

In this Industry Update you will discover:

1. “Long-term Care Provider Cites ‘Moral and Ethical Duty’ to Residents in Mandating Employee Coronavirus Vaccination”
- **MCKNIGHT’S SENIOR LIVING NEWS, 4/5/2021; pg. 1**
2. “‘Most Important Moment in a Generation’: LeadingAge Offers Congress Blueprint to National Aging Services Infrastructure”
- **MCKNIGHT’S SENIOR LIVING NEWS, 4/2/2021; pg. 3**
3. “Senior Living Operators Begin to Make COVID-19 Vaccines Mandatory for Staff”
- **SENIOR LIVING NEWS, 3/31/2021; pg. 4**
4. “Breaking Down the New CMS Guidelines for Senior Living”
- **SENIOR LIVING NEWS, 3/17/2021; pg. 5**
5. “One Year Later: Senior Living CEOs Reflect on the Pandemic, When Recovery Will Take Hold”
- **SENIOR HOUSING NEWS, 4/4/2021; pg. 7**



Long-term Care Provider Cites ‘Moral and Ethical Duty’ to Residents in Mandating Employee Coronavirus Vaccination

Written by: Kimberly Bonvissuto

4/5/2021

As long-term care staff member COVID-19 vaccination rates [continue to lag nationally](#), an Ohio provider is joining a growing industry trend of mandating employee vaccination out of a sense of “moral and ethical duty” to its residents. The company, however, which offers both senior living and skilled nursing, becomes one of the first large nursing home operators to announce such a policy.

Continuing Healthcare Solutions, which has 31 senior living and nursing facilities across Ohio, including nine locations with assisted living and eight locations with memory care units, will require its more than 2,000 employees to receive a first-round vaccination by June 1.

“CHS has chosen to be at the forefront,” President and Managing Partner Benjamin Parsons said. “It became clear to us that requiring staff vaccination is part of our moral and ethical duty to keep the residents who have been entrusted in our care, and the employees who we need and value, safe. It’s that simple, and that important.”

Parsons told *McKnight’s Senior Living* that the company considered scientific research into vaccine safety and the experiences of vaccinated staffers, who reported “the anticipated soreness and minor side effects,” in making its decision.

As a larger long-term care organization, CHS is one of the first providers focused on skilled nursing to announce a vaccination mandate for its employees. [ALG Senior](#), [Atria Senior Living](#), [Civitas Senior Living](#), [Juniper Communities](#), [Enlivant](#), [Sunrise Senior Living](#) and Silverado have announced similar policies in recent months,

but those companies primarily focus on senior living, not skilled nursing, although Juniper and Sunrise offer some skilled nursing care.

Parsons said that although the vaccine mandate makes CHS “unusual among its peers,” he expects the trend to accelerate. COVID-19 cases are inching upward again in the Buckeye State, and Rochelle Walensky, M.D., MPH, director of the Centers for Disease Control and Prevention, recently warned of a potential fourth wave of the virus nationally amid pandemic fatigue and spring break travels.

CHS, Parsons said, is trying to keep case counts low through visitation rules, personal protective equipment use, enhanced sanitation practices and employee health screenings, “but we know the threat is not over,” he said.

“The pandemic is not over,” Parsons said, adding that the move to mandate vaccinations was not prompted by any recent event or outbreak. “We share the concerns expressed by CDC officials, Ohio Gov. Mike DeWine and others that it’s too early to drop our defenses, and now we know we have an effective way to fight back: the vaccines. Quite simply, we all need to get the shot.”

Employees can claim medical or religious exemptions from vaccination if a physician or spiritual adviser signs off on them. Those employees would have to meet current PPE requirements, regardless of how those standards might change moving forward, Parsons said.

CHS will participate in Ohio’s [COVID Maintenance Program](#) for assisted living communities and nursing homes to continue offering vaccination opportunities to staff members and residents, he added.

The company declined to release the specific vaccination rate for employees but said it is in line with the [national figure](#) of approximately 40%. CHS’ resident vaccination rate is more than 80%.

Parsons said that CHS understands and respects that some workers may have been cautious or hesitant about the vaccine early on, but he added that science and experience show that “the benefits far outweigh any risk.” The company will work with employees who still have doubts or fears, including combating misinformation on social media, he said.

The emergency use authorization status of the current vaccines doesn’t mean the vaccines haven’t been tested and reviewed, Parsons added.

“Our nation’s top scientists and epidemiologists agree on their use. We also now have months of experience administering the vaccines,” he said. “We know that the vaccines have met these tests. We also know what COVID-19 can do — kill people in the hundreds of thousands. It’s time to get the vaccine.”

Parsons said he hopes not to lose a single employee over the mandate, but he said that CHS is making it clear: “This is mandatory for our employees.”

(New article on next page)



'Most Important Moment in a Generation': LeadingAge Offers Congress Blueprint to National Aging Services Infrastructure

Written by: Kimberly Bonvissuto

4/2/2021

Modernizing aging buildings, increasing affordable senior housing stock, investing in workforce recruitment and retention, and financing are key factors in a blueprint for building the national aging infrastructure unveiled Thursday by LeadingAge.

The organization's [Blueprint for a Better Aging Infrastructure](#) plan, which spans the long-term care continuum from affordable housing to home- and community-based services to skilled nursing, comes on the heels of President Biden's [\\$2 trillion infrastructure plan](#) released Wednesday, which elevates health and senior care to "infrastructure" status.

"This is the most important moment in a generation for aging services," LeadingAge President and CEO Katie Smith Sloan said. "Our country doesn't have the infrastructure for aging services that we need to care for our rapidly aging population, and the systems we do have are crumbling. It is no longer acceptable that our system largely ignores a set of services half of Americans will need at some point in our lives."

A strong aging services infrastructure, Sloan said, will offer economic benefits beyond the sector, including healthcare cost savings, job retention and economic development.

Affordable senior housing

The plan calls for increasing the stock of affordable senior housing, along with age-friendly retrofits to existing housing, as well as expanding the number of service coordinators in such communities.

Specifically, the plan asks for a \$2.5 billion investment in the Department of Housing and Urban Development Section 202 Supportive Housing for the Elderly Program to build approximately 54,000 homes, and \$1 billion in an Age Friendly Retrofit program for HUD-assisted senior housing, to improve physical structures to include health and wellness activities and to improve air ventilation systems.

Redefining broadband as a subsidized utility through a \$5 billion investment also would enable equal access to the telehealth, economic and social connectedness benefits of the internet, according to LeadingAge.

Workforce

The plan also addresses aging services workforce shortages, which were exacerbated by the pandemic. Specifically, LeadingAge calls for permanently increasing the Medicaid federal medical assistance percentage match by 10% for both HCBS and nursing home services; investing in competency-based training programs;

enhancing career pathways; adding funding and programming to train geriatric nurses and physicians; and supporting immigration policies that benefit aging services and provide a path to citizenship for workers.

The LeadingAge plan also supports a living wage, determined locally, for all aging services workers across the continuum of care. LeadingAge also is asking that providers be fully reimbursed to cover wages and benefits.

Dorothy Davis, president and CEO of Atlanta-based Visiting Nurse Health System, said that workforce shortages and gaps are consistent across service lines, including in its Medicaid waiver long-term supportive service division. Biden's infrastructure plan, she said, gives her a "sense of hope" that there is a plan to address workforce gaps that will grow along with the aging population.

HCBS

Expanded funding and program support for Medicaid HCBS is necessary, according to LeadingAge, to allow more older adults to access necessary services "wherever they call home."

This means reclassifying these benefits as "mandatory" in a geographically equitable way; helping states develop and improve HCBS capacity; modifying home health benefits to include more personal care, technology and other services; and providing access to technological infrastructure investments to HCBS providers.

Some assisted living operators provide HCBS through Medicaid waivers.

COVID comeback

In an effort to help providers rebound from the financial costs of the pandemic, the association's blueprint calls for a \$6 billion "Hardest Hit" Provider Relief Fund for aging services and long-term care providers. The plan also seeks coverage of ongoing COVID-19-testing and personal protective equipment costs.

"COVID relief is not the main point as we look to prepare for the future, but it is critical that we support the good parts of today's aging infrastructure," said Ruth Katz, LeadingAge senior vice president of public policy and advocacy. "As Congress moves on with infrastructure, we urge that they not lose sight of where aging providers are to start."



Senior Living Operators Begin to Make COVID-19 Vaccines Mandatory for Staff

Press Release

3/31/2021

As vaccination rates increase and senior living restriction begin to decrease, many operators across the country are coming out with mandates for their staff to be vaccinated. Civitas Senior Living, Juniper Communities, Atria Senior Living, Silverado Senior Living, and Sunrise Senior Living are amongst the first to declare mandatory vaccines for all staff members throughout all of their respective communities.

In a press release sent on March 18th, Civitas Senior Living Chief Operating Officer Misty Miller said making the vaccines mandatory was imperative to not only protect all Civitas residents and employees but also return the senior living industry to pre-COVID normalcy.

“Due to Civitas’ vaccination efforts at our communities, we have seen incredible results,” Miller said. “As of today, we do not currently have any residents who have tested positive for COVID-19 at our communities. We credit this to our vaccination program, effective protocol, and the passionate care of our staff members. However, we recognize that the COVID-19 virus still poses a threat. It is up to Civitas and all of us to stay vigilant. We know that the vaccines are the way to the future, a future that not only benefits our residents’ quality of life but also the senior living industry. That is why we are requiring all of our employees to take that next step and get vaccinated.”

The goal of requiring all staff members to receive the COVID-19 vaccine is to protect the most susceptible and vulnerable population that they care for and interact with every day. Individuals who work in senior living are rather used to putting residents first and view the vaccine as an opportunity to continue to provide the best level of care and assure resident safety. However, not everyone is onboard with the mandate, as exemplified by the approximate 30 individuals who self-terminated at Juniper Communities in response to their vaccination requirement.

Although COVID-19 cases in LTC appear to be dropping, staff and resident vaccination is crucial in order to welcome new residents, staff, and visitors without fear of exposure or infection. Atria Senior Living and Civitas Senior Living employees have until May 1st to be fully vaccinated, and this trend is expected to continue throughout the industry. Companies do have the right to mandate their staff to be vaccinated, however there are certain medical / religious exemptions that should be honored according to law.

Wayne Powell, Co-Founder at Civitas Senior Living says, “the vaccine is the best way forward.” Senior Living Communities across the country are eager to return to a sense of normalcy and for some mandating staff vaccinations are another step toward a safer future. As more communities join the roster of mandatory staff vaccinations and many have 100% resident vaccination rates, hope is on the horizon for an industry that has been on lockdown for over a year.

SENIOR LIVING NEWS[®]

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Breaking Down the New CMS Guidelines for Senior Living

Press Release

3/17/2021

On March 10th, the Centers for Medicare & Medicaid Services released [new guidelines](#) with revised visitation recommendations. This news has been a year in the making, as many older adults and families are eager to reunite. The latest guidance comes from CMS in collaboration with the CDC, as a result of more than three million doses of vaccines having been administered within LTC communities.

According to the updated guidance, facilities should allow responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident, or visitor, unless certain scenarios arise that would limit visitation for:

- Unvaccinated residents, if the COVID-19 county positivity rate is greater than 10 percent and less than 70 percent of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue transmission-based precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Another addition to the new guidelines emphasizes that “compassionate care” should be allowed at all times, regardless of a resident’s vaccination status, the country’s COVID-19 positivity rate, or an outbreak. Compassionate care visits are defined by CMS as “a resident whose health has sharply declined or is experiencing a significant change in circumstances.”

Joanna LaFleur, Founder and CEO of Memory Lane Assisted Living has already begun to put the new guidelines into effect. She says, “We are thrilled to finally be able to allow our residents to see their loved ones again and welcome them back into our homes. Last Monday we opened it up to have 30min indoor visits 5 different times per day with a COVID vaccine or a negative COVID test within 72 hours of the visit. Only 1 family can come at a time so we can manage the visits. They have to double mask and use hand sanitizer and get a temperature and health screening when they enter. They are visiting in the residents’ rooms and they are allowed to hug them as well. This is the first time in a year that our families have been able to touch or hug. I feel like that’s incredibly important because of the power of touch. I can see the change on the residents faces after they receive a visit.”

Even with these new freedoms, CMS continues to urge senior living communities to follow the core guidelines of COVID-19 prevention control, such as wearing masks, physically distancing when possible, following disinfection protocols, etc. High vaccination rates within the communities, as well as diligence from staff members, has helped to significantly lower the risk of transition across LTC communities.

“CMS recognizes the psychological, emotional and physical toll that prolonged isolation and separation from family have taken on nursing home residents, and their families,” said Dr. Lee Fleisher, MD, CMS Chief Medical Officer and Director of CMS’ Center for Clinical Standards and Quality. “That is why, now that millions of vaccines have been administered to nursing home residents and staff, and the number of COVID cases in nursing homes has dropped significantly, CMS is updating its visitation guidance to bring more families together safely. This is an important step that we are taking, as we continue to emphasize the importance of maintaining infection prevention practices, given the continued risk of transmission of COVID-19.”

While it is not required, CMS encourages to offer testing to visitors if it is plausible, or instead encourage visitors to get tested on their own. They also encourage visitors to receive the COVID-19 vaccine when it becomes available to them, but it will not be mandated to show proof of a vaccine to enter or visit a community.

(New article on next page)

 **SENIOR HOUSING NEWS**

One Year Later: Senior Living CEOs Reflect on the Pandemic, When Recovery Will Take Hold

Written by: Chuck Sudo

4/4/2021

“If we could have gotten out of December, we would have been largely unscathed.”

Those are the words of The Springs Living Founder and CEO Fee Stubblefield, and they reflect what he said was the roughest month for the provider in the nearly 14-month fight against the coronavirus pandemic.

December was the peak of the pandemic’s third wave. Positive Covid-19 cases and deaths [far exceeded April numbers](#) during the first wave’s peak, driven by the arrival of colder weather and holiday travel. And while providers knew more about the coronavirus’ transmission than they did nine months earlier, and health experts warned for months that a winter wave of cases would be brutal, the sheer number of cases threatened to overwhelm an industry that worked under high alert throughout that time.

Before December, The Springs Living, which is based in McMinnville, Oregon and operates 18 communities in Montana and Oregon, had ably managed through the pandemic after the initial wave. But the third wave threatened to overwhelm staff bandwidth to keep residents and each other safe. Adding insult to injury, vaccine clinics, which would begin to provide a measure of relief, did not start until January 4.

“December was just brutal,” Stubblefield told Senior Housing News.

To learn more about how senior living executives reflected on one of the most challenging periods of their professional careers, SHN connected with a handful of industry leaders.

These provider CEOs had different pandemic experiences, in terms of when Covid-19 hit their organizations the hardest and in what strengths and weaknesses the pandemic revealed. But nearly all of our respondents expressed hope that a return to pre-pandemic levels for occupancy and net operating income (NOI) will be swift — at least for them.

Toughest times varied

For many operators, the early weeks of the pandemic were the toughest.

For Bloomfield, New Jersey-based Juniper Communities, that specifically was mid-March through late April. This was because so little was still known about how the novel coronavirus was spread, and how contagious it truly was once exposure occurred, Founder and CEO Lynne Katzmann told SHN.

Other operators agree with Stubblefield’s assessment that December was the toughest month of the pandemic.

HumanGood reported eight-month lows in positive Covid-19 cases on October 31, and was down to single digit cases in staff and resident infections. Along with most of the industry, however, it saw cases surge during the

fall wave — even though teams were prepared for the wave and its response before it was strong, CEO John Cochrane told SHN.

The Pleasanton, California-based company ranks sixth on the 2020 list of the top 200 nonprofit operators, with a portfolio of 20 CCRCs and affordable communities across the country. The surge in new cases so close to the holidays affected the morale of residents, staff and families alike, even as everyone knew that vaccine clinics would begin immediately after the holidays.

“It was still tough for the team to feel like we’d finally turned a corner,” he said.

December was also Ohio Living’s toughest month of the past year, CEO [Larry Gumina](#) told SHN.

Covid-19 severity in Ohio Living and throughout the state was peaking. The operator was challenged operationally with low census, and teams at its campuses struggled to strike a balance between caring for themselves while continuing to lead associates in their pandemic response.

Ohio Living leadership reminded staff to focus on what they can control, which had a positive effect on morale.

“Work on balancing yourselves so you can lead others,” he said.

Other providers indicated that every month brought a unique struggle, and no one month was tougher than another.

Brookdale Senior Living (NYSE: BKD) CEO Cindy Baier indicated that each month brought a new challenge requiring the Brentwood, Tennessee-based owner and operator to adapt and recalibrate its response in accordance with changing CDC and public health department guidance.

“This has been a marathon effort at a sprinter’s pace, with all the challenges that come with a lengthy, sustained vigilance,” she said.

The length and severity of the pandemic presented a consistent challenge for Capital Senior Living (NYSE: CSU), CEO Kim Lody told SHN.

She attributed the experience of the operator’s field leadership in high-acuity care settings with getting a handle on the pandemic, and listed one month in particular as the best period in its response.

“The best month was undoubtedly when resident and employee vaccinations began,” she said.

Shortcomings exposed, positive changes made

Early global hotspots such as Italy, South Korea and China provided little knowledge on how to protect from the virus, and revealed few options for treatment of Covid-19, Katzmann observed.

The uncertainty of the virus led the provider to launch universal testing of all residents and staff on April 1, rather than limiting testing to people showing symptoms, per public health guidance at the time. By April 4, not only did Juniper confirm positive cases in its communities, but that the extent of outbreaks were larger than anticipated. Additionally, Juniper confirmed that people who tested positive but asymptomatic for the virus could spread it to others.

“That information changed the way we handled things,” she said.

Some of what Juniper learned from its early response will remain in place in a post-pandemic environment. The most important lesson: masks and vaccinations work, not only against Covid-19 but for common annual outbreaks such as the flu, which Juniper conquered last winter through their implementation.

“We hate them, but they work,” Katzmann said of masks.

Juniper plans to make vaccinations mandatory in the future, to the degree that it is legally able to do so. Currently, only one state in which the company operates mandates vaccines, but the efficacy of Covid-19 vaccination clinics is expected to bolster Juniper’s push for regular mandatory vaccinations.

The pandemic revealed gaps in communication at Cedar Communities, President and CEO Rich Foster told SHN. The Jericho, New York-based investor owns a portfolio of seven assisted living facilities across the Southeastern U.S.

As more testing became available and more became known about Covid-19, it was much easier for Cedar and its operating partners to put policies and procedures in place to keep residents and staff safe.

Foster credits improved communication lines with this. Cedar leadership were in daily communications with local administrators and received updates on what was happening inside communities. This shifted Cedar’s view of the central office’s role in the owner-operator relationship, from a top-down mandate on operations to providing support for operators. The shift was cemented by rebranding Cedar’s central office as a “corporate solution center.”

“We see this as a true collaboration, creating best in practice health care for our residents,” he said.

Covid-19 also exposed the culture senior living providers had fostered in the preceding years. Providers with strong workforce cultures adapted to the fluid nature of the virus more quickly, while those that struggled with hiring and retention prior to the pandemic found operations and staffing issues exacerbated.

HumanGood realized the culture it long championed withstood the pressures brought by Covid-19, Cochrane told SHN. Staff at communities exhibited agility, perseverance, curiosity, and decisiveness responding to the virus, which bolstered the sense of who they were and what is possible for the organization. Additionally, HumanGood’s California communities contended with a rash of wildfires which further threatened the safety of residents and staff.

Cochrane believes teams’ ability to respond to multiple issues for a sustained period of time will serve as a foundational component for the company’s future growth and management.

“You can fake [culture] for a day. You can fake it for a week. You can’t fake it for 12 months,” he said.

Covid-19 drove home the lesson that operations must be invested in as heavily as buildings — if not more, Stubblefield told SHN. Providers with strong leadership teams in the executive suite and on the front lines every day will drive a resurgence in consumer confidence in senior living and care, and struggling providers that failed to learn lessons from Covid-19 will lag further behind in a post-pandemic environment.

“The market will not look kindly on them,” he said.

Differences on recovery timelines

The efficacy of vaccine clinics is leading to growing confidence that a rebound in occupancy rates and net

operating income is on the horizon. But there are differences as to the speed with which occupancy and NOI will return to pre-pandemic levels.

The Springs Living is seeing increases in lead generation, deposits and move-ins, but each remains behind pre-pandemic levels, Stubblefield told SHN.

Even though vaccine clinics are proving effective, questions remain pertaining to consumer confidence in senior housing, along with unknown factors such as whether another surge in cases is on the horizon, or how effective vaccines are against coronavirus variants rapidly spreading across the country.

But demographic trends are favorable. And, construction starts slowed during the pandemic, easing oversupply pressures. Covid-19 also compelled the industry to evaluate its business model and to continue to focus on the needs of the residents and their families.

“I think that this approach on our business and customers will serve us well,” Brookdale’s Baier told SHN.

She hesitated to predict when the operator would see a rebound in occupancy, but noted that occupancy declines have moderated after the most recent surge.

Stubblefield also believes that The Springs Living is heading in the right direction. Barring any unforeseen complications or surges in cases, he expects occupancy improvements to gather momentum by late Q3 2020, at the earliest.

He is bullish on positive demographic trends breaking through pent-up demand, and predicts that, if it does, The Springs could return to pre-pandemic occupancy and NOI levels within 12 months.

“It took us a year to get through this problem. It will probably take us a year to get back,” he said.

Katzmann noted that Juniper is reporting gradual increases in lead generations and move-ins. While she recognizes that the industry will struggle to separate itself from nursing homes as it exits the pandemic, Juniper has always struck a balance between care and hospitality over the past decade.

People moving to senior housing are now older with more chronic conditions, and they are looking to providers to help them manage those things while living their best lives. Katzmann predicts that occupancy and NOI will return to pre-pandemic levels for Juniper within 18 months, but some markets will lag.

Slow and steady is informing Ohio Living’s predictions for a turnaround, as well.

“We’re witnessing a slow and steady census climb, but it’s going to be another 12-18 months before we return [to pre-pandemic levels],” Gumina told SHN.

HumanGood’s Cochrane believes a recovery will widen the gulf between strong and weak operators. The provider is reporting markedly increased web traffic, heightened interest in tours, and an uptick in deposits. There are indications that pent-up demand is beginning to break through, although it is market-by-market.

He predicts a return to pre-pandemic metrics, for HumanGood and other strong providers, by year-end.

“That’s barring another significant wave which, given the experience of the last year, I should knock on wood,” he said.