

# Nursing homes Challenged to meet staffing needs

BY ALEISA SCHAT ASCHAT@NWESTIOWA.COM

## Facilities facing shortages due to stress and finances

REGIONAL—Across the state of Iowa, nursing homes are under strain, short staffed and in peril of closing. Rising costs, coupled with Iowa's long-stagnant Medicaid reimbursement rate, have joined staffing issues to put the long-term viability of many facilities into question.

Rural areas of the state are among the hardest hit by these challenges.

"We used to run about 130 employees," Wendy Nelson said. "We have not been there for a bit."

Nelson is administrator of Prairie View Campus in Sanborn, which includes a 57-bed skilled nursing facility.

"In 2021, I averaged 130 employees, and I am probably at 88 now," she said.

In just a year and a half, her employee pool shrunk by 30 percent, and largely for that reason, open beds in the facility remain empty.

"We're sitting at 65 percent occupancy," Nelson said.

The facility's memory care unit, Kuiper Villa, closed in February of 2022, a casualty of the staffing shortage. Kuiper Villa, designed to meet the particular needs of individuals with dementia and specifically Alzheimer's disease, was one of only a handful in N'West Iowa.

According to the Center for Medicare Advocacy, 17 Iowa nursing homes closed in 2022. Iowa closures amounted to 13 percent of all nursing home closures in the United States last year, and all but two of the facilities were in rural communities.

This year, three more Iowa facilities have gone dark for good, and a growing number may close soon. Three Iowa facilities have already announced their plans to shut down later this year.

In N'West Iowa, no nursing homes have been shuttered for good — at least not according to official reports — but in February of this year, residents of the Rock Rapids Care Center, a skilled nursing facility owned by Alboreta Healthcare, were transferred to Pleasant Acres Care Center in Hull, which is managed by the same for-profit company.

### Shortages

At the time, Rock Rapids Care Center administrator Chris Rickard said the closure, precipitated by a staffing shortage, was temporary, but the facility remains empty.

Staffing is chief among the challenges faced by long-term care facilities, including assisted-living facilities, but the most acute challenges are faced by nursing homes. Nursing and skilled nursing facilities provide a higher level of care to patients with complex needs, and the skilled workforce those facilities require comes with a higher price tag.

"Virtually every nursing home and long-term care facility in Iowa — and frankly across the United States — is facing unprecedented challenges post-pandemic," Cory Nelson said.

Nelson is CEO of Sioux Center Health, which operates Crown Pointe Estates, a long-term care facility with its own Sioux Center campus.

"During the pandemic, we had a lot of challenges maintaining staff and maintaining residents simply because of the restrictions that were placed on nursing homes during that time," Nelson said. "And then you compound that with the ever-tightening labor market and inflation that's been at a 40- to 50-year high."

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Resident Thelma Van Nyhuis has a lively conversation with Calvin Diekmann, senior executive director of Prairie Vista at Fieldcrest Senior Living Community, in the newly renovated lobby of the assisted living and memory care facility in Sheldon. Photo by Aleisa Schat

## Closures could be coming due fund gap

BY ALEISA SCHAT ASCHAT@NWESTIOWA.COM

REGIONAL—A recent wave of nursing home closures across the state has yet to decisively hit N'West Iowa — but it may be coming.

"I'll tell you what my opinion is: I think it's going to be like survival of the fittest, and 'Who has the biggest war chest?'" Wendy Nelson said.

Nelson is administrator of Prairie View Campus in Sanborn, which includes a 57-bed skilled nursing facility.

Along with staffing challenges, the financial and operational viability of nursing homes is imperiled by a long-stagnant Medicaid reimbursement rate. Current rates have left many Iowa facilities scrambling to cover the gap between reimbursement by the state and the actual cost of providing high-quality care to an individual resident enrolled in Medicaid.

"Say a private paying person moves into my building today. They are roughly going to pay like \$270 a day. Then the state, through all their calculations and qualifications and different things, they only give me \$190 a day," Nelson said.

Current Medicaid reimbursement rates,

which are set by the state and not the federal government, are based on nursing home costs in 2018, before the onset of the COVID-19 pandemic. Iowa's reimbursement rates are among the lowest in the nation.

"With that \$190, which is substantially less than \$270, I also have to cover meds and things that a private-pay person at 270 would pay on their own," Nelson said.

More than half of lowans in nursing facilities rely on Medicaid, also called "Title 19," for the cost of their care. Other lowans cover the cost of their care privately, perhaps by relying on retirement savings or long-term care insurance.

Local providers are reimbursed for costs incurred on behalf of patients who qualify for Medicaid, but in 2022 the Medicaid rate covered just 80 percent.

"You're getting \$70 a day less, and you have

a higher expense depending on what they're needing," Nelson said. "In the past, we raised the private pay to make up for that gap — and yet we have fewer and fewer private pay people to pass that on to."

Facility to facility, Medicaid reimbursement rates per individual fluctuate according to a complex formula. Senior-care facilities receive reimbursement according to a number of factors, including the nature of the services they provide and the acuity level of those receiving their services.

Nicole Logan, administrator of Country View Manor in Sibley, said the proportion of residents at her facility who pay for long-term care privately also has gone down in recent years, and even for many residents who do not qualify for Medicaid, affording to pay for care is a struggle.

She said many N'West lowans fall into the

gap — their income narrowly exceeds the maximum income limits set by the government to determine Medicaid eligibility, but they do not make enough to cover the actual cost of their care.

"The people that are trying to come into the facility now are not as financially well off as maybe the generation before them, so the problem isn't so much the reimbursement rate, but for them, it's the guidelines for Medicaid and the income limit they have set," Logan said. "I don't know anyone who could live on \$2,000 a month."

The increasing difficulty of passing along costs not reimbursed by the state to private-pay residents is compounded by the fact that costs across the board are skyrocketing.

"We've been very big advocates for raising the Title 19 reimbursement rate for facilities," Nelson said. "Our staffing prices

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Crown Pointe Estates is an assisted living and skilled nursing facility that is part of Sioux Center Health. Nursing homes across Iowa face the risk of closure due to skyrocketing costs and the state's low Medicaid reimbursement rate. Photo by Aleisa Schat



**NURSES WEEK**

# Finances straining rural nursing homes

**COSTS**

*Continued from B1*

have gone through the roof. Our food has gone through the roof, medical supplies — I mean, everything.

"Our biggest expense is staffing," Nelson said.

Facing a tight labor market, and still reeling from the pandemic-fueled exodus of workers from health care, long-term care facilities across N'West Iowa have raised their wages substantially.

**Legislature**

For their part, Iowa legislators have indicated they recognize the urgency of the problem and have indicated they plan to increase the rate Iowa nursing homes are paid for residents enrolled in Medicaid.

Sioux Center Health CEO Cory Nelson is hopeful the change will help, but he said raising reimbursement rates is only one part of the solution.

"It took three to five years to get us into this situation, when you look at the pandemic — because things weren't great," Nelson said. "It's going to take us that long to get out — and some of them won't make it without some additional opportunities to stabilize the system."

He said raising rates will help, but the adjustment will not be a panacea.

"There's going to be some Medicaid rate adjustments coming our way to nursing homes," Nelson said. "The challenge has been those rate adjustments are based on, at best, two-year old information and sometimes information old as five years old. So, it hasn't really caught up yet to where we're at."

The plight of rural health-care providers, including long-term care facilities, invites a larger question about whether the social safety net in Iowa is robust enough to serve the most vulnerable Iowans, including the elderly.

"I really think it's going to take all of us working together and understanding the importance of that entire system — that real safety-net system that is out there in long-term care and, frankly, critical access hospitals," Nelson said.

He said many Iowa health-care

organizations, including critical access hospitals in rural regions of the state, are on the brink of financial collapse.

"Certainly, we're not in that situation here at Sioux Center Health, but there's a lot of small facilities and a lot of small towns in Iowa and across this country that they're still your largest employer, and they're very at risk," Nelson said. "They're taking care of a very vulnerable population."

In rural regions of the state, many critical access hospitals are straining under burdens similar to those plaguing nursing homes, including operational costs that exceed revenues by a wide margin, largely because reimbursement rates set by the state are inadequate to cover the actual cost of care.

The plight facing many rural hospitals and the plight facing nursing homes are interrelated, Nelson said.

"There is significant risk if many more long-term care facilities are not able to remain financially and operationally viable," Nelson said. "What that does is that then bottlenecks the system, right? So, you can't get people out of hospitals who could be served in nursing homes, and then they stay in hospitals longer, taking up those beds, increasing the cost of care — it just has such an impact to the entire system."

The entire system is in turmoil, especially in many parts of rural America.

Char Ten Kley is director of senior care services for Prairie Ridge Care Center in Orange City, which includes Whispering Heights, a skilled nursing care facility under the umbrella of Orange City Area Health Systems.

Ten Kley said the Orange City nursing home has faced many of the financial challenges faced by other facilities, but its financial margins are wider than if the facility was run for profit.

"It is a constant struggle financially," Ten Kley said. "That is the strength, for our service area — of being owned and operated by a local health system. Seventy-some percent of nursing homes in the U.S. are 'for profit,' so their responsibility is their bottom line and what they pay their shareholders. We are 'not for profit.' We still need to make a profit because we

need to replace carpet, pay wages, et cetera — but we do not need to make as wide of a profit margin."

Still, reimbursement rates fall short of the cost of care, posing operational and financial challenges.

Steve Ziller, administrator at Community Memorial Health Center in Hartley, a 68-bed facility with one of the small handful of memory care units in the region, also said the current Medicaid reimbursement rate does not come close to cutting it.

The state reimbursement, for us, it's definitely lower than what we spend," he said.

**Growing**

When it comes to understanding the contours of the challenges faced by long-term care providers, it is not enough to distinguish between rural and urban regions of the state.

Many rural facilities have felt the deepest strain, but Cory Nelson said parts of N'West Iowa, including Sioux Center, are more resilient to the challenges than many other rural areas because a number of the region's communities are growing.

In fact, in Sioux Center, Crown Pointe Estates is one of the largest long-term health-care providers in the region.

It also recently doubled in size when Sioux Center Health expanded the long-term care facility by adding nursing home space, assisted living space, a memory care unit and additional amenities, a project that began in October 2020.

The facility has a capacity for 200 residents, 100 of which receive skilled nursing services.

"Most places wouldn't have built more rooms like we did during the pandemic, but our communities are growing, right?" Nelson said.

"When you look at Sioux Center Health, you look at the community of Sioux Center, you look at the other areas we're serving — we're fortunate that we're in one of the rare parts of, frankly, rural America that is growing. So, we think we're going to be fine, as far as being able to keep our rooms full and eventually find a workforce. But that doesn't

mean we don't all need a little help to make sure that happens."

Some Sioux County communities may be OK — for now at least — but that is the exception to the rule in rural Iowa, Nelson said.

"My greater fear is all the other places that are in more of a kind of a status quo for population growth, but still need those essential services," he said. "They're not going to have the workforce to support it. They're not going to have the finances to support it. And if a few more of those dominoes start falling, then it really impacts the entire health-care system."

When one long-term care facility or critical-access hospital fails and closes its doors, Iowa's remaining network of health-care providers must absorb those failures.

"Then you'll have families who can't find places for their loved ones. You'll have hospitals that can't discharge patients. You'll have people who won't be able to get into those higher levels of care because there are no beds, and it just really creates that domino or that trickle-down effect," Nelson said.

**Fixes?**

Both Cory Nelson and Wendy Nelson are hopeful legislative changes will at least get the ball rolling toward financial viability for long-term care facilities across the state.

"We appreciate the willingness of our elected officials, including Rep. (Randy) Feenstra and Gov. (Kim) Reynolds in Iowa, and how much they actually know and care about this issue and are willing to work on it," Cory Nelson said.

"It's going to take all of us working together to make sure that this safety-net system really stays together over the course of the next three to five years — and I think there are some time-limited things that we can work on collaboratively that will do that. We just have to make sure that we have the urgency to do that over the next year."

Wendy Nelson is hopeful, too, but she also is worried.

"Very worried — not like tomor-

row worried, but I am very worried," she said. "The Title 19 rate needs to change, like, now. Like, yesterday."

"It's going to take some of us out, and sadly, I believe there's some legislators out there that think there's too many nursing homes, and someday, when they need one, they might find out — there's not too many nursing homes, especially when you want to be in your town and not 40 minutes away."

In Iowa, 423 nursing facilities provide care to 20,000 Iowans, and the need for senior-care facilities in the state is only going to grow.

Over half a million people in Iowa are over 65, and by 2050, it is estimated their numbers will grow to account for 20 percent of the state's total population.

Wendy Nelson said raising reimbursement rates is an important part of the equation.

"Iowa has been ranked the lowest in the nation forever, and it needs to be addressed, or we're going to lose more and more facilities. If they think that's OK, then fine. But we also have those same baby boomers that will be starting to trickle in, needing the services, and they're not going to be there — their numbers are increasing already, and there are going to be more and more each year," Nelson said.

Ziller said legislation has an important role to play in addressing the myriad challenges facing providers who care for the country's aging population, but the precarity experienced by many of the nation's elderly is a symptom of a deeper cultural problem — a failure to adequately value and care for our society's oldest members.

"As a society, what do we want to do for folks that need care? You do want to provide the best care, but what is the best care?" Ziller said.

"There are some big questions that need to be answered someday, but I don't think anybody really wants to answer those."



Wendy Nelson



Cory Nelson

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## NURSES WEEK

Activity employee Lisa Meneuy strings a decoration around a May Day basket while senior resident Bertha Sjaarda prepares to fill her own basket and activity director Erin Kreibaun scoops treats at Prairie View Home, a skilled nursing facility in Sanborn. Photo by Aleisa Schat

## Nursing homes in need of more staffing in area

### NURSES

Continued from page B1

"Your entire long-term care industry is really at a precipice."

The antecedents to the industry's workforce challenges are complex, but the COVID-19 pandemic was one important catalyst. A variety of federal- and state-level COVID-19 relief programs that incentivized staying out of low-paying professions for a time, plus a wave of early retirements, diminished the workforce in a number of care professions, which are historically underpaid.

"When COVID hit, we had the baby boomers, and they took early retirement," Wendy Nelson said. "They got burned out, and they left the job market."

As retirees made their exits, fewer young people were coming in to fill their places. In a competitive labor market, some who might otherwise have made careers in long-term care were drawn to other fields — within nursing or without — where the pay is higher and the work is more appealing.

"So, you have four openings and one person to fill it," Wendy Nelson said.

Nelson's labor pool may have shrunk by about a third, but with skyrocketing labor costs, her budget hasn't budged.

"My payroll is the same," she said. Char Ten Kley is director of senior care services for Prairie Ridge Care Center, an 89-bed skilled nursing facility that is part of the Orange City Area Health System. Her facility, too, saw staffing challenges worsen drastically in the years following the onset of the pandemic.

"Staffing — now there's a challenge," Ten Kley said. "Frankly, there are simply not enough folks interested in doing senior living work in our rural region. In Sioux County alone, there are five nursing homes, four hospitals and seven assisted-living facilities."

Nicole Logan, administrator of Country View Manor in Sibley, said hiring and retention continue to be a challenge, although she locates the area of greatest need in the skilled nursing roles, which are filled by licensed practical nurses and registered nurses.

"Coming into 2023, there still was and is a shortage," Logan said. "I see it more on the nursing side — LPNs and RNs — because the nurses are still burnt out. CNA-wise, we're pretty much fully staffed."

Certified nursing assistants and certified medication assistants are paid less, and they must complete less education and training than the nurses they assist.

Hegg Health Center CEO and

administrator Glenn Zevenbergen said Whispering Heights in Rock Valley, the 60-bed intermediate care facility attached to the health center's hospital, also continues to face staffing challenges.

"Nursing home staffing, particularly in the roles of certified nurse aides and certified medication aides, continues to be a challenge," he said. "Our goal is to hire a few more full-time staff members so that we can utilize all of our nursing home beds and take care of our community to the greatest extent possible."

### Burnout

Burnout among nurses and direct-care professionals is one of the top explanations for staffing challenges given by the administrators of long-term care facilities.

"There was a lot of stress placed on a lot of individuals in the entire health-care workforce during that time, and in the long-term care facilities, nursing staff, the CNAs, took a lot of that," Cory Nelson said.

"You may have had family members that weren't able to see their loved ones during very critical times — that gets taken out on the workforce. And you have very, very sick people, and you see people that you've cared for and loved dying from something — it's very hard. We lost a lot of people in this country from the health-care workforce as a result of that and all the contributing factors."

"Some left and never came back," Wendy Nelson said. "But as far as the max exodus because of COVID — I can't really say we had that."

Along with a core group of dedicated staff members who stayed, however, Wendy Nelson did lose some to the stresses of the pandemic, and hiring since then has proved to be a challenge — with no end in sight.

She said burnout among health-care workers was partly due to the difficulties that came with being on the front lines during the pandemic. Early on in the pandemic, a number of Prairie View residents died from complications related to COVID-19.

"We lost 13," Nelson said. "That was in the heat of it."

Along with grief, lockdown measures and highly rigid COVID-19 protocols reorganized life inside of nursing homes to a higher degree than perhaps anywhere else. Even today, while many COVID-19 protocols have been relaxed or lifted in other sectors, nursing homes continue to be haunted by the ghosts of a pandemic past.

"If somebody comes in, and somebody is positive, they're isolated for 10 days," Nelson said. "They have not forgotten us. Everybody



else is done, but the nursing homes are still getting this opportunity to be in outbreaks — we still cannot have group parties."

In N'West Iowa, where attitudes about state mandates and regulations quickly shifted from openness to resistance, many guests visiting the facility in 2020 and the years following began to express their frustration with protocols that interfered with or attenuated their visits.

"The constant complaining — the accusations — and everybody else's frustrations with the whole COVID thing we would hear over and over and over again," Nelson said. "It was very hard to not take it personally."

### Temps

Facing staffing shortage, many long-term care facilities across the state and in N'West Iowa increased their reliance on temporary staffing agencies that supplied "traveling nurses" to fill in the widening gaps.

"They're wonderful, great people, I'm sure. But it's just a job. They come, and then they leave, where my people that are here care and are going to do the right thing all the time and have accountability," Nelson said.

Having temporary staff, it's not only financially a burden, but it does affect your quality — it affects your services. It is just not a good deal," she said.

The growth in temporary hires may be one factor contributing to rising labor costs in long-term senior care.

"They are three times what you would pay a regular person," Nelson said.

"Pre-pandemic you had maybe 15 percent of a workforce that was temporary staff, which you can manage well," Cory Nelson said. "Now you're looking at 50 percent — it's completely changed the environment, and not for the better."

In the long-term care industry, temporary staffing is not new.

Pre-pandemic, agency hires were sometimes used to fill in the invariable gaps that arise in a 24/7 profession, but temporary staffing exploded in 2020 and the years that followed, when long-term care facilities began to hemorrhage employees due to burnout and the promise of better paying or less emotionally draining jobs elsewhere.

"One of the greatest challenges now is workforce," Cory Nelson said. "We have about half of all of our CNAs that are not employed by our organization. So, they're temporary staff, and I think that's pretty common in the industry."

The higher the proportion of temporary staff, the greater the challenge to continuity of care.

"The biggest challenge truly is that continuity of care — and that culture — because when you have employees that are part of your organization, they're part of your organization for a reason, right? They believe in your mission. They believe in what you're doing," Nelson said.

"Whereas temporary employees that come in and out — they may be there for the day or there for the week, and they don't know the residents as well. They don't know the other employees as well."

Logan said she is thankful her Sibley facility has not had to rely too

much on temporary staffing.

"We didn't rely on it as much as some other facilities because we have staff here that have been here for a really long time," she said. "We may have a shift here or there, because of vacations or things like that, that we have to use agency for, but that's what agency was intended for. It wasn't intended to run the facility."

Cory Nelson said many nurses were recruited to be traveling nurses during the pandemic, leaving permanent positions for higher pay, but while some of them left the health-care workforce altogether, others, slowly, are starting to return to permanent positions.

"It's taking us a while to build that back — but we're doing pretty well at Sioux Center Health with that. But again, as an industry, I think that's part of that challenge," Nelson said.

### More pay

Calvin Diekmann, senior executive director of Prairie Vista at Fieldcrest Senior Living Community in Sheldon, credits increasing starting wages, improving hiring packages and a healthy work culture at his facility with decreasing, and finally ending, its reliance on temporary staffing.

"The fall of 2021 was not good," Diekmann said. "But we haven't used agency staff in over a year — staffing has been really great. For about nine months to a year, I would say we get several applications for each job that we post."

"We started raising wages, and we advertised it. We added sign-on bonuses," he said. "We raised wages roughly 30 percent, which was huge."

The facility, which has a much higher proportion of clients who are private pay than many skilled nursing facilities, also recently completed a \$1.5 million renovation, perhaps another draw for applicants.

Along with increasing wages post-pandemic, many long-term care providers across the region began offering incentives like hiring bonuses and competitive benefits packages.

"There's five of us fighting for one person, so wages have gone insane — last October, we had to go up \$5, \$10 and \$11 an hour," Wendy Nelson said, referring to the starting wages for different positions.

"We try to pay as competitively as possible," Ten Kley said. "We have terrific fringe benefits. We try to make this a good place to work."

"We watch the wages of the industry and of our area and adjust the pay-grade schedules as needed — which has been annually and sometimes more frequently than annually."

"The entire labor market has moved," Cory Nelson said. "When you look pre-pandemic to post-pandemic, you see the overall costs for organizations have gone up 17 percent, but labor costs are up 20 percent. So, we've had to respond accordingly."

Steve Ziller,

administrator at Community Memorial Health Center in Hartley, said his facility raised wages significantly, too.

"We did a pretty good-size wage adjustment — we raised our starting rates for our RNs pretty darn close to what it was up in Rochester," Ziller said.

Before coming to Hartley about a year ago, Ziller held a similar position at a larger facility near Rochester, MN.

"You can be a 20-year-old or 21-year-old and go to a two-year nursing program and make \$40 starting," he said.

### Low status

Even with increasing wages, however, long-term care professions still suffer from lower pay and lower status relative to other health-care fields.

"They have to want to do this kind of work — their hearts have to be in it," Wendy Nelson said.

Ultimately, the quality of care provided in a nursing home or assisted-living facility is a reflection of the people who provide it, Logan said.

"They don't live in our workplace — we work in their home," she said.

"So, it's just a matter of making sure that those people are taken care of, and we don't overwhelm the residents or the staff by not having people available to care for them — and not taking on too many residents to the point where everyone feels burnt out."

Long-term senior care is not surgery or the E.R. It requires a willingness to assist others with basic daily tasks, like eating, bathing and dressing. However, the intimacy of the work is also the beauty of it, according to Wendy Nelson.

Nursing facilities are home to an intimate choreography of care — hands are employed in laundering and folding, arms are held out in offer of support, spoons are steadied by the fingers of another as food is raised from plate to mouth.

"I appreciate my staff picking themselves up off the ground as much as we can and trudging forward because, at the end of the day, these guys need us — and they're pretty darn neat people," Wendy Nelson said. "It's just been some crazy, crazy times."

*"Staffing — now there's a challenge. Frankly, there are simply not enough folks interested in doing senior living work in our rural region. In Sioux County alone, there are five nursing homes, four hospitals and seven assisted-living facilities"*

CHAR TEN KLEY, DIRECTOR OF SENIOR CARE SERVICES FOR PRAIRIE RIDGE CARE CENTER



Residents and visitors gather in the dining area at Fieldcrest Senior Living Community as the 20-year-old facility recently held a grand reopening to show off the \$1.2 million in renovations. Photo by Justin Rust