

Transcript
Coronavirus Q & A – Episode 17
July 31, 2020



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, July 31, 2020. Welcome to another one of our weekly videos. I'm here today with Ed Brubaker, Living Branches President/CEO. Nice to see you.

Ed Brubaker: Good to see you, Alex. July 31st

AM: Here we are.

EB: Amazing.

AM: Well we have a lot of talk about today which is all about one topic: pandemic guidance. First let me start with a summary of where we are with COVID cases. We are pleased to be able to continue to say we have just one person within all of Living Branches who would be considered to have COVID at this point. That person is actually not on campus, but of course is still our resident. We've been doing testing this week in Park View, in Oakwood Court, and at The Willows. All of those have come back negative at this point, so we're very pleased with those results. Continue your good work everyone – we're doing a nice job with keeping it out! We've been saying for a while now that we're getting guidance from the state as far as some changes we can make to our pandemic guidelines for residents. And we're getting ready to make announcements about that. So let's talk about that today and give people some information. And maybe the first thing to understand, really, when we're talking about all of these regulations is there are differences between what we have to do in Residential Living, what we need to do with Health Care, and what we need to do in Personal Care and Memory Care because of the different governing bodies that we have. So maybe we could talk a little bit about that.

EB: Yeah that's right. And really the difference is the regulations that are there. In Health Care part of the regulations comes from the fact that we do get some reimbursements from Medicaid. But then in Personal Care we have a license through the state, so there are regulations that go along with that. So in those two areas – those are the ones that are most highly regulated, Health Care being the most regulated. So there's a process that we need to go through. With Residential Living, some places call it Independent Living – those don't have the same requirements and regulatory bodies that we have to deal with. Many of these people are of sound mind, assuming we are of sound mind, but the point is they are independent, they can get around. So our advice to that level is different, but it's also because we have a different ethical and fiduciary in Personal Care and Health Care, but frankly, regulatory responsibilities.

AM: As we're trying to sort through our pandemic guidance we absolutely have to pay attention to the fact that what we're being told for Health Care may not be the same thing that we're told for Personal Care and Memory Care. And that's definitely not what related to anything going on in Residential Living. All of that needs to be kept separate. Let's start with Personal Care, Memory Care, and Health Care. We're so pleased that the state is now providing us guidance on how we can allow residents to be out of their apartments more, to increase activities again, to start back with communal dining - I know our residents and their families are very tired of being in their apartments all day long, so this is going to be a huge blessing.

EB: It will be. I think it's easy sometimes, and I do it too, to lambast the regulations. And frankly, I think there are too many regulations at times. The challenge is regulations often deal with the least common denominator – in other words, we're going to follow the regulations because that's what we feel a responsibility to do, and if we don't it's because there are so many and you can keep track of all of them. The flip side is if you are unethical, you may find a way to get around regulations no matter what. And so that's the unfortunate thing. Sometimes something happens, and frankly we as the public say to our lawmakers, "Make a law against that!" So it's our own responsibility at times too, but I think the flip side of that is we need to remember there are also regulations that are here for our own good. We can't just put the bureaucrats and the state and federal governments in a category of trying to make our life more difficult. But really these are people who are trying to protect those that we serve. So I think we need to remember that, too, even as we're filling out the 13 pages of this document. But it's really to create some consistency within nursing homes and Personal Care facilities. Now having said that, I'm not going to sit here and say there are no onerous things that it would be nice to be rid of, but I think it's also good to flip it to more of a positive approach to say, "We're in this together – let's create a safe environment for our residents. That's ultimately what we're trying to do.

AM: My parents live in Michigan and I have to say, Michigan has a very different feeling about regulations, apparently, than Pennsylvania does. My dad was in a Personal Care, Assisted Living community, in Michigan and it is not nearly as regulated as Pennsylvania is and his care was not what we would find appropriate in Pennsylvania.

EB: That's right. And at the end of the day, we are here to serve our residents. That's what we're here for. That's our only job, frankly. And so the regulations can be onerous, but I also think we need to look at them in a way that we're trying to create a safe and good place for people to live.

AM: So as we think about the fact that we will be able to have more resident engagement now in Personal Care, Memory Care, and Health Care, we're moving back to communal dining, which most of our residents that I've talked to are very excited about that. Can you tell us a little about – I mean, you and I have talked about the risk that is inherent in taking off your mask and eating – so can you talk a little bit about what we'll be doing to minimize the possibility of infection during these communal dining times.

EB: I know that different facilities in the state are at different levels as you work through these things. I'm aware of some facilities that I've talked to that are already doing some of this and they said how faces just brightened, because it's just a dining room, but when you think about what has happened these last couple months – wow! It is a big deal and really that's what is exciting about it. But we need to take it a step at a time and we'll talk about it later too in this video. But we could argue that dining is one of the most dangerous times of the day because you're taking your mask off, you're eating, there may be droplets coming out of your mouth, etc. And so it is a challenging time from that regard. Having said that, we want to do those precautions – the cleaning in between dining services, the proper distancing in the dining room, all those things to try to make it as safe as possible for our residents and for our staff as well. And so we are doing all those things and going through the requisite paper to be sure we do it appropriately. But it is a big deal for people to be out of their rooms. It's hard to imagine what they went through and were really resilient through the process.

AM: They really were. The other big change, then, is of course we have some opportunity for increased visitation, which really is what everyone wants to know about! So when we are able to move to our next step in pandemic guidance, visits with family members will be able to be 45 minutes instead of 20 minutes. We'll be able to have an increased number of person, children can come back, and the thing we've worked and struggled with the most, perhaps, is that we'll have an opportunity, if we want to, to give a hug to our family member again. So may talk a little bit about how all of that is going to work.

EB: Well it's going to work very carefully, I guess. We're putting guidelines in place around this and those specifics I don't think we'll get into in this video, but they'll be developed and communicated over the next week as we're ramping this up and rolling it out. I think the thing I would say though, I would observe of myself and sometimes in the wider community – we see green and we think that means step on the gas, it's the Indy 500. I'm going to rip out of this intersection. And to think that it's just smooth sailing from here and we need to realize that's not the case. I see this, too – you can have crowds up to 25 so people say, "Oh I guess it's ok to have 25!" Well, maybe. But if two of those 25 have COVID, that's 23 too many, or two too many. So it doesn't mean that 25 is a magical number. It's just saying, we believe – we being the state and feds – that it limits the exposure. It may or may not be safe if those people have it, but it's safer than 250 or 10,000 or 50,000 or whatever. So we need to be aware that let's not delude ourselves to think that four visits for 45 minutes is safe, it's just in the realm of what's being allowed. Because if you're sick, you're still going to be screened at a facility, and if you have symptoms you're not coming in – whether you're a staff member or a visitor. It doesn't mean this is a safe thing. It means this is an appropriate thing. And we think the risk/reward is good. But if you're sick, don't come in. Do not come in. And that would be true frankly, any time. But it is a wonderful opportunity because it has been a long time – it has been a long time.

AM: That's probably a good way to segue into the one concept that we have to get across in this video: and that is that this changing guidance is not permanent. This changing guidance is based on where we are right now with COVID. And so according to the regulations and the guidance that we are getting from our regulating bodies, as appropriate, if someone in a

particular area develops COVID, this goes back to zero. And so we're going to be in situations where this week we're visiting, we're eating lunch together as residents, we're having BINGO again, and then someone tests positive for COVID and it all will go back to where we are now basically. And then to build ourselves out of that, we have to have met all of the criteria to say ok you're past the infections stages and then it's going to be 14 days past that to stage two and then 14 days past that to stage three. So we are all going to need to work together and do everything we possibly can to keep COVID out of our communities in order to allow our residents to have the freedom that we want them to have.

EB: That's exactly right. And a couple illustrations – an illustration at The Willows. We were moving forward a few weeks ago – starting to move people in, anticipating the green phase, that kind of thing, still doing quarantines [for new move ins] and that kind of thing, but then we did our baseline testing at The Willows and we had five and the second week we had one, so a total of six residents testing positive – asymptomatic – and two staff members. Of course the staff persons were put out, we immediately created a COVID wing, but the facility went boom! We're closed. Fortunately by doing what we did, we had staff only with the residents in that wing, did everything we could, frankly, and went through our process and really worked like clockwork. Staff did a great job and now we're in the clear again at The Willows. Because we went immediately into lock down and got it under control – that's exactly the reason why we could turn it around quickly.

AM: Our results there were much better. We still unfortunately did have one person pass away, but it was not what it could have been.

EB: That's right. My understanding is – and not to minimize that – but they had some challenges otherwise, too. But that's the reality for many people who pass from COVID.

AM: Or who we're taking care of.

EB: Exactly! And similarly at Park View, though that person was not at the facility very long, we've learned to say, "How can we do this?" But absolutely we may go back to being in the position of not allowing visitors, etc. because of that cycle. One of the things, too, that impacts that is what's happening in the wider community. So New York state was really bad – New Jersey and Pennsylvania had a lot of cases – then as we were getting better it seemed to be in the southern states and now they seem to be leveling off – not it's in the Midwest – does that mean it's going to circle back to us? I don't know. I'm not going to sit here and say we know, but we're going to be watching those things because we need to. The rate of community spread in the wider community has a direct correlation as to what happens within retirement communities. Hopefully we can keep it under control better because we're masking, we're doing all these things, but we really need to do it. Another example is a facility outside of the area – they've been doing great. I think they were clear for four and a half months, they really did some unique

and interesting things, worked with the University of Denver to create some systems, etc. and were really pleased with how they were doing. They were doing great. They did their testing and they found that they had some asymptomatic people – so boom, in shut down again. So that's the thing that is the risk. And so it's not this trajectory from green to pre-COVID days – it's a continual upward cycle. But we'll do the absolute best we can. But we also implore visitors and families to do the safe thing. If you're sick, don't even come onto the campus. We're going to screen you, but don't even come if you are. We're also exploring testing to see how we can use that as part of our processes. A lot of research we're doing on that, we're not at the end of that yet. So we're trying to do this because at the end of the day, we want these things to work. But we want them to work safely for our residents and for their families.

AM: As we're entering this time when we are going to be relaxing restrictions, and family member may be taking residents to doctors' appointments or things like that – it seems so easy to say, let's just swing by and have a meal, and now all the sudden there's a different level of risk that's entering – so we really will need families to help us follow the guidelines: wear a mask, wash hands, and do everything we can to help keep people safe.

EB: That's exactly right. I get comments on a regular basis and people are really pleased. Overall we've done well – we had real challenges in Harmony House and Dock Terrace, we had challenges to a lesser degree at The Willows, and some at Souderton, too, though that was the campus least impacted. People say, "Oh it's so great how Souderton never had any in Health Care!" And it is and staff worked very hard to make that happen. But there was some luck involved, too, let's face it. Just luck of the draw. But hard work, too. I think the risk is we kind of lull ourselves to say we were good and we should therefore always be good. And they are at risk just as much as any other campus for infection. Just like that facility I referenced – not that they got complacent, but they were good and then all of the sudden boom! It hit them in the face. And that's the challenge of this disease, frankly.

AM: For our Residential Living resident – a couple of things that will be changing and or not changing that we'll be talking about and providing guidance on – and some of this does impact the other levels of care as well. But we made the decision in our coronavirus response team meetings that we're still not going to be allowing family gatherings on campus, we're not going to be sponsoring card night, we won't be doing memorial services, those kinds of things – because we do want to minimize the number of people that are coming together.

EB: That really has to do with, like you said, minimizing risk. And the risk of people coming on campus from the outside. And if you think about that, you say OK this doesn't mean families can't gather because you could go to Franconia Park or somewhere else, but then our resident is going to that park, interacting with their family, and that's the exposure. When you have families coming onto our campus, particularly coming into common spaces, you're bring all of those people on and every one of those persons is bringing every contact they had in the last few days – which we don't know about – and so by keeping it off the campus, you can see it just

minimizes the numbers of exposure. That's really what it's about. It's not that one doesn't expose the resident – because either way – if they're with their family they're exposed to their family, it's just the campus exposure. So that's why we're looking at things in common spaces, common areas, common outside areas on campus as being different from what may happen at a person's apartment or their villa or cottage. And so it's going to be a while until we allow those kinds of gatherings on campus again for that reason.

AM: So if persons are having family members over into their apartment, into their residence, if they're playing cards in their residence, that's their own business. And they need to do what they feel most comfortable with in that situation. And that's maybe a good thing to say – saying that we're setting this top bar here, but if you as a resident don't feel comfortable have 10 family members or whatever in your apartment – then for heaven's sake, don't do it!

EB: That's exactly right! And in your apartment clean the cards, wash your hands, maintain distance, wear your mask, all that kind of stuff. But you're an adult. Read the things, listen to things you hear on these video and other ways, but they're in their unit. Just like you and I go to our homes. And so we have some responsibility to behave appropriately. But we're saying when it impacts the common areas, that's different. We're not going to sponsor the wild world of poker in the Summit View Auditorium. We're not having poker night – not that we ever did anyway. I could never figure out when poker became a spectated sport. That was a head scratcher for me. But the point is, we're not going to sponsor card playing days in common spaces, because that's bringing those people together, exposing all of these people, and being a group that we're sponsoring which is different from what happens in their own units.

AM: Absolutely. And maybe just a call for people – we're coming together, we're living on campus, we have a responsibility to ourselves, we have a responsibility to each other.

EB: That's right. And interestingly enough one of our core values is community. A lot of time when I talk about that with new staff members I talk about a college campus and community. If I'm a hermit living in the middle of Montana, not that I don't have any responsibility to community, but it's a little different when I'm not exposing people or interacting with people. When I choose to live in community, I give up some of my individual rights to be subservient to the needs of the community. And so how does that come together to work appropriately? And certainly we are sponsored by Mosaic Mennonite Conference and Mennonite tradition is based in community. And so it's that idea of caring for each other and it's not just about me. Not to say that I don't have my individual rights and things, but it's about me within the community and how do we bring that together. How do we respect each other? How do we work together to protect each other?

AM: We could probably talk for 45 minutes about that topic alone in the greater country. But let's not. Let's say that we will be issuing the official revised guidance this week. And we are looking

to start these changes on Monday, August 10 provided that nothing changes with our COVID status between now and then. We'll be posting this on the website, emailing it to be people, giving copies to residents, and letting our family members know what the expectations are. In the meantime if they have questions, you can always email me at coronavirusquestions@livingbranches.org, there's a lot of information on the website, and you can always talk with your social worker and director of your level of care. Thank you all very much. Hopefully we'll be back again with good reports for next week about how we're moving forward.

EB: I just want to say thank you, too, to staff. You have worked very hard these last few months. There has been challenging times keeping COVID out and also when COVID was in. You've been resilient and worked hard. You've shown love and care to our residents. So thank you. But also thank you to our residents, your families – this has been a hard time. We're not out of it, either, so there may be hard times in the future, but we're really pleased to be at this place. I really appreciate your resilience, your support, your encouragement – this really has shown the strength of Living Branches, the strength of our community, and we will together get through this. We're at a good place now and we want to continue to have that be the place we're at. But I really do want to express my appreciation for your patience and long suffering through this process and together we will get to the other side. So thank you, very much.