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**Technology takes center stage in senior living in 2020**

The technological advances that we are seeing in the senior living space are outpacing the advancements that we have relied on in the past. They have become a necessity in the current state of affairs with COVID more than ever.

Written by: Lois A. Bowers

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Someday, when we look back on 2020, we might well say it was the year of technology in senior living.

Even before the COVID-19 pandemic took hold, of course, all types of technology ranging in price, size and scope helped providers keep residents safe and healthy and helped them keep track of their efforts toward these ends. Since coronavirus became a part of our everyday vocabulary, however, operators have found new and creative ways to integrate technology into their workplaces and into the lives of staff members and residents — whether it's using desktops, laptops or tablets to help residents connect with their loved ones; commissioning robots to keep residents engaged and connected; embracing telehealth to ensure that residents get the care they need; or something else.

We've shared some of these stories via our award-winning Daily Briefing e-newsletter, website, and print magazine, in our photo-centric In Focus online feature, and in our recent technology supplement, and we know there are more stories to share as well.

We want you and your staff to get the recognition you deserve for your efforts, and the McKnight's Excellence in Technology Awards is one way we can help. The entry deadline for the awards is July 24, and there is no charge to enter.

Take a look at these six categories in the senior living track and think about what initiatives your organization has undertaken — before or during the COVID-19 pandemic — that include technology and fit into one or more of them:

- **Quality.** Winning entries will describe the technology involved and how it was applied, describe and document how care quality improved, and address the overall effect of the change.

- High-Tech/High-Touch. Winning entries will describe the technology involved and how it was applied, describe and document how this change improved interaction between residents and staff, and address the overall effect of the change.
- Innovator of the Year. Winning entries will describe how innovation was key, and how it made a difference in caregiving and/or the bottom line.
- Keep It Super Simple. Winning entries will describe a simple but effective technology-related application that improved care and/or operations.
- Safety. Winning entries will describe the technology involved and how it was applied, describe and document how this change improved safety for residents and/or staff, and address the overall effect of the change.
- Activities. Winning entries will describe the technology involved and how it was applied, describe and document how this change improved activities, and address the overall effect of the change.

The awards have a skilled nursing track with six categories as well; the Transitions category takes the place of Activities, but all other categories are the same.

For more information, visit mcknightstechawards.com. You can submit entries here. Please note that entries must be submitted by provider organizations, not vendors.

Stanley Healthcare is the Platinum sponsor of the program this year. MatrixCare is the Gold sponsor for the senior living track.



Compartmentalization in Post-COVID Design of Older Adult Communities

The senior living model has already begun to shift as a result of COVID-19 and many communities are rethinking the way in which living spaces are designed. We take a look at a few ideas and examples that can be implemented by future sites and current spaces alike.

Written by: Jami Mohlenkamp

6/22/2020

Of all the populations affected by the spread of COVID-19, older adults have been among the hardest-hit. In recent years, senior living communities have shifted away from the healthcare-oriented designs of skilled nursing and hospitals in lieu of spaces that feel more like home and foster a sense of community. New design

challenges, however, have arrived with the spread of a pandemic, which has shown that the older adult population can be highly susceptible to disease and infection spread in common living communities.

Owners, operators, architects and designers would be remiss to revert to designs more appropriate for medical settings, which often stifle a feeling of community and negatively affect emotional wellbeing among older adults. Instead, the future of design in older adult communities should seek to evoke feelings of home and foster connection while also adding functionality to limit the spread of disease to keep residents and staff members healthier.

Compartmentalization is key

The ability to compartmentalize – to design spaces that allow for both community and containment – will be a key factor in the design of older adult communities post-COVID. The goal of compartmentalization is to reduce the number of interactions residents and staff members may have with potential germ sources during an emergency. It can foster the ability to quarantine residents from central common areas, such as the dining room; limit visitor travel within the community; reduce the spread of germs through heating, ventilation and air conditioning (HVAC) systems and mechanical, electrical and plumbing engineering (MEP) systems; and more.

Designing in small house capabilities

Aging-adult communities of all types and sizes can be designed to reduce the number of interactions residents may have with potential germ sources such as staff members, family members, visitors – and even other residents – during an emergency. By thinking of the overall community as individual spaces that can be broken into compartments that don't co-mingle, you can foster connection in some circumstances and containment in others.

For example, localized common spaces in each resident wing can be made intentionally large enough to support a common living and eating area for residents of that wing. This way, residents have smaller eating areas closer to their individual living spaces and can avoid large dining areas during times of quarantine or social distancing.

Large communities could be designed as a cluster of smaller household models, with a central, common amenity area. This connectability can allow for staff and resource flexibility in an emergency situation while maintaining the benefit of fewer individuals in contact with separate households. Creating outdoor spaces for visitor interaction can limit visitor travel farther into the community.

Improving safety through MEP systems

Reducing the transmission of germs through HVAC and MEP systems is another challenge that can be aided through design. Using zonal isolation for heating and cooling systems, for example, can ensure that residents and employees are not only isolated from contact spreading and physical cross contamination, but also through droplet and particulate exposure through air. In addition, filtration and purification systems can help reduce the risk of contamination inside each zone.

Electrical and plumbing fixtures also are hot spots for viruses and bacteria. To help combat this reality, plumbing fixtures should have anti-bacteria surfaces, smart controls and touchless operations. Light switches and control devices in public areas can be touchless or motion-sensored to help reduce the spread of germs through shared light switches that are used by multiple people throughout the day.

Small house models

The small house model is one that may gain popularity in the post-COVID area. Typically with 10 to 12 residents and two staff members, these units generally feel very much like home while also limiting exposure to large groups and the spread of germs.

The small house model also can be designed vertically to accommodate more residents on a smaller footprint while keeping each floor to a maximum of 12 residents depending on acuity level and suite size. This option is particularly appealing in more densely populated urban areas, where it's easier to find the space to build up rather than out.

The way forward

Knowing what we know now, it's clear that the design of aging adult communities will be different in the future than it was in the past. But this understanding opens up opportunities to look at new ways of designing spaces that strike the balance between fostering relationships and emotional well-being and keeping residents, visitors and staff members safe and healthy. Compartmentalization of spaces, systems and resources will be key to finding that balance.



10 States Include Assisted Living in their Coronavirus-related Reopening Plans

As the nation starts to reopen on a state-by-state basis, there are 10 states that have recognized the need to include senior living communities in the conversation. In many cases the safest way to keep seniors healthy has been to keep them apart from family, but now there are new plans being developed.

Written by: Kimberly Bonvissuto

6/24/2020

As states continue rolling out reopening plans amid the COVID-19 pandemic, 10 states or jurisdictions have issued guidance to long-term care facilities that specifically mentions assisted living, according to a [LeadingAge analysis](#).

Those places include Indiana, Maine, Minnesota, Missouri, Nebraska, New Hampshire, North Dakota, Ohio, Tennessee and Washington, DC.

"The novel coronavirus pandemic is an ever-evolving and challenging threat to all our member communities, and the care and safety of residents and the people we serve must come first," LeadingAge wrote.

Regarding reopening to visitors, the recommendations fall under the categories of outdoor visits only, no COVID-19 cases, and visitor, resident and facility requirements.

The visitor and resident requirements include screenings, use of masks or personal protective equipment, and limits on numbers of individuals. Facility requirements include scheduling visitation, training staff, and implementing infection control and prevention.

Some notable exceptions exist among states. Maine's guidance, for example, permits gifts from visitors and suggests post-visit monitoring, something New Hampshire also mentions in its guidance. Indiana's visitation guidance limits visitors to "essential family caregivers" only.

Three states or jurisdictions — Nebraska, North Dakota and Washington, DC — include guidance on communal dining and group activities.

The nation's capital created its own two-phased approach that covers a variety of care service areas in assisted living and nursing homes that are permitted under Phase Two. These include communal dining and group activities, nonmedical personal caregivers, field trips, screenings and testing, data reporting, new admissions and the provision of PPE.

Nebraska and North Dakota have aligned their reopening plans with the Centers for Disease Control and Prevention guidelines for assisted living and Centers for Medicare & Medicaid Services guidance for visitation.

LeadingAge said it will update its post as new information becomes available or best practices change.

In other coronavirus-related news:

- LeadingAge Florida has joined with the national organization in launching an "Act for Older Adults" [campaign](#) to demand that the next relief package includes comprehensive measures to safeguard older adults and care workers. In support of the campaign, LeadingAgeFlorida members will take part in virtual meetings with Florida's congressional delegation, making phone calls and sending emails to urge Congress to include robust support for older adults and the providers who care for them.
- Long-term care industry leaders and state legislators were surprised by Virginia Gov. Ralph Northam's last-minute ["about-face"](#) on releasing the names of assisted living communities and nursing homes with COVID-19 outbreaks. The decision came with the state [announcement](#) that assisted living communities would be receiving \$20 million to support their COVID-19 responses.
- The U.S. Senate Committee on Health, Education, Labor & Pensions held a [hearing](#) entitled "COVID-19: Lessons Learned to Prepare for the Next Pandemic" to discuss what worked, what could work better and how, and to prepare to pass legislation to better prepare for the next pandemic. Committee Chairman Lamar Alexander (R-TN) led the hearing, with testimony from William Frist, M.D., former U.S. Senate Majority Leader; Joneigh S. Khaldun, M.D., chief medical executive and chief deputy director for health with the Michigan Department of Health and Human Services; Julie L. Gerberding, M.D., executive vice president and chief patient officer for Merck & Co.; and Utah Gov. Michael O. Leavitt, former U.S. Secretary of Health and Human Services.
- Watercress Newnan Assisted Living and Memory Care in Vero Beach, FL, [achieved](#) 100% negative COVID-19 tests for its 72 employees and residents. The community credits its healthy community to education, communication and guidance from senior leadership.