a facility depends on a secure, stable operating system. Continuing to run Windows 10 past its end-of-life date is an open invitation for security breaches and operational disruptions.

The Risks of Doing Nothing

When Microsoft ends support, the following risks come into sharp focus:

- **No More Security Updates**
  Without critical patches, systems running Windows 10 become vulnerable to ransomware, phishing, and other cyberattacks — all of which have increasingly targeted healthcare organizations in recent years.
- **Compliance Violations**
  Unsupported software can quickly lead to HIPAA violations and other compliance breaches. Regulators will not view outdated systems as acceptable defense in the event of a data incident.
- **Software Incompatibility**
  Many software vendors — particularly in the healthcare space — are already planning to drop Windows 10 support. Critical applications may stop working properly or fail to install altogether.
- **Decreased Technical Support**
  IT support providers are increasingly reluctant to troubleshoot legacy platforms. This could leave your team stranded when urgent issues arise.

Why Windows 11 Is Designed for the Demands of Modern Healthcare

The move to Windows 11 isn't just about staying current — it's about unlocking tools that directly support better care and more efficient operations.

- **AI-Powered Tools**
  Intelligent features streamline documentation, improve search functions, and enhance workflow across departments.
- **Advanced Endpoint Security**
  New layers of protection help shield your systems from the sophisticated threats facing the healthcare sector today.
- **Faster Performance**
  Improved boot speeds and application responsiveness allow frontline staff to spend more time with patients and less time dealing with lagging systems.
- **Enhanced Virtual Desktop Support**
  Remote and hybrid workers — from clinicians to billing staff — will benefit from more seamless and secure access to their work environments.

Time Is Running Out — Prepare Your Transition Now

Migrating from Windows 10 to Windows 11 is not a simple flip of a switch. It requires planning, testing, hardware reviews, and training — all while maintaining daily operations. With supply chain challenges and already stretched IT teams, waiting too long could result in costly delays or unplanned outages.

What Healthcare Leaders Should Be Doing Today

- Identify all workstations and devices still running Windows 10.
- Collaborate with IT to build and schedule a comprehensive upgrade plan.
- Test key applications for compatibility with Windows 11.
- Begin replacing outdated hardware if needed.
- Prepare staff with training on the new platform and enhanced cybersecurity protocols.

This isn't just a technology decision — it's a leadership mandate. Relying on expired systems is not an acceptable risk in modern healthcare. Patients, families, and staff deserve the assurance that your organization is operating with secure, efficient, and forward-looking tools. The time to act is now.

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RAI and MDS Compliance: The Importance of the Administrator in the Line-Up

Submitted by Jessica Stucin, RN, BSN, LNHA, RAC-MT, RAC-CTA, QCP, Director of Education – Minimum Data Set Consultant
Summer 2025 – ACHCA NY Chapter Newsletter

With the Minimum Data Set (MDS), the Centers for Medicare and Medicaid (CMS) created a standardized, reliable, reproducible framework for assessing long term care resident status. As a result, MDS data plays a significant role in myriad areas of skilled nursing – from resident care plans to quality measures and reimbursement – which are governed through regulatory compliance. While adherence to these guidelines certainly falls to MDS Coordinators and Interdisciplinary Team (IDT) members, there is yet another group just as important in stepping up to the regulatory compliance plate: facility administrators.

MDS Assists

MDS assessments allow a facility's IDT to capture each resident's cognitive, psychosocial, and physical functioning and specific health needs at designated points of time. Using this information, the IDT develops a plan of care that supports each resident's goals for their highest practicable level of function. The IDT also has the ability to review successive MDS assessments to compare a resident's current and prior status – adjusting the care plan to support any changes in their needs, preferences, and goals for care.

Information reported on the MDS similarly assists the facility administrator in developing an accurate facility assessment, evaluating the quality of care that is provided to the population in their facility, and comparing the facility quality of care metrics to other facilities in their state and across the nation. These metrics are reflected in resident and facility quality measure (QM) reports and on the publicly-reported CMS Care Compare website.

In addition to quality measures, CMS uses MDS data to project individual staffing thresholds it expects the facility will meet and shares it with surveyors. Surveyors in turn utilize this MDS-generated data to guide their completion of comprehensive and complaint surveys. This all ultimately impacts what many consider to be the most significant role of MDS data: the determination of Medicare reimbursement and – in many states – that of Medicaid reimbursement.

Change in CMS Fielding

Regulations that govern MDS timing, accuracy, completion, submission, and facility and surveyor guidance are in the State Operations Manual (SOM). In January 2025, CMS published an advanced release of upcoming SOM changes. With these updates,

administrators and MDS staff can expect to see more streamlined and stringent oversight of MDS accuracy. Updated guidance in F641 – anticipated to be implemented in March 2025 – guides the survey team to determine not only the level of deficiency tag, but also any financial penalties that may be levied based on patterns of inaccurate or false MDS completion.

Civil monetary penalties (CMPs) can be levied up to $5,000 for each assessment found to have been certified with material and false statements.

In instances of inaccurate or incomplete provider documentation to support coding a new diagnosis, such as schizophrenia on three or more assessments, the surveyors are also directed to make a referral to the State Board of Nursing and potentially to the Office of the Inspector General.

Accuracy Umpires

CMS has several means of verifying that facilities are completing and submitting accurate MDS assessments. Surveyors review MDS information that has been accepted into iQIES prior to and during the survey process, and they utilize guidance from the Critical Elements Pathways in the SOM to evaluate the accuracy of the MDS as well as appropriateness of the care plans.

Additionally, CMS uses federal contractors to review the resident record and determine if the MDS was coded correctly. This resident record review comes in the form of Additional Documentation Requests (ADRs). These requests may be made within months of the submitted and accepted MDS, or up to 4 years later. Federal contractors include Medicare Administrative Contractors (MACs), Recovery Auditor Contractors (RACs), Unified Program Integrity Contractors (UPICs), Supplemental Medicare Review Contractors (SMRCs), and Targeted Probe and Educate programs (TPEs). Most recently, CMS has added validations covering MDS submissions that impact the Quality Reporting Program and the SNF Value Based Purchasing Program.

Administrator Grand Slam

Administrators have the opportunity to be a game changer at their facility when it comes to supporting RAI compliance and accurate MDS completion. To make that grand slam:

- Ensure your vendors are providing the most up-to-date electronic health record forms available for staff to capture all required MDS data.
- If your facility is working with paper charts, verify that the most recent data collection tools have been implemented.
- Consider including competencies/training for resident interviews and MDS data collection as part of your annual evaluations for IDT members.

- Encourage and financially support education (when possible) for staff who capture data and code the MDS, especially when updates are occurring in the MDS process.
- Cross train staff in completing interviews to ensure data is being collected and recorded in a timely fashion, which supports MDS coding and allows your IDT members to take time off without missing data capture.
- Review MDS validations, assess QM reports, and participate in QAPI plans.
- If you receive an ADR, facilitate the review by ensuring all requested information is sent to the requesting entity in one organized submission by the deadline noted.

A New Chapter in a New Neighborhood: Helping Seniors Adjust to Life at Vista on 5th

By Nicole Atanasio MSN, RN-BC President & CEO
Vista on 5th Assisted Living, East Harlem
Summer 2025 – ACHCA NY Chapter Newsletter

For many older adults, the move into an assisted living community represents more than just a change in living space, it marks a profound shift in their life story. It often comes after years; sometimes even decades in the same home, surrounded by familiar neighborhoods, routines, and memories. Leaving all of that behind to start fresh in a new community is not just a logistical process. It is an emotional one, whether someone is relocating from another borough or out of state, this shift can stir up emotions, everything from anxiety and sadness to cautious hope.

New York City itself can feel like a world of its own. Known for its deep cultural roots, lively energy, and sense of pride, the city can be both exciting and unfamiliar, especially for seniors coming from quieter or more suburban communities. For seniors relocating to East Harlem, it is not just about adapting to a new building or schedule, it's about learning to feel at home in a place that may look, sound, and move differently than everywhere they've ever lived.
We recognize that adjusting to a new environment begins with feeling understood. That's why we've built Vista on 5th not only as a care facility, but as a true community, one that welcomes residents into a space that feels warm, familiar, and above all, respectful of who they are and where they've come from.

There's a quiet emotional weight that comes with entering a space already in motion. For many seniors, joining a long-established community can feel a bit like stepping into someone else's story mid-chapter. Others seem to already know the staff, the rhythm of the day, even where to sit in the dining room. In those first few weeks, the absence of

familiar faces and the unspoken pressure to "fit in" can make even small choices, like where to sit or whom to talk to, feel unexpectedly heavy.
That's why we've taken great care to ensure our community reflects the spirit and diversity of not only East Harlem itself but our own melting pot of our residency, so that new residents don't just arrive, they feel like they belong. Our culinary team creates daily menus to serve meals that feel like home, integrating many cultural dishes of residents. And because comfort often begins with communication, we've built a multilingual staff capable of connecting with residents not just in clinical care, but in the everyday conversations that build trust.

But culture is more than language and food, it's how people celebrate, gather, remember. That's why we make space for it in the rhythm of daily life. Residents see their own traditions honored in everything from spiritual services and seasonal celebrations to storytelling circles and communal art projects. Whether it's celebrating Juneteenth, joining our religious ceremonies of worship with our community Rabbi or Priest, or even a quiet moment to share family history, identity is not just welcomed, it's woven into the foundation of our community. Here, starting over doesn't mean leaving the past behind. It means bringing it with you, finding pieces of it reflected in your surroundings, and discovering new ways to share it with others. There's also the emotional weight of feeling like a guest in a space that's already in motion. Many seniors express a sense of disorientation when joining a community where others already seem to know each other, the staff, and the routine. In these early weeks, the absence of familiar faces and the pressure to "settle in" quickly can make even small decisions, like where to sit during lunch, feel overwhelming. But there are ways to ease this transition, and much of it starts with how we frame the move. Rather than seeing relocation as a loss of independence or identity, families and care teams can help reframe it as a continuation of life, different, yes, but still full of agency, purpose, and choice. Familiar rituals can help: bringing a favorite chair, cooking a beloved recipe, playing music that reminds them of home. These small things can be powerful anchors.
We've thoughtfully designed our community to reflect the rich diversity of East Harlem itself. Our culinary team works closely with residents and families to offer meals that reflect familiar cultural traditions, whether that means arroz con gandules, matzo ball soup, or soul food Sundays. Language plays a big role in comfort, too, so we've ensured our team includes multilingual staff who can connect more deeply with residents in both casual conversation and care.

We've seen how meaningful it is when residents see their own culture reflected in holiday celebrations, spiritual services, and everyday activities. From community events that honor traditions like Three Kings Day and Juneteenth, to storytelling circles where residents can share their histories, we create space for identity and memory to thrive. In a place as vibrant as Vista, moving in doesn't mean leaving the past behind, it means bringing it with you, and sharing it.

We also know that loneliness can be one of the hardest parts of transitioning to assisted living. To ease that, we introduce each new resident to a fellow neighbor in the community who becomes a friendly guide during those first few days. Our life enrichment team makes sure to welcome and introduce our new residents to group activities and other residents a part of our community. It's not a formal program,it's just how we build connections. We encourage families to stay involved, too, from decorating loved ones' apartments to joining in on our community events and weekend visits. What makes Vista different is the belief that this isn't just a facility, it's an extension of their home.

Our team also believes in the power of purpose. When residents feel useful, seen, and valued, the emotional weight of the transition begins to lift. We've watched people rediscover old passions like gardening, painting, writing through our organized clubs and even start new ones! Life enrichment is not just providing residents with a routine but also observing what residents like to do on their own and finding a way to integrate those hobbies into group activities. Here at Vista on 5th, we even encourage our staff to share their own passions with residents! This past November, our Director of Patient Services, John Hill, started a martial arts class for residents to join! On his own time, John Hill has achieved Master instructor status in Tang Soo Do and created a class for residents to not only join in for fun but also develop self defense skills. Watching the program grow through the months, there has been an increase in community engagement; residents invite others to come participate in the class and encourage them to develop their own passion and self confidence! Sometimes, the adjustment brings surprising joy: a resident who hadn't written in years joins our writers group; someone who was shy at first ends up singing a Diane Ross song during karaoke. These are the kinds of quiet, beautiful moments that make a place feel like home.

Of course, every person adjusts in their own time. For some, it happens quickly. For others, it's a slower process, marked by small victories like a new friend, a familiar dish, or a conversation in their native language. No matter the pace, our job at Vista on 5th is to walk alongside each resident through that journey, offering patience, care, and genuine community along the way.

For us, the work of assisted living is not just clinical, it's deeply human. Because at the heart of it, this transition isn't just about where someone lives. It's about who they are, and how we help them carry that identity forward, even as everything around them begins to change. And in a neighborhood as soulful as East Harlem, we're proud to offer a space where seniors don't just live, but continue to grow, connect, and belong.

🗓️ Upcoming Events – Summer 2025 through Spring 2026

ACHCA NY Chapter, National & Partner Organization Highlights

▶ Monday, September 8, 2025 (10:30 AM – 8:00 PM)

United Hebrew 39th Annual Golf Tournament & Dinner

📍 *Brae Burn Golf Club, Purchase, NY*

⛳ Enjoy a full day of golf, contests, and camaraderie while supporting United Hebrew's senior residents

📧 Contact: Grace Ferri – gferri@uhgc.org | 📞 (914) 632-2804 Ext. 1190

▶ Thursday, September 18, 2025 (8:30 AM – 4:00 PM)

ACHCA NY Chapter Seminar: MDS & Fire Safety Compliance Seminar

📍 *Rhinebeck, NY*

🎓 6 CEUs | Updates on MDS changes, survey readiness, and fire safety

🔗 Register through ACHCA NY

▶ September 15–17, 2025 *(TBC)*

LeadingAge NY Annual Fall Conference & Exposition

📍 *Saratoga Springs, NY*

🎓 Sessions and networking for aging services professionals

🔗 Event info at LeadingAge NY

▶ September 30, 2025

ACHCA MA Chapter Stephen Esdale Memorial Golf Tournament

📍 *Brookmeadow County Club, Canton, MA*

⛳ Enjoy a full day of golf, contests, and camaraderie

🔗 Learn more at AHCANCAL.org

▶ **October 19-22, 2025**

ACHCA/NCAL Annual Convention& Expo

📍 *Mandalay Bay, Las Vegas, NV*

🎓 National policy, practice, and innovation in aging services

🔗 Learn more at AHCANCAL.org

▶ **October 29, 2025**

Certified Dementia Practitioners Certification Course

📍 *Sarah Neuman Westchester Health & Rehabilitation*

🎓 Earn your Dementia Practitioners Certification in Dementia

🔗 Learn more at NYCACHCA.org

▶ **November 2–5, 2025**

LeadingAge National Annual Meeting & Global Aging Network Summit

📍 *Boston Convention & Exhibition Center*

🎓 National policy, practice, and innovation in aging services

🔗 Learn more at LeadingAge.org

▶ **Sunday–Wednesday, March 8–11, 2026**

ACHCA NY 56th Annual Convention

📍 *Resorts World Catskills, Monticello, NY*

🎓 Up to 16.5 CEUs | Vendor expo, awards, networking, and leadership development

🔗 Registration opens Fall 2025 via nycachca.com

▶ **Sunday–Wednesday, April 19–22, 2026**

ACHCA National NELS, Pre-Conference & Annual Convention

📍 *Renaissance Orlando at SeaWorld – Orlando, FL*

🎓 National CEUs | Pre-conference leadership education | Networking with peers nationwide

🔗 Details and registration

📧 Contact: achca@achca.org

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