

Scott Peters, Director of Operations at Randall Residence

Testimony to the House Aging and Long Term Care Committee:

I am happy to address the committee today regarding COVID-19's impact on nursing homes and long term care facilities, specifically regarding assisted living and memory care communities. I am the Director of Operations at Randall Residence which currently operates 7 Independent, Assisted and Memory Care communities in Ohio.

As the public health crisis expanded our senior living communities have been greatly affected. Communities were quickly thrust into providing services and protocols they were not regularly accustomed to providing. Staffing has been a critical aspect to ensuring our ability to continue to provide the level of services our residents have come to expect. Additional staffing has been required to ensure a higher level of cleanliness, ensure meal delivery takes place safely and efficiently and to provide the necessary care for residents. The most difficult part of this is to have enough staff come to work that were not afraid and willing to continue to provide the necessary services. Our commitment to these heroes was to provide additional incentive for them to continue the services they provide. They are essential workers that left their homes every day to ensure our residents were cared for adequately.

To keep our staff and residents safe, we were then required to ensure they had personal protective equipment to match their job duties. As resources were prioritized into hospitals the availability became more difficult to provide. When our vendors ran out of PPE we were forced to scour the globe for available PPE often paying prices that were inflated. Some of our communities were lucky to purchase small portions and build tiny stockpiles. We rationed items to ensure that we would have things in the event of a localized outbreak.

As we have accounted for these expenses the best we can our number exceeds \$150,000 year to date and growing. Additionally, our revenue from new admissions almost immediately stopped overnight creating additional financial challenges.

Much of our move-in process issues could be alleviated with better access to testing. Testing for new residents that must make a move due to safety and security has been limited and at times been flatly denied even with physician order. Skilled nursing have been cautious and/or refused to perform COVID testing in fear of ending up on "a list." That does not increase resident safety for the resident or for the residents residing in the community.

Lastly, I would like to address the "Care in Place" approach that has been put in place for long term care in Ohio. While I think this certainly works for nursing homes where room variation still remains low and room amenities is often consistent, the same does not apply in our Assisted Living and Memory care residents. Our assisted Living residents rent apartments and they bring their lives with them including furniture, pictures, their stories and experiences. Creating a COVID isolation area is not as easy as throwing up some plastic and isolating. Residents chose their room style, location, amenities based on what will work for their lives. Asking them to vacate their apartment, their home is not reasonable. For our residents with memory care issues like Alzheimer's isolation just isn't an option due to the short term memory loss and often frequent redirection that is needed. I was encouraged to hear about the possibility of regional centers to care for COVID residents, but discouraged when that did not materialize.

Thank you for allowing me to provide this testimony today. I would be happy to answer any questions.