

In this Industry Update you will discover:

1. *“Assisted Living Average Price per Unit Falls 30 Percent during Pandemic”*
- **MCKNIGHT’S SENIOR LIVING NEWS, 3/1/2021; pg. 1**
2. *“‘Thoughtful Approach’ to Reopening Necessary to Balance Risks, Benefits, AMDA Says”*
- **MCKNIGHT’S SENIOR LIVING NEWS, 3/2/2021; pg. 2**
3. *“Bills Would Protect Assisted Living Communities as Operators Look for State to ‘Have Their Back’ during Pandemic”*
- **MCKNIGHT’S SENIOR LIVING NEWS, 3/2/2021; pg. 4**
4. *“A Giant Leap: Visitations Start to Resume in Senior Living, But Policies Differ Around U.S.”*
- **SENIOR HOUSING NEWS, 2/28/2021; pg. 5**

**Assisted Living Average Price per Unit Falls 30 Percent during Pandemic**

Written by: Lois A. Bowers

3/1/2021

The average price per unit in assisted living fell 30% from 2019 to 2020, driven by the sale of numerous “lower-quality” assisted living communities, according to new data from Irving Levin Associates.

The average per-unit price in assisted living decreased from \$248,400 in 2019 to \$174,700 in 2020.

Meanwhile, according to the data, independent living saw a more modest decrease in average price per unit during the coronavirus pandemic, going from \$233,600 in 2019 to \$232,500 in 2020.

“Compared with independent living, the assisted living sector was generally in worse shape going into the pandemic, with existing census, rent discounting and labor issues stemming from overdevelopment only getting worse,” said Ben Swett, editor of Irving Levin Associates’ Senior Care Acquisition Report, 26th Edition.

Combined, the average price per unit for senior living communities — including both independent and assisted living communities — fell 20% to \$196,200 per unit in 2020 compared with the average in 2019, according to the company.

Across the entire long-term care continuum, data show, deal volume fell 22% from 2019, when there were a record-high 453 publicly announced transactions, to 2020, when there were 352 publicly announced deals. According to publicly disclosed prices, dollar volume also declined by more than 50% from 2019 to 2020, going from \$16.95 billion in 2019 to \$7.9 billion in 2020.

(New article on next page)



'Thoughtful Approach' to Reopening Necessary to Balance Risks, Benefits, AMDA Says

Written by: Kimberly Bonvissuto

3/2/2021

Taking a measured approach to resuming visitation and group activities, advocating for COVID-19 vaccines, continuing visitor screenings, and requiring masking and social distancing are among the recommendations that AMDA – The Society for Post-Acute and Long-Term Care Medicine is making to long-term care facilities as operators consider lessening restrictions that in many places have been in effect for almost a year.

With the availability of three vaccines against SARS-CoV-2, AMDA said Monday that optimism is mounting about the possibility of resuming group activities, including communal dining and visitation.

Its recommendations come not long after the [American Seniors Housing Association](#) asked the nation's governors to begin easing "harmful" visitation restrictions in senior living communities based on rising resident vaccination rates and as senior living communities across the country [slowly begin to reopen their doors](#). Many states are implementing essential caregiver and compassionate caregiver programs to allow residents to designate family members to visit during a public health emergency.

AMDA Executive Director Christopher E. Laxton said that communities have to take a thoughtful approach to reopening to balance the risks of COVID-19 with the negative effects on activity and visitation restrictions.

"Effective vaccines and therapeutics against COVID-19 are a significant step towards a post-pandemic world," Laxton said. "A return to 'normal,' though, will not be immediate. Vaccine delays, vaccine hesitancy, admission of new, unvaccinated residents, and ongoing community COVID-19 cases conspire to prolong the threat of COVID-19."

Parameters affecting the risk of COVID-19 transmission in congregate care settings include community spread, personal protective equipment, testing, staff member and resident cohorting, and the ability to quickly identify and isolate active cases.

AMDA said that several knowledge gaps around vaccination also present challenges, including vaccine efficacy among older adults living in long-term care settings, viral shedding and transmission following vaccination, the duration of protection against symptomatic and asymptomatic infections, virus variants and herd immunity.

With COVID-19 transmission and vaccination knowledge ever evolving, AMDA offered a set of [interim recommendations](#) for long-term care settings to develop individual policies and procedures, including:

- Adopt a measured approach.
- Advocate for staff, residents, visitors and essential caregivers to be vaccinated against COVID-19 and influenza.

- Schedule and supervise visits with residents in designated areas to ensure mask-wearing and effective hand hygiene until visitors become accustomed to new policies and procedures.
- Continue screening visitors for COVID-19. Perform rapid results antigen testing, when available, for anyone exhibiting symptoms, or ask each visitor to present documentation of a recent negative SARS-CoV-2 test.
- Require visitors to wear medical-grade masks issued by the community, practice effective hand hygiene and only allow visitors to see one resident per day.
- Develop policies and procedures that align with local and state health departments, the Centers for Disease Control and Prevention, and the Centers for Medicare & Medicaid Services, including policies and procedures for compassionate care and essential caregivers.



Bills Would Protect Assisted Living Communities as Operators Look for State to 'Have Their Back' during Pandemic

Written by: Kimberly Bonvissuto

3/2/2021

Bills introduced in the Florida House and Senate would offer differing levels of COVID-19 liability protections for assisted living communities and other long-term care settings.

The Senate legislation, [SB 74](#), would require plaintiffs to provide “sufficient detail” that a provider was grossly negligent or engaged in intentional misconduct in causing death or harm in COVID-19-related lawsuits. The bill also would provide immunity for claims related to supplies or personnel not readily available or not available at a reasonable cost to comply with COVID-19 standards.

In addition to assisted living communities, the [legislation](#) also would protect other healthcare providers, such as adult family care homes, companion and homemaker services, home health agencies, nursing homes, home medical equipment providers, adult day centers and hospices.

The House bill, [HB 7005](#), would require 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 providers did not make a “good faith effort” to substantially comply with public health standards or guidance in effect at the time of the action.

The House version would eliminate the protections after a year. Claims would need to be brought within one year of COVID-19-related death, hospitalization or diagnosis.

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No. 1 concern

Jason Hand, vice president of public policy and legal affairs for the Florida Senior Living Association, told *McKnight's Senior Living* that COVID liability protections are the No. 1 concern of the group's members during this legislative session.

Assisted living communities should be protected, Hand said, because they 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, he added.

Although hospital staff members have been held up as heroes, assisted living staff members, Hand said, are being demonized for "going outside of their swim lane at the request of the federal and state governments."

"They did everything they could with what they had," he said. "They want to know the state's going to have their back. At the end of the day they are looking for some protections from frivolous lawsuits."

Kristen Knapp told *McKnight's Senior Living* that the Florida Health Care Association supports these two bills as part of its top legislative priorities this session.

"Given the overwhelming and nationwide impact of the pandemic, the initial shortages of PPE and testing, the lack of scientific certainty about treatments and methods of transmission, and the fact that long-term care providers were being forced to step outside of their intended scopes, we believe our frontline healthcare workers and their care centers should not be held liable for the spread of COVID-19 or care directly impacted by the crisis if they made a good faith effort to comply with government issues and standards," said Knapp, FHCA's director of communications.

The association, she added, is advocating for preventing the threat of excessive litigation through "sue and settle tactics" that could push the long-term care sector to an "economic breaking point" and drive up defense and claims costs. The plaintiff's bar is "already positioning itself to profit from this tragic situation by organizing tort actions," she said, adding that three of FHCA's member companies collectively are facing more than 112 potential lawsuits.

"If providers are going to recover and continue meeting residents' care needs into the future, we've got to ensure their resources aren't diverted from the care center floor to the courthouse steps," Knapp said. "We need to keep them invested in our workforce, technologies and training, as well as infection prevention supplies, to ensure the health, safety and well-being of the residents entrusted to their care."

LeadingAge Florida President and CEO Steve Bahmer said that the bills "strike an appropriate balance" that ensures that COVID-19 claims can be filed where "legitimate actions of gross negligence or intentional misconduct may have occurred."

"SB 74 and HB 7005 preserve the rights of residents and their families to sue, while extending limited liability protections to healthcare providers who did everything in their power to comply with federal, state or local laws, regulations or ordinances," Bahmer said. "Reasonable liability protection makes sense for long-term care providers, and we look forward to working with the Florida Legislature and other key stakeholders on these important bills."

COVID lawsuits

Legal teams for both long-term care operators and the residents and families affected by the pandemic are [gearing up for lawsuits](#) alleging neglect and wrongful death as a result of the virus. Many industry leaders have

been advocating for [federal protections](#) for the senior living and care industries against COVID-19 related lawsuits.

[COVID liability laws](#) also are topping the 2021 priority lists for legislators in Alabama, Missouri and Nebraska.

To date, 21 states and the District of Columbia have enacted some level of [COVID-19 liability protections](#), according to the American Tort Reform Association. From March to December 2020, \$34.4 million was spent on TV advertisements for legal services and / or soliciting legal claims mentioning COVID-19 or coronavirus.

Florida accounted for approximately 20% of all legal service TV ads and spending on ads mentioning COVID-19 or coronavirus, at \$6.6 million, according to the ATRA. During that same time period, 7,734 lawsuits related to COVID-19 were filed in the United States.

SENIOR HOUSING NEWS

A Giant Leap: Visitations Start to Resume in Senior Living, But Policies Differ around U.S.

Written by: Chuck Sudo

2/28/2021

As senior living providers are hitting critical mass in their Covid-19 vaccination efforts, they are taking a big step toward normalcy by resuming more regular visitations.

As Covid-19 swept across the United States last spring, senior living communities shut their doors to almost all visitors — including residents' family members. In the ensuing months, isolation has taken a steep toll on residents, and some senior living providers reported that fear of being cut off from loved ones was an even bigger deterrent to move-ins than fear over being infected with Covid-19.

While providers have hit on creative ways to connect residents and family members, more normal visitation at last seems within reach.

Two weeks ago, Kentucky Gov. Andy Beshear [announced](#) that visitations could resume at non-Medicare-certified long-term care facilities including assisted living facilities, personal care homes, intermediate care facilities for individuals with intellectual disabilities and independent living facilities — as long as those facilities have gone through vaccine clinics.

Kentucky is not alone. Tennessee Department of Health Commissioner Dr. Lisa Piercey [said](#) that the Volunteer State will end restrictions on long-term care facilities on February 28, and Michigan Gov. Gretchen Whitmer indicated that she could announce a loosening of restrictions [as early as this week](#).

The efficacy of Covid-19 vaccines has governors across the country reassessing restrictions on daily life that have been in place for over a year, in some areas. Long-term care settings that were home to some of the pandemic's earliest epicenters are now seeing positive case loads and deaths plummet, spurring calls from senior housing groups to relax visitation restrictions on communities.

The American Seniors Housing Association (ASHA) sent a letter to the National Governors Association encouraging governors to ease visitation restrictions in the coming weeks.

“Given the very high resident vaccination uptake rates and the fact that the vaccination program will be complete in most senior living communities by the end of March, it is imperative that the states take steps to allow residents to visit with families and loved ones,” ASHA President David Schless wrote.

Doing so will not bring senior living back to a pre-pandemic “normal,” however. Conflicting guidance from the Centers for Disease Control and Prevention (CDC), state and local public health departments will force providers to resume visitations with safety measures in place. Additionally, visitors to communities in states where visitations have resumed must schedule their visits, and they must either be vaccinated or attest that they have not been exposed to the virus recently. Some providers are conducting rapid antigen testing of visitors to verify they do not have Covid-19.

Resuming visitation is seen by most on the front lines of the fight against Covid-19 as a giant leap, and another sign that the pandemic will soon subside, Wickshire Senior Living Vice President of Clinical Operations Maggie Dewey told Senior Housing News.

The relaxing of visitation restrictions conceivably will also put pressure on providers to mandate staff vaccinations in order to protect residents and themselves from asymptomatic coronavirus carriers.

Vaccines are working

Revisiting community restrictions would not be possible if not for the proven efficacy of the Pfizer and Moderna Covid-19 vaccine clinics.

Since the first vaccine clinics launched last December, nursing home deaths have plummeted by more than 60%, the New York Times [reports](#). This is a sign that the vaccines are working in real world settings, and faster than anticipated. Senior living owners and operators also are reporting drastically reduced Covid-19 caseloads, correlated to the rollout of the vaccine. For example, Sabra Health Care REIT (Nasdaq: SBRA) reported a 70% decline in the number of communities with positive Covid-19 cases from January through the end of February during its Q4 2020 earnings call.

The Food & Drug Administration’s (FDA) [emergency use authorization](#) of the one-dose vaccine developed by Johnson & Johnson — which [shows](#) to be very effective against severe cases of Covid-19 — gives states another option to offer their residents.

But demand for vaccines continues to outstrip supply, even as Pfizer and Moderna promise a [massive influx of vaccines](#) to reach the Biden administration’s goal of 100 million vaccinations in its first 100 days. And states across the country are struggling to keep up with their vaccine timetables.

Still, the effectiveness of the vaccine is the primary reason Beshear announced that visitations could resume in the Bluegrass State, Kentucky Senior Living Association Executive Director Bob White told SHN. Since vaccine clinics began, 95% of residents among the organization’s member providers have received Covid-19 vaccines, and providers were revisiting their own restrictions ahead of the governor’s announcement.

Another factor in Beshear’s decision to resume visitations was listening to the recommendations of his long-term care task force within the Cabinet for Health and Family Services — on which three providers sit.

“With those advocates on that task force, they’ve been able to create this type of guidance for visitation,” he said.

The Ohio Assisted Living Association is also advocating for Gov. Mike DeWine to relax restrictions in the Buckeye State, Executive Director Jean Thompson told SHN. Over 90% of OALA's member providers had vaccination clinics scheduled, and resident participation has been high.

Covid-19 positivity rates among Ohioans over age 80 have decreased from their December peak — [18% of the age cohort](#) accounted for the state's total Covid-19 hospitalizations.

Thompson believes that relaxing restrictions on senior living facilities will help residents combat the isolation they have experienced since lockdowns first started last spring.

"We can open up more visitation since the positivity rate in counties all over Ohio is going down," she said.

Safety protocols remain in place

While vaccinations trend upward, providers are keeping safety protocols in place while resuming visitations. Brentwood, Tennessee-based Wickshire, which operates 16 communities in eight states, is following CDC recommendations and guidance in the states where they operate as the provider reopens its communities.

Visitations are held in designated common areas of Wickshire communities. Masks are still required of residents and visitors. Individual residents may only have a maximum of two visitors at a time, and visitors must fill out an attestation form and have their temperatures taken before entering a community.

Additionally, Wickshire requires visitors to wear surgical-grade masks or higher, and the operator provides hand sanitizer. Visits are scheduled through community concierges throughout the week.

Charter Senior Living is also scheduling visits, and requires visitors to bring proof of a negative Covid-19 test or be pre-screened, in some states up to 24 hours in advance, Vice President of Health and Wellness Stephanie Pfungsten told SHN. The Naperville, Illinois-based operator's portfolio includes 24 communities in 11 states.

Communities must also be free of Covid-19 for at least 14 days before visitations resume, and Charter is limiting the total number of visitors to any one community to four at a time; residents may have up to two visitors at a time. Visitations are scheduled throughout the day, with a maximum of 60 minutes per visit, to ensure these restrictions are followed.

This is in addition to compassionate care visits and essential caregiving visits that have occurred throughout the pandemic, for residents in need of higher levels of care under the Americans with Disabilities Act (ADL). But these procedures vary depending on the state.

"We don't have a one-size-fits-all visitation policy," Pfungsten said.

Caledonia Senior Living and Memory Care of North Riverside, a senior living community in North Riverside, Illinois, resumed visitations in mid-February, CEO Gus Noble told SHN. The community made the decision after 100% of its resident population received both doses of the Pfizer vaccine.

Visitations are restricted for the time being to Caledonia's Heritage Hall, and Noble expects visitations to gradually return to normal as more staff and the general population are vaccinated, which will go a long way toward establishing a post-pandemic foundation for socialization.

"The next thing we must do is to reconnect families," he said.

Staff vaccinations lagging

As more states decide to relax restrictions on long-term care facilities, providers will be under pressure to mandate staff vaccinations. A recent [survey](#) of 84 senior housing and skilled nursing providers from the National Investment Center for Seniors Housing & Care (NIC) revealed that 80% of resident populations received at least the first dose of coronavirus vaccines, compared to just 50% of staff.

A growing number of providers are now mandating that staff receive vaccines as a condition of employment, including Irvine, California-based Silverado Senior Living, [Bloomfield, New Jersey-based Juniper Communities](#) and [Louisville, Kentucky-based Atria Senior Living](#).

Caledonia's staff vaccination rate currently sits at 85%. Still, Noble mandated that all staff and residents get fully vaccinated by March 31. He made the decision after talking with his young son's doctor, a Black woman, who noted that Covid-19 has adversely affected persons of color and lower-income workers — demographics which coincidentally intersect with the community's staff population.

Noble invited this doctor to discuss the benefits of getting vaccinated, and also invited another Black senior living executive to share his experiences as a Black man in senior living, and why it was important for him to get the vaccine.

Finally, Noble wrote each of his team members personal notes, and amassed studies and university reports dispelling misinformation about vaccines, in an effort to give his workers everything they needed to make an informed decision.

Ultimately, he decided to be proactive in making vaccinations mandatory. He believes vaccinations could become mandatory at "the stroke of a pen" in Washington, D.C. or the Illinois capital of Springfield.

Charter's vaccination disparities trend closer to the NIC survey. Through late-February, over 90% of residents have received at least one vaccination, while staff vaccinations are just under 50%, Pflugsten said.

Wickshire is seeing a similar disparity between residents and staff, Dewey told SHN.

But neither provider is ready to mandate staff vaccinations, and each is continuing to do educational outreach to give employees everything they need to make the most informed choice for themselves.

Dewey noted that associate vaccination rates are trending upward, as more employees see residents and co-workers go through both doses with little to no side effects.

"[Mandates] are certainly not off the table, though," she said.

Charter is stepping up its educational efforts to improve staff vaccination rates, and Pflugsten sees similar trends among frontline workers as more residents show no ill side effects.

"The drastic decrease in cases [has made a] tremendous difference," she said. "They're seeing the impact of what the vaccine has done."

Smaller providers, however, may not be able to mandate vaccinations. White observes that a large operator such as Atria can levy a mandate among its staff because it has economies of scale on its side. Smaller providers, on the other hand, must contend with other industries to recruit new talent. If a worker decides to quit rather than get vaccinated, finding a replacement may prove challenging.

But White is hopeful that workers observing the benefits of the vaccines first-hand will sway them to receive their doses, as the vaccination effort escalates, and as they see the benefits of less restrictive visitation policies.

“We’ve seen a marked improvement in the number of staff that have opted to get the vaccine, but opted out of the first clinic,” he said. “We’re probably up to around 60%.”