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## Argentum Releases Visitation Guidance for Vaccinated Senior Living Communities

Written by: Kimberly Bonvissuto

3/29/2021

As COVID-19 vaccination rates increase and senior living communities begin to reopen, Argentum has released visitation guidance for vaccinated communities. It contains protocols, considerations and generation practices.

Argentum's "[Model Visitation Protocols for Vaccinated Senior Living Communities](#)," released Friday, was compiled by clinical experts, risk managers and other stakeholders to guide visitation decisions by senior living operators.

"We know how critically important visitation is to the health and well-being of senior living residents, and we are committed to working hand in hand with the [Centers for Disease Control and Prevention] and state regulators to provide counsel on further guidance specific to our sector," Argentum President and CEO James Balda said in a statement.

The association also encourages communities to follow guidance from all state and local health departments, state licensing agencies and other jurisdictional authorities.

General visitation practices that are part of Argentum's guidance include continued screening of employees, residents and visitors; a contact tracing plan; and continued use of masks and hand hygiene. The guidance also calls for allowing essential caregiver and compassionate care visits while infection control protocols are followed.

In-room visits, where allowed, can include contact between the resident and visitor, but the use of face masks is encouraged. It is not necessary for vaccinated residents and visitors meeting in a private room to wear face masks, according to the guidance, but visitor movement in a community should remain limited.

The guidance also encourages communities to have a plan in place to vaccinate, or verify vaccination, of new employees and residents.

An Argentum spokesperson told *McKnight's Senior Living* that the association is working with the CDC to develop specific guidance for senior living communities. In the meantime, the national association encourages state partners to use its guidance in communications with state regulators.



## Florida Measure Will Give Operators New COVID-19 Liability Protections

Written by: Kimberly Bonvissuto

3/29/2021

*Update, March 29: Gov. Ron DeSantis has signed the bill into law.*

A bill providing COVID-19 liability protections for assisted living communities and other long-term care settings in Florida is on its way to Gov. Ron DeSantis for his signature.

Friday, the Florida House of Representatives passed SB 72, [Civil Liability for Damages Related to COVID-19](#). The vote followed state Senate passage of the bill a week prior. Protections will be effective immediately upon the governor's expected signature and are retroactive. The measure does not apply to civil actions filed before the bill's effective date.

"We are so grateful to the Florida Legislature for recognizing the importance of protecting senior living communities who were operating in good faith during the pandemic," said Gail Matillo, president of the Florida Senior Living Association. "Our members worked harder than ever before to protect their residents and staff members. Protecting them from frivolous lawsuits has been our top legislative priority this year."

The legislation creates a two-pronged system to limit COVID-19 liability claims — one for business entities, including independent living communities, and another for healthcare providers, including assisted living communities, memory care communities and continuing care retirement communities.

"There's tremendous work being done across the country among the states to seek reasonable liability protections for assisted living communities, and we applaud our state partner, the Florida Senior Living Association, for their considerable efforts to ensure protections for their operators," Argentum President and CEO James Balda said. "We encourage Gov. DeSantis to approve this legislation and support those who've cared for the most vulnerable during this pandemic."

LeadingAge Florida President and CEO Steve Bahmer said it was difficult to remember now how little was known about the virus a year ago and "how many lifesaving decisions had to be made with little time and ever-changing information."

“There are now more than 1,500 pages of orders, directives and FAQs, which, in some cases, changed as many as six times in three weeks,” Bahmer said. “In spite of the unprecedented challenges, our long-term care heroes fought courageously, under extraordinarily difficult circumstances, to protect Florida’s seniors from the coronavirus. Today, we applauded the legislature for protecting them.”

### Healthcare protections

Liability protections for COVID-19-related claims against a healthcare provider mainly relate to claims arising from the diagnosis or treatment of a person with coronavirus, the provision of a novel or experimental treatment, transmission of the virus, and the delay or cancellation of a surgery or medical procedure.

The bill requires plaintiffs to provide “sufficient detail” that a provider was grossly negligent or engaged in intentional misconduct that caused death or harm. The bill also provides immunity for claims related to supplies or personnel not readily available or not available at a reasonable cost to comply with COVID-19 standards.

The bill limits the time for which an action can be filed based on the type of action. A COVID claim that accrued before the effective date of the bill must begin within one year of that effective date.

“This is an important step toward protecting senior living communities who were working hard to follow guidance that often changed daily, all while trying to keep their residents and staff safe from the virus,” said Jason Hand, FSLA vice president of public policy and legal affairs.

### Business protections

For claims against someone other than a healthcare provider, the bill establishes preliminary requirements before a case is allowed to proceed. The bill requires an affidavit signed by a physician attesting that the claim is a result of a provider acting grossly negligent or with intentional misconduct.

Plaintiffs also would be required to prove that the provider did not make a “good faith effort” to substantially comply with public health standards or guidance in effect at the time of the action.

FSLA worked with lawmakers on the bills, educating them on issues specific to senior living communities. Hand [previously testified](#) before Senate and House committees about assisted living communities needing protections. Such communities were not licensed, designed, staffed or trained to house residents with communicable diseases. For the past year, however, “they were asked to ignore that rule” to keep hospital surge numbers down.

**(New article on next page)**

## Let's Use Pandemic Lessons to Improve Quality of Care, Quality of Life

Written by: Anne Ellett, MSN, NP

3/29/2021

This past year has been a testimony to the resilience and dedication of workers throughout the healthcare system. And nowhere has been hit harder than the long-term care communities where frail elders lived. Almost 40% of COVID-related deaths have been in assisted living communities and nursing homes.

I have been keeping track of some of the conversations I've had with nurses and other team members who diligently show up every day to support their residents living in senior communities. Many of them had poignant observations about the residents living with dementia during this pandemic.

*"It was so important for Mary that every morning she was at the door to the dining room to welcome each resident with her usual greeting, 'Good morning. I love you!' When we went into quarantine and Mary couldn't leave her room, it was like she had no purpose. She needed that contact with everyone to start her day. Each morning when we would tell Mary she had to stay in her room again, she got so she didn't want to get out of bed.*

*"I really learned from Mary that for people living with dementia, the importance of staying connected with others is so important."*

And a physician who has made it her life's work to help support her patients with dementia said what she missed during those periods of quarantine was the individual "quirks" of each resident. She said she has a special fondness for those residents who are sometimes a "challenge," because they are determined to express themselves and want to experience their day on their terms, not on a predetermined schedule.

*"Every time I visited the nursing home, I could count on staff complaining to me about Gary. He never wanted to cooperate and would yell at staff who tried to get him to the dining room for meals, and he was starting to lose weight. I told staff that I didn't want to hear any more complaints from them until they spent some energy trying to find out why Gary didn't like to go to the dining room.*

*"After talking with family members, they learned that Gary had a history when he was younger of a type of irritable bowel syndrome that would cause severe cramping if he ate a large meal. He had, therefore, developed the habit of eating small snacks throughout the day and never joined the family for meals."*

The doctor went on to say that their experience with Gary was an "Aha!" moment, and they decided to make a commitment to know each resident as an individual and focus on developing a real relationship. Each staff member paired up with a favorite resident and dived deep into knowing that person better. They then acted as an ambassador, introducing that resident to other staff members.

The use of psychoactive medications was reduced, and the doctor said she received a lot fewer complaints about

troublesome residents. When staff members did bring up a problem with a resident, the doctor would ask, “What do we know about her?”

This will be a year of healing as we recover from the pandemic. We can use what we have learned during this time to make the quality of life better for the people we support who are living with dementia. Asking ourselves, “**What do we know about them?**” is a good way to proceed.

## SENIOR LIVING NEWS®

*A trusted resource for news and insights*

### Senior Living Communities on Stand-by as CDC Restrictions Lift for Vaccinated Individuals

Written by: Olivia Beaton

3/10/2021

On Monday, March 8th, 2021, the CDC issued their first set of [guidelines](#) as to how vaccinated individuals can interact safely with others. Senior Living Communities across the country are hoping this announcement sparks new direction for Long Term Care as the restrictions for fully vaccinated individuals shrink. The guidelines listed on the CDC website are as follows:

- You can gather indoors with fully vaccinated people without wearing a mask.
- You can gather indoors with unvaccinated people from one other household (for example, visiting with relatives who all live together) without masks, unless any of those people or anyone they live with has an increased risk for severe illness from COVID-19.
- If you’ve been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms.
- However, if you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don’t have symptoms.

The release of these guidelines has provided a beacon of light within the industry regarding visitation. No announcements have been made yet specifically regarding long term care, however, industry professionals are hopeful we are heading in that direction. For the past year now, most communities have relied heavily on technology to keep their residents engaged and in contact with loved ones. LTC communities are eagerly awaiting more updates from the CDC, as well as their local state guidelines.

At Arboria of Long Grove in Illinois, effective March 10th, families will have opportunity to schedule visits inside. Jeff Altschul says, “We have modified two of our living room spaces into private visitation areas. There will be a plexiglass divider between the guest and their loved one. Masks are required, and temperature checks are taken

at the front desk.” Altschul is enthusiastic about the opportunity to resume in person visits and believes that they “need to be treasured as opportunity to refuel current family/customer advocacy of your community.”

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In Watercrest Senior Living’s March newsletter, Senior Vice President of Operations, Whitney Lane, detailed changes that their communities are making for fully vaccinated residents.

- Fully vaccinated residents will not be required to be COVID tested unless they are experiencing symptoms of COVID-19
- Fully vaccinated residents will not be required to quarantine unless they are experiencing symptoms of COVID-19
- Only non-vaccinated residents will be required to quarantine if there is a positive case of COVID at the community
- Fully vaccinated residents will be able to eat in the dining room at the same table as other fully vaccinated residents
- Fully vaccinated residents will be able to participate in off-site programming
- Fully vaccinated residents will be able to socialize in one another’s apartment if both residents are fully vaccinated
- All residents will continue to be required to wear masks when outside of their apartment and are asked to social distance at 6ft from others who have not been vaccinated
- Fully vaccinated residents will no longer have to be screened daily for COVID

Announcements such as these are giving hope to both residents and their families, many of whom have been physically isolated from one another for a year now. Isolation has proven to be especially difficult for older adults and the desire to safely reunite them with their loved ones in person is at an all-time high. Bobi Krueberg, Executive Director of Watercrest, St. Lucie West, FL, explains how their new guidelines have improved resident morale.

“These wonderful residents have not been to a restaurant or a shopping mall in a year! There has been no church or temple. They have missed birthday parties, anniversaries and holidays. If nothing else, this had made all us acutely aware of “the little things” ...that really aren’t so little after all. They were so thrilled to go to Walmart and Publix and pick out their own items and to try on new clothes. The most exciting thing is not having to quarantine! Every day, I have at least 4-5 residents ask me... “Ok, so if I go out with my family, what happens when I come back?” And the joy I feel when I say, “Nothing! Go have fun!”

It is the hope of the LTC Pharmacy Partnership Program that by the end of March, all residents in the partnering communities will have received both of the required vaccinations. Heather Tussing, Executive Vice President at Morning Pointe Senior Living says, “At Morning Pointe, we have been blessed to be able to offer vaccinations in 100% of our communities. We are excited to be reuniting residents and families in many states and look forward to continuing to safely re-open in all states where Morning Pointe operates as state and local guidance permits.

The ability to reunite our residents with their families – in person – is the best medicine we can give our residents right now.”

According to the [CDC COVID Data Tracker](#) for the federal pharmacy partnership for LTC program, there have been over 7.4 million vaccines administered in LTC communities. Jeff Fischer, President at MBK Senior Living is closely watching and anxiously awaiting the go-ahead to bring back visitation and other “re-opening” activities as soon as possible. He says, “Bringing back open visitation will certainly boost morale for the entire community (residents, families and team members alike). It will serve to increase customer satisfaction/confidence and will improve the overall “life” within the community.”

After a year of uncertainty and isolation, there appears to be hope on the horizon for LTC establishments across the country. It is no doubt that safely reintegrated senior residents back into some sense of normalcy will be incredibly rewarding not only for the seniors, but for their families and community staff as well. Sheena Jeffries, Regional Director of Engagement at Watercrest Senior living has seen residents re-acclimate firsthand, “Many of the residents speak about feeling free again and are loving the chance to be part of the greater community again. It has also lifted the spirits of the staff, not having to say “no” all the time.”

## SENIOR HOUSING NEWS

### Value-Based Care Can Help Drive Occupancy, Valuations, Outcomes in Senior Living

Written by: Chuck Sudo

3/24/2021

Senior living’s shift toward greater clinical capabilities and integration across the care continuum is opening opportunities for providers to partner with primary care networks, physician-led accountable care organizations (ACO) and Medicare Advantage networks. Participating in value-based care could drive better outcomes for residents and their families, operators and investors.

Covid-19 will only accelerate the push toward a value-based care model, and providers with such systems in place will find it easier to return to pre-pandemic levels in occupancy, lead generation and net operating income (NOI), according to speakers on a webinar on value-based care on Wednesday, hosted by the National Investment Center for Seniors Housing & Care (NIC).

Additionally, having a clinical component on site will reduce man hours lost to readmitting residents to communities after hospital visits or emergency room stays, and allow providers to strengthen relationships between staff and residents.

The webinar highlighted three perspectives on value-based care, with testimonials from an investor, a community leader and an executive of a nonprofit network of continuing care retirement communities (CCRCs). It was moderated by AllyAlign President of Special Needs Plans Amy Kaszak and James Lydiard, Vice President at Strive Health.

Prior to joining Phoenix-based Strive Care last January, Lydiard spent a decade as senior vice president at CareMore Health, which provides health care services to around 180,000 members across the country. Of those,

around 7,000 live in long-term care settings – approximately 1,200 communities – and half of those communities qualify as middle-market senior housing.

Lydiard believes that more providers will explore value-based care solutions in a post-pandemic landscape, but many will not know where to start or believe it will take a huge financial commitment to implement. The opposite is true, he said.

Providers can experiment with phased approaches to value-based care, or research partnerships requiring little to no financial investment on the part of the provider. And a growing number of health systems and primary care networks are actively seeking ways to gain a foothold in senior living, which will make it easier for providers to identify a partner.

“This is not a binary decision,” he said. “An all-in-one solution is unrealistic; patients deserve choice.”

### Improved staff efficiency

Value-based care generally refers to the principle that providers and payers should be incentivized to drive costs down while keeping health outcomes high. For example, a Medicare Advantage plan might partner with various types of providers to ensure that high-risk beneficiaries — such as older adults residing in senior living communities — have ready access to health services, preventing hospital stays and other costly interventions that can also affect a patient’s health negatively in the long run.

Bringing clinical care services into a senior living community holds many tangible benefits. It can drive better long-term clinical outcomes for residents, which will extend lengths of stay, further stabilize occupancy and drive NOI, particularly during extreme events such as Covid-19.

For larger campuses such as CCRCs, having a care provider in-house gives providers a focal point as residents transition through the care continuum, Lifespire of Virginia President and CEO Jonathan Cook said. The Glen Allen, Virginia-based nonprofit operates four CCRCs in the commonwealth.

Lifespire partnered with AllyAlign to provide care in its campuses, which has helped in assessing declines in acuity and whether residents needed to move forward to higher levels of care, while freeing up frontline staff to tend to the daily business of running the community and building relationships with residents.

Cook estimates that hospital readmissions cost nursing staff an average of five hours of lost time, between preparing documents to send a resident to a hospital or ER, and readmitting them to the community.

“Being able to take that [time], and put those nurses and team members back on the floor to provide more direct care, is a huge win for our clinical teams, [as well as] for our residents not having to go to the hospital,” he said.

Lydiard estimates that some providers may actually lose more time, depending on other factors including the distance between a community and a hospital, and communicating with families on a move to a hospital setting. Having a care provider on-site is a backstop against unnecessary trips to acute care, and gives confidence to residents and their loved ones that the community has their best interests at heart.

Furthermore, residents that undergo lengthy hospital stays risk disruptions in basic care needs such as medication reconciliation and wellness practices. “It’s nice to give that family and your wellness, med tech, and caregiving teams the option to say, ‘You know what? I’m not going to be tied to this phone for five hours,’” he said. “I’m going to be doing all the other things that my other residents need.”



Care providers in smaller communities also become a more integrated component of overall operations, Mountain View Retirement Village Executive Director Tim Nelson said.

The Tucson, Arizona-based assisted living facility partnered with CareMore Health three years ago and has seen significant improvement in hospital readmissions. Mountain View's hospital readmission rate dropped from 16% before the partnership to 6.2% — a 62% decrease.

A CareMore physician is embedded four to five days a week at Mountain View, and is able to handle basic medical procedures such as IV drips, which providers cannot do under Arizona regulations. Mountain View staff can call CareMore physicians and support staff 24 hours a day, seven days a week to go over medication changes and other emergencies.

The partnership is also a selling point for Mountain View during tours with prospective residents and their families, Nelson said. Sales teams go out of their way to introduce prospects to the care physician.

Kaszak believes this will become more common in a post-pandemic environment, and will be used as a selling point.

“Anything that can quickly highlight that your community offers on-site health care, in addition to hospitality services, is going to give potential residents and family members one more reason to keep you at the top of their list,” she said.

### Long-term investor value

Senior housing investors will be attracted to value-based care because it aligns the clinical component of the industry with the financial goals of the owner, Bull Realty Vice President-Senior Housing Shane Connor said.

Providers with clinical partnerships stand a better chance to tap into potential demand and return to pre-pandemic occupancy and NOI levels, because Covid-19 made prospects and their families more aware of the value of health care in a community.

“If a provider can show me their data before others in the market, it's a pretty strong case for where I'm going to move my mom,” he said.

Having integrated care will improve outcomes of residents, as well as extend lengths of stay for residents as their acuity changes, which will have positive impacts on a community's financial performance in the form of stabilized occupancy rates. A value-based care partnership also removes the financial burden of care from the provider, as a resident's acuity declines, because the clinician will be the point person treating the resident.

Finally, a clinical partnership enhances value in the long term for investors, and can dictate hold times, exiting an investment, and bids on communities, because it adds stability to operations. And more investors are asking these questions, Connor said.

“You may be able to command a higher valuation, because this particular community has such a good integrated, value-based model, as compared to a competitor in that market that doesn't,” he said.

With more primary care networks and ACOs seeking opportunities in the space, providers will not need to assume a substantial amount of risk in finding the right partner moving forward. Lydiard believes that, in a post-pandemic environment, the rewards outweigh the risks — however small. “Think about value-based care as a trial,” he said. “Test; be curious.”