

**Transcript**  
**Coronavirus Q & A – Episode 39**  
**March 12, 2021**



Alex Metricarti: Hello! I'm Alex Metricarti, Chief Marketing and Public Relations Officer for Living Branches. Today is Friday, March 12, 2021. Welcome to you and welcome to Ed Brubaker, our President/CEO. Welcome!

Edward Brubaker: Yes, it is a weekly video this time, although we don't always do that. But we have some things are pretty significant to share. We have our Covid t-shirts on again this week. I feel like I'm in Catholic school with uniforms. You don't have to worry about what to wear on Fridays. It's Covid t-shirt day.

AM: Last week that completely messed me up because I originally sent out in our email the video from the week before, because we continue to wear the same clothes day after day after day. And I didn't notice it was the wrong one. So thank you to everyone to emailed in to say it was the incorrect video.

EB: So it actually got posted? Oh, that's good.

AM: Uh huh! So I'll have to pay attention this week. Let's start with an update with where we are with Covid at Living Branches. And it will be quick because we do not have anyone on any campus testing positive. So great news!

EB: It's really excellent news. And we'll talk later about one person and the impact one person can have, but that is maybe one piece of the great news we have to share this week.

AM: And it is great news. It seems like we've had almost rapid-fire updates coming out of CDC, CMA, and the Pennsylvania Department of Health regarding who can do what, where, and when. So let's talk a little bit about that. Which one should we start with?

EB: Well let's start with visiting. Maybe we can do that. The big story on action news, as they say, was that on Wednesday evening CMS came out with updates to their standards for how you can do visiting in Health Care facilities. It was an update – as I call a red-letter edition because it literally was in red an update from guidance they had given in September. Many times the state department of health will then update their guidelines and then the county – Montgomery County health department will issue their updates. In this particular case I'm not sure if the state is going to update their guidelines or not, except they said to our LeadingAge

PA state association – you can go ahead with this. So we knew we could move forward. The question we then asked was, what about Personal Care? Because that's a separate regulatory body than Health Care. LeadingAge PA told me that we could follow the CMS guidelines but then DHS would come out with updated standards by today or at the latest, Monday. In the meantime, if we chose to follow CMS we would not be cited as a deficiency, if we did follow them. So those were our marching orders, as far as I'm concerned. And still we haven't seen anything that I've seen from DHS yet. So we'll see if they come out with theirs. So basically it says you can have visits in Health Care and we're extending that to Personal Care. It still says outside visits are preferred and they are safer, but if they can't be done or for whatever reason, indoor visits are approved or ok to move forward with. We recognize the risks involved but we are so pleased to be at this place. And we'll talk about the details, too.

AM: As you were saying, it was a red-letter event. Typically when they send these communications, they're quite long because they have detail after detail after detail of what you can't do or must do. This was relatively short. It basically just said visitors are as you said - preferred and allowed. I was really surprised by how short it was.

EB: Well, the front end was short, Alex. But there were multiple paragraphs in the red letter edition that was in there. The challenge, too, is people may say, "how come you weren't ready?" But we don't always know what they're going to say so we have to react with what they're putting out there. So it's very good news. It doesn't mean it's going to happen today, but we are working as hard as we can to make it happen as soon as possible.

AM: We're very pleased because it is a simplified version of what we had been able to do with visiting before. We spent a lot of time developing our guest program that we piloted at The Willows and were just getting ready to launch at the other campuses. We have visiting in common space. We have compassionate caregiver visiting – all of these things going on. And this is going to simplify all of that.

EB: Yes and that's a good point, too. We put a lot of time and energy into – I know you specifically and others as well – into the Be Our Guest program. And I didn't know if we were at Disney World or whatever, but yeah, there was a lot of work put into that. And it was nice to do for a couple of weeks at The Willows and we were ready to roll it out. And now that has been set aside. But to be honest with you, that's been the story of our life this past year. You work at things and then they don't become valid or they have to be changed. There's just been a lot of that – I would never call it wasted energy – but energy that you work on it because it's the best you know at that moment in time. And then you slide into something else that says, "wow, we have to change course here." If nothing else, we learned new muscles in that regard over this last year.

AM: By the time people are watching this video we will have sent out communication. They will have received information that in Personal Care on Monday, March 15 we are reopening for visits. We have committed that at the very latest, we will open Health Care and Memory Care by Monday, March 22 which is the following Monday. So maybe let's talk a little bit about why we're doing this in stages.

EB: I'm sure that will be a question – if it's OK, then why can't we do it now? And I get that. Here's why. With Personal Care, other than Personal Care-Memory Care – we differentiate our Health Care and Personal Care-Memory Care as Monday the 22<sup>nd</sup>. In traditional Personal Care, essentially everyone lives with their spouse – I don't know if we have any that live with a sibling – but they live with a partner or loved one. It's a maximum of two persons in a unit and they are private accommodations. They are larger, typically, than a Health Care room. And in some cases, may be a two-room unit. So it's a larger space. It's easier to manage. And we kind of said, we want to do this as soon as possible – let's make this happen. So that was the reason in traditional Personal Care. The reason we felt we needed to wait longer – and it's not really waiting – it's working through the details – in Health Care and Memory Care is not all of those units are private. So we have two-person rooms and a lot of them, frankly – in fact that's part of our long-term plan – to get out of that. So we have these two-person accommodations. And it says you can visit, but you still have to wear a mask. There are still infection control precautions that need to take place. So our entry kiosks need to be updated to be sure they can screen people appropriately. The bigger thing is, there's occupancy issues. You still have to maintain a 6ft physical distance. And you can't do that as well in Health Care. So we're trying to figure out and work through: is it best to let people self-monitor, is there an easy way for people to sign up, or whatever. To say that it's open to visiting is wonderful news. But it's not as easy to just flip the switch and do it. I think your comment to me yesterday that you were talking to a CNA and you read in their eyes the duality of excitement and terror. And that's really what it comes down to. We've been in this a year. And it's a big deal. This is wonderful news. But it's also kind of like woah! Where is this taking us? So finding that balance is important. We're saying at the latest Monday, March 22, but we just need some time to process this and get our processes in place. To the listening audience, I hope you will bear with us and understand where we're coming from. We're doing all we can and our intent is absolutely to open up as soon as possible. The great news is Personal Care is open the 15<sup>th</sup> and Memory Care and Health Care will be Monday the 22<sup>nd</sup> at the latest.

AM: You talked about teaching us to flex new muscles during the pandemic. And this is absolutely evidence of that. I can't recall another time when we've said, well, we're going to do something by this day and we're going to figure out how to do it in the meantime. It's just not how we operate. But this is so important and we want families to be back together. So we're committing that we're going to figure this out.

EB: That's right. And we also didn't want to say come on in one and all and then it's chaos and creates ill-will too. So there's trying to find that balance and thread the needle. The other thing I would say, too, and comment on – there are other things that haven't changed. PPE, mask-wearing, hand-washing, screening people at the entrances, all those kinds of things. So there's

certain infection control processes that the state still expects us to follow and we want to follow. The other thing, too, is one positive Covid case that had exposure to residents or other staff has the potential of closing down that level of care. And in fact, I'm aware of a local facility that they opened for Personal Care visiting on a Monday – and this is pre-the stuff we're talking about, but other kinds of visits. They opened on a Monday. On Wednesday an employee who had not been vaccinated got Covid and that unit shut down two days after they opened it. As you can imagine, that's very upsetting. I'm also aware of another local facility that a person in environmental services, unfortunately wasn't vaccinated, and because of their exposures, the community chose to shut down their entire campus. And so, that's the power of one. Wow. And so I just would also put this out for visitors and families. Be aware. If you're not feeling well, please do not come into visit your loved one. This is not the time to be spreading illness among our residents. Our residents have been out of contact with people. So it's Covid, but its colds and flus have been almost non-existent. And I know our infection control nurse was concerned about younger children who may not have personal hygiene habits developed as well as some adults – not all. But that is another risk. It's not just Covid. It's flu outbreak, norovirus – all these other things. So we just have to be smart about this, too. If you're not feeling well, please do not come in – regardless of whether or not you're wearing a mask.

AM: To be clear, it's not just if one resident or one staff member tests positive. It's if a guest or visitor who has been in that area tests positive – that also has the potential to shut that area down.

EB: Has the potential. Again, you'd need to do contact tracing – how much out and about? So it's not an absolute. But it absolutely could be a problem. So it's – it is exciting to be at this place but it's also a little bit disconcerting because of those realities. It could be shut down in an instant. That's not going to prevent us from doing this because it is absolutely the right thing to do – no question.

AM: I do think it's worth it to point out for our visitors who maybe haven't learned about this or been inundated with it as much as we have. So many times, Covid starts like the cold – a common cold. I've got the sniffles. How many times have we heard over the last many months one of our staff persons ended up being exposed to someone at home and didn't think anything of it because they had the sniffles or a sore throat and that turned into Covid. So people need to understand the symptoms are not any different from what you may normally. If you do not feel well at all – do not come to campus.

EB: Absolutely. That is 100% true.

AM: Let's talk for a minute about Residential Living, perhaps, and some of the changes we're making there. Yesterday was March 11 which was two weeks after the second dose for most

residents in Residential Living at Souderton Mennonite Homes. So they are now green and open for visitors, but we've even made some more enhancements since then.

EB: The reality right now is, for most Residential Living residents, their life and their restrictions are not that much different from a person their age living out in the community. From a restriction standpoint, we don't have the same regulatory bodies. So we really do expect our residents to pay attention to the precautions that are out there and have been out there. Don't do things that you shouldn't be doing. But that would apply to me, too, right? So it's really no different in that regard. The only difference on our campuses for Residential Living is common spaces. I've said on this program many times that since the beginning of the pandemic I've not been inside a restaurant other than to pick up my take-out – I've not eaten inside. However, I'm not sure when that may change. I'm fully vaccinated. Outside dining – I've never eaten inside – but I've eaten outside under a tent. As these things progress, that will change too over the next months. So I use that as an example that we're all doing those precautions. Now granted, I know some people aren't as much. But I really do believe our residents have done a wonderful job with that. So our Residential Living residents continue to be smart about it and follow the rules, and yes it might be a little bit different between neighbors. But the difference is in common spaces, how we do dining, in the cafes and bistros, and fitness centers – that's where you'll still see some differences. But that's also true in some restaurants and fitness centers out there. So that's where the differences will be seen, as opposed to what they can do within their unit and who they can have over.

AM: Again, by the time people are seeing this they will have had our communication that talks about vaccinated residents, starting Monday, March 15, we are going to allow them to dine together if they would like to, and play table games if they would like to. And this is the first step, I think from us, that we are really differentiating what vaccinated persons can do versus what unvaccinated persons can do. And we've talked a little bit about how – to me – that feels a little bit unfair to the persons who are unvaccinated, because we're so used to trying to treat everyone equally. But this is a situation where risk levels are completely different.

EB: That's absolutely right. And it's in keeping with things from the CDC, too, saying if you're vaccinated, you can see your grandchildren. Be masked and do the appropriate precautions, but at those levels they're also differentiating. And to me, it's right. It's the same thing to do, so to speak, if you're going to a country where there is malaria, you need a malaria vaccine. It's important. People may feel it's unfair, but I look at it and that's kind of life. We all make choices and I realize some of them are based on medical issues, but for people who are scared or don't trust or this or that – work to do the research to get over that. Because it's the way we get over this thing. So we all have choices, but that doesn't mean there aren't consequences to our choices.

AM: We are working, for people who maybe are feeling more comfortable as time has gone on, and they've seen we've vaccinated hundreds and hundreds of people at Living Branches and

we've not seen negative effects. So for persons who are now saying I would like to go ahead and get vaccinated – if you're a resident, we're working really hard to figure out how to help you do that now that our clinics are over, but we're not to that point yet.

EB: That's right. CPS, our pharmacy, is working at some things with us and other communities they work with. By mid-April we hope to have things worked out. So that's exciting news. And we have those things in place. But back to your comment, too, yes we haven't seen any of that. Yes some people didn't feel well. We absolutely didn't have any major or serious side effects. But I can tell you this, Alex. But we have major and severe side effects from Covid. We had people die for Covid. We had staff members' spouses die from Covid. We've had residents die. We have staff members that I would call the long-haulers from Covid. So we've had results from Covid. So you might think you're not gonna get it, but I'd sure rather have a vaccine so I have a high change of not getting it, than taking my chances. That's how I feel about it. And hopefully people can get more comfortable as this moves along.

AM: It does seem perhaps there is a bit of a change, just even in the news that you hear about people wanting to find the vaccine. Those are the stories we hear now. People are out there saying what do I have to do to get vaccinated?

EB: There's great community efforts, too. Rann Pharmacy in Harleysville had one this past Sunday where they took over the firehouse, Skippack Pharmacy – they've done some great work in the community. There's just a lot of people that are really doing good work. I'm doing this – I'm not making money off it – but I'm doing it because it's the right thing to do.

AM: It's exciting to see. Final thoughts? I think we're there.

EB: Yeah, I think we're there. I think the final thought again would be to reiterate we are so pleased to be at this place. And we want to continue to get our vaccination rate up among staff. We're at a very good spot – 74% or so – but we want to keep pushing that over 80%. We want to make sure new staff persons can get it. We want to make sure new residents can get it. Because I really believe getting those numbers up is what is going to allow us to stay open with visitors, to prevent outbreaks from happening again that we have to close down. So it feels good to be at this place, and certainly a warm day like today makes you feel good with sunshine. So we're feeling positive about where we're at and hope it continues.

AM: Definitely. Thank you all. If you would like to check our updated guidance, you can do so at [livingbranches.org/coronavirus](https://livingbranches.org/coronavirus). Go to that page and there are lots of links there. If you have questions, please send them to [coronavirusquestions@livingbranches.org](mailto:coronavirusquestions@livingbranches.org) or visit our website at [livingbranches.org/coronavirus](https://livingbranches.org/coronavirus) for more information.