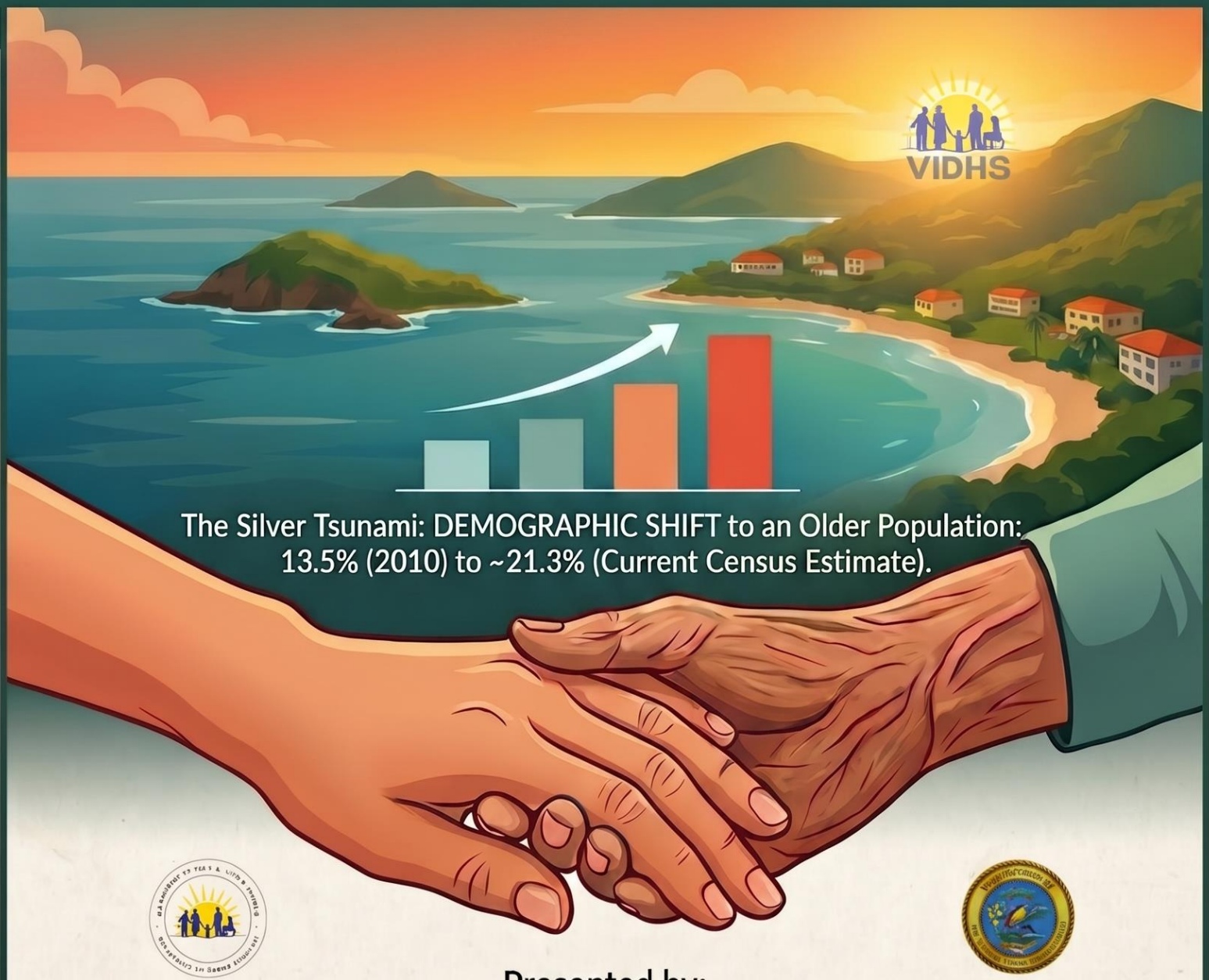
Aging with Dignity: Oversight of Nursing Homes and CMS Certification Readiness in the Virgin Islands.



The Silver Tsunami: DEMOGRAPHIC SHIFT to an Older Population: 13.5% (2010) to ~21.3% (Current Census Estimate).

Presented by:
Taetia Phillips-Dorsett, Assistant Commissioner, VIDHS.
CHAIRMAN: **Senator Angel Bolques Jr.**
To: Senate Committee on Culture, Youth, Aging, Sports, Parks.
Friday, July 17, 2026, at the Earle B. Ottley Legislative Hall on St. Thomas.

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Testimony of Assistant Commissioner Taetia Phillips-Dorsett
Committee on Culture, Youth, Aging, Sports, and Parks
July 17, 2026, 10:00 AM

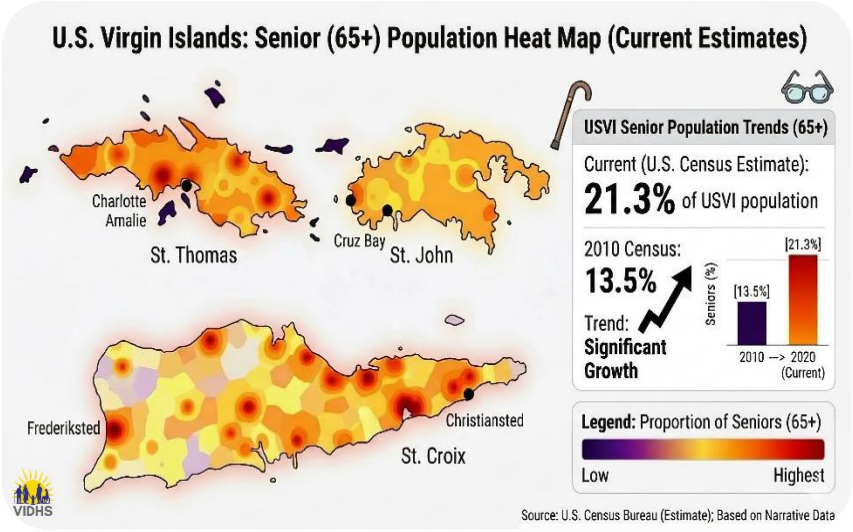
Good Morning Mr. Chairman, Senator Angel Bolques Jr, members of the Committee Culture, Youth, Aging, Sports, and Parks, and members of the viewing and listening public. My name is Taetia Phillips-Dorsett, Assistant Commissioner of the Virgin Islands Department of Human Services. I am joined today in the St. Croix Chamber by Ana Velez-Martinez, Residential Director of the Herbert Grigg Home for the Aged and Akilah O'Brien, Disaster Recovery Specialist. In the St. Thomas Chambers I am joined by Senior Citizens Affairs Administrator Kishma Vincent and Heather Richardson Henry, District Manager of the Office of Adult Protective Services for St. Thomas and St. John.

We are honored to appear before this Committee to provide oversight testimony on the current state of nursing homes and long-term care facilities in the Virgin Islands. Our testimony highlights the Department's priorities in ensuring that elderly residents receive safe, dignified, and fully compliant care.

Overview of Long-Term Care in the Virgin Islands

The Virgin Islands Department of Human Services (VIDHS) serves as the Territory's lead agency responsible for supporting vulnerable residents through a comprehensive network of programs and services, including those that provide **residential, custodial, and long-term nursing care for seniors.** Ensuring that older adults receive safe, dignified, and clinically appropriate care remains a central component of the Department's mission and an essential responsibility of government as our population continues to age.

Demographic trends across the Territory underscore the growing urgency of strengthening long-term care infrastructure. Current **U.S. Census** estimates indicate that approximately **21.3% of the Virgin Islands' population is aged sixty-five or older,** with St. Croix housing the largest proportion of senior residents, followed by St. Thomas and St. John. This represents a significant demographic shift for the Territory, as the percentage of **seniors grew rapidly from just 13.5%** during the 2010 Census.



Over the next decade, these numbers are expected to rise steadily as life expectancy increases and the Territory's demographic profile shifts toward an older population. This shift will inevitably **expand the demand** for medically supervised residential environments capable of addressing the complex chronic conditions, mobility limitations, and cognitive care needs commonly associated with aging. As a result, long-term care planning in the Virgin Islands **must be approached** not only as a social service responsibility, but also as **a critical component of the Territory's public health and social services infrastructure.** Meeting this growing demand requires a coordinated and forward-looking strategy centered on operational readiness, workforce stability, infrastructure resilience, regulatory compliance, and long-term financial sustainability. The Territory's current long-term care framework—comprised of both government-operated and privately operated facilities—reflects decades of accumulated structural, workforce, and regulatory challenges. Many facilities operate within aging physical environments while simultaneously confronting persistent shortages in key clinical roles, particularly within **nursing and specialized geriatric care.**

Addressing these realities requires not only operational improvements but also a clear alignment with national regulatory standards governing long-term care services. Federal certification through the **Centers for Medicare and Medicaid Services** (CMS) therefore represents one of the most critical **benchmarks** for long-term care sustainability in the Virgin Islands. CMS certification **allows facilities** to participate in **-Medicaid reimbursement programs** while ensuring compliance with the federal **Conditions of Participation,** which establish nationally recognized standards governing infection prevention and control, clinical oversight, staffing qualifications, life-safety systems, emergency preparedness, resident protections, and overall quality assurance practices.

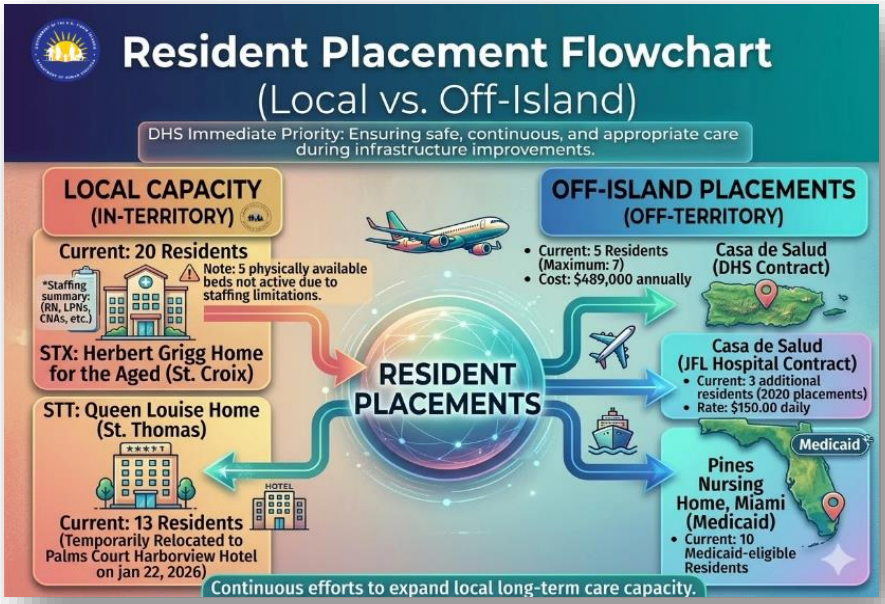
Facilities that do not meet these standards are **unable to access** federal reimbursement streams, which significantly limits financial stability and **restricts the availability of locally accessible care** for residents who depend on Medicare or Medicaid coverage. For this reason, the Department's **long-term strategy** is **intentionally structured around** building a system that is capable of **meeting federal standards for quality, safety, and regulatory compliance.** Aligning the Territory's long-term care infrastructure with CMS requirements not only strengthens oversight and quality assurance, but also positions the Virgin Islands to secure sustainable federal funding streams necessary to support long-term care services.

II Current Facility Operations, Resident Placement and Elder Care

As the Department continues working toward long-term infrastructure improvements, our immediate priority remains ensuring that seniors currently in need of residential care receive safe, continuous, and medically appropriate services. Due to existing capacity limitations within the Territory's long-term care system, the Department continues to coordinate residential placements both locally and outside of the Virgin Islands to ensure that residents with specialized medical needs receive the level of care required to support their health and well-being. At present, **five (5) Department of Human Services clients** are placed at Casa de Salud in Puerto Rico under a nursing home contractual agreement that permits a maximum placement of seven residents. At a current cost of **489,000.00 annually.**

Additionally, fourteen Medicaid-eligible residents are currently receiving care at the Pines Nursing Home in Miami, Florida as of July 2026. In 2020, three additional residents were placed at Casa de Salud and continue to receive services at that facility. These residents were placed per a separate contract that the Governor Juan F. Luis Hospital has with that vendor at a daily rate of $150.00. While these placements ensure continuity

of care for residents with complex medical conditions, they also illustrate the importance of expanding local long-term care capacity so that more residents can remain closer to their families and communities while receiving the care they require. Regrettably, of the initial three clients transitioned into care, two have since passed away.



Within the Territory**, government-operated facilities** remain the central component of our care capacity:

Herbert Grigg Home for the Aged (St. Croix): Currently houses **25 residents**. While the facility has an additional five beds physically available, those beds are not presently activated due to staffing limitations. Clinical care is overseen by one Registered Nurse and eight Licensed Practical Nurses, supported by thirteen Certified Nursing Assistants and one Nursing Assistant. Operational support includes a dedicated team of laundry workers, food service coordinators, cooks, and participants from the Senior Community Service Employment Program. Staffing adequacy remains the primary factor in determining bed availability. Funding appropriated by the Legislature in Fiscal Year 2025 continues to support targeted recruitment efforts aimed at strengthening this workforce.

- **Queen Louise Home for the Aged (St. Thomas):** This facility underwent a necessary and carefully managed transition. On **January 22, 2026**, residents were temporarily relocated to the **Palms Court Harborview Hotel** to allow for essential structural and environmental repairs at the facility. This site currently houses **13 residents.** This relocation was conducted with deliberate planning to ensure uninterrupted continuity of care, including medication administration, daily supervision, and access to clinical staff. Oversight is maintained by the Office of Senior Citizens Affairs leadership team. All the renovations must be completed within a subsequent period of nine months to be compliant with our FEMA agreement governing the rental funding for the Palms Court Harbor View Lease. The nine month time frame begins when the Construction company physically starts the renovations and not from the period of the vendor ordering supplies or the period of pre-construction meetings held with members of the DHS Capital Projects team.

The temporary relocation site provides ADA-accessible rooms, backup generator power, controlled access for safety, and the necessary kitchen and dining facilities to maintain administrative and clinical coordination. Current staffing at the temporary site includes one volunteer Registered Nurse, one part-time Registered Nurse, four Licensed Practical Nurses, and thirteen Certified Nursing Assistants.

Residents are expected to remain at this location for approximately nine months while the main facility undergoes the necessary inspections and regulatory clearances.

III. Infrastructure Improvements, Redevelopment, and CMS Readiness

While maintaining safe and continuous care for residents currently in the system remains the Department's immediate responsibility, we are simultaneously advancing a long-term strategy to modernize the Territory's long-term care infrastructure and position our facilities to meet federal regulatory standards.

The **4TA Predesign Assessment** conducted for Queen Louise Home identified numerous structural, mechanical, electrical, plumbing, and life-safety deficiencies. Priority upgrades include the modernization of HVAC systems, electrical distribution networks, and fire suppression systems. Beyond these immediate repairs, the Department is advancing a long-term redevelopment strategy.

A newly acquired parcel of land near the Roy L. Schneider Hospital has entered the **30% schematic design phase** under coordination with the Office of Disaster Recovery and the Super Project Management Office. We anticipate a **34 bed c**apacity at this site utilizing the funding made available by FEMA.

A cornerstone of this redevelopment—and a point we want to emphasize to this Committee—is our decision to build our facilities to **full CMS specifications (SPECS) before we ever begin the certification process.** We are ensuring the building specifications are finalized and built-in from the start for the following reasons:

1. **Avoiding Costly Retrofitting:** Standard construction often fails to meet the specific "Conditions of Participation" required by CMS. By building to these specs now, we avoid the exorbitant "change order" costs and architectural rework that would be required if we tried to "fix" a non-compliant building later.
2. **Turnkey Compliance:** We want our building specifications completed and built-out before we go for CMS certification. This ensures that the physical plant is a "non-issue" during the survey process, allowing us to focus entirely on clinical policies and resident care.

3. **Fiscal Responsibility:** By building to spec today, we shorten the gap between construction completion and the start of Medicaid reimbursements. This move protects the Territory's investment and secures federal funding faster.
4. **Long-Term Resilience:** CMS specs represent the highest standard of safety. By building to these requirements, we are creating facilities that are inherently more resilient against natural disasters and public health emergencies.

Similarly, the Herbert Grigg Home for the Aged is undergoing its own strategic planning. Preliminary assessments indicate that **full reconstruction**, rather than incremental renovation, represents the most effective long-term solution for achieving a resilient, code-compliant, and CMS-certifiable facility. This effort is supported through FEMA Public Assistance funding, and we anticipate a **54 bed** facility. As with both HGH and QLH designs, subsequent expansion via addition of resident pods is a possibility if additional funding is made available for construction and applicable staffing.

To ensure these structural upgrades align with regulatory standards, the Department is actively engaged in the CMS certification process. On February 17th, DHS participated in a Long-Term Care CMS Readiness roundtable hosted by the DOH Regulatory Unit to coordinate our strategic roadmap with other agencies and community stakeholders.

Subsequently, DHS completed the required Long-Term Care Assessment Tools and submitted them to DOH to guide our upcoming strategic discussions on March 18, 2026. This coordinated effort is vital to modernizing our operations, as neither DHS Home for the Aged currently holds a DOH Certificate of Need due to being historically grandfathered into the regulatory process. We look forward to participating in the next phase of the DOH led local certification process and subsequently achieving CMS certification at the conclusion of both of our Nursing Home rebuild projects. Lastly, DHS has been intentional during the design

phase of our Homes for the Aged to ensure that if in the event future GVI or federal funding becomes available, the design is fluid enough to accommodate resident pods for additional bed capacity. There are horizontal and/or vertical flexible layouts that would supplement expansion. However, this would be dependent on additional local GVI investments for additional a 24 hour workforce and medical supplies/equipment budgets.

Conclusion

The Department's broader strategy integrates workforce development, infrastructure modernization, operational readiness, and regulatory compliance into a unified framework for long-term care improvement. By embedding CMS compliance considerations into all phases of planning—from clinical training and staffing alignment to facility design and quality assurance systems—the Territory is positioning itself to rebuild a long-term care continuum that is both sustainable and resilient. While our plans to expand resident accommodation at both future sites will not completely resolve the community's unmet needs, we firmly believe this expansion is a meaningful and impactful step forward. In closing, the Department recognizes that the future of long-term care in the Virgin Islands depends upon continued collaboration between government agencies, private providers, the Legislature, and community stakeholders. Currently, long-term care relies on a fragmented network of partners to secure funding, staff, and patient placements. While this patchwork system is born out of necessity to stretch limited resources, securing the future of care will require turning these loose partnerships into a highly coordinated, seamless territory-wide strategy. Our seniors deserve safe, dignified, and supportive environments that honor their contributions to our community and protect their well-being in their later years. The Department's dual-track strategy for Queen Louise Home and Herbert Grigg Home reflects our commitment to that goal—stabilizing current operations while simultaneously building a forward-looking system capable of achieving CMS certification, sustainable federal funding, and modern, high-quality care for the residents of this Territory.

Thank you, Mr. Chairman and members of the Committee, for the opportunity to present this testimony. I remain available to answer any questions regarding resident placements, staffing capacity, facility improvements, regulatory readiness, and the Department's long-term redevelopment plans.