



Our Faces. Our Stories.

The Stories of Caregivers and Leaders
in Pennsylvania Aging Services

2025

LeadingAge® PA



Welcome to “Our Faces. Our Stories.” On behalf of LeadingAge PA’s more than 400 members across the Commonwealth, we deeply appreciate your time and effort in learning more about our senior care providers and the incredible job they do each day to support Pennsylvania’s aging population.

Our members include Continuing Care Retirement Communities (also known as Life Plan Communities), skilled nursing facilities (nursing homes), assisted living and personal care homes, Living Independence for the Elderly (LIFE) providers, home and community-based services, and affordable senior housing. In support of this vast sector, our role at LeadingAge PA is to advocate on their behalf at the state and local levels and to inspire positive change and a healthy vision for the delivery of quality, affordable and ethical care for Pennsylvania’s seniors.

“Our Faces. Our Stories.” is a unique look inside the challenges our providers face on a daily basis alongside the over 50,000 dedicated caregiving professionals who compassionately care for more than 75,000 older Pennsylvanians, specifically in nursing homes, which provide skilled, 24-7 nursing care for those with more complex care needs, and at LIFE providers, which foster independence for older Pennsylvanians who wish to remain in their home while receiving needed care and support.

Meeting these individuals can be both an uplifting and a sobering experience. Their genuine love and dedication to their work each day is truly something to behold; to them, the residents and participants are family. However, in order for them to feel supported, change is urgently needed. That is why we are sharing firsthand accounts of their challenges and highlighting how a predictable, sustainable funding system, along with adequate Medicaid funding, is critically needed to fulfill their mission.

For more information about “Our Faces. Our Stories.” please visit LeadingAgePA.org/OurFaces.

I hope you’ll read their stories of dedication, love and a desire to make a difference.



Garry Pezzano

President & CEO, LeadingAge PA



KADIJAH ADAMS

Memory Support Coordinator, Presbyterian Senior Living Cathedral Village, Philadelphia



Our Cathedral Village staff are providing meaningful, purposeful and invaluable services for our residents. We understand the difficult choice that family members make when they decide to use long-term care facilities to assist them with caring for their loved ones, and we pride ourselves on providing quality, person-centered care. We strive to create an environment where our residents live their best possible lives, and this requires effective collaboration between every department, from nursing to activities and from dietary to maintenance and housekeeping.

There's nothing like seeing a familiar face and getting to know those who are taking care of you. Especially in our memory care neighborhood, having consistent staff is quite important. Just the other day, I had a resident who was starting to get irritable. She was raising her voice

at a temporary agency nurse's aide. The aide responded as best she could, but I was happy I was there to intervene. I spoke with the resident for a few minutes, and she was able to calm down and proceed with her day. You see, I know that resident. I know she likes to say her point or just feel like someone is listening to her. This comes from building a relationship with her, which is something agency staff just can't do. Building a relationship with our residents and getting to know them on an individual basis goes a long way toward providing them with a good experience.

Sadly, it's hard to provide the consistent staffing levels required for this level of personal attention when long-term care facilities like ours, and others across Pennsylvania and beyond, are in the midst of a staffing shortage. We work hard to staff at high levels in our facilities every

day, by using agency or temporary nursing staff along with our PSL staff. However, additional funding is needed to increase the number of permanent nursing staff and to provide consistency for residents and improve job satisfaction and retention.

What we do here at Cathedral Village is provide an important service to the Philadelphia community that we serve. I am very proud to be a member of this team and to have the opportunity to advocate for what I believe our residents need the most — funding to recruit and retain staff.

We work hard to staff at high levels in our facilities...



Every day is a struggle for the team at Vincentian in Pittsburgh, and it won't get any better as long as burdensome regulations and Medicaid continue to be underfunded at the state level.



"This is a race to the bottom if we don't get serious because we are approaching a humanitarian crisis in caring for older adults across Pennsylvania," said Dean Owrey, president and CEO at Vincentian. "After years of underfunding Medicaid, Pennsylvania is ill-equipped for the coming tsunami of an older population who will require services in nursing homes."

One thing to remember is that **senior living** and **senior care** are two different things. Senior

living is primarily funded through private-pay residents who can afford to pay for their housing and services in the setting of their choice. In senior care, however, many Pennsylvanians rely on insufficient Medicaid funding to cover more serious and long-term skilled nursing care.

"Too many people conflate the two and think the system is properly funded," Owrey said. "They look at a struggling nursing home and think it has poor business management. But when you have to rely solely on Medicaid for nursing home care, it has nothing to do with a business plan – it's all many families have when they can no longer care for their loved ones in their home."

As Medicaid support from the government continues to reimburse well below the costs of care, financial pressures have increased dramatically since the pandemic, primarily due to personnel costs. And non profit communities simply don't have the means to compete for needed medical professionals like nurses, when they can find them.

"In this era, where costs just exploded after the pandemic, you don't stand

For nearly half a year, Vincentian wasn't paid for their care.

a chance competitively," Owrey said. "The cost for labor, utilities, food and supplies are paid at fair market values, yet reimbursements to the care provider are fixed and bear no relationship to what safe and satisfying care requires. Every day is a struggle. It's simply not sustainable."

Burdensome and confusing state regulations aren't helping either. In May 2023, Vincentian closed one of its skilled nursing homes and moved nearly all residents to another location within the organization only 10 miles away. The trip took less than 30 minutes. Unfortunately, state regulations treated the move as a discharge and their transfers as new admissions. Residents who were Medicaid eligible 30 minutes earlier were forced to reapply for benefits.

The process of reauthorizing each patient took a lot longer than 30 minutes.

"On average, it took about 200 days for each resident to be reauthorized by the state," Owrey said.

For nearly half a year, Vincentian wasn't paid for their care.

In recent years, several nursing homes made headlines when they closed. Now, quieter closings are taking place that don't make headlines as providers scale back the size of their skilled nursing units due to poor Medicaid reimbursements and regulations that, although well-intentioned, make little practical sense, including one-size-fits-all staffing mandates amid

a well-documented healthcare workforce shortage.

The end result is that the availability of nursing home beds in Pennsylvania is at its lowest in years, just when the need is at its greatest.

"It's a sad paradox – increasing demand and decreasing supply," Owrey said. "If we don't solve this now, Pennsylvania will be looking at a future where our children will have no other option but to care for their parents in their homes. Some will be able to do this; many won't. This will happen if we don't come together on a solution that properly funds the system, paired with common-sense regulations."

CARRIE ZAHNISER

Human Resources Manager, Community LIFE, Pittsburgh



For over two decades, I have seen the incredible staffing challenges in Pennsylvania nursing homes. I'm responsible for working to recruit and retain nearly 500 employees across eight locations.

Given a chronic lack of Medicaid funding, recruitment was already difficult in the best of circumstances. When the pandemic hit, the pool nearly bottomed out, and we still haven't recovered. Many of the staff we have today don't meet critical experience and education requirements. As a nonprofit, recruiting qualified staff to care for our residents is nearly impossible because state and federal Medicaid reimbursements leave our salary budget below for-profits.

We're in a difficult downward spiral. Many workers are leaving health care altogether due to burnout because we can't hire enough people, or they go somewhere else for less demanding work. Our employees see what others are paying and are asking us for significantly higher wages. Without fair Medicaid funding, we simply cannot keep up. Every day, I come across resumes of wonderfully talented professionals who would make a tremendous difference at Community LIFE. Unfortunately, we end up losing many of them to for-profits and other industries.



**We're in a
difficult
downward
spiral.**

About 50% of our patients rely on Medicaid; at the same time, we continue to suffer from poor Medicaid reimbursements, unrealistic state staffing mandates and opportunistic staffing agencies that are leveraging a worker shortage that hasn't rebounded since the pandemic. In some cases, for a single staff member, we've spent over \$100 an hour more than what we paid prior to the pandemic. It's unsustainable.

We're operating in an environment where even if all your beds are full and you're managing expenses well, there's still not enough state funding support or staffing available. Being a rural facility, it's hard to find staff, yet staffing mandates continue to rise. As providers, we continue to struggle to find a sustainable solution for where we're going to find the people to meet these mandates. Staffing agencies know this, so they've created a bidding war among facilities. Something has to be done because staffing agencies are holding us hostage. We simply cannot keep up, and many of us have been forced to take some of our beds offline.

There must be collaboration with policymakers. They need to listen and understand that we're desperately trying to

serve people in their districts. There simply isn't enough nursing staff in the state to fill all the openings, so we're at the mercy of staffing agencies. Pennsylvania has to create a fairer system. Without change, things will only get worse. In the end, that only hurts our residents — good Pennsylvanians who deserve the best care.



There must be collaboration with policymakers.

LESLIE A. KISOW, OTR/L, MHA

Lutheran SeniorLife, Executive Director, Community and LIFE Programs



Without a system that receives sufficient Medicaid funding, Living Independence for the Elderly (LIFE) programs at places like Lutheran SeniorLife in Armstrong, Beaver, Butler and Lawrence counties will continue to struggle to provide important wraparound services and care for seniors who choose to remain at home.

The numbers are easy to see since the pandemic.

Five years ago, nonprofit Lutheran SeniorLife's specialty vans to transport participants to and from their essential services and programs cost \$78,000. Today, those same vans are \$116,352. Meanwhile, meal costs have skyrocketed by 24.5%, and they're providing nearly 40,000 additional meals per year.



"Gas prices and repair costs for vans have increased significantly over the past several years," said Leslie Kisow, executive director for community and LIFE programs at Lutheran SeniorLife. "We have replaced some of the vans, but not as many as we should. We're putting a lot more miles on them than we used to."

Then, there's the cost of personnel and the travel involved to provide home-care services.

"If a nurse's aide is working in a congregate care setting, they may care for 10 people on a floor," Kisow said. "Working in a LIFE program is different because it means driving as much as half an hour to each home. In rural counties, the drive could be even longer, which reduces efficiency."

In this job, a caregiver has to be comfortable working in people's homes, and that's harder to recruit than people may think. LIFE programs are having a hard time being more competitive with compensation, and without more Medicaid assistance, it will continue to be difficult.

With staff vacancies, the number of home visits for nursing assistants increases, resulting in shorter and less meaningful visits with the older adults receiving care.

In 2012, LIFE programs in Pennsylvania suffered a 5% cut in Medicaid rates and subsequently faced a 34.41% rise in U.S. inflation from

2012 to 2022, according to the Consumer Price Index. Although the 2024-25 state budget included an investment in the LIFE program, rates are still lagging far behind inflation, preventing a meaningful recovery.

If Medicaid funding is increased for LIFE, Kisow said Lutheran SeniorLife will pour the funding into its staff, operations and infrastructure improvements.

"We would love to purchase technology that would help with participant safety in their homes," Kisow said. "Also, we haven't been able to really do the upkeep needed on all of our centers. They're getting old, and we're forced to piecemeal repairs and cosmetic improvements."

Repairs like a large freezer at their Butler facility.

"We prepare so many meals, and that freezer is critical," she said.

"We're a nonprofit, so when a large freezer at our Butler facility continues to break down, it's a big problem. We can't afford a new one. So, we keep having to pay to repair it, knowing it's going to need repairs again."

If Medicaid funding isn't increased with the cost of operations, we're in trouble."

At St. John Community, a nursing home in Mars, Butler County, finding nurses to hire while Medicaid funding continues to fall short has been one of its greatest challenges. After all, communities like St. John are having a difficult time finding workers because they simply cannot compete with wages offered outside of the senior care setting.

"We're at a point where it's not just nurses and nurse's aides leaving," said Executive Director Samantha Rapuk, MHA, NHA, PCHA. "We're losing housekeepers and dietary aides to Target and Walmart."

So, they're pursuing both short-term and long-term strategies, including a heavy reliance on temporary staffing agencies and recruiting nurses from abroad, each approach bringing its own set of challenges.

"These agency nurses love their time with us," said Rapuk, "but despite efforts to hire them as full-time in-

house staff, we can't compete with the hourly agency pay rates."

St. John's story is familiar. They've done everything they can to increase their competitiveness to attract and retain good healthcare professionals. But even when beds available to residents enrolled in Medicaid are filled, they're still losing money because state reimbursement continues to be lower than rising costs. To recover some of that loss, the community has no choice but to increase rates for residents who are not eligible for Medicaid (commonly known as "private payers") to cover the difference. However, this may result in the individual running out of money and becoming Medicaid-eligible themselves. This is an unsustainable stopgap as St. John continues to fall behind financially while many similar nursing homes are closing their doors.

The hiring crisis isn't getting any easier either. Now, in-house staff are also leaving for work outside the healthcare sector altogether.

In response, St. John has contracted with international agencies in order to recruit nurses for a three-year period. St. John houses them for their initial three months and then, after the initial three years, the hope is that the nurses will choose to stay on at the community.

In spite of these efforts, the community has had to reduce the number of residents they're able to serve. St. John was licensed for 300 beds, but due to the workforce shortage and financial constraints, it has reduced its available beds to 172. At one point in 2024, they were only able to make about 100 beds available.

"It's a whole domino effect," Rapuk said. "We're expected to meet state mandates for hiring, but the people we need simply don't exist in our area. We're doing everything we can — even looking outside the country. **We're a faith-based organization with a strong mission to serve persons in need just trying to stay afloat.**"

"it's not just nurses and nurse's aides leaving..."



Every day, we assess our staffing level versus the referrals we have from hospitals. Most days, we're limiting those admissions due to staffing shortages, even when we're offering pay incentives to pick up extra shifts.

Without proper Medicaid funding, we cannot compete against other employers, which creates a sad reality that it's more cost-effective not to fill a bed. Our skilled nursing facility has one of the best reputations in Westmoreland County, and that's why it's so disappointing when we can't provide services to all who need them. That also places a strain on the acute care system, where we're seeing long wait times in emergency departments because patients are waiting for post-acute care beds.

The pandemic may be over for some, but we're still dealing with the harsh reality of the economic fallout. Our temporary staffing agency costs have skyrocketed by a staggering 245%. Because of this, we can't execute plans to improve services, including the development of more housing, capital improvements to existing facilities and resident wellness programs.

There are days when closing our nursing home seems like the best solution as we struggle with staffing, infection control and inflation. But then we think about our residents and the wonderful people they are, and we stay in the fight. What might have happened to them if they had not received the care they did during their years with us? This is why we need support from those in state government — we need a reasonable Medicaid increase in this budget cycle.

**...places a strain
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MATTHEW R. MAYO, MBA, NHA

Assistant Executive Director & Health Care Center Administrator, Masonic Village at Elizabethtown



One consistent truth I've learned from my 25-plus years working in the senior living sector is that Medicaid doesn't pay the bills. To right-size the balance sheet, skilled nursing facilities also need Medicare and private pay residents to help cover that shortfall.

Masonic Village at Elizabethtown has 453 licensed nursing home beds, and 65% of our resident demographic is on medical assistance. The state's low Medicaid reimbursement rate barely allows us to pay above a living wage for vital positions that make up our care teams, which makes recruiting and retaining qualified and dedicated staff extremely difficult. An appropriate increase in Medicaid funding would enable us to adequately compensate our housekeepers, food service staff, nurse's aides and LPNs, who are the heartbeat of our organization.

With increased funding, nursing homes could better compensate the wages offered by hospitals and other industries. We could better align our salaries and benefits with what today's workers are looking for.

Instead, too much of our time and resources is dedicated to piecing together costly temporary agency staff arrangements, fighting to qualify for limited and administratively time-consuming incentive programs and re-evaluating the number of residents we are able to care for.

This is why, due to lower-than-average state funding and staffing limitations, Masonic Village at Elizabethtown has had to decrease the number of available resident beds. While some were converted from semi-private to private rooms, the overall decrease represents about 100 fewer beds — that's 100 fewer residents receiving care.

What's happening today is reminiscent of the early days of the pandemic. Due to staffing limitations, units were closed, the number of available beds decreased and there was an overall loss of nursing homes statewide. Hospital systems had nowhere to discharge patients as nursing homes closed their doors.

If the Medicaid rate for our most vulnerable does not start keeping

pace with top-quality care, health systems will see a repeat of the early pandemic times. We are calling on legislators now for their support. Tomorrow is too late.

... Medicaid doesn't pay the bills.



LANCASTER COUNTY COMMUNITIES TEAM UP TO AD

John Sauder, President, Tandem Living and Dale Weaver, CEO of Calvary Homes, Lancaster

John Sauder, president of Tandem Living, and Dale Weaver, CEO of Calvary Homes, faced the same problem at their Manheim Township, Lancaster County, continuing-care retirement communities (CCRC): a chronic lack of Medicaid funding support from the state government.

So, they decided to work together.

In August 2024, Calvary Homes, a Christian nonprofit, became part of Tandem Living. Also a Christian organization, Tandem Living was founded in 1903 as the Mennonite Home. Its facilities now include Woodcrest Villa, Trillium Place and Calvary Homes.

Together, the two leaders identified \$3 million in savings by combining skilled

nursing and personal care services at Trillium Place. It was nothing less than a tremendous achievement.

Sadly, Pennsylvania's broken Medicaid funding system for nursing homes doesn't allow \$3 million to go very far. In fact, it really isn't a system. Providers are at the mercy of annual state budgets. In the last decade, those budgets have seen only modest increases for Medicaid. Tandem Living is facing a \$7 million annual deficit without even an increase to address inflationary costs.

**“No one
prioritizing**

JOHN SAUDER

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"It's extremely tough to make up \$7 million a year," Sauder said. "After all, wages never go down, and health insurance, property insurance, food and utilities continue to rise — and rapidly over the past few years. State regulations for staffing continue to become more difficult even as a shortage of qualified workers exists. Every aspect of costs continues to escalate."

Weaver, who now serves as executive director of Calvary Homes and vice president of strategy and technology, said: "No one in politics is prioritizing senior living. LeadingAge PA rightly continues to make the case that this is about ensuring Pennsylvania's older citizens have access to quality care. We're a Christ-centered organization that focuses on providing outstanding care — not just care."

Without a consistent annual funding system, Tandem Living, like many

other senior care providers, will face an ongoing workforce challenge and will reduce access to care to remain sustainable.

"Everything comes back to Medicaid reimbursement," Sauder said. "Our employees do really hard work. They deserve to be paid more. If we don't fix this, they will continue to leave and work outside of healthcare where they can make more money. What makes it even more difficult is the staffing ratio mandates."

Weaver believes seniors who aren't in the system now will have difficulty being placed in two years. Hundreds of Medicaid beds are already offline in Lancaster County, a common scenario across Pennsylvania.

"The system is already admitting far fewer than they did two years ago," Weaver

said. "Two years from now, it will be even more difficult."

Sauder added, "Due to the significant gap between true cost and Medicaid reimbursement, most quality providers are only taking care of residents in their retirement community. There is going to be a huge access to quality care issue in the near future."



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