



# COVID-19 Sentiment Report

A Survey of Independent Living Desirability & Safety

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LIVINGforward



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# Introduction

Section 1

# COVID-19 & Senior Living

The COVID-19 pandemic is challenging senior living providers to quickly adapt to a new senior living landscape, reshaping how they market and operate their communities. To uncover how they should adapt to changing sentiments toward senior living, Plante Moran Living Forward and Retirement DYNAMICS solicited feedback from more than 23,000 residents, prospects on waiting lists, and staff of independent living communities. We received responses from more than 5,000 people about their experience living through this pandemic and how that may have affected their decisions to live or work in communities.

We believed this survey was important to provide a platform for older adults to have a voice, to share what this experience was like for them. We expected the results of the survey would demonstrate how satisfied older adults were to be living in a senior living community, in contrast to negative stereotypes about senior living. We heard directly from older adults who were still living in their own homes and considering moving to a senior living community to learn whether this pandemic changed their minds about moving. Our survey was also an opportunity for the staff, our front-line heroes, to share what they experienced working in a senior living community amidst a pandemic and to validate that they too felt safe despite the risks associated with caring for a vulnerable population. Most importantly, we wanted to know if residents and prospects felt socially isolated during the pandemic.

We hope to change the narrative that senior living is all the same environment, to help educate the consumer to understand that there is a broad spectrum of housing and care options, and that senior living can be a healthy and safe environment for older adults to live and thrive. We expect this data will provide new ways to adjust operations so that providers can enhance the experience and environment for older adults. We encourage providers to use the data to help strengthen the marketing message that living in a senior living community is a wonderful experience. We hope staff's feedback could strengthen providers' recruiting efforts by demonstrating that working in a senior living community is rewarding and safe.

When we come out the other side of this pandemic, there will be a new senior living landscape and an entirely new paradigm within which to work. We hope the information contained in this report can help your community adapt.



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# Survey Sponsors

This research was authored by Plante Moran Living Forward and Retirement DYNAMICS, but its completion would have not been possible without the valuable support and input of our sponsors. [Get to know them in Section 9, Sponsor Spotlight.](#)

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# Methodology

The survey effort solicited input from three separate stakeholder groups of independent living communities: residents or members (referred to throughout the report as simply "residents"), those on a waiting list or who had contacted the community because they were interested in possibly moving in ("prospects"), and senior living employees ("staff"). A total of 23,665 surveys were sent to independent living community residents, prospects, and staff. The survey did not include assisted living or skilled nursing facilities.

Surveys were distributed digitally using Qualtrics® and in hard copy. Digital surveys were in the field from June 22, 2020, to July 6, 2020. Paper surveys were in the field from June 22, 2020, to July 23, 2020. A total of 5,002 surveys were returned, representing a 21% overall response rate. Of the 5,002 returned surveys, 81% were digital and 19% were hard copy. Participating communities sent the surveys directly to their prospects. Only survey responses from those aged 55 and older were included in this report's analysis.

The estimated population for the resident surveys is 1,262,872 (the estimated number of seniors aged 75 and older who likely moved into independent living; based on analysis of NIC MAP® Data Service penetration rates and demographic data from Claritas). The target population for the prospect surveys is 29,060,683 (estimated using Claritas demographics data to find the number of age- and income-qualified seniors of 65 years or older with an estimated income of \$35,000, excluding those already living in seniors housing or nursing homes). The estimated population for the staff is 3,342,143 (taken from the QCEW dataset from the Bureau of Labor Statistics employment for Nursing and Residential Care Facilities, March 2020.) Based on these population estimates, the calculated margin of error on survey responses, at a 95% confidence level, was 1.64% for residents, 3.66% for prospects, and 3.70% for staff.

Independent sample t-tests were calculated for several comparison questions in Section 4 to assess statistical significance. Tests were only run on identical questions asked to both residents and prospects for which the report displays the full range of answer choices, and only those answers showing a static significance of  $p < 0.05$  are noted.

For ease of interpretation, questions posed on a five-point scale have been condensed, with results shown across three categories: agree, neutral, and disagree. Please note that percentages throughout have been rounded and may not add up to 100%.

# Executive Summary

## Senior Living Residents, Prospects, and Staff Shared Their Experience. We Listened.

This report is the voice of more than 5,000 individuals who experienced the COVID-19 pandemic while living or working in a senior living community or as a prospective resident. Their sentiments and suggestions can be used to enhance the experience at your community.





## Results Summary

Results from the survey reflect feelings that could affect operations, marketing toward prospects, and staff recruitment and retention. In the following pages, statistics and respondent commentary relevant to these three areas are summarized.

### Operations

Overall, residents' and staff's sentiments about operations highlight both best practices and areas for improvement. Key findings in the data can be broken into several categories: safety, state of mind, lifestyle, dining, technology, and communication. The majority of residents felt safe and cared for by their community, but the pandemic has had a slight negative effect on residents' perceptions of sense of community, social connection, and dining experience and options.

#### Safety:

- 61% of residents feel safer in community versus being in their previous home
- 77% of residents agreed that they were "glad to be in a community during the pandemic," and 86% reported they were glad they made the decision to move to a community
- 93% of residents (almost 3,000 in total) felt the community took all precautions to keep them safe
- 85% of staff agreed that the residents "are safer in the community than in their previous home"

#### State of mind:

- Prospects reported feeling better than residents across all feelings measured: worried, peaceful, anxious, scared, lonely, and concerned
- 68% of residents felt socially isolated during shelter-in-place orders

#### Lifestyle:

- Residents gave high marks for community cleanliness and sanitation
- Residents generally gave low marks for the alternative recreation and activities offered during shelter-in-place orders
- 54% of residents felt the community created and communicated effective visitation policies that allowed them to safely connect with family and friends

#### Dining:

- Residents gave their communities low marks for variety and quality of food and meal options

#### Technology:

- 47% of residents felt the community used technology effectively, which allowed opportunities for greater engagement and connectivity with family and friends

- 72% of staff want a platform to streamline communications to families
- 54% of staff believe technology infrastructure should be improved, but 28% were unsure about the community's IT plans

#### Communication:

- Most residents gave high marks for communications and updates from management about the coronavirus, with over 1,100 positive write-in comments on communication
- Some residents indicated they were not provided with the rationale for fluctuating, increasingly strict community regulations and implored their communities to involve residents in decisions concerning their safety





## Marketing to Prospects

Residents reported many positive feelings about their communities, and these positive remarks can be leveraged to give peace of mind to prospects. Providers should carefully consider a variety of strategies to overcome prospects' negative perceptions and feelings of uncertainty.

Prospects overall showed a decrease in likelihood to move – from around 64% prior to the pandemic to less than 57% now – but write-in feedback from the survey indicates it may be in part because prospects did not receive enough reassurance from the communities. Interestingly, prospects who were on the fence (who indicated less than a 50% chance they would move) have actually increased their likelihood to move after experiencing life at home during the quarantine.

### Safety:

- 93% of residents (almost 3,000 in total) felt the community took all precautions to keep them safe, and 77% of residents agreed that they were "glad to be in a community during the pandemic"
- 61% of residents feel safer in their community versus being in their previous home, in contrast to 69% of prospects who felt safer at home than they think they would have felt in a community (It's important to note that a resident is answering this question in the context of both having lived at home and in a community, where as the prospects may not be able to compare both experiences)
- 58% of prospects were "not worried about living at home during the pandemic" and 67% "felt peaceful"
- Prospect write-ins noted a significant amount of fear related to congregate living and how the community would suppress their freedom in choosing how to respond to risk

### Social isolation:

- 61% of prospects "felt socially isolated during shelter-in-place" compared to 68% of residents
- This slight improvement makes sense, given that prospects may not have enforced restrictions on visitations to their own homes the way that communities did for the safety of all residents

*Isolating people is not good for them mentally or physically. Electronic devices are NOT a good substitute and are often too complicated for most older people to utilize."*

*Worst images we've seen are the stories of people our age and older essentially being imprisoned in senior communities, kept in their rooms, denied visitors and even the chance to get out into the fresh air, and (most terribly) dying alone, with their families unable to be with them."*



### Residency:

- 86% of residents are glad they made the decision to move to a community
- 57% of prospects were glad they made the decision to stay at home, and 35% felt unsure of their decision
- 74% of prospects reported their time frame for a move has been unchanged by the COVID-19 pandemic
- The most likely factors that would accelerate a prospect's decision to move to a community are a change in health status (40%), the availability of a preferred residence (33%), and the burden of ongoing home maintenance (26%)
- Only 3% of prospects would accelerate a move due to another pandemic like COVID-19
- On average, the youngest prospects were most interested in cooperatives, which may signal growing interest in the "buy-in" format among the next generation of older adults
- Prospects who accelerated their time frame to move into a community had the shortest average length of residency in their current homes (15.8 years), and those who decelerated their time frame had the longest average time in their current home (22.5 years)

### Technology:

- 89% of prospects strongly felt they were "able to leverage technology to maintain connectivity with friends and family during the pandemic," as compared to residents at 47%
- Technology will be a significant area of improvement for providers if they want to attract prospects to their community because prospects will not want to have less access to technology than they have in their own homes

### Communication:

- Prospect write-ins called out appreciation for videos of what life was like at the community during quarantine, sales staff explaining COVID-19 plans, and regular reports about infection rates.
- In sum, prospects felt that "sharing as much detail as they can with us would be informative and reassuring."

### Dining:

- 60% of prospects felt fearful of shopping
- Many prospects were overwhelmed by additional menu planning, prep, cooking, and cleaning as they remained at home; is this a creative marketing opportunity for outreach to your prospects?



## Staff Recruitment & Retention

Operators should consider staff feedback as they reframe the narrative for recruitment and retention. In general, senior living employees' satisfaction with and confidence in their employers remained high during the pandemic. The majority of staff would recommend their communities to others, for both employment and residency. At a time with sudden, soaring unemployment, the variety of essential roles within senior living may position communities as more "recession-proof" than other employers with functionally similar roles, such as hospitality.

### High marks given by staff:

- 92% of staff feel the community where they work responded well to the COVID-19 pandemic
- 90% of staff are glad they made the decision to work at the community where they are employed
- 86% of staff would recommend working at their community to a friend
- 84% of staff would recommend living at the community to a loved one

### Opportunities for improvement:

- 72% of staff want a platform to streamline communications to families
- 54% staff believe technology infrastructure should be improved, but 28% were unsure about the community's IT plans
- Write-in comments from staff offer a variety of recommendations that could be considered:
  - Consider continuing or enhancing the opportunity for appreciation events for staff
  - Take extra precautions for staff who are themselves high-risk
  - Offer on-campus housing for staff to help reduce the increased risk spreading the virus through contact on public transportation

“  
Management made a plan and adjusted the plan daily as we dealt with the constant change in information. I think we could have done better with a national plan that would have supported state plans more efficiently.”

“  
I feel we have defined spaces very well in our community to safely deal with the COVID requirements and then some.”

“  
I feel like they did a great job of offering the best protection possible as it was available. I think they should have asked more about employees at high risk themselves due to age and/or illness and offered greater protection for those particular employees, or supplemental compensation if they chose to take a leave of absence.”



# Key Takeaways & Recommendations

Section 2



# 10 Data-Backed Strategies for Providers

The survey posed both multiple choice and open-ended questions to each stakeholder group to gather their sentiments and opinions. More than 7,000 write-in comments were returned for open-ended questions, and several critical themes emerged from the data. Corroborated (or reinforced) by the quantitative data sets, the themes helped shape 10 strategies for providers operating during a pandemic.

## 1. Utilize a variety of channels to communicate to residents.


Many comments indicated that effective communication options could include a combination of email, hard-copy letters or memos delivered to resident mailboxes or front doors, video messages, Q&A sessions with leadership, robocall systems, direct phone calls, resident-led phone trees, in-person visits, online resident portals, or text messages. One community's members expressed widespread satisfaction with its leadership's decision to communicate each weekday using the in-house TV service followed by written updates regarding policy and procedure changes. According to residents, daily videos (on in-house TV channels or YouTube) are informative, lift spirits, and foster a greater sense of community. Videos should be positive, transparent, direct, and factual. Communicate reassuringly and celebrate "wins" — as one resident suggested, "Quick daily updates on good things that are happening to engage residents — like the volunteers that have provided exercise programs or swimming lessons, or decorated the hallways — have kept us all active and happy."

## 2. Carry out weekly wellness checks on residents.

Regular check-ins could be in person or via phone. Those commenting felt check-ins would allow staff to ensure residents have adequate groceries, medicine, and supplies, and if needed, provide resources or referrals for any unmet needs. One community's weekly check-ins included asking "How are you doing?", taking temperatures, and leaving a flower. Another community offered help with shopping for groceries and running errands. A third community established a minimart capable of providing basic groceries and supplies. Visits can also be more organic, such as using mail delivery directly to resident doors as an opportunity to physically check on them. Check-ins can also be an opportunity to periodically survey residents' experience from the onset of lockdown.

## 3. Engage residents with small acts of kindness and forms of in-home entertainment.

Many of the communities surveyed provided whimsical, fun, surprising, and touching gestures to show their residents they cared. Many examples were given of staff delivering different surprises to residents' doors, such as snacks, drinks, an "ice cream parade," activities, puzzles, word searches, books, movies, and more. One resident wrote, "The staff made an unlivable situation...livable. I enjoyed the word search and different puzzles that [they] would put out."



Other communities offered movie nights and additional entertainment through in-house TV channels, such as book readings, religious services, and classes. Communities without in-house TV channels expressed a desire for one, along with an interactive web-based platform that would allow participation in virtual activities, video conferencing, spiritual services, meal order and delivery, grocery order and delivery, maintenance requests, and activity sign-ups.

4. **Ensure all residents have the PPE needed to stay safe.**

All stakeholder groups felt that, when possible, the communities should provide PPE during store shortages and price-gouging. One community made masks for all its residents.

5. **Consistently communicate and enforce health policies and protocols.**

Residents supported policies they understood, yet many residents shared that their communities delivered mandates without justification or any mention of the rationale behind the decisions. A basic education on public health, how viruses spread, and why asymptomatic individuals can still spread illness is information that will support the underlying rationale for restrictions. As one resident wrote, "We believe that the measures that were imposed in our community, while some might say were harsh, resulted in this community NOT having anyone come down with the virus." Residents recommend providers offer explanations for changing policies and procedures, and when possible, connect changes to specific local or regional guidance or executive orders. Providers may also consider incorporating residents and staff in policy and protocol development.

Once the policies are in place, enforcement should be consistent. Dozens of residents expressed concern regarding the lack or inconsistent enforcement of mask mandates, social distancing, elevator passenger limits, and limits on small gatherings. Solutions proposed include escorting noncompliant residents back to their homes, imposing fines, requiring residents to sign compliance agreements, and even eviction.

6. **Be creative in developing and offering safe recreation opportunities.**

Social distancing doesn't always have to translate to isolation. Many activities can be reconfigured to keep residents engaged and safe. Consider, for example, activities geared towards fitness, such as hallway games and outdoor activities. Moving traditionally in-door activities to outdoor areas may allow for space between residents that activity rooms cannot offer. Facilities and common spaces can also use a reservation system to limit the size of groups to ensure distancing and scheduled times for sanitation.

7. **Provide supportive technology resources — for residents and staff.**

Many residents reported struggling to use technology to stay in touch with family and friends, order groceries and supplies, send and receive communications from management and staff, and entertain themselves. Residents recommended that communities provide technical support and lessons as possible solutions.

Staff felt that technology could support the operations and safety protocols in place, allowing information about illness to be accessible in real time, health check-ups to be done efficiently, and programs and activities be done remotely.



8. **Establish separate entrances for screening employees' and visitors' temperatures.**

Improving the visitor management system and leveraging technology where possible would streamline health checks. One employee wrote that he or she would feel safer at the community if visitors could be monitored, offering that a "self-serve check-in point" with an electronic system for logging in and out of a building could be an option.

9. **Communicate your community's COVID-19 plan and protocols to prospects.**

The survey showed that prospects are more hesitant to move into senior living after the quarantine. Many prospects questioned how meal service, visitation, and activities were being handled at their communities of interest. To dispel the uneasiness, communities could actively communicate their plans, clearly spell out restrictions and measures in place to both protect residents and keep them active in community life, and give prospects a peak at life during quarantine through videos or pictures. As one prospect put it, "We would have liked knowing what type of restrictions would be in place during [the] pandemic in the community before the stay-at-home order took effect."

Several prospects praised their future homes for their transparency in reaching out:

- "As COVID-19 plans at [Community] were explained to us by the Sales Director, we were very impressed with the amenities we saw and the precautions being taken."
- "[Community] sent videos of what life was like [there] during the quarantine. It made me feel happy knowing that I was going there someday and all the smiling, healthy faces of people pulling together were an inspiration to me."
- "Given the absence of corona[virus] in the community, the administration is doing something right. Very glad to know that is the case."

Outreach to prospects should be positive, clearly showcase the value proposition of your community, and as much as possible be personalized to the prospects to whom the community is reaching out.

10. **Enhance the dining experience and options during shelter-in-place.**

Already the top complaint among senior living residents, dining services faced added scrutiny under the pressure of the pandemic. Many providers were ill-equipped to convert from dining room service to comprehensive meal delivery, leading to more resident dissatisfaction with menu variety, meal temperatures, special diet options, and meal presentation compared to before the pandemic. Several residents were unhappy with meals delivered in Styrofoam containers, citing environmental concerns, additional waste, and extra trips to the trash room, which could put them at greater risk of exposure to the virus.

Residents called out for more varied meal options, additional socially distanced dining options on campus, expanded dining times, and improved food delivery protocols. At one community, a resident showed appreciation for a caregiver taking extra effort to improve the food delivery experience: "[The staff person] had TV trays placed at each resident's front door so dietary no longer placed residents' meals on the floor. We also loved her little treats she would leave from time to time."

# Comparison: Amenity Recommendations

Residents, prospects, and staff provided thousands of write-in comments offering suggestions for new amenities or types of spaces they would expect to see in a community in light of the COVID-19 pandemic. These thoughts are summarized by category in the following pages:

Category	Resident	Prospect	Staff
<b>Building or Campus Design</b>	<ul style="list-style-type: none"> <li>• Multiple entrances, dedicated visitor entry</li> <li>• Visitation &amp; dining areas with barriers &amp; space to distance</li> <li>• Separate common areas for independent &amp; assisted living</li> <li>• Larger common areas</li> <li>• Automatic doors for trash room</li> <li>• Larger &amp;/or additional elevator space</li> <li>• Improved ventilation/air exchange systems</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated perimeter road</li> <li>• Dedicated COVID-19 unit</li> <li>• Independent air handling systems</li> <li>• Larger elevators</li> <li>• Direct access from unit to outdoors</li> <li>• On-site medical exam room</li> <li>• More single-family homes</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated, closed spaces (offices, break rooms, meeting rooms)</li> <li>• Separation between independent &amp; assisted living</li> <li>• Automatic doors, touchless sinks, &amp; key fob entry</li> <li>• Larger common areas</li> <li>• Visitation &amp; dining areas with barriers &amp; space to distance</li> <li>• Eliminate semi-private rooms</li> <li>• Creative use of common space for visitation</li> </ul>
<b>Safety &amp; Sanitation</b>	<ul style="list-style-type: none"> <li>• Hand sanitizer throughout buildings</li> <li>• Required COVID-19 testing for new or returning residents</li> <li>• More frequent sanitation</li> <li>• On-site or visiting primary care providers</li> <li>• Ultraviolet sanitation system in elevators</li> </ul>	<ul style="list-style-type: none"> <li>• Hand sanitizer throughout buildings</li> <li>• On-site or visiting primary care providers</li> <li>• More frequent sanitation</li> <li>• Ensure availability of PPE</li> <li>• Daily temperature checks during outbreaks</li> </ul>	<ul style="list-style-type: none"> <li>• Hand sanitizer throughout buildings</li> <li>• Protective shield for front desk workers</li> <li>• More frequent sanitation</li> <li>• Provide every employee with N95 masks</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>• Security cameras monitoring entries</li> <li>• Free, high-speed Wi-Fi</li> <li>• Internal, interactive TV channel &amp; in-house website</li> <li>• Establish community Nextdoor.com neighborhood</li> <li>• On-site technical support &amp; education</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated channels for technology problem solving &amp; emergent health concerns</li> <li>• Free, high-speed Wi-Fi</li> <li>• On-site technical support &amp; education</li> </ul>	<ul style="list-style-type: none"> <li>• Security cameras monitoring entry points</li> <li>• High-speed Wi-Fi</li> <li>• Computers with video conferencing capability</li> <li>• Vitals technology integrated with EHR &amp; individual glucometers</li> <li>• Connectivity to enable work-from-home options</li> </ul>



Category	Resident	Prospect	Staff
<b>Policies &amp; Protocols</b>	<ul style="list-style-type: none"> <li>Uphold resident governance structures</li> <li>Enforce PPE use, social distancing, &amp; other restrictions</li> <li>Institute 24/7 front desk coverage</li> <li>Reservation system for common areas</li> <li>Increase security for deliveries &amp; weekends</li> <li>Policy for villa access to main building</li> <li>Establish advisory "COVID Committee"</li> </ul>	<ul style="list-style-type: none"> <li>Free testing for all &amp; ongoing medical monitoring</li> <li>Specific, tested disaster plan</li> <li>Enforce PPE use, social distancing, &amp; other restrictions</li> <li>Better visitor control &amp; staff health monitoring</li> <li>Regular updates on virus cases in community</li> </ul>	<ul style="list-style-type: none"> <li>Separate screening points for staff &amp; visitors</li> <li>Enforce PPE use, social distancing, &amp; other restrictions</li> <li>Allow work from home if possible</li> <li>Option to use sick time for COVID-19 de-stress</li> <li>Create quarantine protocol &amp; high-risk staff policy</li> </ul>
<b>Activities &amp; Amenities</b>	<ul style="list-style-type: none"> <li>Bocce court, ping pong, pickle ball, pool tables, shuffleboard, artificial putting green/driving net, resistance training, &amp; croquet lawn</li> <li>Outdoor pub with music</li> <li>Food trucks</li> <li>Personal errand support</li> <li>Variety of classes</li> <li>Games, crossword puzzles &amp; word searches for individual use</li> <li>Reservation-based access to fitness center, activities, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Shuffleboard, bocce ball, horseshoes, putting green, Wii, large swimming pool, swim aerobics classes, book club, &amp; cards</li> <li>Hair salon, library, deli, workshop, convenience store, thrift shop (run by residents), &amp; food trucks</li> <li>Engaging online activities</li> <li>Resident welcoming committee to help new residents settle in &amp; daily check-in system</li> <li>Coordinated transportation</li> <li>Regular chapel services</li> </ul>	
<b>Food &amp; Supplies</b>	<ul style="list-style-type: none"> <li>In-house access to basic groceries</li> <li>Improved meal delivery protocols</li> <li>Variety of dining and dietary options</li> <li>Grocery delivery.</li> <li>Expanded dining hours</li> <li>Dining "buddy"</li> <li>PPE &amp; sanitizer provided</li> <li>Air purifiers &amp; HEPA filters</li> </ul>	<ul style="list-style-type: none"> <li>Variety of dining options</li> <li>Shopping assistance and delivery</li> <li>All meals on-site to avoid leaving</li> <li>Scheduled, distanced dining by reservation</li> <li>PPE &amp; sanitizer provided</li> <li>Extra essential supplies on site</li> </ul>	<ul style="list-style-type: none"> <li>More meal delivery carts &amp; plate warmers</li> <li>Replace Styrofoam for food delivery</li> <li>Better storage systems for biohazards, food, &amp; supplies</li> </ul>
<b>Outdoor Space</b>	<ul style="list-style-type: none"> <li>Covered outdoor dining/activity areas with seating</li> <li>More, wider walking paths or one-way paths</li> <li>Fenced-in dog park &amp; more lawn space for games</li> <li>Outdoor exercise equipment options</li> </ul>	<ul style="list-style-type: none"> <li>Covered outdoor dining/activity areas with seating</li> <li>Outdoor exercise equipment options</li> <li>Community garden or greenhouse</li> </ul>	<ul style="list-style-type: none"> <li>Covered outdoor dining/activity areas with seating</li> <li>Additional walking paths</li> <li>Dedicated work, meeting, or visitation space</li> <li>Low maintenance artificial turf in courtyards</li> </ul>

# Comparison: Recommendations for Management

Residents and staff provided thousands of write-in comments offering options on how management and the Board of Directors could make residents and staff feel safer. These thoughts are summarized by category in the following pages:

Category	Resident	Staff
<b>Communication</b>	<ul style="list-style-type: none"> <li>Do not use scare tactics – be calm, caring, straightforward, reassuring, &amp; confident in decisions</li> <li>Provide options for dialogue with leadership &amp; solicit resident input</li> <li>Frequent updates through a variety of channels on community status, restrictions &amp; rules, rationale for new policies, positive cases, local trends &amp; guidance, &amp; safety reminders</li> <li>Update families regarding limitations &amp; procedures for resident safety</li> </ul>	<ul style="list-style-type: none"> <li>Continue to communicate weekly &amp; inform all departments of any COVID-19 cases &amp; contact tracing</li> <li>Demonstrate concern for staff safety &amp; mental health</li> <li>Make courtesy calls to departments to see if they need any more PPE</li> <li>Involve staff in decisions &amp; disclose all information needed for decision-making</li> </ul>
<b>Policies &amp; Protocols</b>	<ul style="list-style-type: none"> <li>Periodically test all residents, even those without symptoms</li> <li>Clearly communicate &amp; consistently enforce protocols &amp; guidelines among families, residents, &amp; staff across campuses</li> <li>Provide on-site housing or transportation options for staff</li> <li>Put social distancing markers on floors in high-traffic areas</li> <li>More creative visitation policies</li> <li>Clear protocol for isolating any member testing positive</li> <li>Increase community participation in safety decisions</li> </ul>	<ul style="list-style-type: none"> <li>Provide options &amp; encourage work from home</li> <li>Regular COVID-19 virus &amp; antibody testing for staff &amp; residents (weekly, biweekly, random, certain groups, home health workers)</li> <li>Provide hazard pay &amp; additional staff appreciation events</li> <li>Ask about employees at high risk themselves due to age or illness &amp; offer greater protection or extra compensation</li> <li>Clearly communicate &amp; consistently enforce protocols &amp; guidelines among families, residents, &amp; staff across campuses</li> <li>Encourage staff to sign a waiver about their activity outside the community</li> </ul>
<b>Supplies</b>	<ul style="list-style-type: none"> <li>Provide PPE &amp; sanitizer</li> <li>Resources to ensure residents have groceries &amp; supplies they need</li> <li>Do not use Styrofoam containers for meals</li> </ul>	<ul style="list-style-type: none"> <li>Provide PPE &amp; sanitizer</li> <li>Provide communication devices</li> <li>Allow staff to purchase PPE, sanitizer, etc., to take home</li> </ul>

Category	Resident	Staff
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Hire more staff, particularly security</li> <li>• Person to manage delivery access &amp; common space use</li> <li>• Need accessible, on-site management</li> </ul>	<ul style="list-style-type: none"> <li>• More staffing to enable CNAs &amp; nurses to practice better infection control</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>• Security cameras throughout campus &amp; doorbell cameras</li> <li>• Interactive campus-wide network for improved connectivity</li> <li>• Use Zoom instead of phone conferencing</li> </ul>	<ul style="list-style-type: none"> <li>• Self-serve check-in system to monitor visitors</li> </ul>
<b>Safety &amp; Sanitation</b>	<ul style="list-style-type: none"> <li>• Hand sanitizer throughout buildings</li> <li>• Upgrade elevators with ultraviolet disinfecting systems</li> </ul>	<ul style="list-style-type: none"> <li>• Hand sanitizer throughout buildings</li> <li>• Real-time ability to know if nonessential work orders are safe to complete or if resident is being tested or has resultant positive test</li> <li>• Utilize no-contact scanning thermometers for screenings</li> <li>• More thorough cleaning techniques</li> </ul>
<b>Building or Campus Design</b>	<ul style="list-style-type: none"> <li>• Larger common spaces</li> <li>• Ensure adequate ventilation system &amp; clean ducts</li> <li>• Better elevator service, with spare parts on site</li> </ul>	<ul style="list-style-type: none"> <li>• Gate the premises</li> <li>• Install plastic shields in food service areas</li> <li>• Separate staff temperature screening areas near working areas</li> </ul>
<b>Security</b>	<ul style="list-style-type: none"> <li>• Provide 24/7 front desk coverage &amp; security guards</li> <li>• Increase security checks, particularly at night</li> <li>• Improve alarm system &amp; report broken security lights</li> </ul>	
<b>Wellness</b>	<ul style="list-style-type: none"> <li>• Regular mental health check-ins for residents</li> <li>• Focus not just on safety, but also physical &amp; emotional health</li> <li>• Make COVID-19 tests available upon request</li> <li>• Offer activities during quarantine to combat depression</li> </ul>	
<b>Healthcare Access</b>	<ul style="list-style-type: none"> <li>• Offer 24/7 access to nursing staff</li> <li>• Provide access to counseling services</li> <li>• Safe way to do blood tests &amp; doctor visits in apartments</li> </ul>	



# Participant Information

Section 3

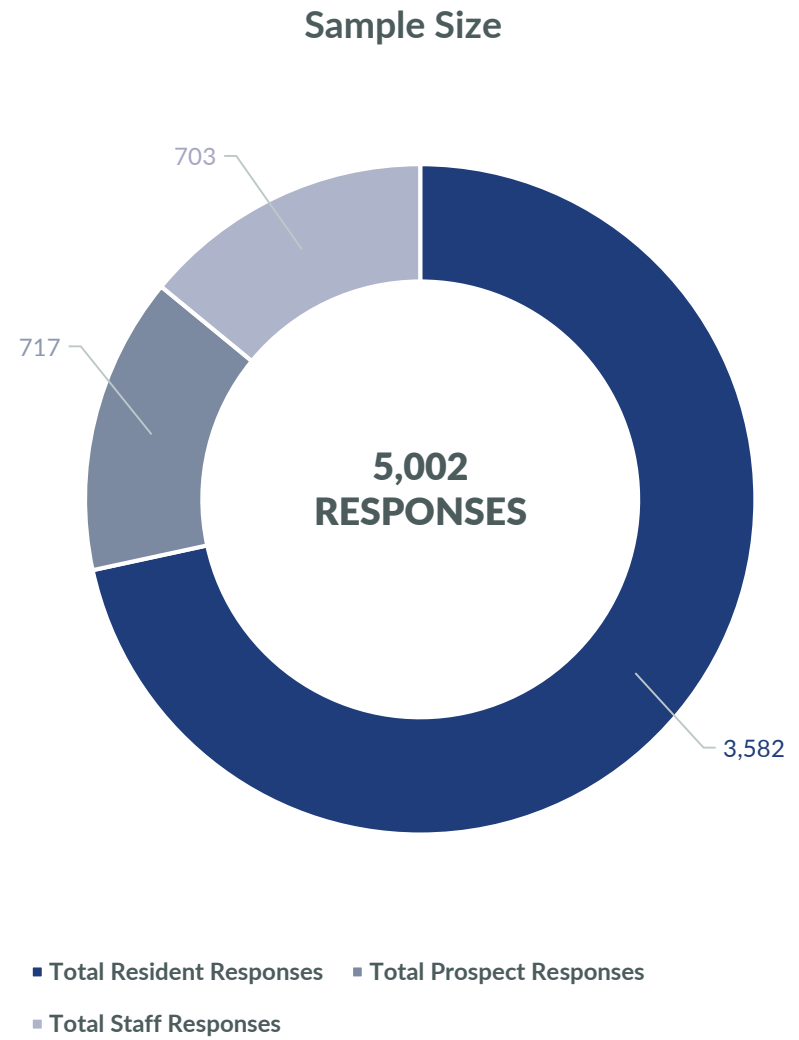
# Survey Response by Survey Group

A total of 23,665 surveys were sent to senior living community residents, prospects, and staff. A total of 5,002 surveys were returned, representing a 21% overall response rate.

**3,582** Resident Responses  
40% Resident Response Rate

**717** Prospect Responses  
6% Response Rate

**703** Staff Responses  
21% Staff Response Rate

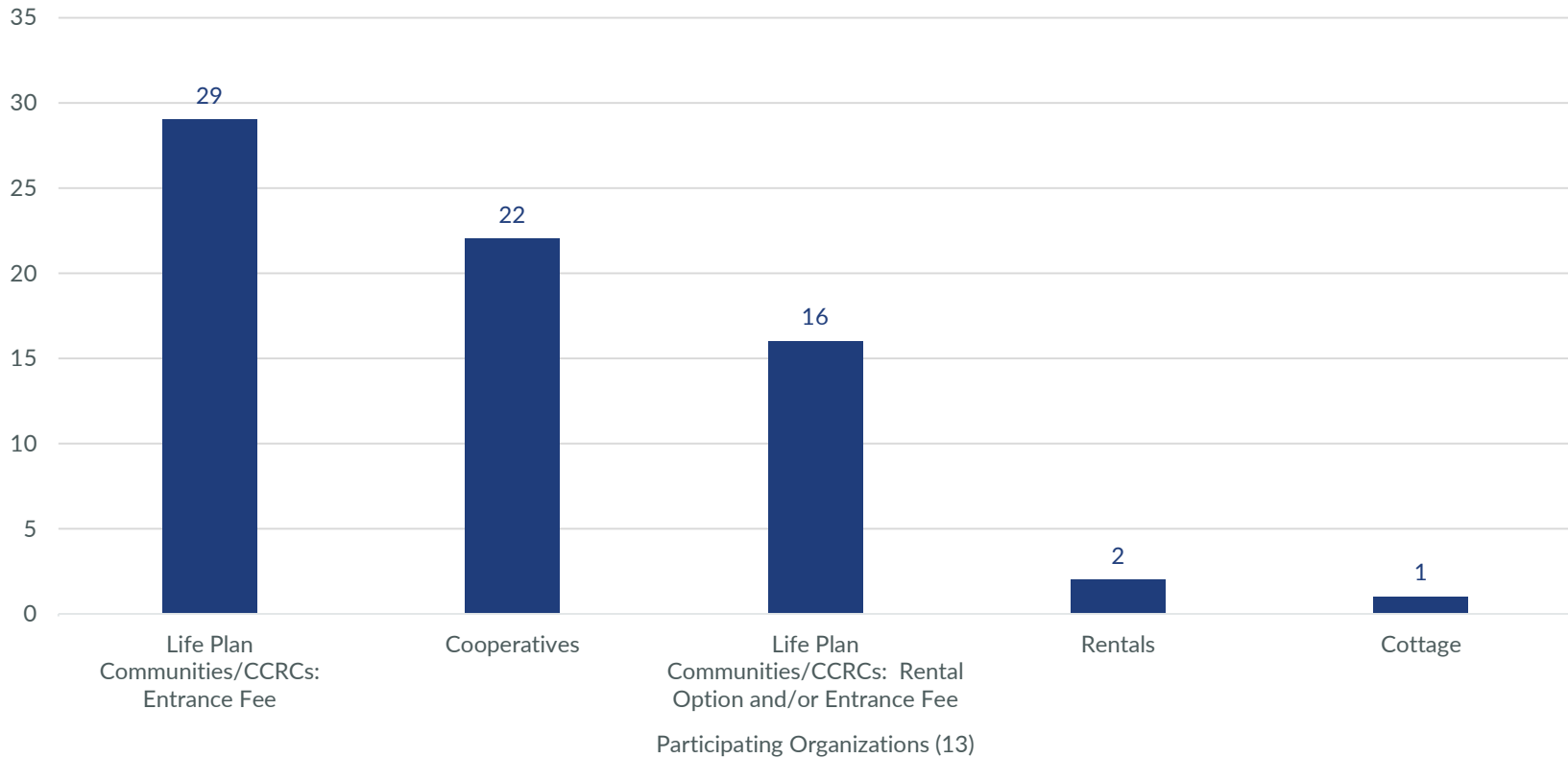


# Organization & Community Types

A total of 13 organizations, representing 70 communities, participated in the survey across 13 states.

Approximately 41% of participating communities were entrance fee life plan communities or continuing care retirement communities (CCRCs), 31% were cooperatives, 23% were life plan communities offering a rental or entrance fee option, 3% were rentals, and the remaining 1% were cottage communities.

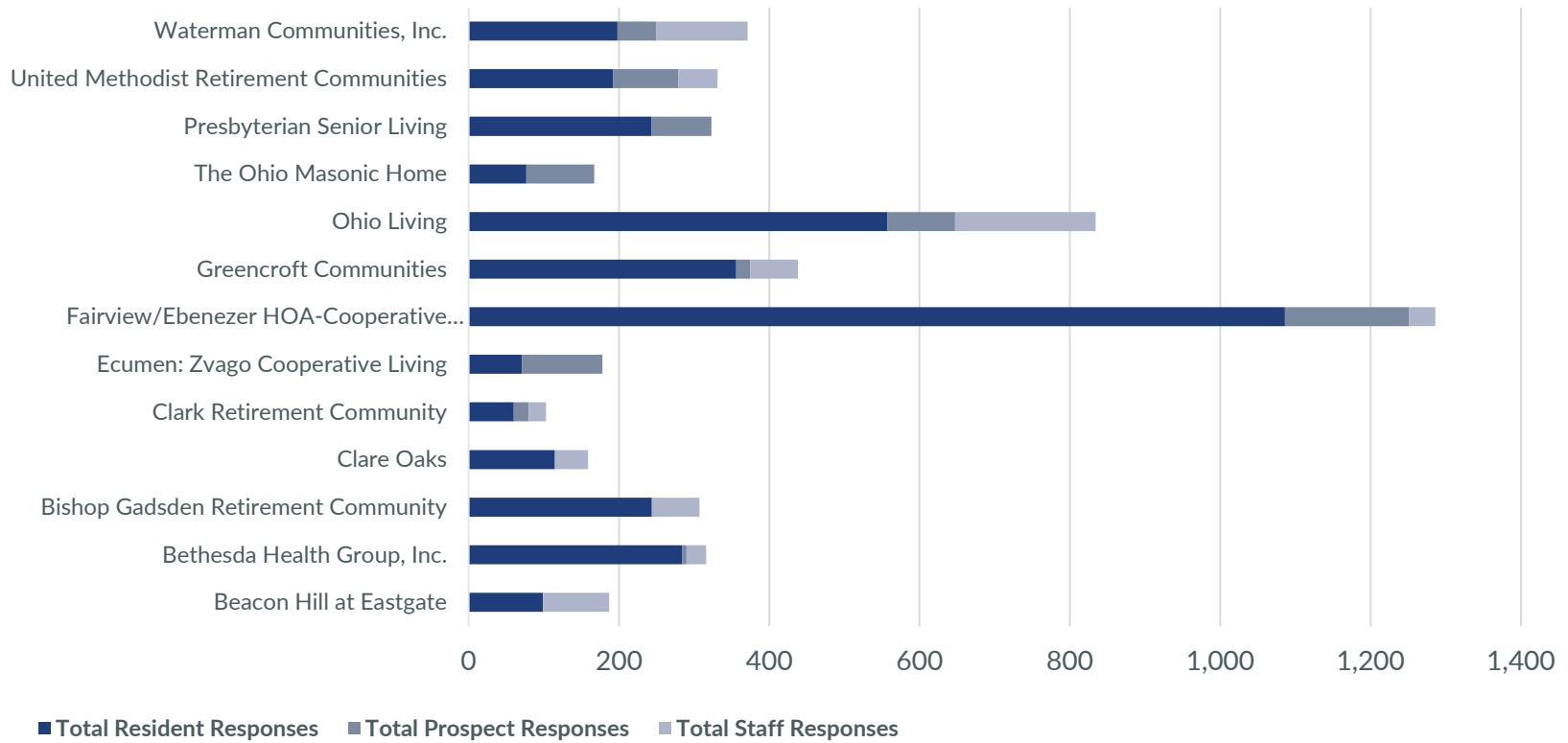
## Participating Organizations and Communities



# Participation by Organization

Surveys were sent to 13 organizations. A total of 70 communities returned responses. Some organizations or communities elected not to distribute the survey to their prospects.

### Survey Responses by Organization



# COVID-19 Deaths, Age 65+

Included in the regional survey response are several states disproportionately impacted by loss of life of those aged 65 and older due to COVID-19, including Pennsylvania, Illinois, Michigan, and Florida.

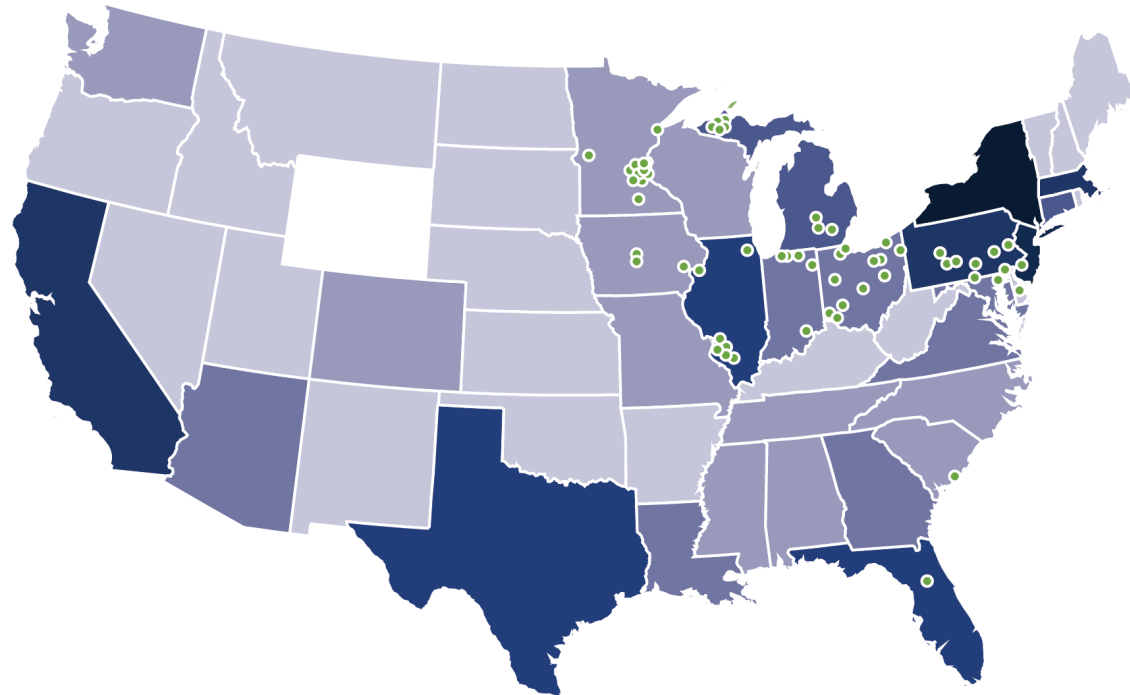
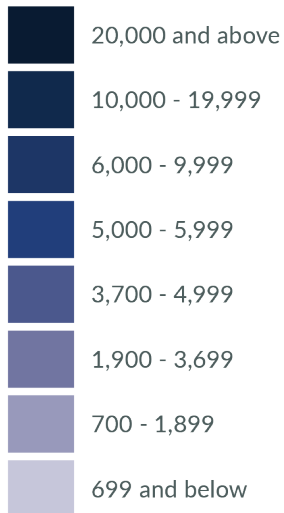
In the graph below, we show the documented COVID-19 deaths as compared to locations of properties that participated in the survey. (Note: Wyoming did not provide data on COVID-19 deaths.)

## Participating Communities' Locations Compared to COVID-19 Deaths for Ages 65+

### Legend

● Participating Communities

### 65+ COVID-19 Deaths



Source: [Centers for Disease Control and Prevention](#), August 2020

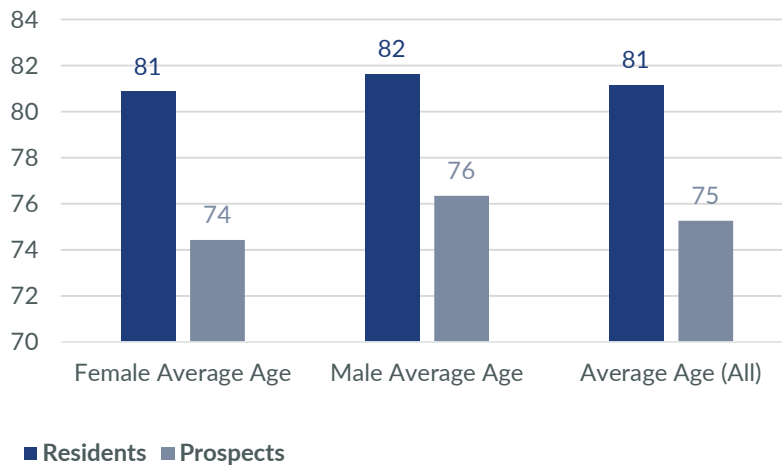


# Demographics of Respondents

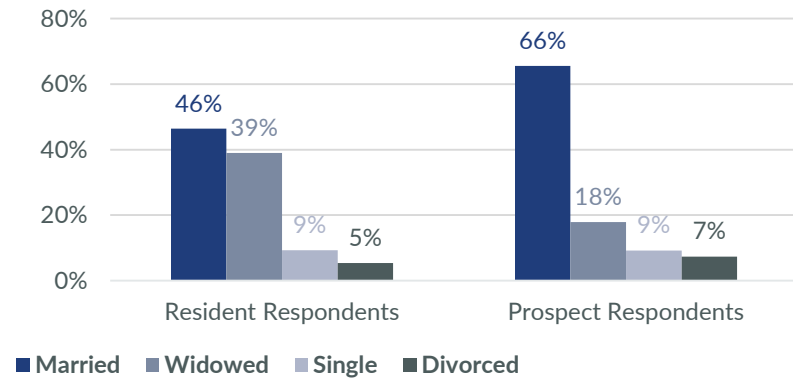
The average age of residents who answered the survey was 81 years old. Prospects who answered the survey were younger, on average about 75 years old.

About 66% of prospect respondents are married, with only 54% choosing to answer the survey as a couple. One way to interpret this could be that nearly 18% of married prospect couples have materially different opinions on senior living. If this is true, it may signal a more challenging sales environment, wherein community sales personnel must persuade both spouses, with disparate demands, that the community is the right "fit" and will meet their changing needs better than staying in the comforts of home.

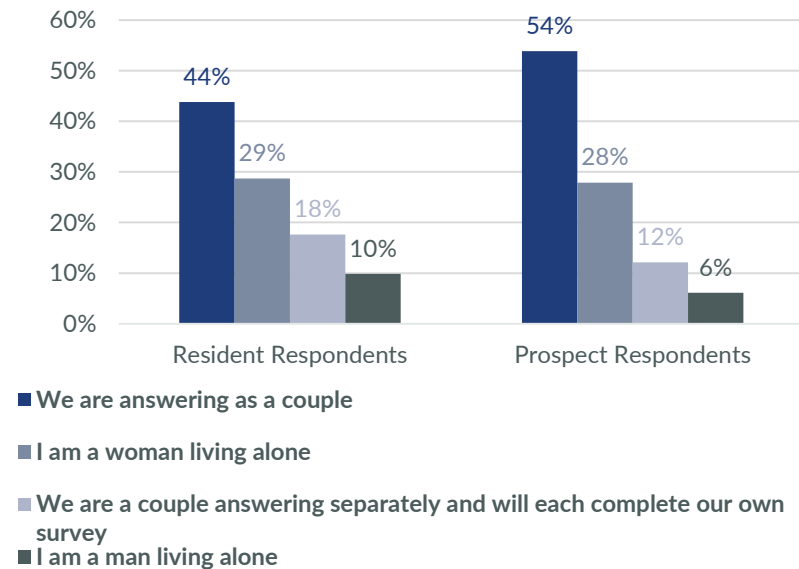
### Survey Respondents Average Age (years)



### Marital Status



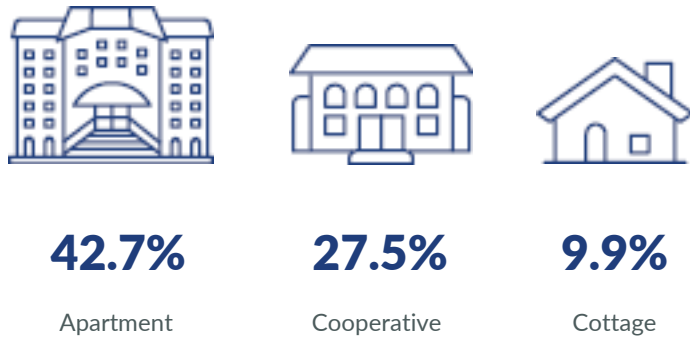
### Response Status



# Responses by Type of Residence

Most residents used to live in a single-family home, and most prospects still do. Prospects seem to indicate they are open to alternative housing options, but this preference for single-family homes, specially in light of COVID-19 reducing the allure of congregate living, may be more of a consideration for any future development.

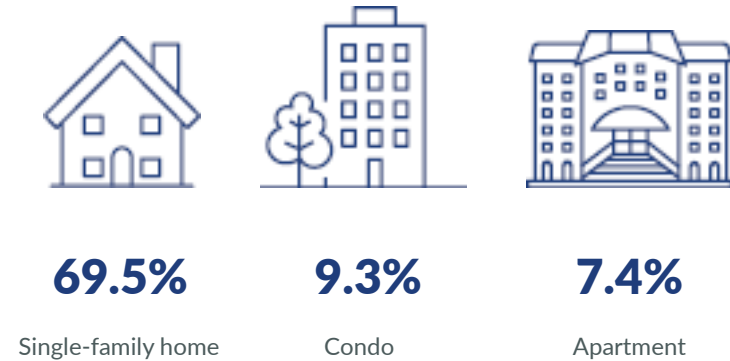
## Top 3 Residents' Current Residence



### Additional residences chosen include:

Duplex	8.7%
Other*	4.8%
Townhome	3.4%
Condo	3.0%
Single-family home	0.0%

## Top 3 Prospects' Current Residence



### Additional residences chosen include:

Townhome	6.6%
Other*	4.1%
Cooperative	1.7%
Duplex	1.4%

\*Other Residence Types: Villa, Quadplex, Mother-in-law Apt, Cluster Home, Gated Community, Bed & Breakfast, 55+ Community, Lodge, Ranch, Manufactured Home, Triplex

A decorative graphic consisting of several overlapping teal circles of varying sizes, some solid and some outlined, set against a white background.

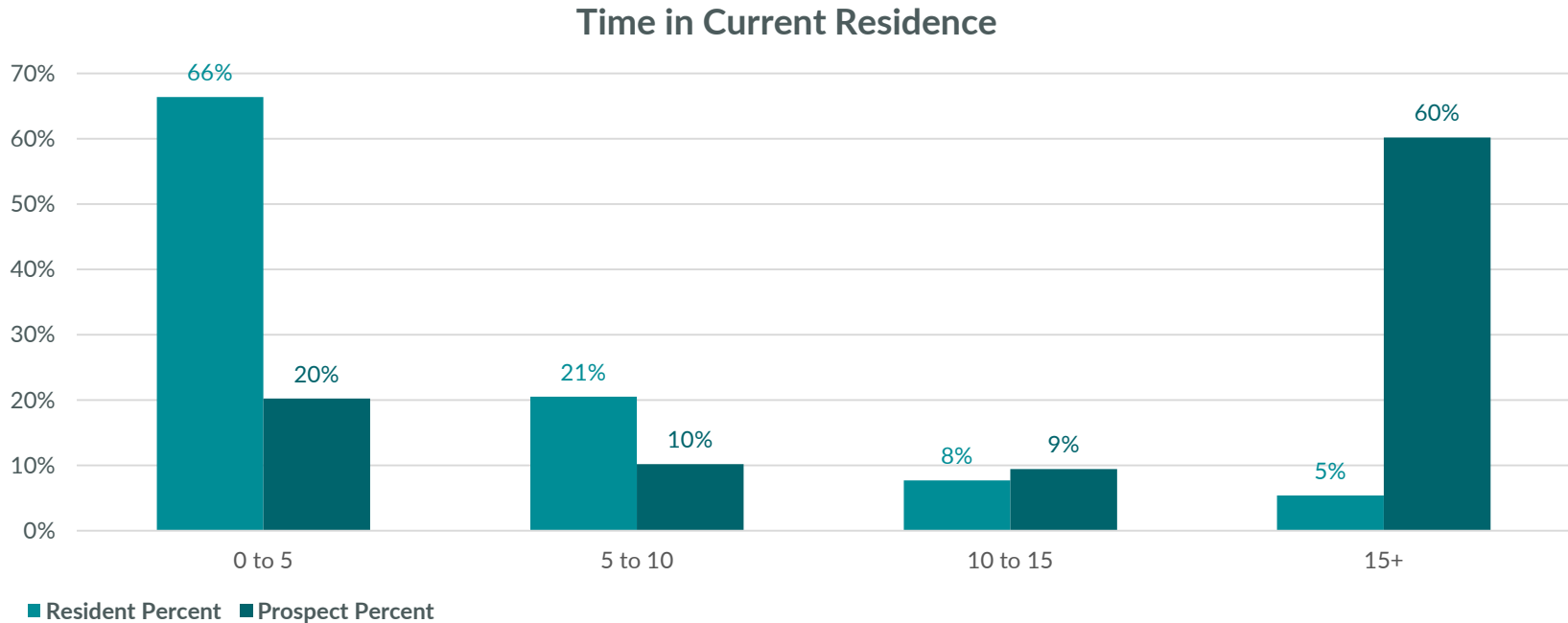
# Sentiment Comparisons

Section 4

# Time in Residence: Resident vs. Prospect

The average prospect has been in his or her home for 21 years, with 60% of prospects having spent 15 or more years in their homes. To succeed in converting prospects to new residents, providers must have a clearly defined value proposition that is easy to convey. All providers must be able to answer the following questions: Why should someone move to your community? Why is your community and organization better than living in their own home?

Resident			Prospect		
<b>5.4</b>	<b>66%</b>	<b>5%</b>	<b>21.2</b>	<b>20%</b>	<b>60%</b>
Average Years in Residence	0 – 5 Years in Residence	15+ Years in Residence	Average Years in Residence	0 – 5 Years in Residence	15+ Years in Residence

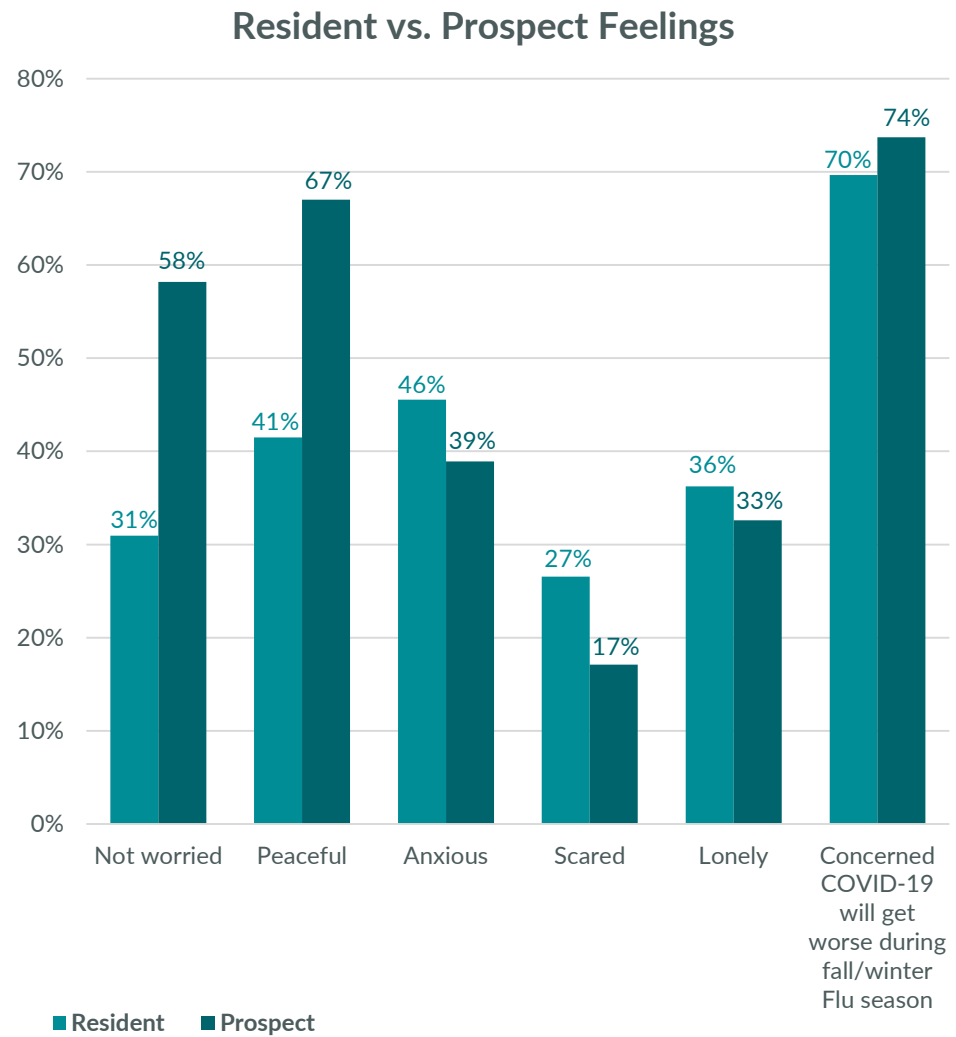


# Feelings of Concern: Resident vs. Prospect

Residents and prospects were asked how they felt living at home, in their community or current residence outside the community, during the COVID-19 pandemic.

In general, prospects were more peaceful and less worried, anxious, scared, and lonely while living at home compared to residents living in communities. Prospect's perceived sense of greater control at home likely contributed to these feelings. Fear and stress levels among residents may be inflated by ongoing updates and negative messaging about COVID-19 from community leadership.

Prospects are more concerned than residents that COVID-19 will get worse during flu season. The slightly lower level of concern for the impending flu season among residents may indicate growing confidence in communities' infection control measures. However, looking at the same data as averages instead of total responses shows the difference between resident and prospect concerns were negligible. Averages better account for the impact of a higher proportion of residents reporting they "neither agree nor disagree" that they are worried COVID-19 will worsen during flu season.

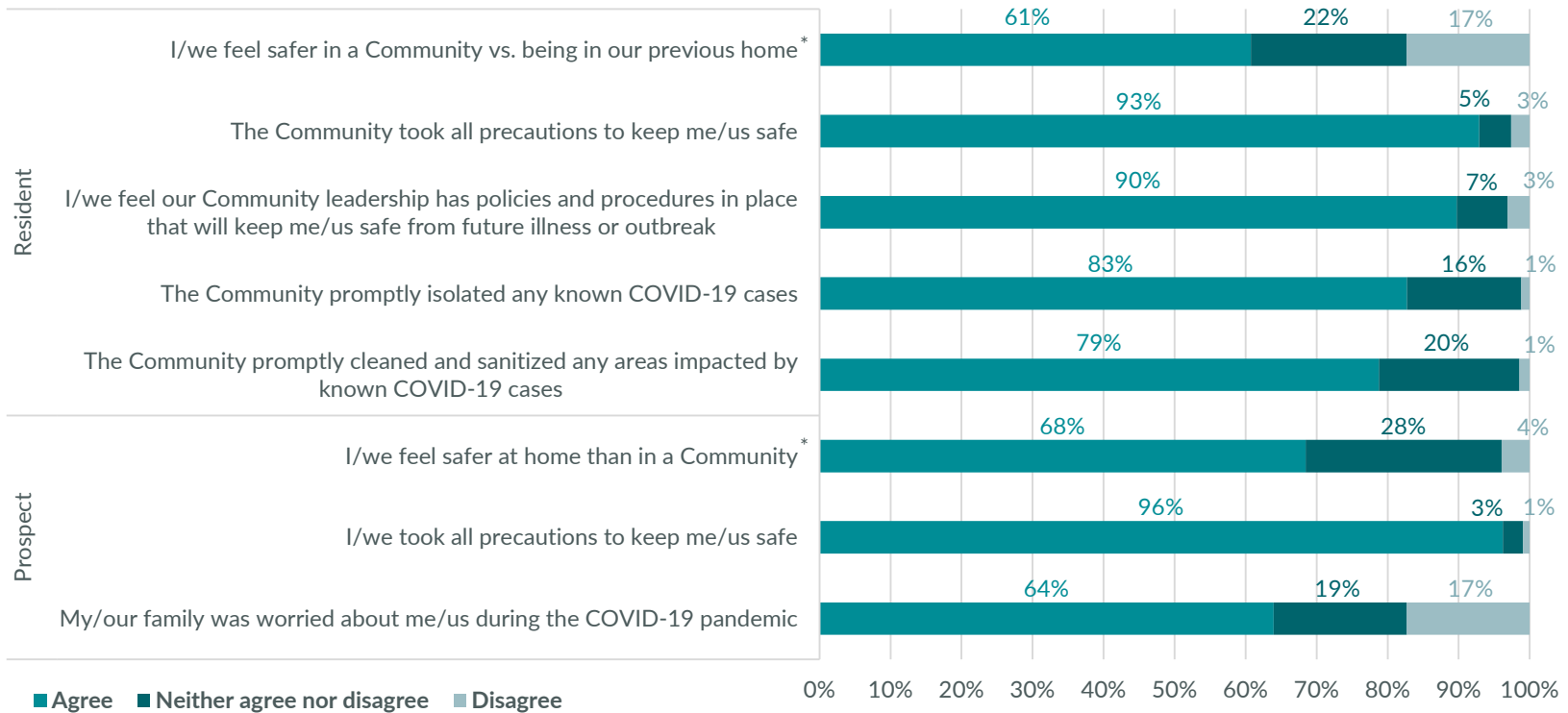


# Safety: Resident vs. Prospect

Residents expressed high levels of satisfaction with community safety measures, a positive indicator of overall community response.

In general, prospects felt slightly safer living at home compared to how residents felt living in a community. However, nearly 30% of prospects were unsure if they felt safer at home than in a community, signaling a lack of insight into community life, policies, or protocols during COVID-19. One prospect wrote: "We would have liked knowing what type of restrictions would be in place during pandemic in the community before the stay-at-home order took effect." Another prospect wrote: "As COVID-19 plans at [Community] were explained to us by the Sales Director, we were very impressed with the amenities we saw and the precautions being taken."

### Prospect and Resident Safety

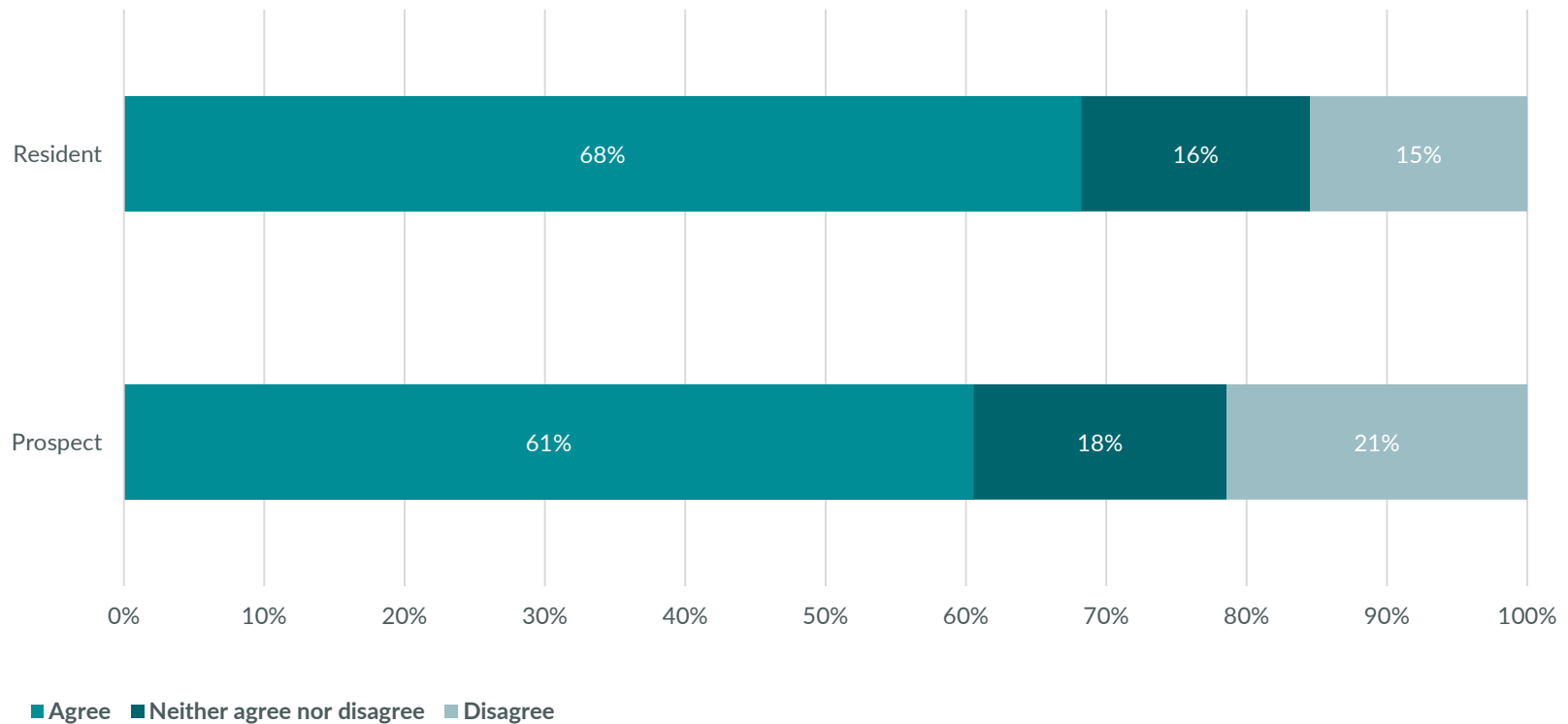


\*The results are statistically significant; i.e., there are statistically meaningful differences between the resident and prospect answers.

# Social Isolation: Resident vs. Prospect

Residents felt similarly isolated in communities (68%) than prospects did at home (61%). A slightly greater proportion of prospects (18%) were unsure if they felt socially isolated during shelter-in-place, compared to residents who felt unsure (16%).

## I/we felt socially isolated during shelter-in-place\*

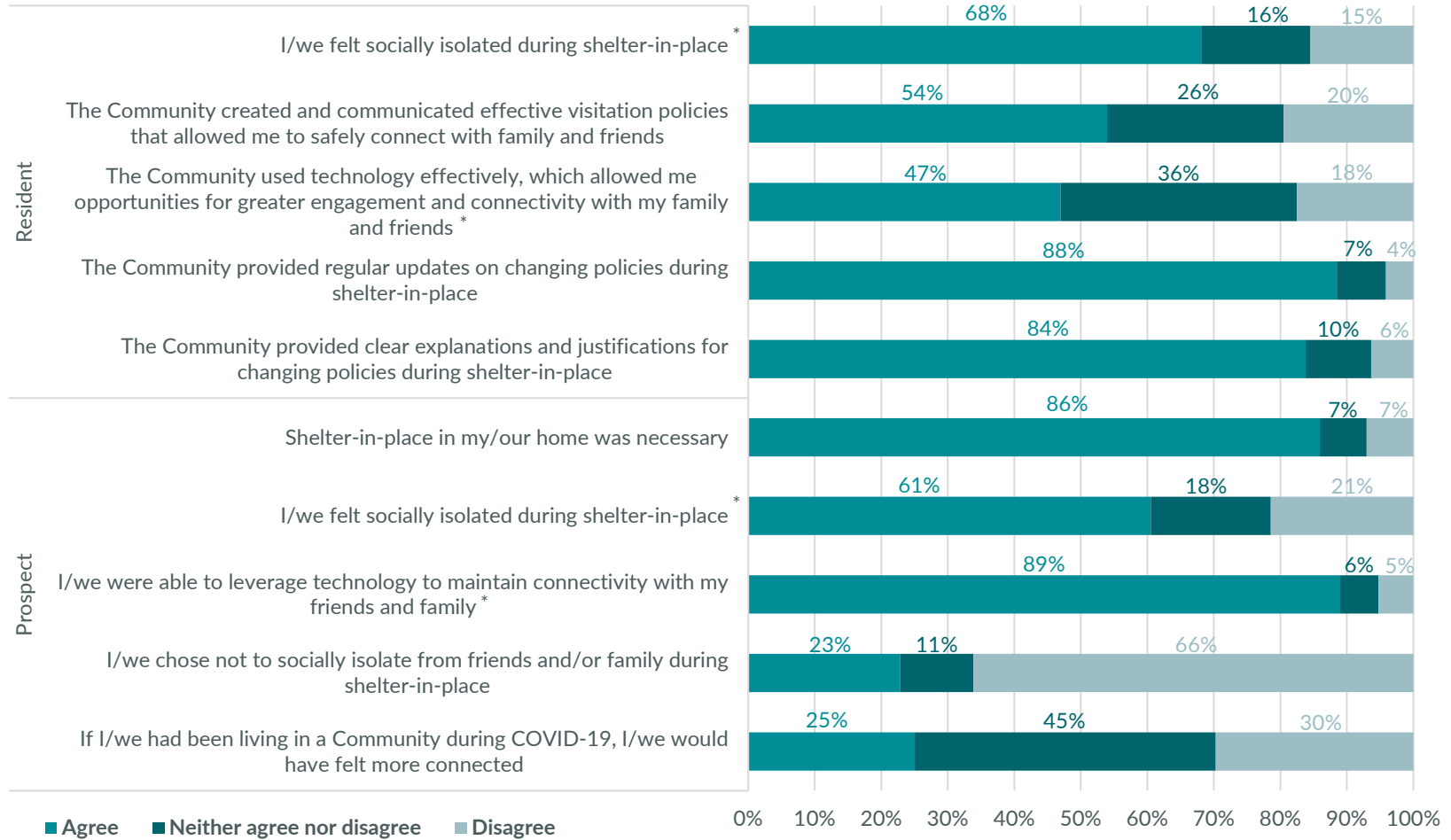


\*The results are statistically significant; i.e., there are statistically meaningful differences between the resident and prospect answers.

Residents reported high levels of satisfaction with community updates and explanations of changing policies during shelter in place.

Prospects succeeded in leveraging technology to maintain connectivity at greater levels than communities, where 36% of residents felt unsure that the community had used technology effectively during COVID-19. Over 45% of prospects were unsure whether they would have felt more connected had they been living in a community, again highlighting the need for providers to educate prospects on what life was like at the community during the pandemic.

## Social Isolation



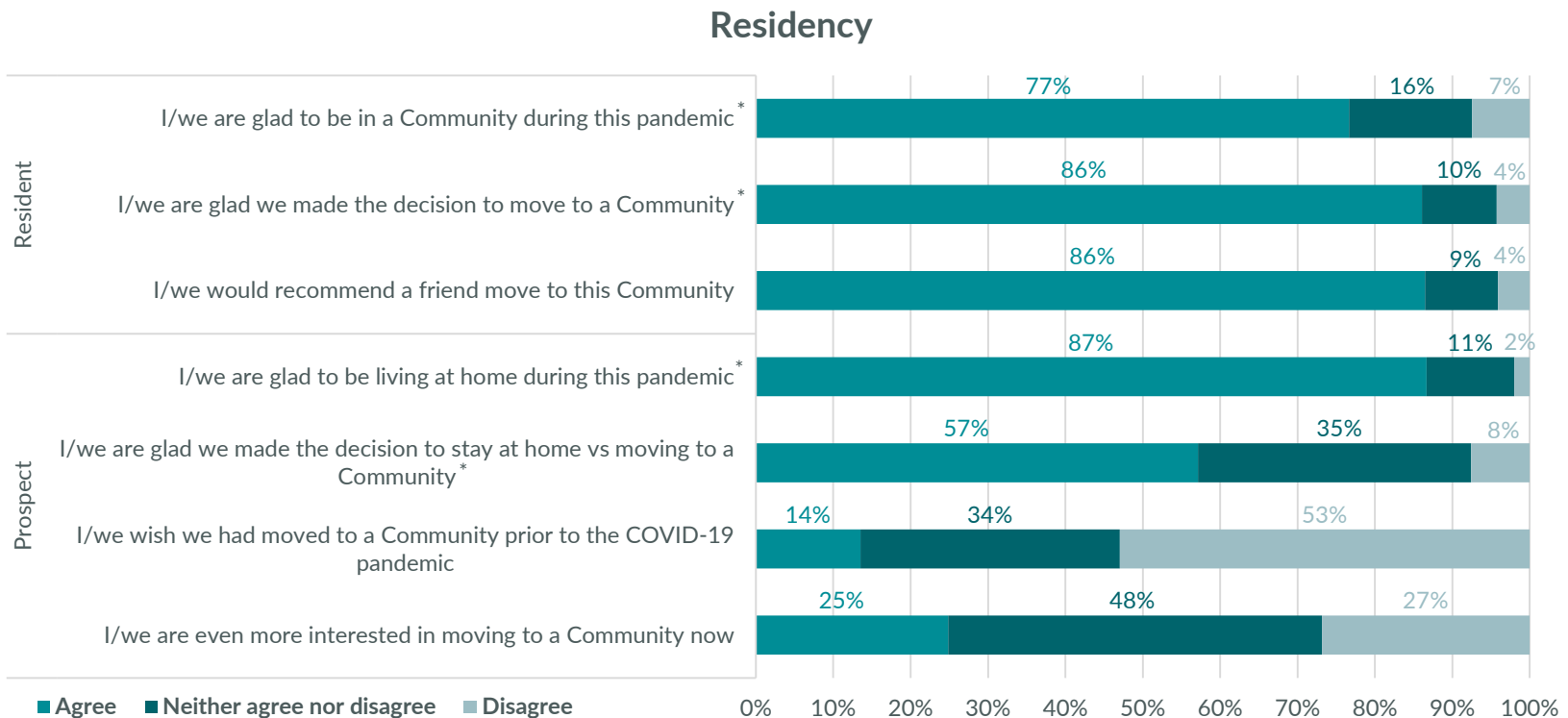
\*The results are statistically significant; i.e., there are statistically meaningful differences between the resident and prospect answers.



# Residency Opinions: Resident vs. Prospect

In general, residents were pleased to be living in a community during the pandemic. About 86% were glad they made the decision to move and would recommend the community to a friend.

While prospects were slightly happier at home compared to residents in communities, they expressed much greater doubt about their satisfaction with the decision to stay at home versus moving to a community (35% were unsure), whether they should have moved to a community prior to the pandemic (34% were unsure), and if they are even more interested in a community now (48% were unsure). Uncertainty among prospects has implications for sales and marketing, reinforcing the need to educate potential residents on community life during a pandemic.



\*The results are statistically significant; i.e., there are statistically meaningful differences between the resident and prospect answers.



# Changes in Sentiment

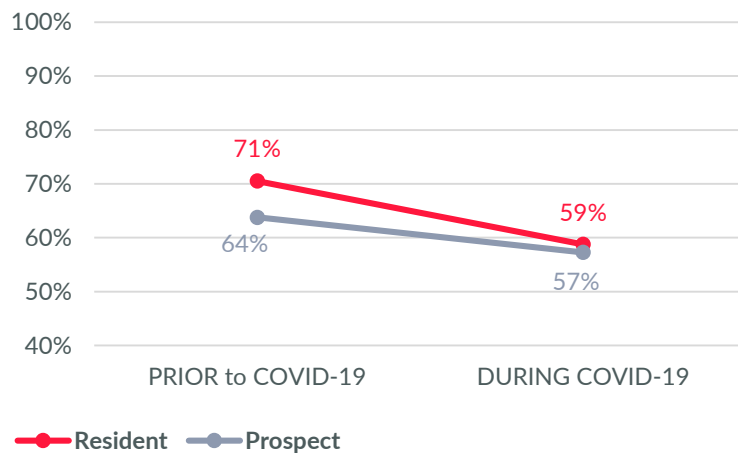
Section 5

# Change in Sentiments

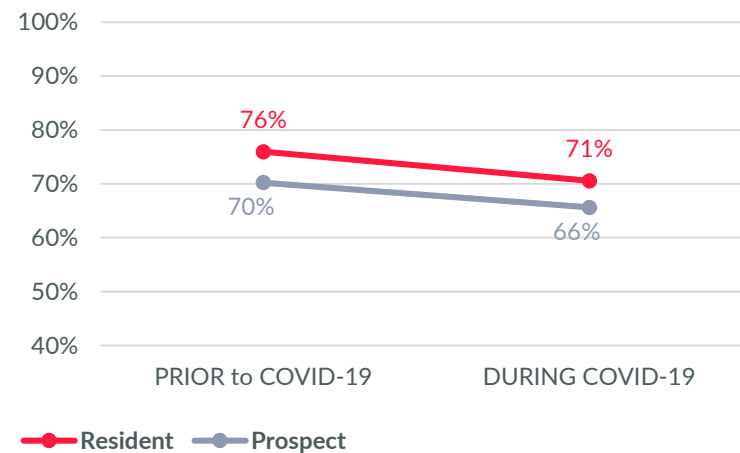
Both prior to and during the pandemic, residents reported higher levels of satisfaction with various aspects of community life compared to prospects surveyed on the same aspects. Superior resident satisfaction highlights the discrepancy between prospect expectations and lived resident experiences. For the majority of the surveyed aspects of community life, COVID-19 disproportionately impacted the opinions of prospects, a sign that prospects had low expectations for effective community response.

Resident satisfaction levels saw greater post-COVID-19 dips for dining experience and options, social connection, sense of community, and transportation, highlighting opportunities for communities to improve their pandemic policies and performance. However, it's important to note that resident and prospect opinions shifted more from "Above Average/Excellent" to "Average." We did not find that their opinion dropped as often to the "Below Average/Poor" rating.

### Dining Experience and Options: Rating of "Above Average" or "Excellent"

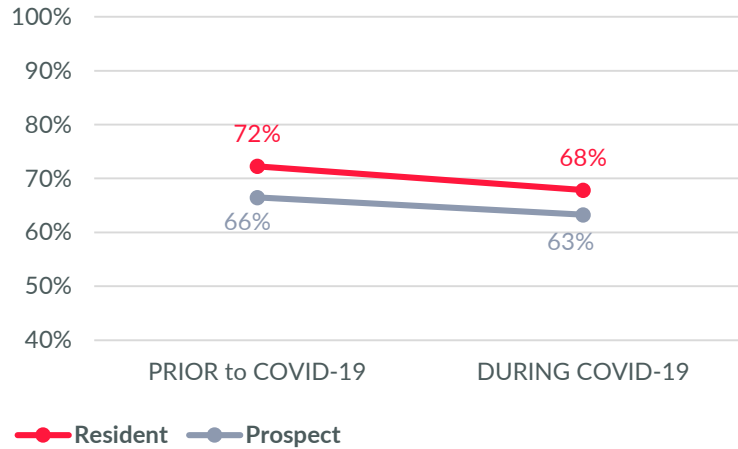


### Access to Health Care: Rating of "Above Average" or "Excellent"

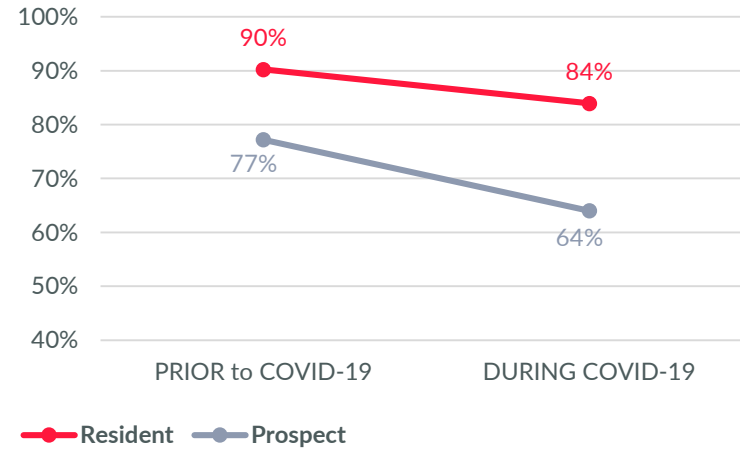




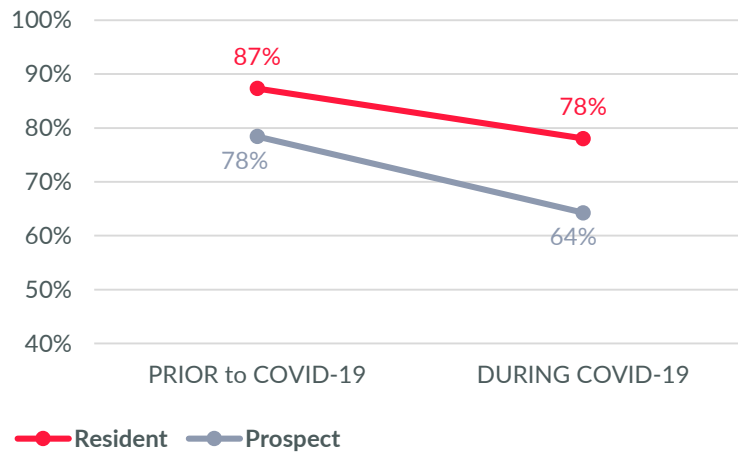
### Health Care Coordination: Rating of "Above Average" or "Excellent"



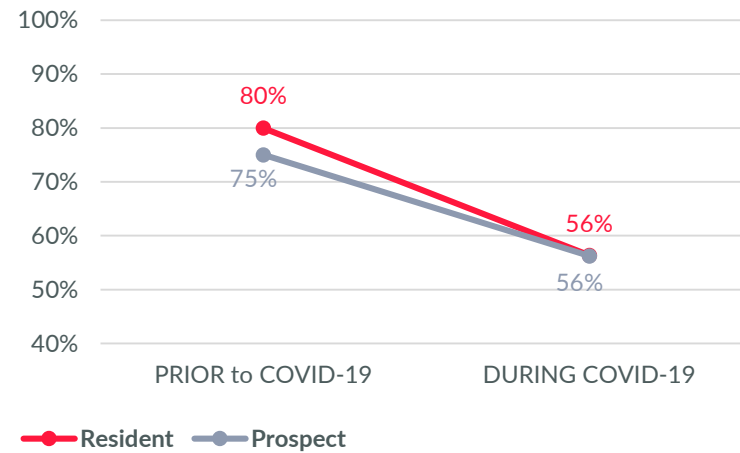
### Feeling Safe and Secure: Rating of "Above Average" or "Excellent"



### Peace of mind: Rating of "Above Average" or "Excellent"

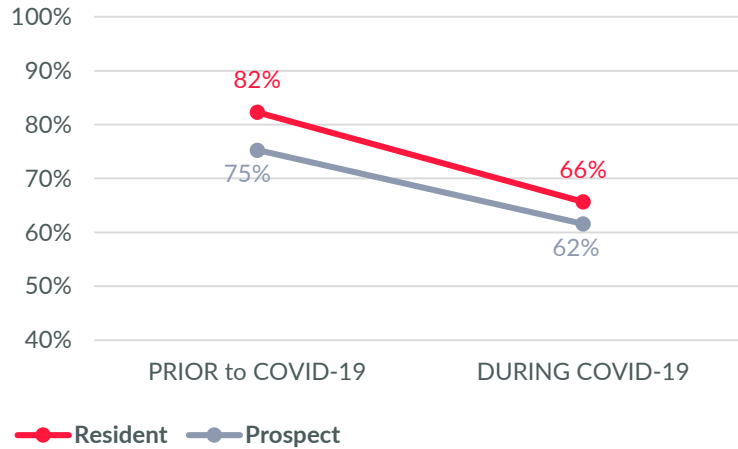


### Social Connection: Rating of "Above Average" or "Excellent"

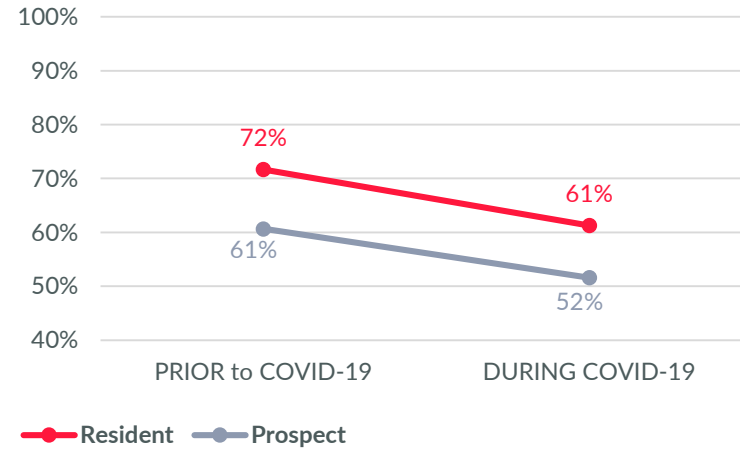




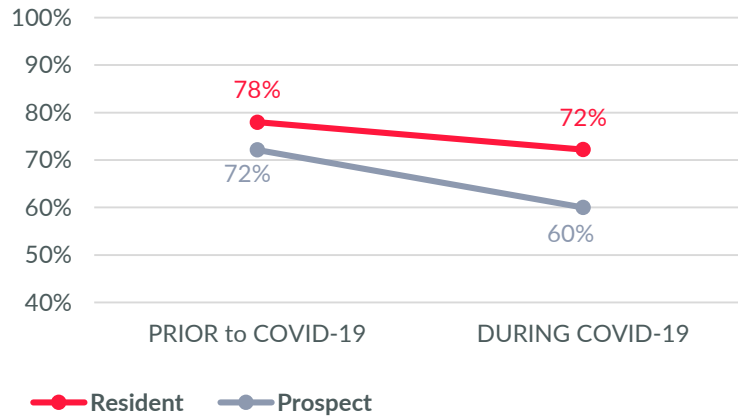
### Sense of Community: Rating of "Above Average" or "Excellent"



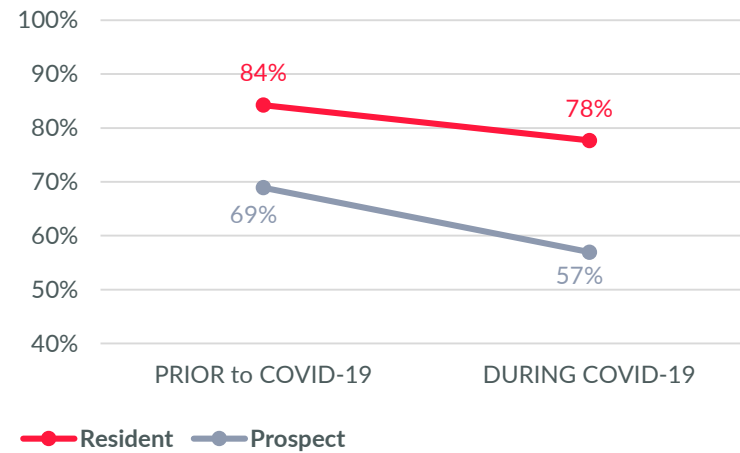
### Transportation: Rating of "Above Average" or "Excellent"



### Confidence the community would be able to take care of my needs: Rating of "Above Average" or "Excellent"

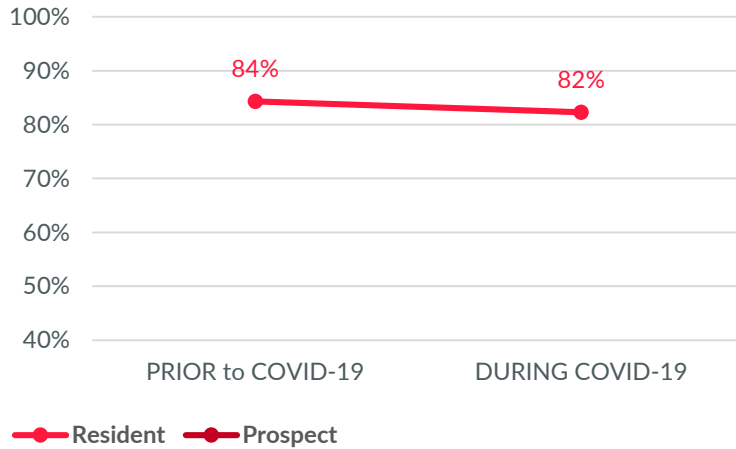


### Ownership: Rating of "Above Average" or "Excellent"

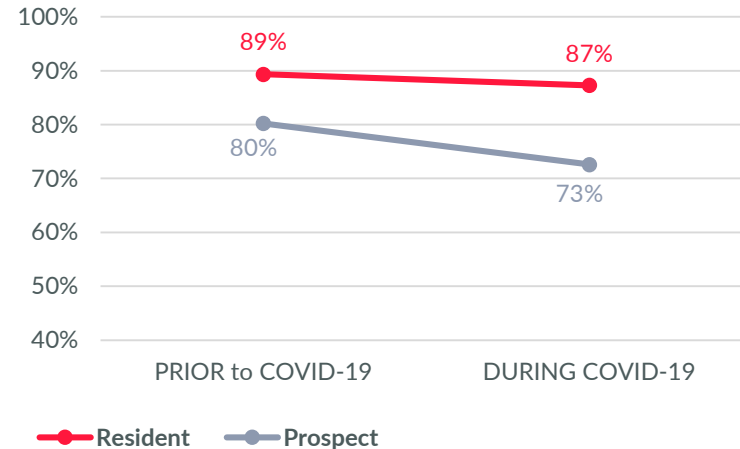




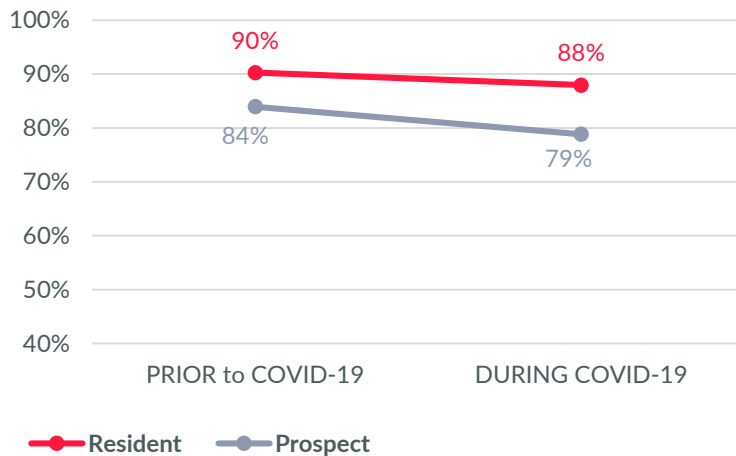
### Community Leadership: Rating of "Above Average" or "Excellent"



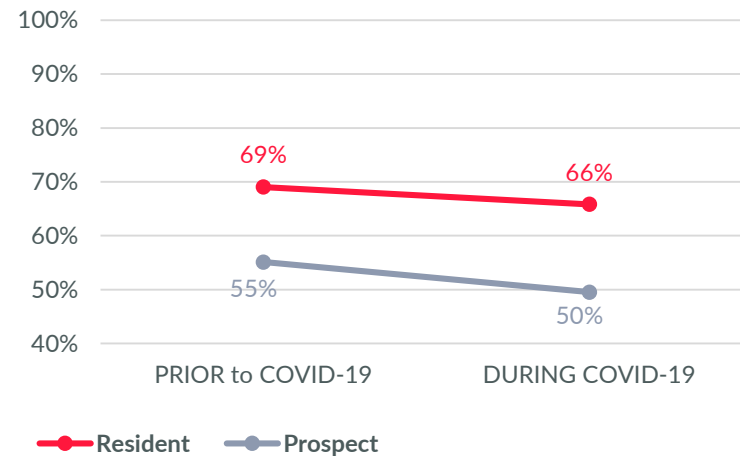
### Staff: Rating of "Above Average" or "Excellent"



### Location of Community: Rating of "Above Average" or "Excellent"



### Value for my Monthly Fee: Rating of "Above Average" or "Excellent"





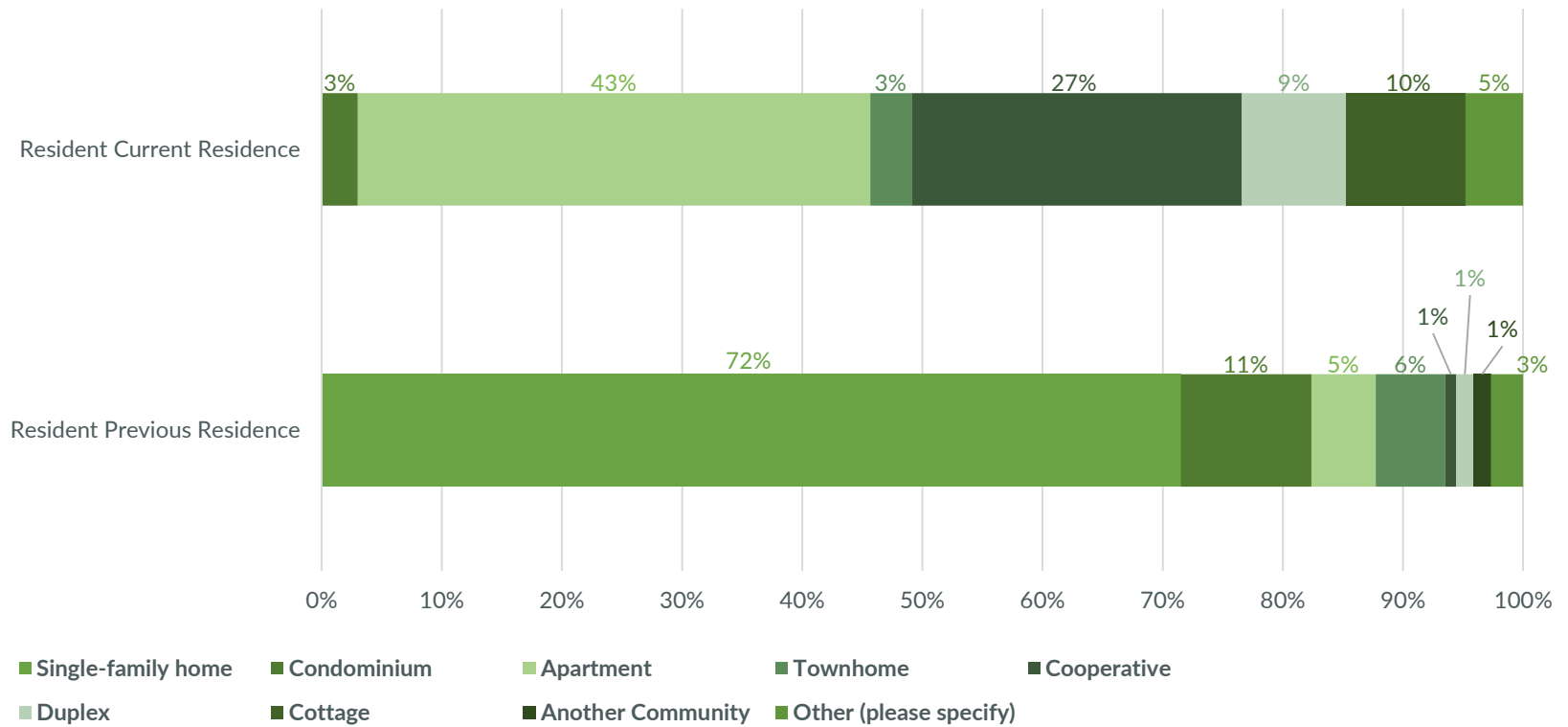
# Resident Response Data

Section 6

# Current vs. Previous Residence

Prior to moving to the community, 72% of residents lived in single-family homes. After moving to the community, 70% of residents lived in an apartment or cooperative.

## Resident vs Prospect Residence Type



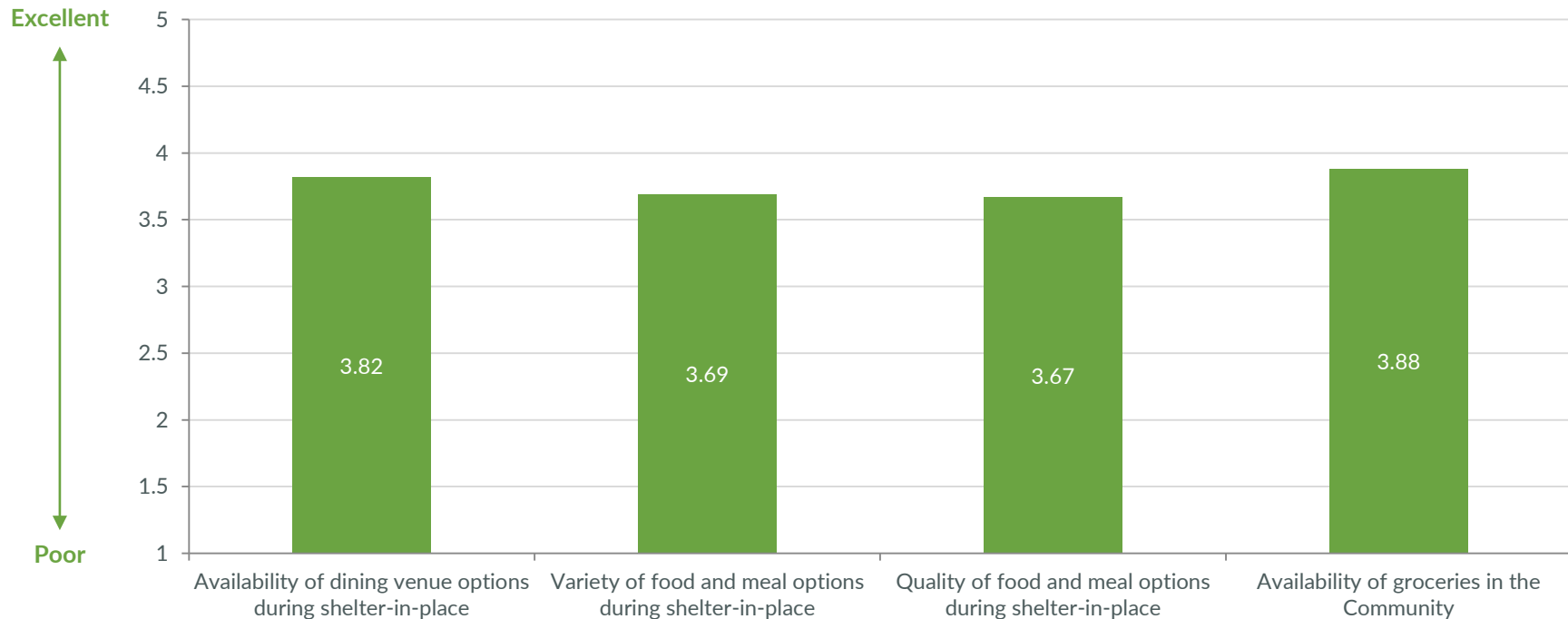


# Opinion on Dining

On a scale of 1 to 5, where 1 = Poor and 5 = Excellent, on average, residents were most satisfied with the availability of groceries in the community (average score of 3.88), followed by the availability of dining venue options (3.82), and the variety of food and meal options (3.69).

Residents were least satisfied with the quality of food and meal options during shelter-in-place, presenting an opportunity for improvement for most communities.

**Dining: Please rate the Community's response during the COVID-19 pandemic**

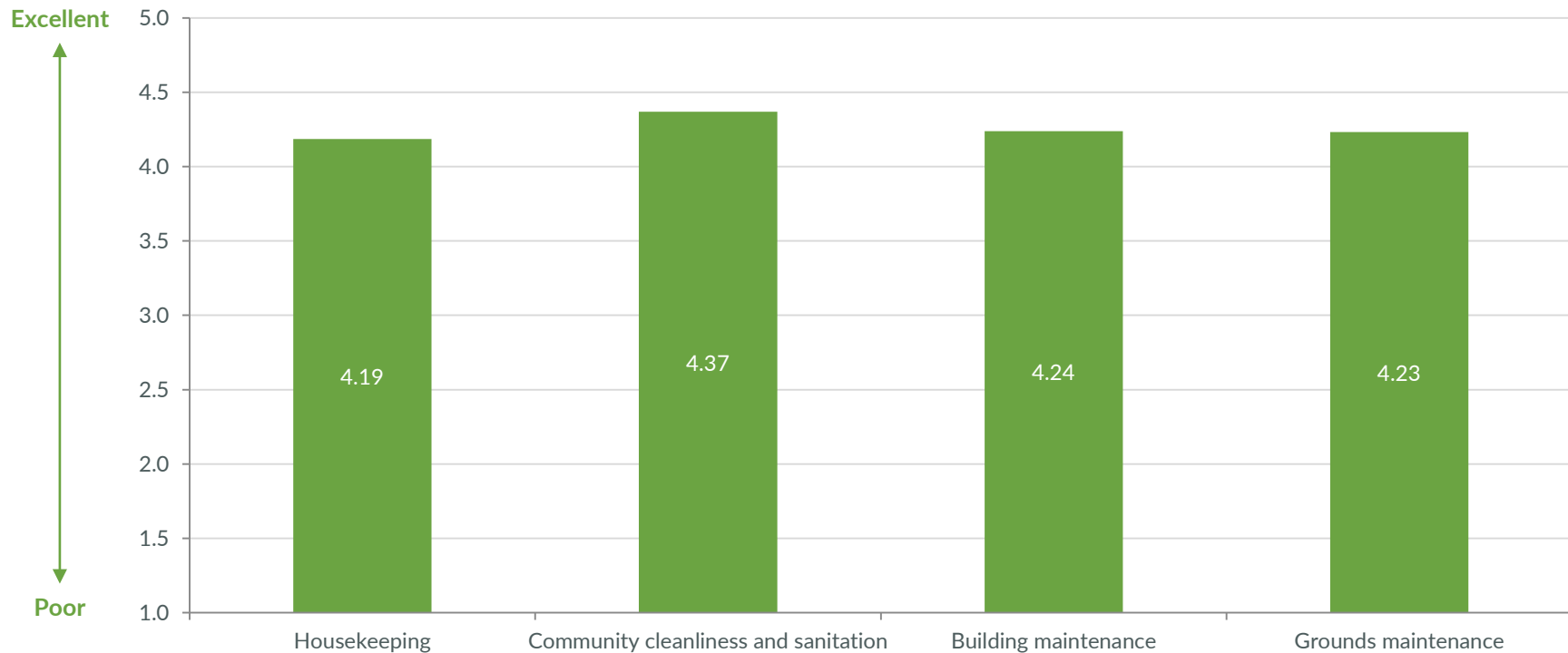


# Opinion on Sanitation

In general, residents were more satisfied with community sanitation than dining during the COVID-19 pandemic. On a scale of 1 to 5, where 1 = Poor and 5 = Excellent, residents were most satisfied, on average, with community cleanliness and sanitation (average score of 4.37). Building and grounds maintenance earned comparable scores of 4.24 and 4.23, respectively.

Residents were least satisfied with housekeeping during shelter-in-place, likely owing to many communities' decisions to discontinue personal housekeeping services during the quarantine.

**Sanitation: Please rate the Community's response during the COVID-19 pandemic**

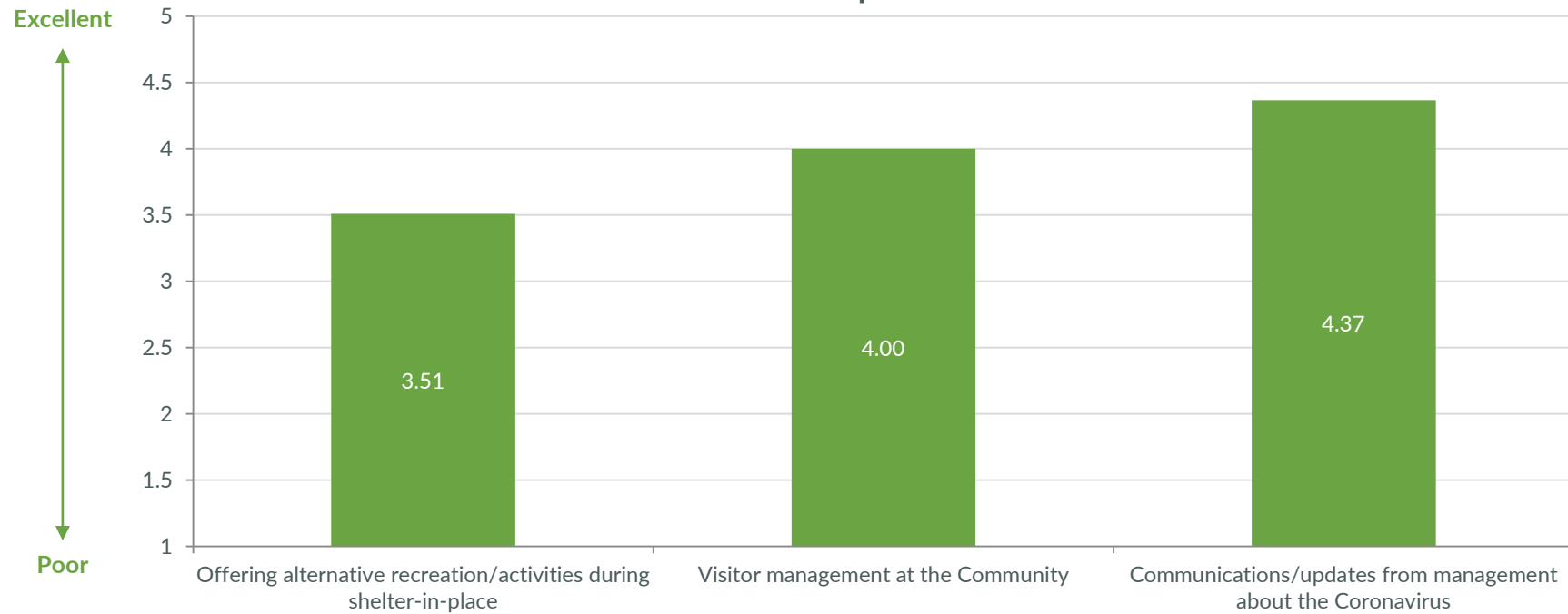


# Opinion on Lifestyle

On average, residents were equally satisfied with communications and updates from management about the coronavirus compared to community cleanliness and sanitation during the quarantine. On a scale of 1 to 5, where 1 = Poor and 5 = Excellent, residents were most satisfied, on average, with communication and updates from management (average score of 4.37), followed by visitor management at the community (4.00).

Residents were least satisfied with the availability of alternative recreation or activities during shelter-in-place, presenting an opportunity for communities to leverage technology and think creatively about how they deliver recreation at times when in-person interaction may be limited.

**Lifestyle: Please rate the Community's response during the COVID-19 pandemic**

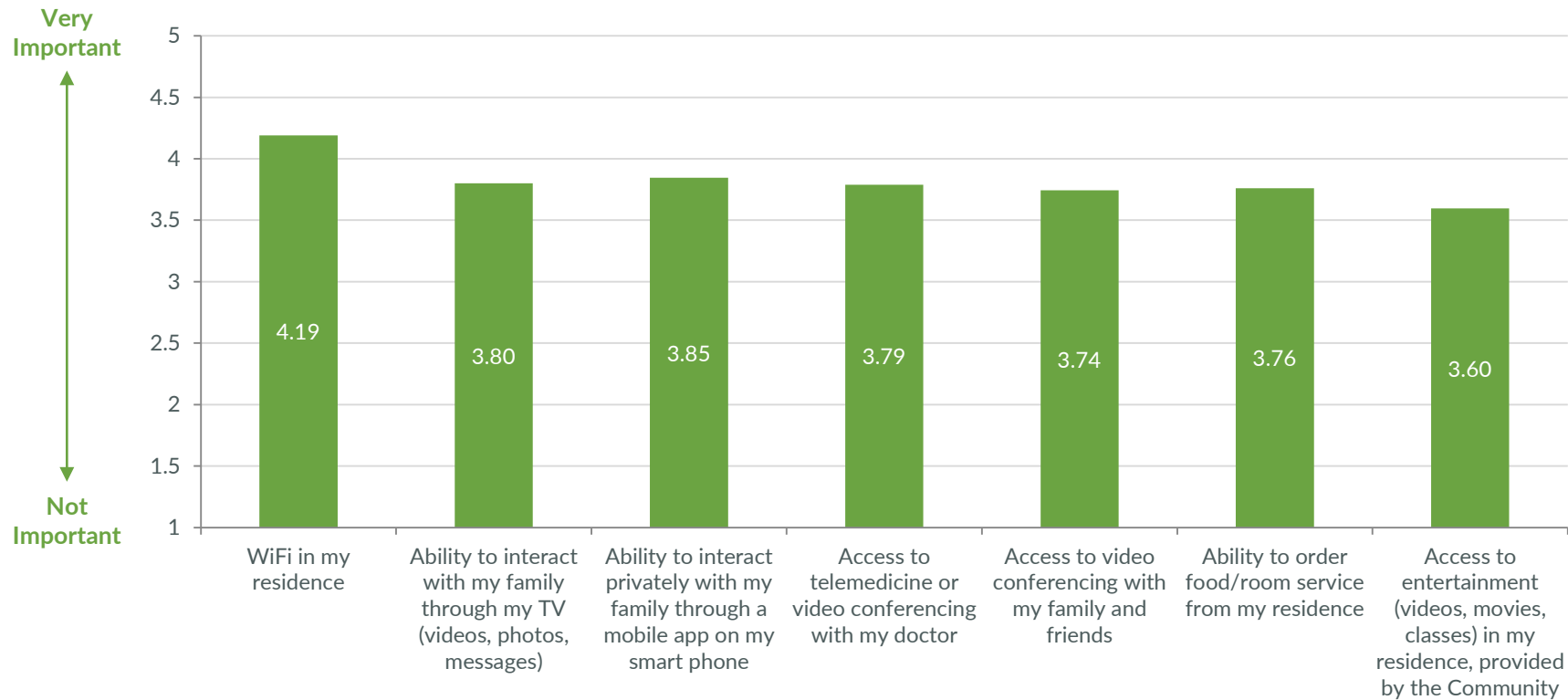


# Opinion on Community Experience

On a scale of 1 to 5, where 1 = Not Important At All and 5 = Very Important, residents rated having Wi-Fi in their residence most important, on average, to improve the experience at their community (average score of 4.19). The next most important feature, on average, was the ability to interact privately with family through a mobile app (3.85), followed closely by the ability to interact with family through the TV (3.80), access to telemedicine (3.79), ability to order food from residence (3.76), and access to video conferencing with family and friends (3.74).

Surprisingly, residents rated access to entertainment lowest (3.60) in importance to improving their community experience.

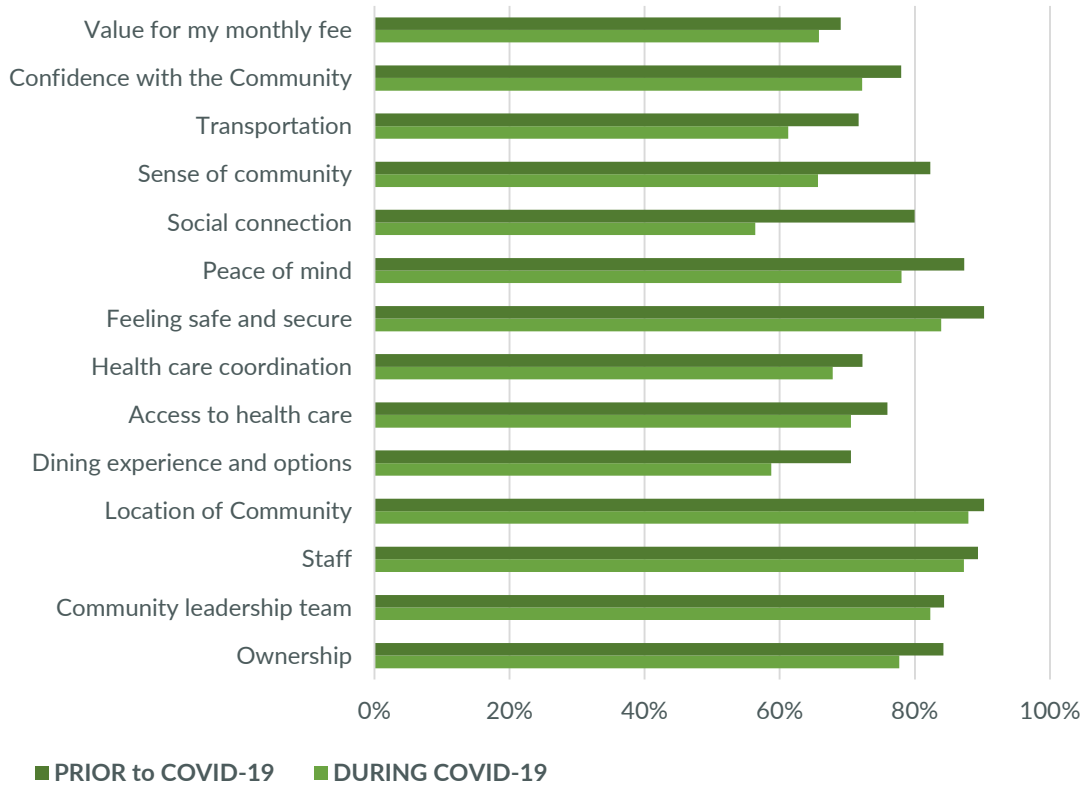
### The following would improve my experience at my Community:



# Feelings of Confidence

Residents were asked to rate how they felt about living in a community and the aspects of community life both prior to the COVID-19 pandemic and during. Overall, the majority of resident responses were positive, but opinions on all aspects did decrease. Comparing resident sentiment from before and after the pandemic shows a marked decrease in several aspects of community life – namely social connection, sense of community, and dining experience and options – but only a small decrease in the ratings of most other aspects.

Resident Rating of "Above Average" or "Excellent"



Category	Percent Change
Social connection	-24%
Sense of community	-17%
Dining experience and options	-12%
Transportation	-10%
Peace of mind	-9%
Ownership	-7%
Feeling safe and secure	-6%
Confidence the community would be able to take care of my needs	-6%
Access to health care	-5%
Health care coordination	-4%
Value for my monthly fee	-3%
Location of community	-2%
Staff	-2%
Community leadership team	-2%

# Resident Comments: Suggestions for Physical Spaces

Residents were asked to write in answers to the question, "Are there any physical space changes or different amenities that you would like implemented at your community in light of the pandemic?" Their comments show interest in changes to building or campus design, safety and sanitation, policies and protocols, technology, activities and amenities, supplies, food and dining, and outdoor spaces.

## Building or Campus Design:

- Dedicated visitor entry
- Designated area to meet with family or friends with distancing
- Dining, activities space, and fitness center for independent living residents must be separate from healthcare facilities
- Enlarge library, exercise room, activities area, art room, card room, lobby, and dining/serving areas
- Install Plexiglass barriers in common areas
- Automatic doors for trash room
- Better or additional elevators and on-site common repair parts
- Better ventilation and air exchange systems in common areas
- Larger and wider parking spaces
- Loudspeaker system for community center
- Screened-in area for large-group visitation

- On-campus ATM if no bank is available
- Secure space with glass barrier for critically ill or end-of-life visitation
- Brighter lighting in hallways
- Public restroom at building entry points

## Safety & Sanitation:

- Touchless wall-mount hand sanitizers throughout building
- Required COVID-19 testing of new residents and those returning from vacations
- Increase cleaning of public spaces and resident areas
- Doctor in the community to test all residents and staff
- Apartment pick-up of recyclable trash
- Management wearing masks and social distancing
- Ultraviolet light in elevators to kill viruses

- Pay more attention to visually and auditory-impaired residents
- Cover furniture in material that can be sanitized several times daily
- Mark proper distance spots in dining room carryout line

## Policies & Protocols:

- Uphold resident governance structures during shelter-in-place
- Enforce mask-wearing, social distancing, and number of visitor restrictions
- Consider a lesser rate increase: 1% or 2% would be better
- Improve central desk or sign-up sheet area and rules for residents
- Require a person manning the front desk from 5:00–9:00 p.m. daily
- Permit residents to meet with social distancing and masks

- Implement reservation system for dining room, pool, and gym
- Permit couples living together to ride on the same elevator
- Flexibility to allow outside vendors on campus for minor work
- Permission to leave campus for outdoor sports (golf, hunting, etc.)
- Expand hours for use of laundry facility, consider scheduling
- More security for deliveries, especially on weekends
- Allow campus dwellers (villas, etc.) to access main building and facilities
- Use dining rooms to hold small-group resident activities
- Allow overnights and in-room visits for family dinners
- More varied communication: daily text/email, deliver written paper updates, and PA system announcements
- Improved system (not just lottery) for attending activities
- Allow "window" visits with loved ones
- Establish "COVID Committee" to advise on recommendations
- Always allow contactless deliveries by pharmacies & grocery

#### Technology:

- Security cameras at the main entrance to monitor visitors
- Offer free upgraded Wi-Fi in apartments
- Internal, interactive TV channel that would provide updates, show movies, and offer a variety of social programs or activities
- Interactive computer system or in-house website for information, updates, meal order, event/outing sign-ups, work orders, etc.
- Remote access to front door using cell phone, not land line
- Establish community-wide Nextdoor.com neighborhood
- Direct-dial phone to lobby attendant, with notice to apartment when mail, packages, or laundry are received in the lobby
- Educational courses on using TV or internet for conferences, support, or activities

#### Activities & Amenities:

- Shuffleboard
- Bocce court
- Ping pong
- Pickle ball
- Pool tables
- Shuffleboard

- Artificial putting green/driving net
- Outdoor pub with music
- Dedicated space for sewing (machine storage, working space)
- New books in library
- Resistance training in exercise room
- Croquet lawn
- Expand opportunities for exercise, social, educational, and discussion groups with scheduling for residents to appear in person (4-10 person groups) in common areas with social distancing and masks
- Allow people to walk in the halls when the weather is bad
- Open the exercise room with limited numbers or scheduling
- Occasional restaurant visits and more movie nights
- Variety of classes (virtual, small-group, distanced, and/or outdoors)
- Virtual worship
- Have food trucks come at prearranged times and days
- Transportation to appointments or stores for personal errands
- Support or area to facilitate donating items to Goodwill
- Bus tours off-campus while travel is restricted

- Pass out games, crossword puzzles, word searches, etc. for those unable to leave rooms
- Telephone tree to check on people daily – phone a friend!
- Monthly memorial service to recognize and pray for residents who have passed away during that shelter-in-place

#### Supplies:

- PPE items made available for purchase: masks, sanitizer, etc.
- Air purifiers or HEPA filters

#### Food & Dining:

- Easy community access to basic groceries: milk, eggs, and bread
- Remove salad bar because it is health hazard
- Alter meal plan so those with personal or medical reasons can choose a number of communal meals included in the monthly fee
- Better procedures for meal delivery in apartments: scheduling, food temperatures, stop use of Styrofoam (requires trash trips)
- More options: vegetarian, low salt, low fat, gluten free, lactose free, fewer sweets, less deep fried, healthier, allergy accommodations, more fresh fruit and vegetables, ice cream choices, low carb, diabetic, fresh salads and soup with dinner, place to buy sweets

- Way to provide direct, rapid feedback on meal options, choose delivery options, and daily dinner option since cannot go out
- Less rigid dining hours and larger tables to allow distanced dining
- Establish a buddy system for residents tested and free of COVID-19 to have a buddy relationship for meals and activities
- Dining wait staff wear gloves
- Install plastic shields for take-out

#### Outdoor Space:

- Covered outdoor dining or activity areas with seating and social distancing
- More or wider walking paths or one-way paths allow distancing
- Fenced-in dog park and more lawn spaces for games
- Outdoor exercise equipment (monitored for sanitation)



# Resident Comments: Suggestions for Safety Improvements

Residents were asked to write in answers to the statement, "Management/Board of Directors could do the following to make us feel safer." Of the 1,560 comments, 65% were positive. The residents did offer advice in the comments for changes to communication, security, wellness, technology, sanitation, healthcare access, policies and protocols, supplies, staffing, and physical plant.

## Communication:

- Do not use scare tactics; be calm, caring, straightforward, reassuring, and confident in decisions
- Offer options for dialogue with leadership and solicit resident input
- Provide frequent updates through a variety of channels on community status and rules, rationale behind new policies, known positive cases, local trends and guidance, and safety reminders
- Update families regarding limitations and procedures for our safety

## Security:

- Provide 24/7 front desk coverage and security guards
- Increase security checks, particularly at night
- Improve alarm system & report broken security lights

## Wellness:

- Regular mental health check-ins for residents
- Focus not just on safety, but also on physical and emotional health
- Make COVID-19 tests available upon request
- Offer a few limited-access activities to combat depression

## Technology:

- Security cameras throughout campus and doorbell cameras
- Interactive campus-wide network for improved connectivity
- Use Zoom instead of phone conferencing

## Sanitation:

- Hand sanitizer at each elevator and all doors
- Upgrade elevators with ultraviolet disinfecting systems

## Healthcare Access:

- Offer 24/7 access to nursing staff
- Provide access to counseling services
- Provide a safe way to do blood tests and doctor visits in apartments

## Policies & Protocols:

- Test all resident periodically, even if no symptoms
- Enforce PPE use and police those in violation or leaving campus
- Provide on-site housing or transportation options for staff
- Put social distancing markers on floors in high-traffic areas
- More creative visitation policies
- Clear protocol for isolating any resident testing positive
- Increase community participation in safety decisions



### Supplies:

- Provide PPE and sanitizer for residents (free or charged)
- Resources to ensure residents have needed groceries or supplies
- Do not use Styrofoam containers

### Staffing:

- Hire more staff, particularly security
- Have a person to manage delivery access and common space use
- Need accessible, on-site management

### Physical Plant:

- Larger common spaces
- Ensure adequate ventilation system and clean ducts
- Better elevator service, with spare parts on-site



# Resident Comments: Suggestions to Improve Communication

Residents were asked to write in answers to the question, "How could Management/Board of Directors have better communicated with residents during the COVID-19 pandemic?" Of the 1,662 comments, 71% were positive. The residents did offer advice in the comments for how to improve communication.

## Residents recommend the following changes to improve communication:

- Inform residents via several channels of safety procedures in place, positive COVID-19 cases or exposures on campus, local COVID-19 trends, potential lockdown, rationale for changing policies, new staff introductions, staff and resident profiles, and other information
- Provide information on any changes in consideration
- Ask for resident input on restrictions, safe activities, etc.
- Have an advisory team focused on the pandemic and next steps
- More check-ins on residents via phone or face-to-face visits
- Always start with the positives of what residents can do, how we control our own lives, and what more we can do in the near future
- Have a psychologist prepare information on coping with depression and isolation related to months of staying-in-place
- Use of technology, such as Zoom meetings, better
- Have a central communications coordinator to keep messages to residents consistent
- Define what CDC guideline or executive order was being implemented whenever a new policy or practice is put in place



# Prospect Response Data

Section 7

# Prospect Participation

Approximately 55% of respondents were currently on a waiting list for the community, and approximately 28% of respondents had yet to join the waiting list. There were 53 respondents no longer interested in the option to move to the community. They were directed to the end of the survey, bypassing the interest-based questions. Another 64 respondents identified their community of interest but did not specify their interest level nor complete the balance of interest-based questions.

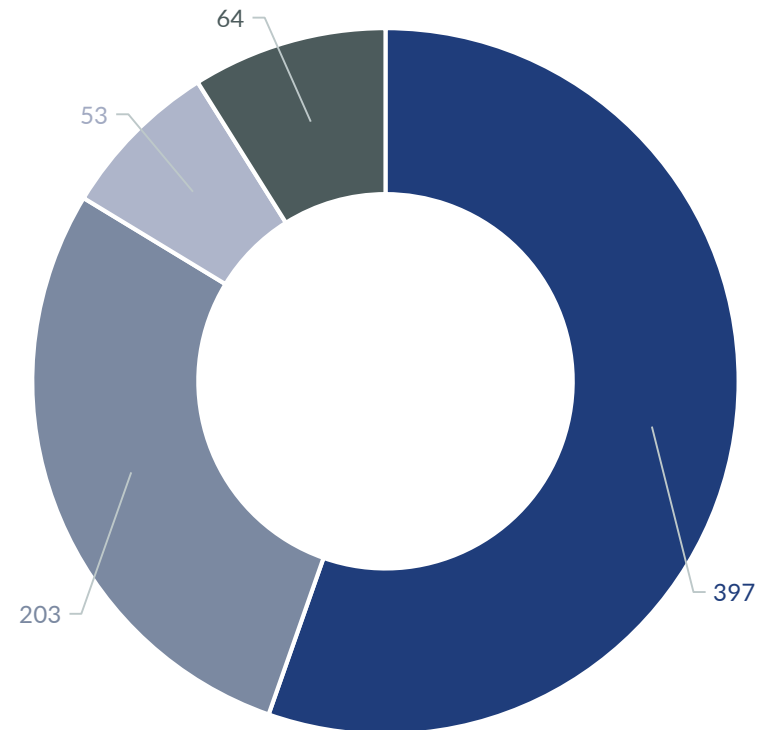
**397** Waitlist Responses  
*18% Response Rate*

**203** Prospect Responses  
*2% Response Rate*

**53** Prospect/Waitlist Response  
*No Longer Interested in Moving In*

**64** Prospect/Waitlist Response  
*Did not specify interest level or complete balance of the survey*

Prospect Participation



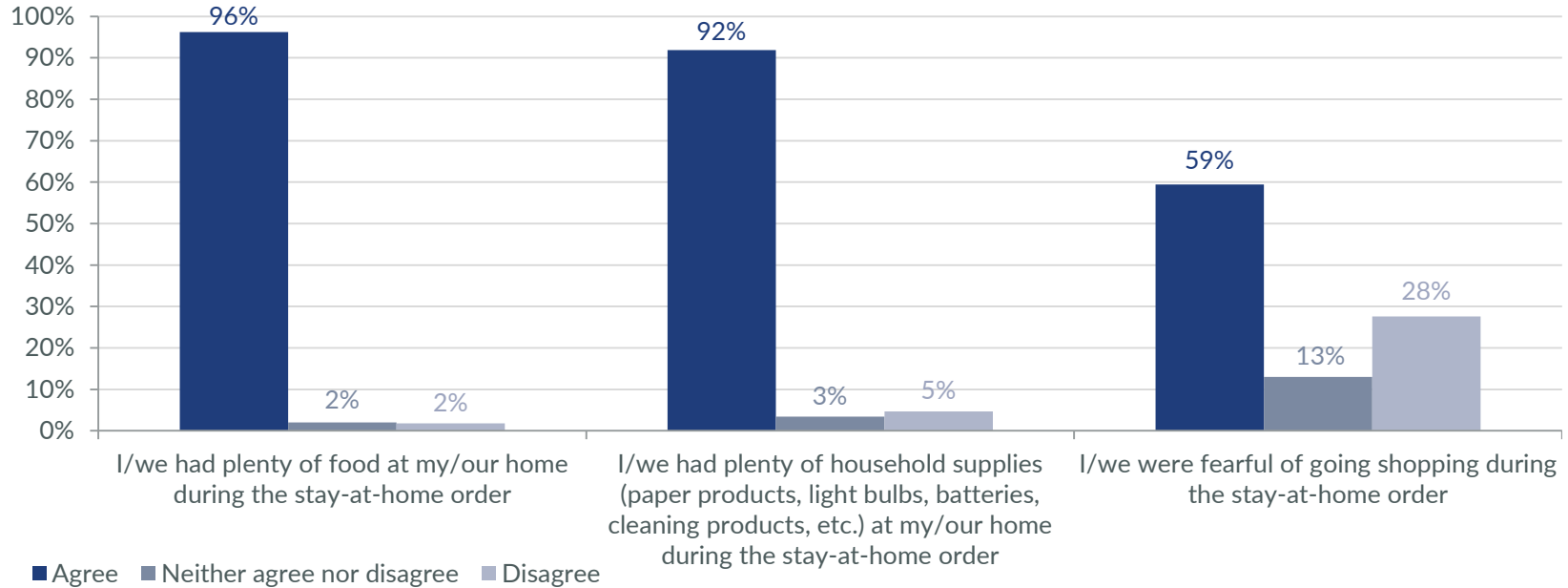
- I am on a waiting list for the Community
- I am interested in the Community but have not joined the waiting list
- I am no longer interested in moving to a Community
- I did not specify interest level or complete balance of the survey

# Food & Supplies During Quarantine

Over 96% of prospects agreed they had enough food at home during shelter-in-place, and nearly 92% felt they had sufficient supplies. Nearly 60% of prospects felt fearful of going shopping, about 28% shopped without fear, and 13% were unsure if they feared shopping during shelter-in-place.

In general, prospects appear to have been more stressed during shelter-in-place by the increased challenges related to shopping, menu planning, and additional cooking at home than having adequate food or supplies. One prospect wrote that during shelter-in-place, shopping became much more difficult, both due to store shortages and "spending so much time planning for every trip to a store so I don't forget something." Another prospect wrote that one of the most difficult parts of staying at home was the additional cooking and menu planning.

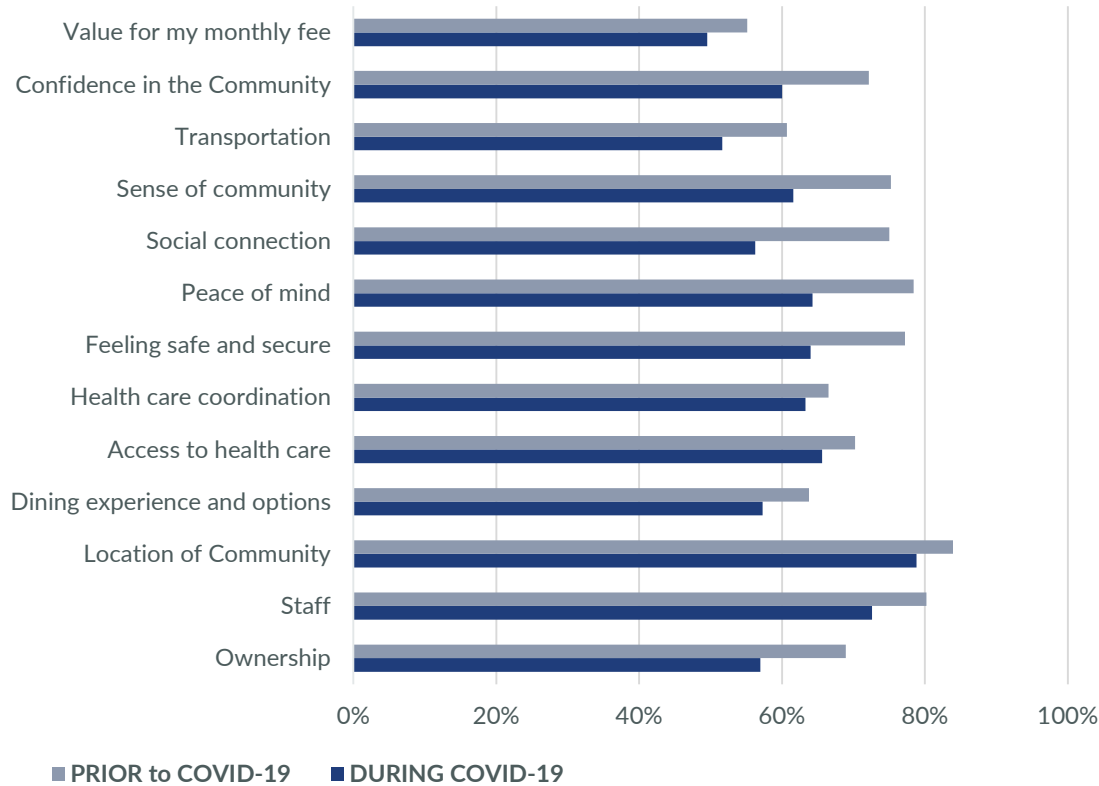
**Food & Supplies: Please rate how you felt living at home during the COVID-19 pandemic**



# Feelings of Confidence

Prospects were asked to rate how they felt about aspects of community life both prior to COVID-19 quarantine and during. Overall, the majority of prospects had positive sentiments prior to COVID-19, but opinions on all aspects decreased during COVID-19. Comparing their sentiments from before and after shows a marked decrease in their opinions of social connection, peace of mind, sense of community, and feeling safe and secure.

Prospect Rating of "Above Average" or "Excellent"



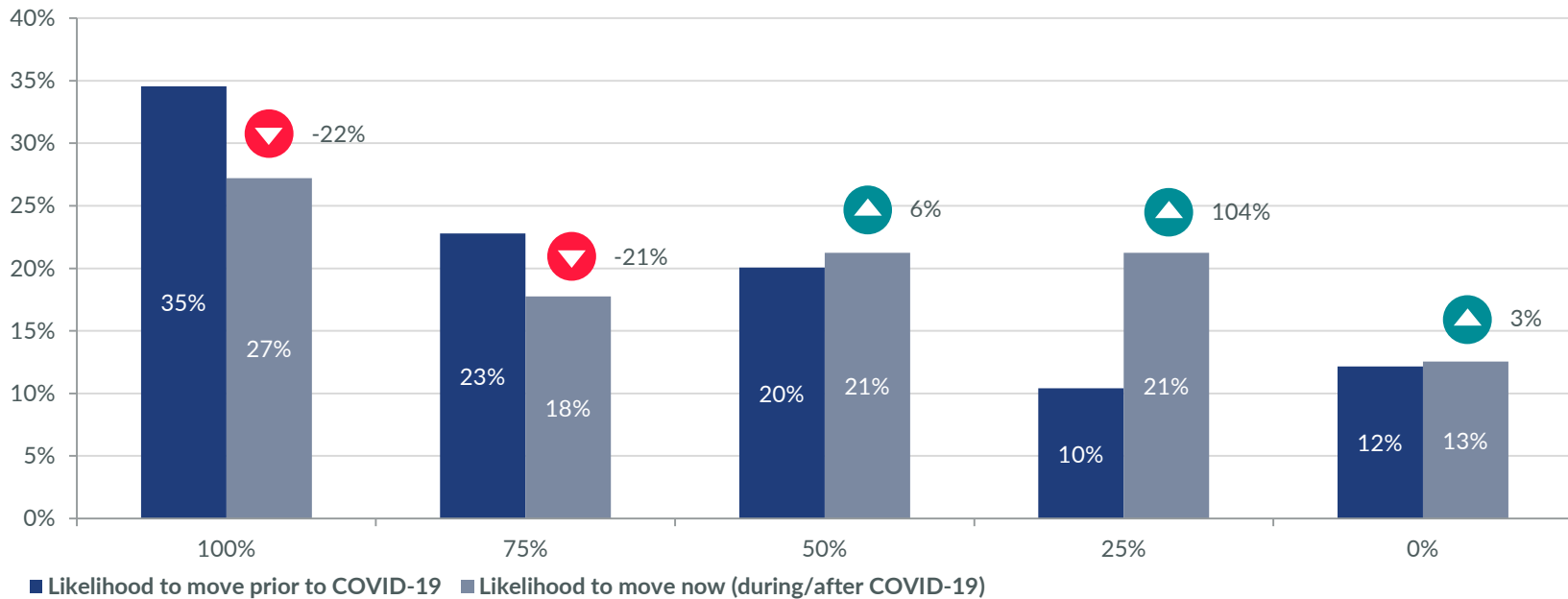
Category	Percent Change
Social connection	-19%
Peace of mind	-14%
Sense of community	-14%
Feeling safe and secure	-13%
Confidence in the community	-12%
Ownership	-12%
Transportation	-9%
Staff	-8%
Dining experience and options	-7%
Value for my monthly fee	-6%
Location of community	-5%
Access to health care	-5%
Health care coordination	-3%

# Likelihood to Move to a Community

The greatest decreases in likelihood to move were among those who had reported a 100% or 75% likelihood to move prior to COVID-19, with each group shrinking by over 20%. Those reporting a likelihood of 50% or 0% before the pandemic saw small increases (6% and 3%, respectively), in light of COVID-19. The greatest increase – over 100% – occurred in the group reporting a 25% likelihood to move, indicating that the groups previously reporting a 100% or 75% likelihood to move primarily lowered their likelihood to 25% following the onset of COVID-19.

On average, likelihood to move decreased from 64% prior to 57% now.

Please select the likelihood that you would move to the Community, prior to COVID-19 and now, in light of COVID-19



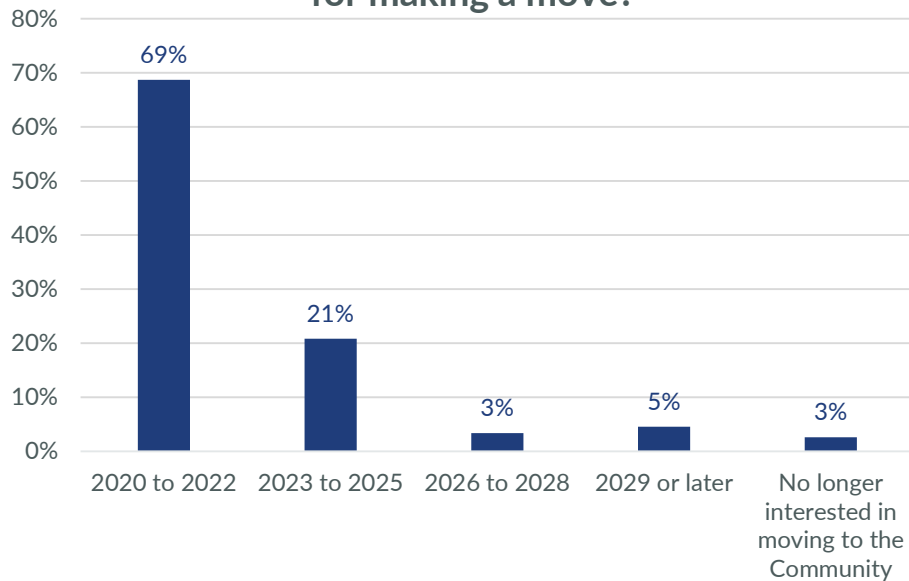


# Move-in Timeline

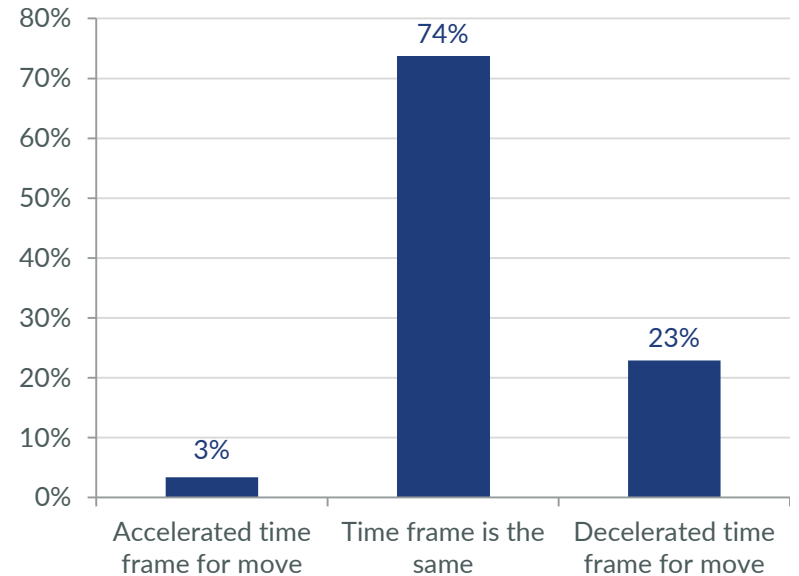
About 69% of prospects would like to move within the next three years, with 19% hoping to move before the end of 2020. About 21% of respondents would move between 2023 and 2025, and 3% are no longer interested in moving to the community.

Nearly 74% of prospects reported their time frame for a move has been unchanged by the COVID-19 pandemic. Nearly 23% indicated the pandemic has decelerated their time frame to move to a community, and the remaining 3% have accelerated their time frame to move to a community in light of the COVID-19 pandemic.

### If you are interested in moving to the Community, what might be your time frame for making a move?



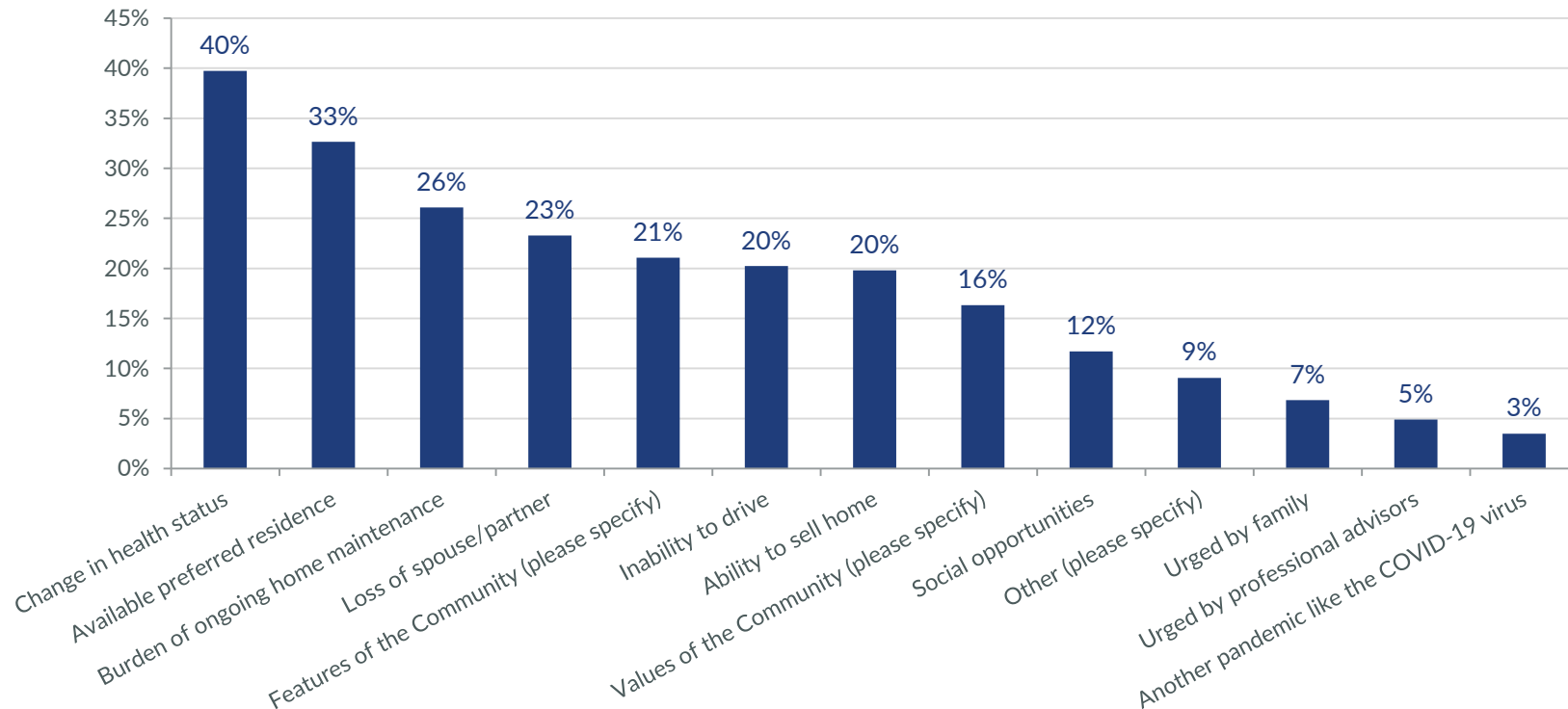
### Has your time frame for a move changed since COVID-19?



# Factors Affecting Decision to Move

The most likely factors that would accelerate a prospect's decision to move to a community are a change in health status (40%), the availability of a preferred residence (33%), and the burden of ongoing home maintenance (26%). Only 3% of prospects would accelerate a move due to another pandemic like COVID-19. Community sales personnel could consider these factors in their communication with prospects, using the data to shape the most relevant value propositions.

### What would cause you to accelerate your decision to move to a Community?



# Time Frame to Move by Time in Current Residence

Prospects who accelerated their time frame to move into a community had the shortest average length of residency in their current homes (15.8 years), and those who decelerated their time frame had the longest average time in their current home (22.5 years). Prospects who felt happiest with their decision to remain in their homes had the longest average time in their current residence, whereas those who were least content with their decision to stay home had the shortest average periods of residency. Likewise, prospects who wished they had moved to a community prior to the pandemic, as well as those reporting even more interest in moving to a community now in light of COVID-19, had the shortest average time in their current homes. Those with shorter periods of residency demonstrate greater and increasing interest in making a move since the onset of the pandemic.

## Accelerated time frame for move



**15.8**

Average Years  
in Home

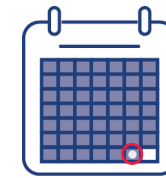
## Time frame is the same



**20.8**

Average Years  
in Home

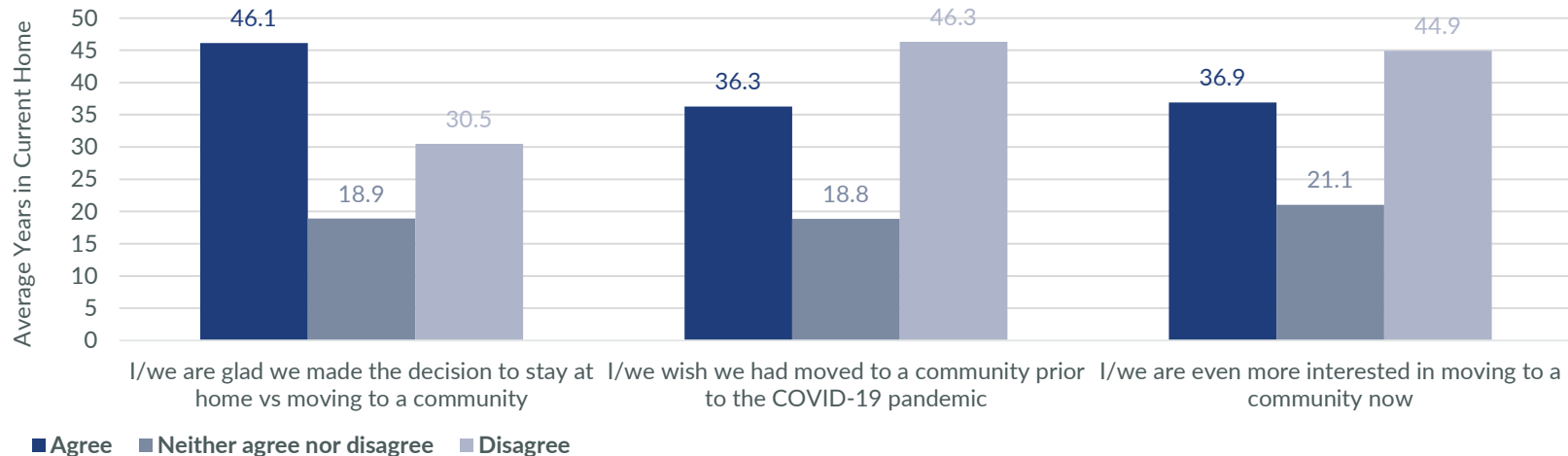
## Decelerated time frame for move



**22.5**

Average Years  
in Home

## Prospect Feelings/Interest in Moving by Time in Current Home

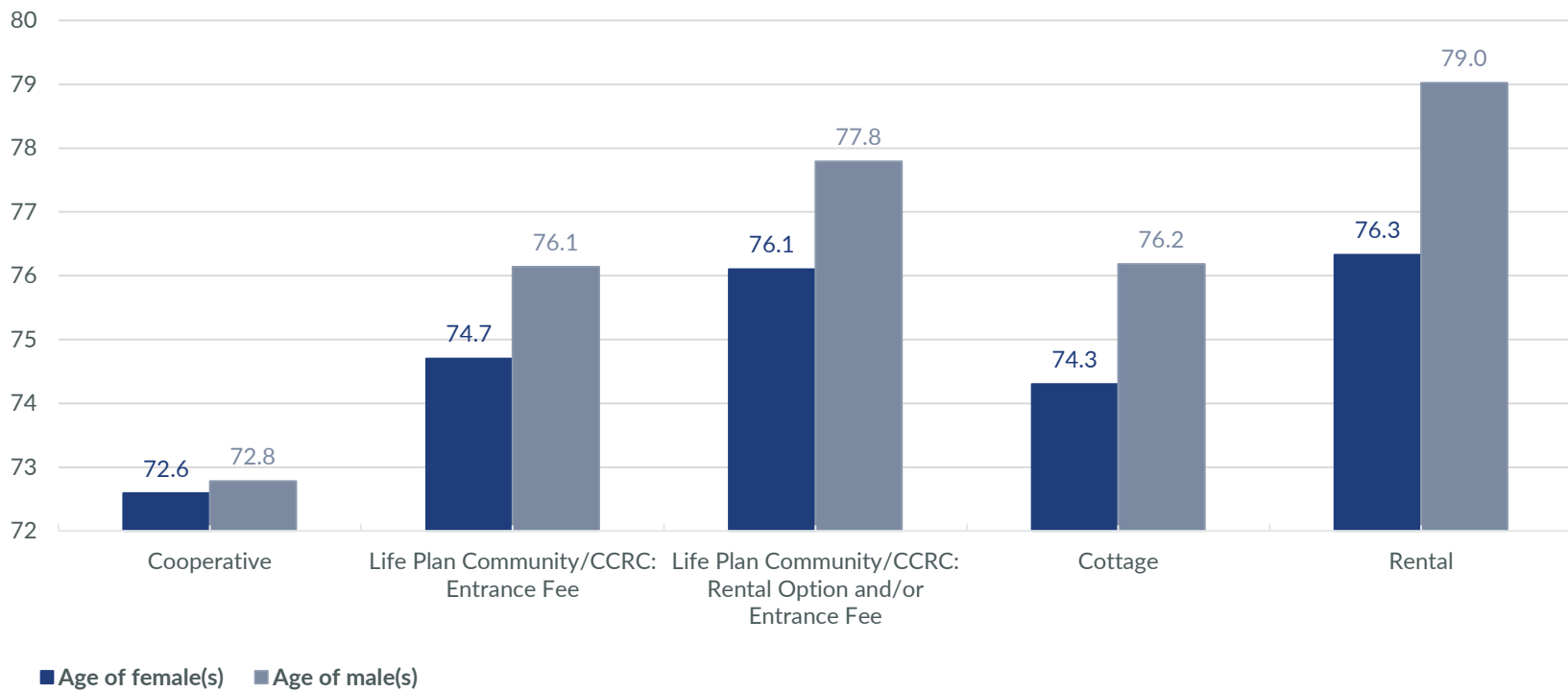


# Prospects' Interest to Move by Age & Community Type

On average, the youngest prospects were most interested in cooperatives, which may signal growing interest in the "buy-in" format among the next generation of older adults. The younger older adult with plans to move into a community has not changed their timing or plans for a move, whereas older prospects have reduced their likelihood of a move.

The youngest prospects, on average, would accelerate a decision to move if they were urged by professional advisors, their preferred residence became available, they were able to sell their home, or due to an increasing burden of ongoing home maintenance.

### Average Prospect Age by Community Type



# Prospect Comments: Recommended Changes for New Amenities & Physical Spaces

Prospects were asked to write in answers to the question, "Are there any different amenities or types of spaces that you would expect to see in a community in light of the COVID-19 pandemic?" Their comments show interest in changes to building or campus design, safety and sanitation, policies and protocols, technology, activities and amenities, supplies, food and dining, and outdoor spaces.

## Building or Campus Design:

- Dedicated perimeter road for communities, not shared by nearby businesses
- Dedicated COVID-19 unit
- High-quality, independent air handling systems for each unit
- Larger/more elevators, wider hallways, and ample stairs access
- Garage parking with electric vehicle charging stations
- Direct/walk-out access from each unit to avoid common areas
- Laundry in all apartments and additional storage space
- On-site medical exam room
- Enclosed balconies
- More single-family homes

## Safety & Sanitation:

- Hand sanitizer stations throughout the building
- On-site or visiting primary care (MD, DO, NP, nurse)
- Additional cleaning and sanitation of common areas
- Provide free testing to all
- Ensure availability of masks
- Daily temperature checks of staff and residents (if outbreak)
- Well-paid and better-trained staff
- Ability to safely receive physical therapy

## Policies & Protocols:

- Specific and tested "Disaster/Public Health Mobilization Plan"
- Adherence to CDC guidelines
- Enforce mask-wearing and social distancing

- Permanent, improved processes for visitor control and staff health monitoring
- Resident temperature screening on return from leaving grounds
- Medical monitoring built into everyday living (temperature, blood O2)
- Enforce 14-day self quarantines for anyone awaiting test results
- Protocol to handle meal, grocery, and other deliveries
- Increased health care per year for the cost of living in a CCRC
- Common area reservation system
- Regular updates on status of virus within community
- Creative visitation policies, such as "window" visits, outdoor, etc.



### **Technology:**

- Communication channels defined for problem-solving and any emergent health concerns
- Free high-speed internet with digital connectivity support
- On-site technical support available to troubleshoot computer problems, help ordering products online, etc.

### **Activities & Amenities:**

- Shuffleboard
- Bocce ball
- Horseshoes
- Putting green
- Wii
- Large swimming pool
- Hair salon
- Library
- Deli
- Workshop
- Convenience store
- Thrift shop (run by residents)
- Book club
- Delivery of food and wine
- Engaging online activities
- Cards
- Coordinated shopping system

- Daily check-in "I'm OK" system
- Coordinated transportation
- Resident welcoming committee to help new residents settle in
- Food truck visits
- Swim aerobics classes
- Regular chapel services

### **Supplies:**

- Ability to safely obtain essentials like food, drugs, etc.
- PPE and sanitizer made available to residents
- Extra supplies on-site – stockpile common essentials, such as canned food, cleaning supplies, etc.

### **Food & Dining:**

- Variety of dining options – meals delivered to rooms, outdoor dining with space to social distance, etc.
- Grocery delivery
- All meals offered on-site to avoid leaving campus during pandemic
- Specific dinner seatings (several times, spacing)

### **Outdoor Space:**

- Multiple outdoor areas with room to social distance and a variety of comfortable furniture that can be sanitized
- More outdoor exercise options

- Larger community garden or small greenhouse
- Covered outdoor facilities and/or open rooftop facilities



# Prospect Comments: Feelings During Quarantine

Prospects were asked to write in answers to the question, "What information and/or resources do you wish you had before 'stay-at-home' started?" In general, prospects felt they lacked much of the information needed to safely navigate pandemic life. Many expressed concern over changing and conflicting guidance, growing mistrust of media and government sources, and lacking the skills or knowledge to safely connect with others and obtain necessary food or supplies during shelter-in-place.


## **Before "stay-at-home" started, I wish I had:**

- Known where to buy masks and cleaning supplies once stores sold out
- More competence and comfort with technology (computer and phone)
- Accurate, unbiased information about transmission and wearing masks that translates into clear guidelines
- A concise and reliable guide to businesses providing early or special hours for those of us in "vulnerable" categories
- A robust supply of food, toilet paper, paper towels, disinfectant cleaners or wipes, hand sanitizer, gloves, liquid soaps, comfortable masks, bottled water, and non-perishables
- A computer with a camera and microphone capable of using Zoom
- More/better internet capacity and connectivity
- Supplies to keep occupied, such as books, yarn, fabric, additional seeds and plants for the garden, bigger TV, and exercise equipment

When asked, "What has been surprising or more difficult as a result of staying at home?", prospects were both pleasantly surprised and frustrated with different aspects. Many reported seizing the opportunity to work on postponed projects, downsizing the home, preparing the home to be sold, trying new recipes, enjoying hobbies, and growing closer as a couple. Others shared difficulties related to social isolation, preparing additional meals at home, getting enough exercise, boredom, shopping, and using technology.

## **During shelter-in-place, I was surprised by:**

- The lack of a cohesive, scientifically based approach to managing the crisis at all levels: federal, state, and community
- How much we used the computer and phone to replace visits
- Our neighborhood seems to have gotten closer/more friendly

- 
- Money saved from reducing number of times we ate out
  - How much we enjoyed staying home
  - How easily depression set in
  - Anxiety around doctor's appointments

**During shelter-in-place, it was more difficult:**

- Being unable to visit with friends and family and missing physical contact
- Having extra cooking and menu planning
- Shopping: shortages of necessary supplies, buying perishables, spending so much time planning for every trip to a store
- Structuring my day or changing my routine
- Using technology to connect, order supplies, etc.
- Obtaining non-COVID-19 medical help
- Because of loneliness and anxiety

Most prospects were able to identify at least one positive or rewarding aspect of sheltering in place. Many used the time productively, to accomplish tasks around the house, work on hobbies, and learn new skills, like how to use Zoom or tablets. Others rediscovered the joys of slowing down, having long phone conversations, and enjoying closeness as a couple.

**During stay-at-home, I did not expect:**

- More consistent, meaningful contact with friends and family via virtual calls
- Less decisions and stress of sticking to schedules – felt peaceful, relaxed, and less hectic
- Becoming adept at Zoom gatherings, as attending classes or seminars is easier with Zoom than driving to the location
- Learned to appreciate quiet and nature even more
- To find amazing free cultural resources online – operas, plays, books, and more
- The improvement in weather, air clarity, and ambient noise level without air traffic
- More self reflection and time to grow spiritually
- To learn how to slow down and enjoy time with partners and family, away from busy schedules
- To have time to plan for our future long-term





# Additional Prospects' Notable Comments

In general, prospects felt unsure about what the future holds and making life-altering decisions during uncertain, pandemic times. Many felt fearful of moving to a community without knowing what freedoms might be suspended there should the pandemic continue or worsen, and how they could be kept safe in a congregate environment. Others simply assumed that living in a community during a pandemic would include jail-like "lock-downs," wasted money on unfulfilled activities and amenities, and much greater isolation than if they remained in their own homes. Several prospects felt obliged to delay the listing or sale of their homes, questioning the safety of bringing in outside workers and holding yard sales, as well as the future of the real estate market, interest rates, and investment portfolios underpinning a move to senior living. Still, some prospects indicated that sheltering at home was the "final straw," making it clear that they could no longer manage their property alone, and a move to a community was necessary, as soon as possible.

## Notable comments shared about senior living:

- "I seriously thought of moving before the epidemic. I am so happy I stayed in my home because it offers me the freedom to have family over obeying all the restrictions. I honestly don't see how congregate living could be made safe."
- "The virus has changed our move-in dates and raised concerns about being in elevators. We are also making decisions based on the fact that we are high risk and that the virus will be with us for a while."
- "Pandemic confirmed our need to sell our farm and move into a community where we do not have to perform maintenance."
- "It would be nice if management was able to share with us details on how things are going so far in the communities that have been occupied since the beginning of the pandemic. What measures were put in place, which worked and which didn't, how many cases of COVID-19 there were, and how many recoveries. Sharing as much detail as they can with us would be informative and reassuring."
- "I keep hearing that real estate should remain stable due to the low interest rates and that I'll be able to sell my house at a reasonable price. Seeing will be believing and the general social unrest adds another variable to real estate values."
- "My opinion is that moving from a single-family home to a community would be a substantial increase to health risk."
- "I have no desire to live in communities where I would be unable to visit with family/friends, dependent on technology I do not understand to have any social interaction, and paying for services I am not receiving."

A decorative graphic consisting of several overlapping teal circles of varying sizes, some solid and some outlined, set against a white background.

# Staff Response Data

Section 8

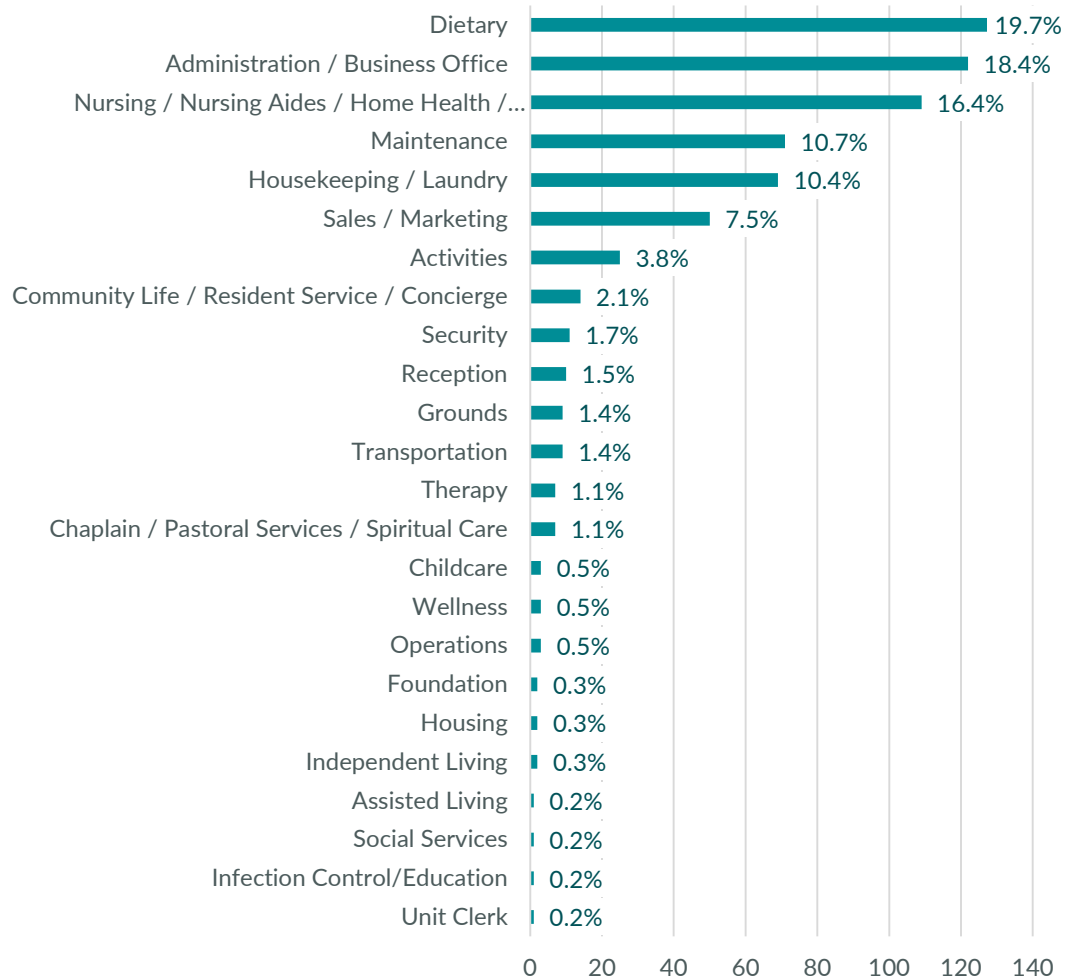
# Staff Breakdown

Dietary staff respondents represented nearly 20% of responses, followed by administration or business office at 18%, and then nursing, aides, home health, and companion staff at 16%.

In surveying staff, it's important to note that independent living communities tend to employ fewer nursing and care staff than senior living options further down the care continuum. According to the American Seniors Housing Association in the *The State of Seniors Housing 2019*, the largest departments are dietary and administration.

It may seem usual to have nursing and similar caregiving positions in independent living, but as some states allow for aging in place at their communities, these staff members could respond in greater percentages.

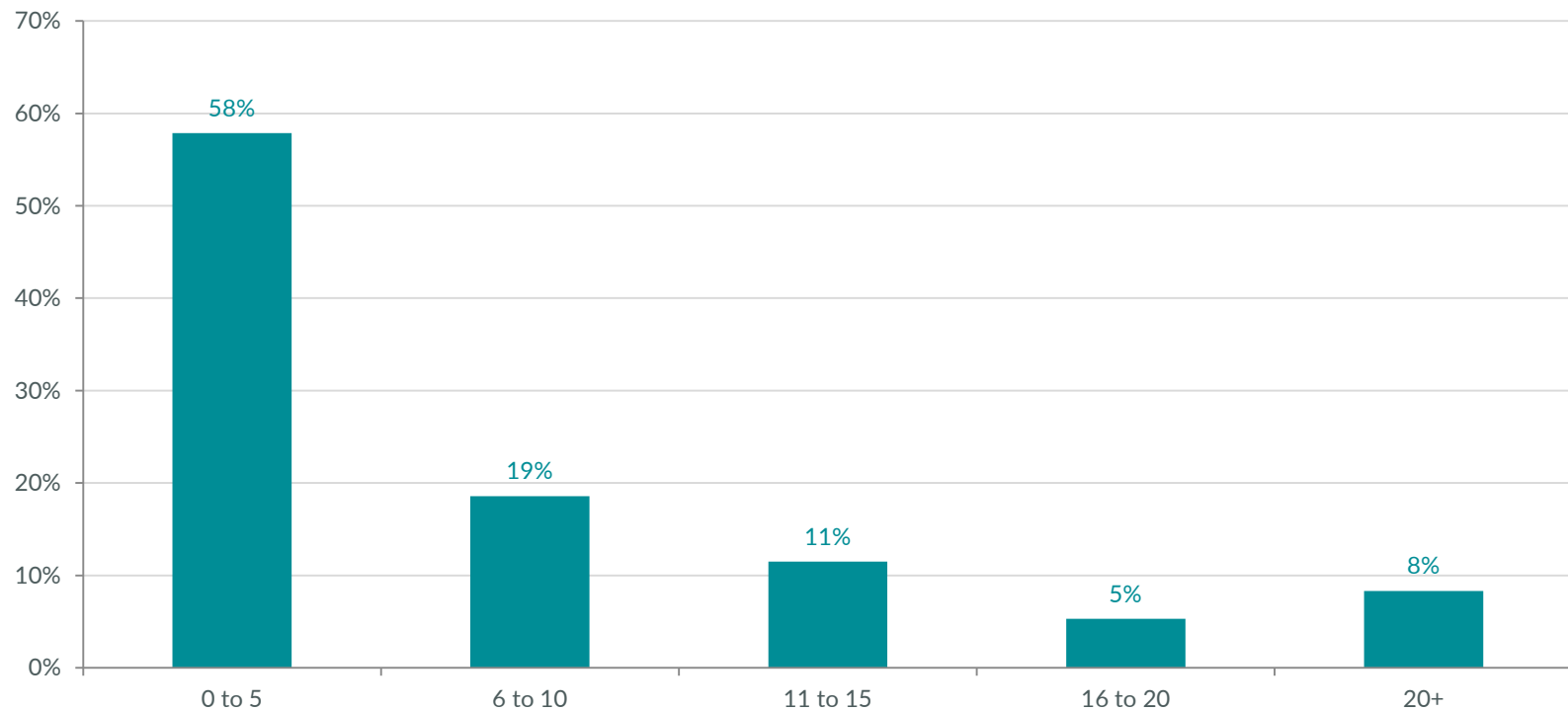
## Which department do you work in?



# Staff Participation

On average, staff respondents have been employed with the community for approximately seven years. Over half have been employed for five or fewer years, and nearly 8% of employees have been employed for 20 years or longer.

How long have you worked at the Community (in years)?

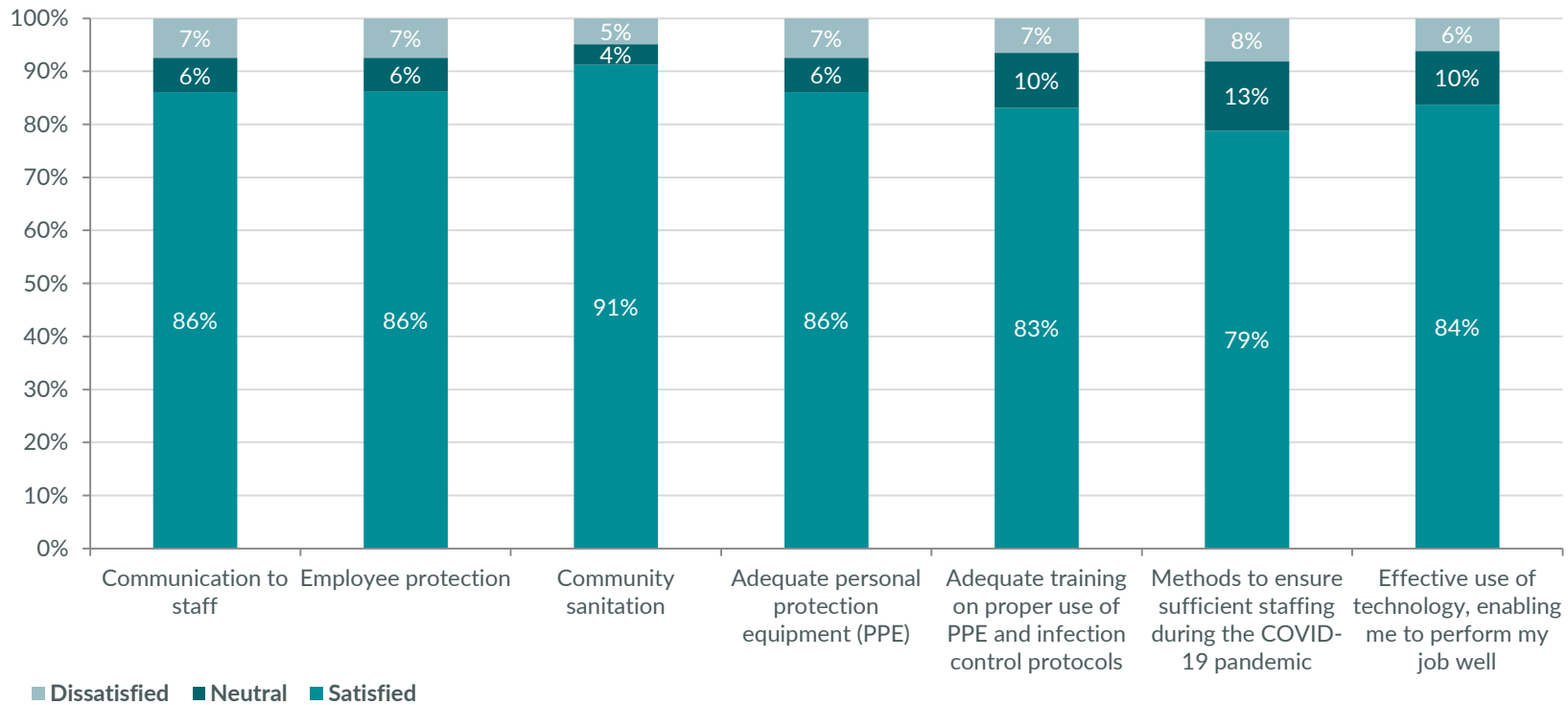


# Employee Safety

In general, staff expressed high levels of satisfaction with the safety measures taken by their communities. On average, staff were most satisfied with community sanitation, followed by communication to staff, employee protection, availability of PPE, training on proper use of PPE and infection control protocols, and effective use of technology, with comparable average scores.

Staff were least satisfied, on average, with community methods to ensure sufficient staffing during the pandemic. Several residents also mentioned inadequate staffing levels in their write-in comments.

### Satisfaction with Employee Safety Measures

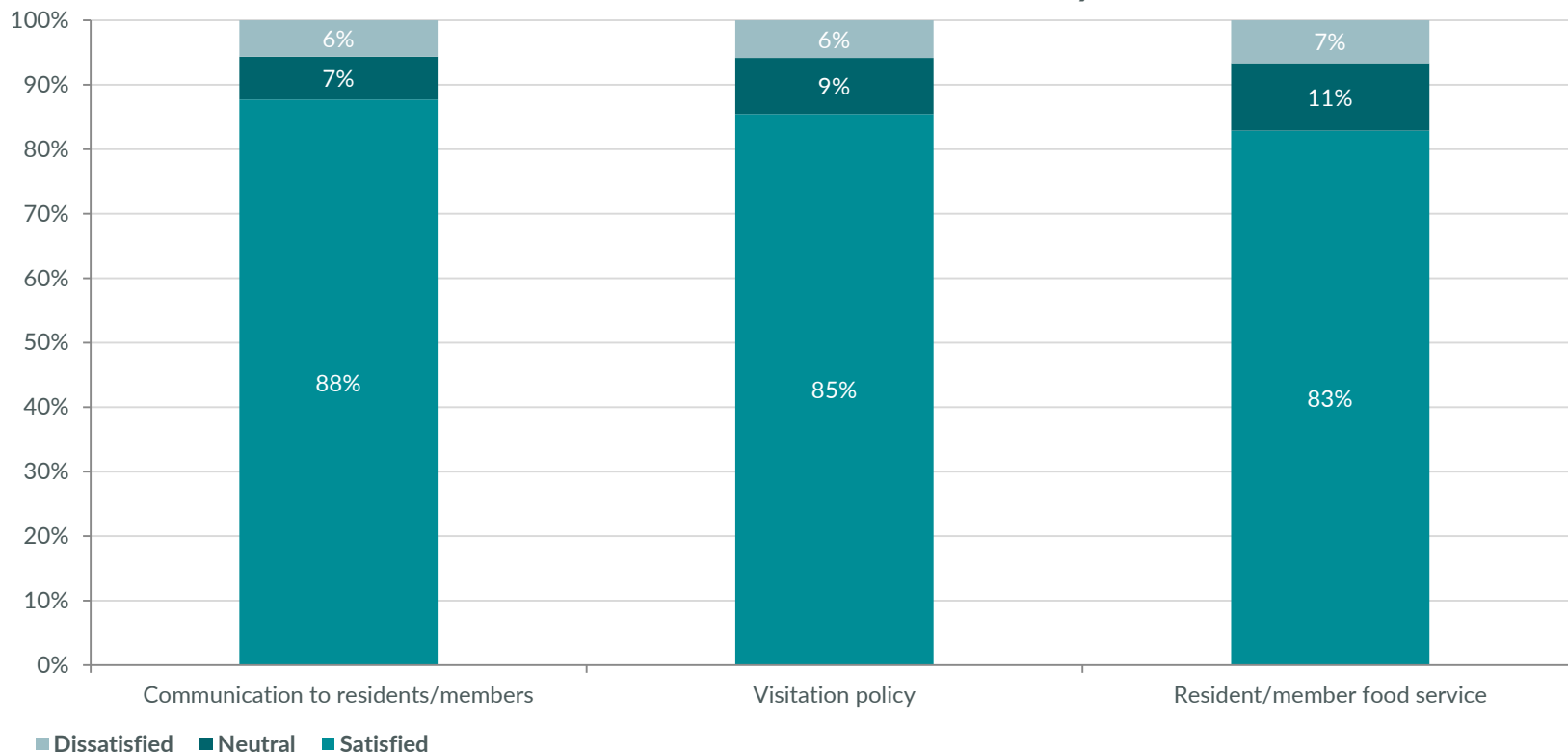


# Staff Opinion on Resident Safety

In general, employees expressed high levels of satisfaction with the safety measures taken by their communities to protect residents. On average, staff were most satisfied with community communication to residents, followed by community management of the visitation policy.

While still showing a positive majority, staff were least satisfied with resident food service, which corresponds to lower resident satisfaction levels with dining options and quality during the pandemic.

### Staff Satisfaction with Resident/Member Safety Measures

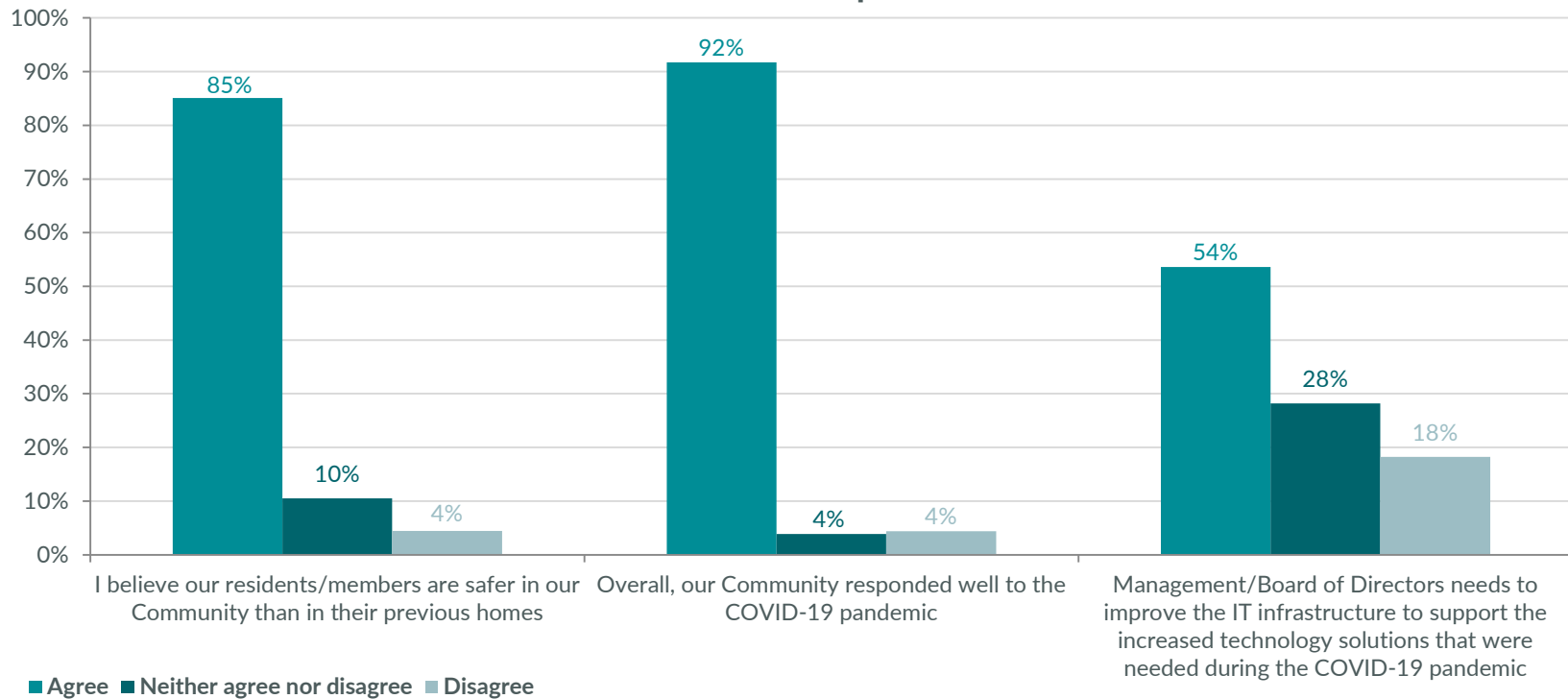


# Staff Opinion on Community Response

In general, employees expressed high levels of satisfaction with the community's response to the COVID-19 pandemic. Over 85% of staff believe that residents are safer in the community than at home, while approximately 10% felt unsure of where residents would be safest.

Over 50% of staff respondents agreed that Management or the Board of Directors needs to improve the IT infrastructure in order to best meet the community's technology needs.

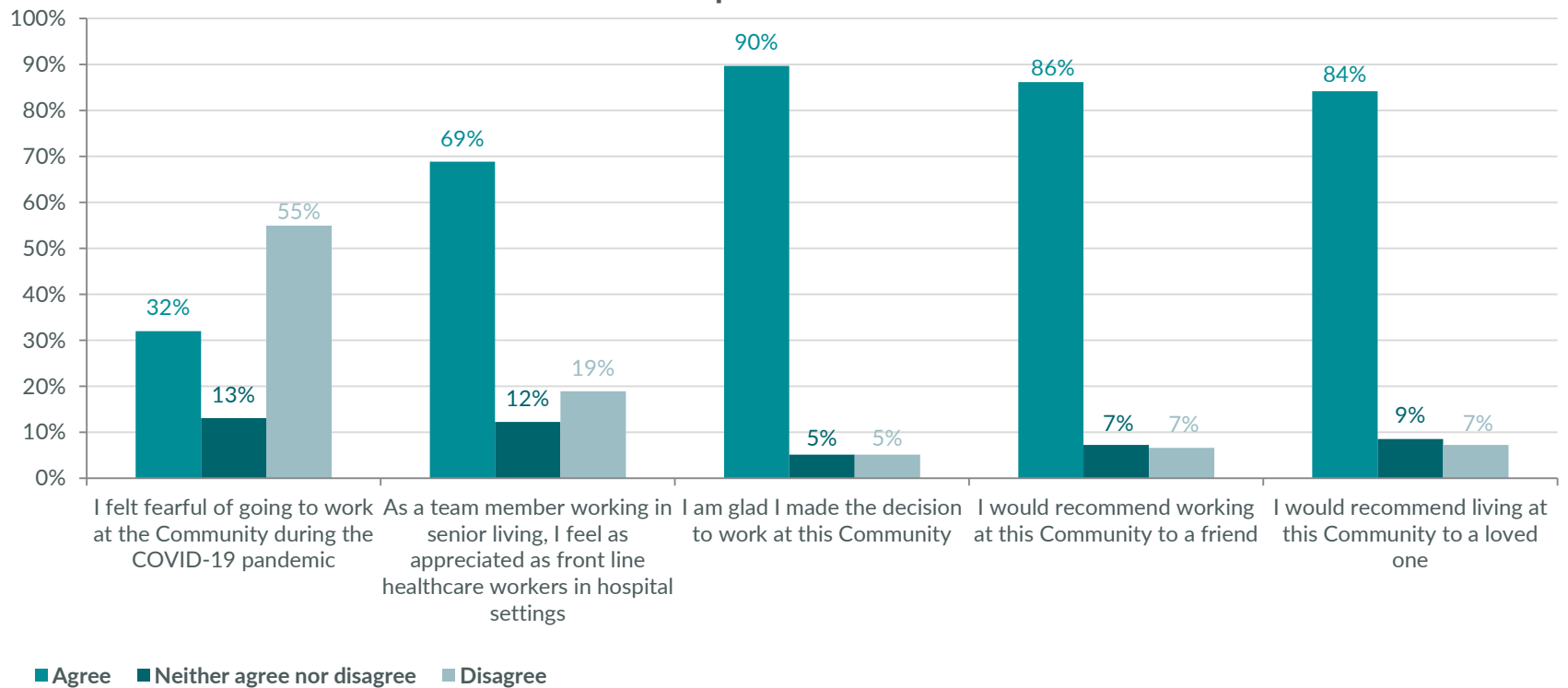
### Rating the Community's response to the COVID-19 pandemic



# Staff Feelings & Beliefs

In general, employees felt glad to be working at the community and would recommend living at the community to a loved one. However, nearly one-third of staff respondents felt fearful of going to work during the pandemic, and 19% did not feel as appreciated as front-line healthcare workers in hospital settings. Another 12% were unsure if they felt equally appreciated.

Please rate how you feel about the Community's response to the COVID-19 pandemic.



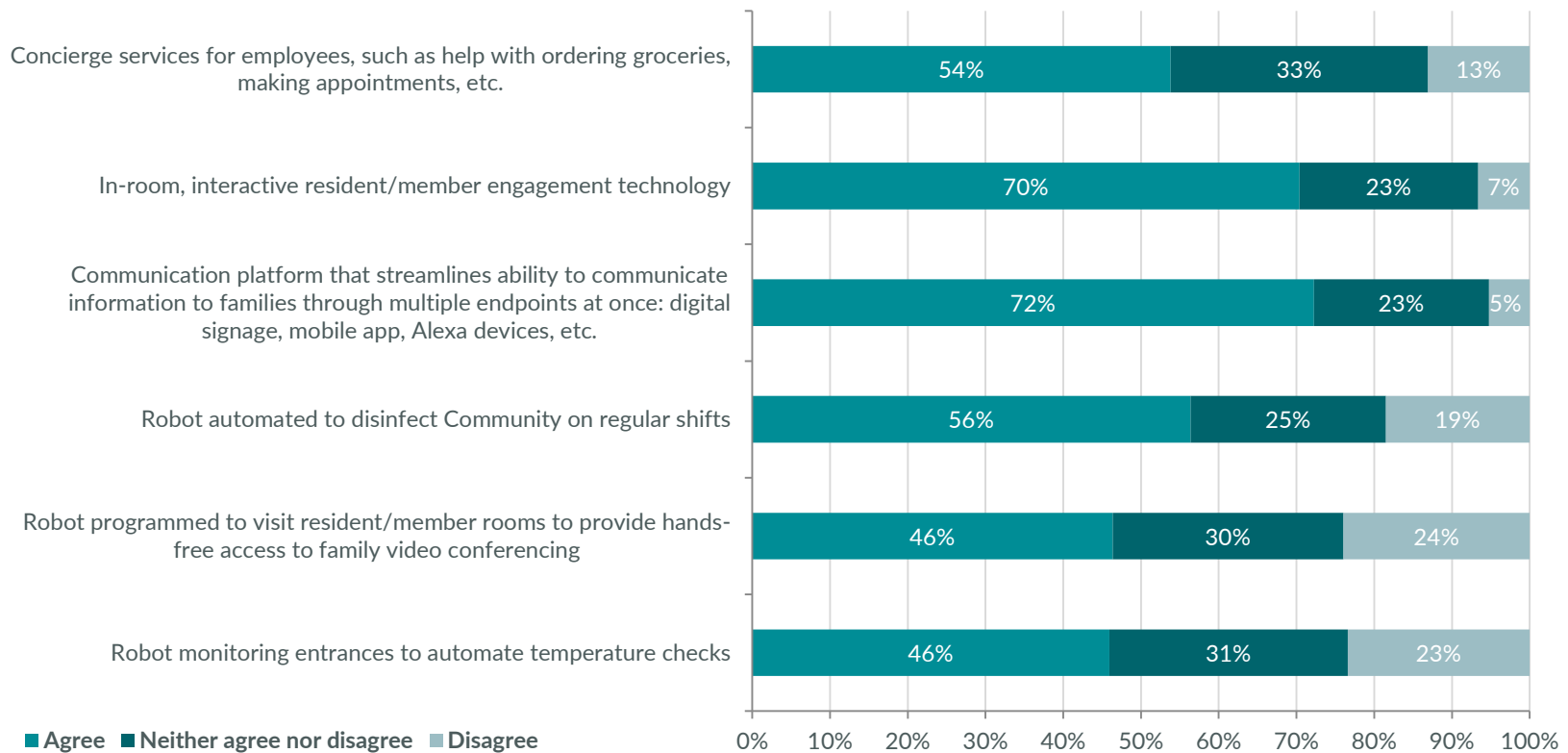


# Staff Experience at the Community

Staff felt that a communication platform that streamlines their ability to communicate information to families would most improve their experience at the community, followed by in-room, interactive resident-engagement technology.

One-third of staff were unsure if concierge services would improve their experience, about 30% were unsure about hands-free robot video conferencing, and 31% were unsure about robot-automated temperature checks .

## The following would improve the experience at my Community:



# Staff Comments: Recommended Changes to Physical Spaces

Staff were asked to write in answers to the question, "Are there any physical space changes that you would like to have implemented at your community in light of the COVID-19 pandemic?" Their comments show interest in changes to building or campus design, safety and sanitation, policies and protocols, technology, supplies, and outdoor spaces.

## Building or Campus Design:

- More than one entry point for temperature screening
- Dedicated, closed spaces: offices, staff break rooms, quiet meditation areas, resident-family meeting rooms, separation between independent and assisted living neighborhoods
- Enlarge dining or serving areas and install Plexiglass barriers
- Automatic doors and touchless sinks throughout the building
- "Visual visitation" spaces where regular visitors can view residents through a Plexiglass wall at scheduled intervals
- Space between seating: replace pews with chairs
- More bathrooms for employees and guests

- Key fob entry rooms that eliminate need for physical keys
- All private rooms — eliminate semi-privates

## Safety & Sanitation:

- Hand sanitizing and tissue stations throughout the building and in every resident room
- Protective glass/plastic for front desk workers and screeners
- Increase frequency of cleaning public spaces in independent living areas — most efforts were directed to healthcare areas
- Regular cleaning of resident rooms, bathrooms, public spaces, seldom-used areas, and employee-only areas
- Provide every employee with an N95 mask

## Policies & Protocols:

- Separate entry point for screening staff vs. visitors

- Enforce mask-wearing and social distancing during all resident, staff, and visitor interactions
- Permit residents to meet with social distancing and masks
- Allow anyone who can work from home to do so
- Assign some staff a specific cart to use and clean each week
- Policy for obtaining employee meals
- Choice to use some sick time off to relieve stress of COVID-19
- Use dining rooms to hold small-group resident activities
- Creative visitation policies, such as PPE for visitors and residents
- Protocol for accessing critical areas (medicine room, pantry, etc.) when working in quarantine areas
- Policy to ensure safety of employees at higher risk, such as front-desk temperature screeners



## Technology:

- Cameras monitoring areas outside entry points, with live video capable of being viewed from laptop
- Upgrade Wi-Fi to facilitate virtual visits for residents
- Computers with video conferencing for staff and video calling options for residents to connect with loved ones or each other
- Connectivity upgrades to enable virtual work for some staff
- Vitals machines that communicate vitals directly to the EHR
- Individual glucometers for each patient that needs one

## Supplies:

- Additional meal service delivery carts and plate warmers
- Plastic plates and cups instead of Styrofoam
- Better storage systems for bio-hazards, food, and supplies

## Outdoor Spaces:

- Outdoor dining areas with room to social distance
- Additional outdoor seating and walking paths
- Dedicated, outdoor work, meeting, or visitation areas (with shade)
- Outdoor theater
- Low maintenance artificial turf in courtyards

# Staff Comments: Recommendations for Safety Improvements

Staff were asked to write in answers to the statement, "Management/Board of Directors could do the following to make us feel safer." The staff offered advice in the comments for changes to communication, technology, sanitation, policies and protocols, supplies, staffing, physical plant.

## Communication:

- Continue to communicate weekly and educate all departments: more face-to-face meetings, in-services, video updates, COVID-19 case text follow-ups, alerts for COVID-19 cases, and contact tracing
- Demonstrate concern for staff safety and mental health: check with departments to see if they need any more PPE, involve staff in decisions, and disclose all information needed for decision-making

## Technology:

- Self-serve check-in system to monitor visitors

## Sanitation:

- Install hand sanitizing stations outside more rooms
- Real-time ability to know if nonessential work orders are safe to complete or if resident is being tested or has resultant positive test

- Use no-contact scanning thermometers
- More thorough cleaning techniques

## Policies & Protocols:

- Provide work-from-home options
- Regular virus and antibody testing for staff and residents (weekly, biweekly, random, certain groups, home health workers)
- Provide hazard pay and additional staff appreciation events
- Keep same staff on areas with outbreaks
- Ensure no one needs to use public transportation to get to work
- Ask about employees at high risk themselves due to age or illness and offer greater protection or extra compensation
- Clearly communicate and consistently enforce protocols and guidelines among families, residents, and staff and across campuses, including mask checks, social distancing, and mandatory quarantine

- Encourage staff to sign a waiver about their activity outside the community

## Supplies:

- Stock and provide staff with new, disposable (or washable cloth) masks each day, adequate sanitizer, and communication devices.
- Allow staff to purchase PPE, sanitizer, etc., to take home

## Staffing:

- More staffing to enable CNAs and nurses to practice better infection control room to room

## Physical Plant:

- Gate the premises
- Install plastic shields in food service areas
- Create separate staff temperature screening areas near working areas



# Staff Comments: Lessons Learned

In general, staff felt that if and when the virus returns to their communities, they would do a better job of enforcing the safety rules put in place, such as wearing masks and social distancing; improve communications regarding safety measures, community restrictions, and rationale; and review challenging pandemic practices, such as meal delivery and visitation, to try to improve procedures for the future. Other suggestions for future improvements included providing more options for socialization, improving IT, and reacting sooner to enact changes to visitation, services, and PPE policies.

## Notable comments shared about adapting for future outbreaks or quarantines:

- "I would hope management would allow us to take a firm stance on precautionary measures such as masks, public area usage, etc. earlier. Also provide better and clearer communication to residents and staff. Hopefully we would address things more quickly the second time around."
- "The only thing I might change is not phasing in a shut down, just completely shutting everything down at once. During our initial shut down phase-in, many families were confused by the changes."
- "Show some appreciation for those of us on campus that are in the trenches day after day, dealing with the virus."
- "I don't think there is much we could do differently, except do more to support residents' mental health and well-being."
- "We need to ramp up our use of IT. I've rallied for a resident portal for years to do online applications and paperwork."
- "Institute a better way of designating those with the virus and those that are on watch."
- "Allow the residents to have fun activities outside."
- "Take safety precautions as soon as we are aware the virus is spreading again. Press management to make standard policies on cleaning of public areas, etc. It was so disjointed this time. Also press management to share information between departments as necessary to make sure staff is not being exposed to COVID-19 without being aware of it."



# Sponsor Spotlight

Section 9

# Insights from our Gold Sponsors

Welcome to the Sponsor Spotlight, where readers can get to know the sponsors of the report.

In this section, you will find information about all our sponsors, as well as actionable advice authored by our Gold Sponsors on a variety of topics related to the challenges senior living providers are facing in this world of COVID-19. Please reach out to our sponsors for more information about how they can help your organization adapt to the new normal.

## Check out our authors' and Gold Sponsors' insightful advice on the following topics:

- *Capital Planning in Times of Uncertainty*, Plante Moran Living Forward
- *COVID-19: The Virus that Changed the World*, Retirement DYNAMICS
- *Innovation Helps Fight the Pandemic*, Connected Living
- *Financing the Perception of Safety & Security*, HJ SIMS
- *Builder Helps Senior Living Facilities Battle Virus*, PARIC Corporation
- *Monitoring the Spread of COVID-19: A Case Study*, PointClickCare
- *Design Strategies for Future Vitality*, RLPS Architects
- *COVID-19 Drives Dining Innovation*, Unidine Corporation

## Authors



## Gold Sponsors



# Capital Planning in Times of Uncertainty

Dana Wollschlager, Partner, Plante Moran Living Forward

As senior living and healthcare providers continue to deal with the day-to-day realities of operating while in the midst of a pandemic, they must not lose focus on the future and the return to a **new normal** and **business UN-usual**. The actions leaders embrace today will set the stage for how they emerge from this crisis tomorrow.

For all of those providers that have been putting off making significant capital improvements to your community, you are in a unique position to address areas of need uncovered by the pandemic. Prior to the pandemic, senior living providers were focused on upgrading the **resident experience** to ensure they remained competitive as new entrants into the senior living space flooded their market areas. And while that is still very important, COVID-19 has forced organizations to reprioritize capital investments and evaluate how best to create environments that keep residents safe, engaged, and socially connected.

Plante Moran Living Forward is a full-service development advisory firm working with senior living and healthcare clients across the country, supporting their efforts to enhance the living environments for older adults. Pre-pandemic Plante Moran Living Forward was working with more

than two dozen clients on projects, including capital planning, asset repositioning, and extensive expansion projects. Pre-pandemic, many senior living providers were bullish on the industry and the **outlook for continued growth** and capital investments in their senior living communities. Mid-pandemic, and eventually post-pandemic, that outlook should not change. Our clients who were in the middle of design development or had projects under construction forged ahead. Why? Because they knew there would continue to be even greater opportunities to serve older adults than ever before.



While the novel coronavirus delivered wave after wave of challenges, the fact still remains that the **number of Americans** ages 65 and older is projected to nearly double from 52 million in 2018 to 95 million by 2060, and the 65-and-older age group's share of the total population will rise from 16% to 23%. There will be no shortage of seniors to serve. The questions you must ask are: Will your organization be positioned to demonstrate your value proposition? Will your organization have the product and services that older adults want? Will your organization find a way to enhance the living experience for seniors and offer an alternative to the traditional senior living community?

Nearly 61% of residents surveyed "agreed that they felt safer in a community vs. being in their previous home" and nearly 93% of current residents believe "the community took all the precautions to keep me safe."


Residents who  
felt safer at a  
community

61%

My community  
took precautions  
to keep me safe

93%





That message **IS** your value proposition. And while nearly the same number of prospective residents felt the same way living in their own home, the fact remains that they have nothing to compare their experience to, as opposed to your residents who have experience living in their previous homes and the experience of living in your community. And while residents were extremely pleased with how providers kept them safe, they did have an increased sense of feeling socially isolated, were less satisfied with the technology that would have allowed them to be more connected to family and friends, and were disappointed in the dining experience during shelter in place. Are these opportunities for improvement? How can your organization improve the physical environment and building infrastructure to enhance their socialization, bring your community into the 21<sup>st</sup> century as it relates to technology, and raise the bar when it comes to culinary options during shelter in place?

Plante Moran Living Forward is here to help you prepare for the future, help you define your value proposition, and help you develop a strategy for continued success post-pandemic. We offer the following options for consideration as you are looking at capital investments for your community:

- **Define a Capital Investment Strategy** – When was the last time your organization completed a [facility assessment](#)? If you are like many senior living providers, it's likely long overdue

and this pandemic shone a spotlight on the areas of your campus or buildings in which you should have been reinvesting.

- **Plan for Asset Repositioning** – Have you known for a long time that your organization or community had too many long-term care beds? Do you have too many double-occupancy rooms with four residents to a bathroom? Have you wanted to convert a portion of your nursing home to assisted living or memory care for some time now? COVID-19 has likely convinced you that, now more than ever, diversifying your product offering is critically important. We are working with dozens of clients across the country to [reposition their existing communities](#) to product and services that the consumer of the future is going to want while at the same time diversifying their revenue mix, making them less dependent on government reimbursements and the need for a staff-intensive product.
- **Invest in Technology** – Senior living has historically been woefully behind when it comes to sufficient infrastructure to support even the most basic technology – like uninterrupted Wi-Fi – let alone offering an environment robust enough to allow staff and residents alike to use multiple devices throughout the building at the same time. Not only can we support your efforts to evaluate your current technology needs and map out a strategy to improve your

infrastructure, we can also assist your organization with ensuring that all the data is protected with a [comprehensive cyber security](#) strategy. The FBI recently reported that the number of complaints about cyberattacks to their Cyber Division is up to 3,000 to 4,000 a day. That represents a [200-300% increase](#) from what they were seeing pre-coronavirus.

Planning for the future in these times of uncertainty and change can be daunting. However, with the challenges of COVID-19 also comes a chance to reassess your community's vision and consider opportunities to adapt. As your trusted advisor, Plante Moran Living Forward is here for you when you are ready to consider options for asset repositioning, capital improvements, strategic planning, or campus expansions.

*Plante Moran Living Forward wants to express our sincere appreciation to the senior living industry for your exceptional leadership and heroic efforts during this pandemic. You are the front-line heroes that kept our family members healthy, safe, and engaged. Thank you for your selfless commitment to older adults.*

PLANTE MORAN  
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# COVID-19: The Virus that Changed the World

Bobby Sumner, President, Retirement DYNAMICS, Inc.

I write this message from a unique perspective — one as the son of a 95-year-old mother with dementia living in long-term care (which is excellent) and the other as a professional who has served the senior living industry for over 35 years. I have been incredibly blessed by both.

Jim Rohn, the late leadership and motivational guru, once said, "People and organizations change for one of two reasons: inspiration or desperation."

While many people accept the premise that change is inevitable, very few people know how to anticipate change or how to be proactive before change happens. Doing nothing doesn't mean that nothing's going to happen.

In light of COVID-19, the senior living industry is undergoing significant changes, and more changes are coming — it's guaranteed. If we don't, we will suffer irreparable consequences. The questions have to be asked of all providers and professionals, "What have you done to change? What have you done to navigate the COVID-19 pandemic? What are you doing to anticipate future changes? How can you be proactive? How have you lessened social isolation for your residents? How have your residents dealt with loneliness?"


The book *Who Moved My Cheese?* by Spencer Johnson is about change and how we adapt to it; however, a significant premise of the book is that change happens "within" the maze/paradigm. Perhaps we've been looking for solutions to the COVID-19 crisis within the maze. Doing so has kept many communities in lock-down mode while other, more progressive communities have introduced trailblazing solutions to improve resident interactions and reduce social isolation, loneliness, and depression. Are there solutions to "opening" your communities that virtually no one has created?

Enter Deepak Molhatra, the author the new book, *I Moved Your Cheese*. Deepak insists that while change does occur, in today's world there is no maze. "The main characters are three unique and adventurous mice: Max, Zed, and Big. As we watch their lives unfold and intersect, we discover that instead of just reacting to change and chasing the cheese, each of us has the ability to escape the maze or even reconfigure the maze to our liking."

We must all think and act proactively **OUTSIDE** of the maze or paradigm that is known as the senior living industry. Residents move to senior living communities for many reasons — one of the greatest reasons is to escape loneliness and social isolation.

The last book I want to share with you is *Chess not Checkers* by Mark Miller. Miller says, as organizations grow in volume and complexity, the demands on leadership change. The COVID-19 pandemic has added palpable complexity to the senior living industry, demanding agility and flexibility from community leadership. The same old moves won't cut it anymore. In *Chess Not Checkers*, Miller tells the story of Blake Brown, newly appointed CEO of a company troubled by poor performance and low morale. Nothing Blake learned from his previous roles seems to help him deal with the issues he now faces — like COVID-19. The problem, his new mentor points out, is Blake is playing the wrong game. He's playing checkers!

The early days of an organization are like checkers: a quickly played game with mostly interchangeable pieces. Everybody, the leader included, does a little bit of everything; the pace is frenetic. But as the organization expands and encounters challenges like COVID-19, you can't just keep jumping from activity to activity. You have to think strategically, plan ahead, and leverage every employee's specific talents — that's chess. Leaders who continue to play checkers when the name of the game is chess lose. In the COVID-19 world, everyone must play chess.



So how does all this apply to the senior living industry? There are many media stories about how COVID-19 has decimated some senior communities, especially long-term care. In retrospect, many communities could have reacted sooner, planned differently, and managed the chaos to achieve better outcomes. Some communities planned, adjusted plans, and nimbly implemented change amid uncertainty – many with encouraging results.

From an operations standpoint, I'm familiar with one community that is testing all residents and staff on a weekly basis. Yes, it's expensive, but it's allowed them to open their community and bring in new residents to keep occupancy high – much higher than the competition. That's chess!

Many communities were slow to react to allow something so simple as Facetime phone calls with loved ones and family members. Why limit Facetime calls to just once a week? It wasn't until family members complained about not being able to get close to and see their loved ones that management allowed "through the glass" visitation. That's checkers.

Many communities have opened their dining rooms – at all levels – because they refused to allow "regulations" to keep residents quarantined when there were other ways to maintain their safety and allow social interaction. That's chess!

What about marketing and sales? We've learned the conversation with prospects has to be different than pre-COVID-19.

Before the pandemic, it was about lifestyle and amenities. Now, it's all about the prospects (as it should have been all along). Ask them, "How is their health? Their families? Are they concerned about the virus? Do they have enough supplies: water, food, toilet paper, etc.?" At the end of the 30-minute conversation, they will have learned one thing about you: that you really care about them. You earned their trust. You deepened the friendship. You showed you truly cared more about their well-being than moving to your community. What's your new value proposition?

In early July, we started "social distance face-to-face" visits at one community, where all prospects were masked. We found many, if not most, were eager to get out of their homes and have a real conversation! Approximately 75% of the prospects we talked with on the phone came in for a visit to learn more about the planned community. Between early July and late August, the community got over 30 priority deposits and counting! That's chess!

Does your team have the skills necessary to provide outstanding, world class etiquette and customer service/hospitality training so your residents will bring you more referrals, especially during these uncertain COVID-19 times? What are some of the little nuances that could improve your residents' day-to-day experiences at your community?

When a prospect asks, "How did your community and your residents cope during the COVID-19 crisis," can you confidently tell them, "Everyone was fine...we all played chess!"



# About the Authors



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# Innovation Helps Fight the Pandemic

Sanjeev Shetty, Chief Global Strategy & Innovation Officer, Connected Living

The current situation with the COVID-19 pandemic is deeply unsettling for senior living providers across the globe. They're maintaining operations while trying to protect and reassure employees, residents, and families. There is fear, uncertainty, and concern about the future and anxiety about what the "new normal" will look like.

This has caused a slowdown in decision-making — a pause, in many cases, to rethink what to expect next in the weeks and months ahead as the economy reopens. The three biggest challenges in today's environment revolve around taking action and moving forward; keeping up with fluid regulations, legislation, and a barrage of information and news; and most importantly, finding work-life balance while achieving a healthy mindset. I often say, with COVID-19, we are fighting an enemy that not only affects our body, but also brings out our own worst fears of social isolation. This dual threat to the body and mind caused by the virus requires us to rethink what is most



important to us. I propose that social connection is most important.

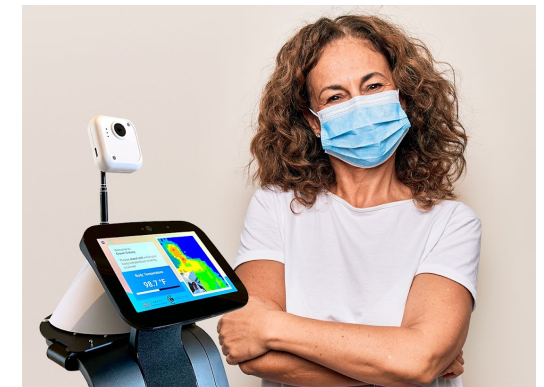
Innovation, in my mind, is iterative thinking and adapting to your environment. So how does innovation play a pivotal role in solving the challenges mentioned above? First, I think innovation has to solve a problem. Once the problem is defined, innovation can be applied to solve it through both technology and process changes, in an iterative approach. The key to innovation is failing fast, taking risks, and trying new things until it's perfected. More importantly, innovation does not mean giant leaps forward; it can be new ways of doing old things, one step at a time.

At Connected Living, our mission for the last decade has been to **connect, protect, and engage** seniors and their families. We always knew social isolation existed — even before the pandemic. With the onset of the pandemic, the social isolation issue is under the microscope. We are all too familiar with the images of family members waving to one another outside glass windows or hugging each other using plastic covers to practice social distancing.

I will provide two examples where Connected Living has used innovative

thinking to enhance social engagement and increase safety measures to directly fight the pandemic. At the onset of the pandemic, we quickly realized residents needed more interaction, whether it be in the room or with family members. We swiftly developed an in-room, one-of-a-kind Apple TV app to provide residents with the capability to:

- Watch YouTube Live in real-time or view recorded content anytime
- View calendars and RSVP to community events
- Submit service requests
- Order meals
- Join remote activities through Zoom
- Access to The Great Courses Plus App, which offers video lectures on various topics



Simultaneously, we introduced Temi, the world's first personal robotics platform to senior living. The Temi robot is able to provide the following assistance:

- Visits residents in their rooms
- Connects residents with friends, family, and medical practitioners
- Interacts with residents through the Connected Living Alexa skill
- Performs hands-free, autonomous temperature capture and sanitation

On the safety front, we introduced solutions to handle the most basic tasks within a community to keep residents and staff safe:

- **Screen:** Our screening process uses an innovative hands-free approach to screen visitors or employees entering the building and capture medical-grade temperature readings.
- **Sanitize:** Our sanitizing solution uses EPA-certified, hands-free "clean patrol" mode on the Temi robot to sanitize the air in heavily trafficked areas such as lobbies.
- **COVID Rapid Test:** The testing strategy we offer tackles the virus differently and is not intended to test for active viral load. Currently, RT-CPR is the definitive test for active viral load infections and is unfortunately the primary focus. This test can be lengthy, laborious, and limited to labs. Our point-of-care testing system requires no lab or machinery and is designed to

test a large population, using AB testing to determine who needs further Antigen/RT-PCR testing so communities can safely reopen.

By innovating in the realms of engagement and safety, Connected Living stays true to its mission to provide technology solutions that improve quality of life and business processes. Many communities are now asking questions like, "Do I invest in labor to take someone's temperature and clean surfaces, or would I rather use a resource to take care of my residents?"



Gregory D. Smith, President and CEO of Maplewood, stated "We had our eyes on Temi for quite some time and were planning to launch them as a unique feature at Inspir – our soon-to-be-opened, luxury modern senior living residence in Manhattan. We quickly decided that Temi would be tremendously beneficial in keeping residents safe, engaged, and connected with family and healthcare

providers during a time of social distancing."

Innovation is at the core of everything we do at Connected Living. We wake up to make everyday matter! We create social impact through our sophisticated, yet easy-to-use technology, and serve those who are most vulnerable amongst us. Innovation is moving at an unprecedented pace now. Technology that would have matured 10 years from now in different circumstances, such as telehealth, is now a basic necessity. This is an area of focus for Connected Living. We plan to have a fully integrated solution very soon.

My favorite quote on innovation is by Dr. Albert Szent-Gyorgyi:

*"Innovation is seeing what everybody has seen and thinking what nobody has thought."*



t e m i

THE PERSONAL ROBOT

# Financing the Perception of Safety & Security

Lynn Daly, Executive Vice President, HJ Sims

In the summer of 2020, HJ Sims participated in sponsoring the Senior Living COVID-19 Sentiment Report, which surveyed over 4,000 current and prospective senior living community residents to assess their thoughts and feelings at the beginning of and during the COVID-19 pandemic. The old saying of "You don't know what you're missing until you try it" is something that rang true in the survey results. While 77% of current senior living community residents either "strongly agree" or "somewhat agree" with the statement that they are "glad to be in a community during this pandemic," 87% of prospective community residents either "strongly agree" or "somewhat agree" with the statement that they are "glad to be living at home during this pandemic".

Despite feeling confident in their homes, prospective residents consistently ranked their perception of the safety, security, and peace of mind that living in a senior living community provides as "above average" or "excellent." These sentiments ranked just behind the importance of staff and the location of a community.

So, knowing that seniors are glad they were at home during the pandemic yet also rank highly the safety, security, and peace of mind they believe they would have at a community, how can providers use this feedback to convert prospective residents to residents?

Some suggestions are as simple as tweaks to operations (more frequent cleaning, hand sanitizer stations, etc.) or different operating protocols (more free testing). Other suggestions may be more involved — such as adding a clinic area for on-site primary care, additional covered outdoor spaces, visitor areas to safely meet with family, and upgraded air handling systems.

Although some solutions are not generally cost-prohibitive, these initiatives contribute to the added costs already borne by the community during the pandemic (i.e., hero-pay, PPE expenses, testing expenses, etc.). Providers are forced to prioritize "needs" vs. "wants" in these pandemic-times.

It behooves providers to look at all aspects of their community and operations to determine opportunities for cost savings — the savings of which can be redeployed on the "wants" to increase residents' perception of safety, security, and peace of mind.

Percentage of prospects who chose "above average" or "excellent" when asked to rate how they felt about various aspects of community life		
	Prior to COVID-19	During COVID-19
Feeling safe and secure	90%	84%
Peace of mind	87%	78%
Location of community	90%	88%

Residents who are glad to be at their community during the pandemic

77%


Prospects who are glad to be at home during the pandemic

87%

Add that to the fact that 60% of prospective residents either "strongly agree" or "somewhat agree" with the statement that they were fearful of going shopping during the stay-at-home order."

Residents who were fearful of shopping during quarantine

60%



One area to consider exploring is your current debt structure. In the current interest rate environment, many providers are able to refinance debt and save on interest expense, thereby freeing up cash flow. With the lower interest rate, the interest rate savings would be realized annually after the completion of the refinancing. While there would be some legal and closing costs associated with any financing or refinancing, often the pay-back period of the costs of issuance is within the first handful of years and the savings with the lower rates will continue through the commitment period of the capital sourced. The annual savings in interest expense could be pivotal in funding new initiatives that increase perceived health and safety within your community.

Since January 1, 2018, when recent tax-reform legislation kicked-in, bank financing has generally been easier to refinance than fixed-rate debt; however, there are many creative ways to refinance a fixed-rate issuance. Legislative discussions are ongoing at the federal level to consider reducing some of the current restrictions on refunding tax-exempt fixed-rate debt. Bottom line, it's worth a call to an HJ Sims banker to understand what is happening in the market and explore options on your behalf.

With interest rates near all-time lows, financing capital expenditures is one option to consider in order to maintain cash on your balance sheet that would have otherwise been spent on routine

capital expenditures. Many HJ Sims clients pass a "Reimbursement Resolution" every year in conjunction with their capital budgets to add the flexibility for reimbursement aimed at routine capital expenditures with tax-exempt debt. This allows providers to put money back on their balance sheet to be redeployed for other operational or strategic needs.

In these uncertain times, perception matters. The survey results indicate it is evident that prospective senior living residents recognize that living in a community would provide them peace of mind, safety, and security. However, they are happy to be home during this pandemic. Making small changes to your campus and operations can improve prospective residents' perception, with the hope that it will encourage them to make the commitment to move to campus sooner so that they can enjoy the peace of mind they know is awaiting them. Having your HJ Sims banker identify potential savings with your refinancing and/or taking action now to reimburse your community for previous capital expenditures will free up cash and cash flow to redeploy towards these perception pieces.

You too will have peace of mind when you make your debt work for you. Thank you for all that you do for your residents. We would be honored to discuss what we can do to help you help your prospective residents.

*HJ Sims is a privately held broker-dealer and wealth management firm. HJ Sims is a leading provider of debt and equity capital for seniors housing and skilled nursing providers. As a trusted partner for a diverse set of owners and operators, HJ Sims creates individualized capital structures that meet the unique financing needs of our clients. Our customized capital structures utilize a variety of direct financing solutions including high-leverage first mortgages, mezzanine debt, preferred equity, FHA-insured loans and tax-exempt bonds. HJ Sims is headquartered in Fairfield, Connecticut, with investment banking, private client wealth management and trading locations throughout the U.S. and in Puerto Rico.*

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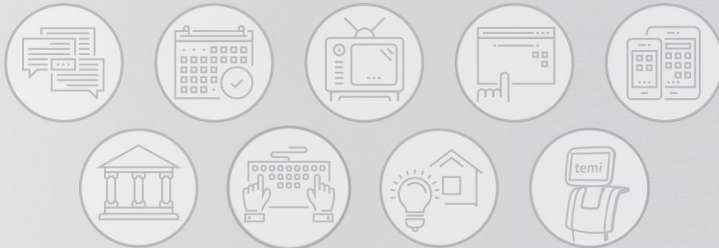
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# Builder Helps Senior Living Facilities Battle Virus

PARIC Corporation

COVID-19 has drastically affected all senior living organizations, costing lives, jobs, and billions in lost revenue. In the COVID-19 Sentiment Report, over 3,500 senior living residents across the nation revealed they are feeling lonely and isolated. Nearly 70% of residents are worried about COVID-19 getting worse during the fall/winter flu season.

Executives in the senior living market quickly pivoted to counteract these negative impacts by instituting many policies and procedures to keep residents and staff as safe as possible. The facility managers looked to trusted contractors and partners to help them implement ways to keep residents and workers safe.

## **Construction Manager Steps in to Help Manage COVID-19**

PARIC Corporation, a construction manager based in Missouri, is currently building several extensive senior living facilities near St. Louis and was tapped to help its clients address the growing concerns during the pandemic. Todd Goodrich, vice president and senior living market leader at PARIC, heads up the senior living market with decades of experience anticipating the trends and needs in this sector. "We knew we had to meet this moment for our clients, and they were trusting us as a partner to help them

through this crisis. We needed to act quickly and bring solutions to the table that could both help reduce the threat of the virus and keep workers and residents safe," said Goodrich. With new construction underway at two active campus locations, totaling over 400,000 square feet, the PARIC team took immediate action to help keep the new construction moving as well as helping the existing facility manage the necessary safety changes.

The construction firm examined three main issues for their clients to keep them safe and help them continue with construction on their active campus: minimizing exposure by controlling access to buildings and spaces, installing building upgrades and establishing protocols to reduce risks and enhance safety, and future planning for shelter-in-place situations or other emergencies.


## **Minimize Exposure by Controlling Access to Buildings and Spaces**

"Our first order of business was making sure we were setting up temperature screening stations with Plexiglass for workers who were coming on-site to continue construction," said Mark Ellerbusch, a project executive at PARIC. "It was critical to the facility that we

weren't bringing anything in that could potentially affect the residents or staff. We also wanted our team to stay safe while construction was underway." The team at PARIC also provided primary and secondary means for ingress and egress to maintain one-way traffic flows. This allowed staff at the facility to create strict logs of entrants so they could closely monitor anyone coming and going throughout the day.

## **Installing Building Upgrades and Establishing Protocols for the Future**

The construction firm has also made recommendations to its clients for adjusting elements of construction design to adapt to the world, post-pandemic. They are recommending clients reevaluate the current structures that affect residents, which include air, water, food, light, and movement. Specifically, as it relates to the building infrastructure, installing air filtration systems to improve air quality and reduce airborne transmission is vital. Ventilation also works in tandem with the air filtration to make sure fresh air is diluting viral particles. New technologies are also emerging in the ultraviolet light and bipolar ionization sectors, which are now becoming a more cost-effective option to help disinfect airborne pathogens.



"Some of the biggest improvements can be made with smaller investments at these facilities," said Ellerbusch. "You want to minimize touch as much as possible and find those high-volume areas that can easily carry lots of bacteria."

Installing components such as automatic doors, voice-activated lighting, and other smart devices to help minimize the spread of the virus. Bathrooms have also required updates, including touchless faucets, soap/sanitizer dispensers, and towel dispensers. "Technology has quickly adapted to this pandemic, allowing us to install temperature screening stations with infrared sensors and facial recognition," said Ellerbusch.

### Planning for the Future

"We are currently working with new and returning clients on how they can best plan for events like a pandemic in the future. Many of our senior living communities have 10-, 20-, or even 30-year plans of growing. We want to help them with that process as early as possible," said Goodrich.

The team has recommended modifying community rooms with expandable or half-wall partitions, which can be incorporated into the design or modified in an existing space. "You can accomplish this by converting libraries or game rooms more easily into dining areas to create more physical distancing if needed. The key is to be able to have space you can easily modify if a shelter-in-place order is needed for any emergency," he continued.

"Overall, we want the senior living community to know we are here to help in whatever capacity they need us to ensure the safety of their residents and staff...whether it's small improvements or building their next new facility."

To learn more about PARIC, go to [www.parc.com](http://www.parc.com).

*PARIC Corporation offers construction management, general contract, and design-build services. With over 40 years of experience, PARIC helps customers redefine what's possible on projects of all sizes across the region.*





# Monitoring the Spread of COVID-19: A Case Study

## PointClickCare

Amidst the current COVID-19 pandemic, senior living communities are going above and beyond to track and monitor cases, help control the spread of the virus, and provide compassionate care for their residents.

Research continues to reinforce that coronavirus is particularly dangerous to the elderly and health-compromised individuals, so it's critical that providers remain vigilant and continue to enforce the highest possible infection control protocols.

### **PointClickCare's Infection Prevention & Control Enables Better Care**

To help care teams protect their patients and residents, an easy-to-use, efficient tool for tracking and helping control infections is essential. Enter PointClickCare's Infection Prevention & Control (IPC) solution.

The IPC dashboard allows users to quickly analyze real-time patient data from multiple communities in one centralized location. The tool also allows for tracking of respiratory symptoms specific to COVID-19, which may help provide a clearer picture around potential spread.

Armed with that knowledge, care teams can provide the best possible care while simultaneously prioritizing identifying and preventing infections. IPC integrates seamlessly into existing PointClickCare workflows and is easy to learn and use.

Read on for the story of how Marquis Companies was able to deploy IPC and equip employees with the tools to quickly identify and monitor the spread of COVID-19 cases.

### **Empowering Prevention Efforts**

Many customers have made tremendous progress combatting infection, but today there is one customer we're shining the spotlight on: Marquis Companies. Marquis owns and operates 23 post-acute and assisted living services across the United States and an I-SNP, AgeRight Care Management Services.


With IPC, Marquis has improved how it tracks for respiratory infections and was able to identify potential COVID-19 symptoms in residents quicker. This is because, as Vicky Nordby of Marquis Companies explained, "The majority of our residents were showing symptoms before developing a fever."

Receiving an early warning helped staff move quickly ahead of potential cases and limit the spread of coronavirus across their communities.

Implementation has also streamlined the monitoring and documentation process. Before adopting IPC, the process required a mixture of paper files, Excel documents, and email updates to fully analyze infection data. Now, thanks to IPC, this process is completely automated, allowing the Marquis staff to log in and quickly see data from every building.

A new technology doesn't mean a steep learning curve. Marquis rolled out IPC and got their care staff up and running quickly. According to Nordby, anyone with "even the slightest degree of technology knowledge" can leverage PointClickCare's solution with no trouble.

Vicki went on to share the experience of one nurse who did not own a smart phone and had very little experience using a computer. After being trained on PointClickCare, the nurse said using the platform was so easy that "if I can learn this, anybody can."



That ease of use has given staff the ability to input critical data without sacrificing valuable time that needs to be spent providing care.

### **Getting Ahead of Infections With IPC**

Senior care communities are committed to continuing to provide for and protect seniors amidst COVID-19. We are continuously inspired by customers who are able to leverage innovative solutions to help solve challenges and provide better care for their residents. With IPC, Marquis is tracking and stopping infections quicker and more efficiently, while simultaneously providing high-quality care to their residents.

As we continue to fight the spread of coronavirus, PointClickCare is proud to partner with organizations like Marquis that are making a meaningful impact and delivering the best possible care for their residents.

The health and safety of your teams and the residents you serve remain our top priority.

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# Design Strategies for Future Vitality

Margaret Yu, Director of Client Experience, RLPS Architects

*RLPS is excited to participate as a survey sponsor to provide senior living providers with valuable insights for future planning. By simply asking the questions, we can all better understand how residents, prospects and staff feel about living or working in a senior living community and how COVID-19 has impacted their priorities. This study, along with continued industry research, will inform us on ways to better support residents and staff through design and help us reshape communities and services for long-term vitality.*

## **SURVEY SAYS: Resident, Prospect, and Staff Member Takeaways**

The first step in moving forward is understanding what residents, prospects, and staff members are thinking. A strong sentiment that came through from all three constituencies is that we **MUST** find ways to foster and maintain social connections.

It is interesting to note that more than 60% of both the resident and prospect groups felt socially isolated during shelter-in-place. Family visits are a clear priority for all, and fear of separation from loved ones is a significant concern. As one prospect respondent put it, "I have no desire to live in communities where I would be unable to visit with family/friends."

Future marketing messages must convey lessons learned and specific plans for future similar events. While 86.7% of prospects were happy to be at home during the pandemic, 76.7% of residents were equally happy to be living in a

community. Resident comments specifically highlighted community amenities and services to support them during the pandemic. One comment underscored the value of a community sharing videos that showed the positive aspects of people pulling together during the quarantine. This translates to a future imperative for communities to cultivate



and communicate unique amenities and services available through a senior living community that people would not have access to in their own homes.

## **DISTANCING DESIGN: Considerations for Managing Infection Spread**

For both the near term and into the future, senior living is going to look, feel, and function differently. An intensified focus on infection control has drastically altered day-to-day operations, which must now be viewed through the lenses of health, density, and safety. We must take a different approach to future planning and renovation designs to help communities adapt to the new normal and respond to changing priorities.

From a space planning perspective, this means implementing measures that allow communities to quickly respond to changing needs — during times of shelter-in-place, limited visitation or the annual flu season.

Including a flexible space to safely accommodate family visits is another clear priority in the new normal. Survey responses point to practical considerations such as a public restroom near the front door. Public areas should incorporate hands-free functionality, eliminating doors where practical and permitted by codes.

When the climate is temperate, we must further activate outdoor spaces for social connections that allow for distancing. Considerations for fireplaces, heat lamps, fans, awnings, and/or screens will extend use into cool and warm weather seasons. Implementation of biophilic design principles will positively improve the experience in the built environment and promote well-being when people cannot be outdoors. Examples include a living green/plant wall, an expanse of windows overlooking a courtyard, or nature-based artwork and finishes.



While social distancing may be a temporary necessity, the survey indicates that current and future residents are seeking measures that anticipate similar events. This requires design strategies to create more intimate dining and social spaces with physical separations. Modular strategies provide more flexibility, but permanent screening structures offer aesthetic, acoustical and safety benefits. Adjacent spaces should be designed to enable pop-up dining venues when additional social distancing is advised.

Rather than an after-thought, sanitation and PPE stations should reflect design-forward strategies that complement the community brand and vernacular. Likewise, planning strategies should incorporate universal cues for circulation within common spaces to reinforce appropriate traffic patterns. We must seek ways to make environmental quarantine changes look normal. For example, social distance cueing can be indicated by accent tiles or artful wall treatments, like the spacing of the columns in the photo to the left, rather than temporary signs and floor stickers.

Despite predominantly positive staff responses to this survey, the challenges that existed prior to COVID-19 have been magnified. Staff areas must not be an afterthought. This requires appropriate and adequate spaces to perform job responsibilities, support adherence to infection control guidelines and provide needed respite and physical resources for breaks.

Planning strategies should focus on enhanced break areas including showers and changing rooms, as well as preparation for temporarily repurposed space to accommodate overnight stays when needed.

### **LESSONS LEARNED: Moving Forward with New Planning and Design Strategies**

Now that we have gained survey perspective on the short- and long-term effects of this pandemic, it is clear that we must recalibrate our planning and design practices to account for the realities of infection control and quarantine within our senior communities. This crisis has punctuated the critical role that social connection plays in the quality of life within our senior communities. We must strive to create built environments that can support social connection during quarantine. Communities have a unique opportunity to utilize lessons learned and pivot toward a new model of planning that allows them to be safe havens of senior life in the future.







# COVID-19 Drives Dining Innovation

Unidine Lifestyles, Marketing & Innovation Team, Unidine Corporation

January marked the beginning of the COVID-19 spread in the United States, followed by sweeping quarantine mandates, social distancing protocols, and mask guidance. The pandemic is uniquely challenging for senior living communities, who typically rely heavily on in-person interaction and high-touch care. These communities have sustained one of the heaviest blows of the pandemic, with many struggling to maintain occupancy due to a perceived increased transmission risk.

COVID-19 has acted as a catalyst for new innovations to meet the changing needs of residents while minimizing risk. Senior living communities are rapidly converting to a digital landscape, with third-party applications for ordering and video conferencing applications to connect them virtually with family members — all of which speak to the massive shift within the service industry to harness technology and innovation to meet residents' evolving needs while maintaining remote connectivity.

In a 2020 COVID-19 Senior Living Sentiment survey of over 4,000 seniors, 60% of the resident cohort said they feel safer in a community versus in their previous home, and 70% of residents are glad they made the decision to move into a community. The same survey also

indicated high levels of confidence in resident access to healthcare, feelings of safety and security, expression of social connection, and sense of community. With COVID-19 instituting mass quarantine governance, the effects of loneliness — such as depression, malnutrition, stress, cognitive decline and anxiety — profoundly increase in residents. Communities that are able to innovate in a way that minimizes if not diminishes these risks can contribute to better resident health outcomes, levels of happiness, and longevity.

For many aging Americans, a senior living community that provides on-site nutrition, professional sanitation, and medical care is the safest place for them to be during a pandemic. This kind of support system, with 24-hour assistance, offers residents peace of mind and security. How do communities reframe and decentralize their facilities now to maintain the benefit of socialization, on-site amenities, and support services as well as prepare for more permanent changes in the future?


Designing for the future of senior living means incorporating both decentralization measures and optimal furniture for disinfection in the long-term future. The shift to convertible spaces, food and snack carts, and grab-and-go options ensures that satisfaction is universally met across

all residents' needs and desires.

Many frontline workers in communities provide high-level care to residents that are immunocompromised and require careful nutrition consideration. Team members are quickly learning to reconfigure dining room service to delivery — a shift that occurs in tandem with operational changes. Dining directors and chefs are asking themselves, "How will we safely store food prior to delivery windows? How will we operationally deliver hundreds of meals simultaneously in larger senior living formats? How can we safely minimize transmission risk while still maximizing vital interaction and engagement?"

Many of these operational quandaries are answered through digital maturity. A strong online-ordering presence and a relationship management system can bridge the engagement gap and help manage risk.

By digitizing the resident experience, communities can use reservation systems to control the capacity of their dining formats and meal periods. Developments in AI, robotics, and automated carts can aid in sanitization processes, culinary production, and even ware washing.



Many continuum of care retirement communities are already utilizing robots to help safely deliver meals replacing labor intensive repetitive tasks and delivery. Senior living communities will see an ongoing need for remote touchpoints like remote meal ordering, video conferencing, and other innovative ways to communicate with team members, residents, and families. COVID-19 poses an opportunity to rethink and modernize operating procedures that better serve the changing needs of aging adults now and in the future.

Menu reinvention can serve as an opportunity to ensure continued appetite and excitement surrounding mealtimes in isolation. In a world where quarantines and segregation lingers, communities that have the flexibility to quickly modify their service model will better navigate pandemic turbulence. Menus that incorporate food trends and plant-forward options speak to the desire residents have for health-forward dining in a time when nutrients and immunity are top of mind.

Many senior living communities have successfully pivoted to create at-home restaurant experiences for residents. Rapidly deployed meal kits, grocery delivery, mobile markets, and even take-home, in-room solutions are gaining traction. Themed delivery carts featuring farmers markets, happy-hour, wine and cheese pairings, and ice cream sundaes are fun ways to incorporate engagement with residents while maintaining distance. All of these initiatives come together to maintain

the traditional enthusiasm around communal dining experiences and bring culinary programming into the comfort of their rooms.

Providing a safe working environment for frontline staff and residents with new sanitation and safety protocols must be highly visible to reassure anxious residents and prevent staff turnover. Securing ample medical grade personal protective equipment will ensure that despite any supply chain procurement issues that communities can sustain safe operations for both employees and residents. New hand washing, glove, and disinfecting procedures should all be part of ongoing COVID-19 training practices for team members. Safety and disinfection will be paramount in regaining trust from both team members and customers.

From an operational perspective, all of these pandemic-generated innovations and initiatives come with a cost. Often overlooked aspects of dining service like food cost control, waste management, streamlined inventories, smart ordering, and a competitive supply chain can be harnessed efficiently to help meet cost expenditures elsewhere. Costs from personal protective equipment, sanitation, and supply chain instability are expected to continue as the virus lingers in the United States. The demand for commodities like ground beef, produce, and dairy are subject to change as reopenings occur across the service industry in tandem with reinstated lockdowns. Streamlining operations behind the kitchen doors can

help communities anticipate unexpected disruptions elsewhere.

Senior living communities can harness creative ways to reinvigorate interest and maintain engagement despite disruption. Demand for pop-up dining venues, cooking demonstrations, exhibition kitchens, and even "Top Chef" style competitions will grow. Life plan communities will need to continually evolve with the changing landscape, streamline their processes, and creatively approach maintaining community engagement while minimizing risk.



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