

## Testimony Before the Aging and Long-Term Care Committee

Dear and respected Chair Ginter, Vice Chair Swearingen, Ranking Member Howse, and Members of the Ohio House Aging and Long-Term Care Committee.

My name is Jean Makesh and I am the CEO of Lantern Group. I am an Occupational therapist by training. I have an undergraduate and post diploma in Occupational therapy and a master's degree in business administration.

Lantern Group is a premier Residential care (Assisted living) provider in the State of Ohio. The Lantern group owns and operates three Residential care communities (assisted living communities) in North east Ohio. We care and serve approximately 227 elderly with various medical conditions including Alzheimer disease.

We appreciate and thank Representative Diane V. Grendell for her work on this important matter that have affected hundreds of seniors and their families.

The incredible selfless staff at the Lantern provide essential services that were not suspended during COVID-19. Our heroic staff showed up every single day to provide the care and the love the elderly needed despite the deadly invisible enemy, COVID-19. We continue to protect and serve our elderly from COVID-19 and to protect the staff from contracting the virus to the best of our ability and despite many impediments.

COVID-19 is indeed unprecedented. Given its contagious nature, and the high prevalence of negative outcomes among the elderly and immuno-suppressed, and the very nature that the virus is transmitted by individuals who display no symptoms have made our assessments and identification even more difficult. The issue is further compounded profoundly by shortages of critical supplies such as personal protective equipment and test kits, massive additional costs and revenue losses and ongoing difficulties retaining staff because of quarantines and other COVID-related factors.

The residential care facilities (assisted living) throughout the state of Ohio have done a fantastic job mitigating the contagion. The number of COVID-19 cases in residential care facilities (assisted living) are significantly less than the nursing homes. However, residential care facilities (assisted living facilities) have not received any financial support from the Federal or the state government. The nursing homes were reimbursed for the cost of virtual devices, PPE, and additional labor. Unfortunately, residential care facilities (assisted living) were left to fend on their own and to manage and prevent the spread of the virus. We spent over \$100,000 to procure the basic PPE, virtual devices and additional labor and resources to ensure that our seniors in all our communities are protected and their health preserved. This is just the basic beginning of the cost incurred. If the Pandemic continues, we will have to spend in upwards of half a million dollars in the next four to six months. Any financial assistance from the federal or the state government could assist residential care providers (assisted living) to continue to protect and prevent the spread within our facilities. If the Federal or the state government is unable to provide financial assistance, low interest rates loans with 8- 10-year term would also be helpful. In the last three months, the revenues have significantly dropped and the cost to operate have skyrocketed. There are over 617 residential care providers in the state of Ohio and because of the Pandemic many of them are operating in red. If the providers do not receive some form of loan or assistance, many could declare bankruptcy. The numerous bankruptcies could have a significant impact on BWC funds, unemployment

cost, healthcare cost and loss of revenue to the state. Numerous seniors' lives will be impacted. At this present time, the unemployment in the state of Ohio is at 16.8%. If the residential care (assisted living) providers do not receive financial support, the unemployment in the state of Ohio could profoundly increase.

I tremendously respect and appreciate the committee's desire to seek thoughts and ideas from providers like me to reopen residential care facilities (assisted living) to families and visitors. I honestly believe that it is critical and vital that we safely and cautiously enable family/visitor visitation as soon as possible. We breathe life into each other. We keep each other alive. Humans are social animals and are not structured and designed to be locked in an enclosed setting. Securing and limiting a human to confined spaces directly impacts their brain health and overall well-being. Numerous research and studies show that it directly affects the production/level of hormones such as serotonin, endorphin, and cortisol and in turn having profound impact on brain health. Our seniors have been in locked down for the last eighty-three days. In the last eighty-three days, their social exposure has been only to my staff and to their family members via virtual devices, window visitation and porch/patio visitation. Most of our seniors understand the Pandemic and is willing to do whatever it takes, however, just looking at them, I can tell that they crave human connection with their families and friends. I believe it will be matter of time when we notice anxiety, depression, and other social dysfunctional behaviors among our elderly.

On March 13, 2020, I closed all my communities to families and visitors. On March 10, 2020, we started assessing our staff and seniors for COVID-19 symptoms. We also initiated two-hour physical assessments on all our elderly and two health assessments for the staff in the beginning and end of their shift. We as an organization did all this much sooner. Lantern as an organization has always been innovative, creative, and proactive. As a residential care provider, I fully understand the risks of COVID-19 and the guidance that we need to follow until the virus is eliminated.

With being mindful of all the precautions and federal/state guidance, I drafted a visitation policy for the Lantern. Please use this policy as my recommendation for the Aging and Long-Term Care Committee. At present time, this policy is not in practice or executed. It is our plan to execute after the visitation moratorium is lifted by Governor Mike Dewine.

**Policy:** Family visitation after visitation moratorium is lifted by the Ohio department of health

**Process:**

- a. The name of the nursing homes and assisted living communities that have COVID-19 positive cases will be displayed by the front door of the community.
- b. The name of the nursing homes and assisted living communities that have COVID-19 positive cases will be listed on a document for the family/visitors to review.
- c. Family members/visitors will sign a document stating that they have not traveled overseas or visited nursing homes and assisted living communities that have COVID-19 positive cases.
- d. A COVID-19 health questionnaire/assessment will be completed.
- e. Family members/visitors that have been in COVID-19 positive community will not be permitted into the Lantern community until they have been quarantined for 21 days.
- f. Family members/visitors that have traveled overseas will not be permitted into the Lantern community until they have been quarantined for 21 days.

- Visitation:**
- a. The family and visitors will be given two types of visitation options to visit with their loved ones- an indoor option and an outdoor option.
  - b. Family visitations will be scheduled.
  - c. Each family visitation will be for 30 minutes.
  - d. A total of 9 family visits will be permitted per day. The visitation schedule will be as follows- 9:00 AM- 9:30 AM, 9:45-10:15 AM, 10:30 AM- 11:00 AM, 11:15 AM- 11:45 AM, 1:30- 2:00 PM, 2:15 PM- 2:45 PM, 3:00- 3:30 PM, 3:45 PM- 4:15 PM, 4:40 PM-5:00 PM.
  - e. The visitation schedule will be honored 7 days a week.
  - f. The visitation will be allowed in an assigned indoor or an outdoor space.
  - g. A 10 ft social distance must be maintained between the elderly client and the family member.

- Personal protective equipment:**
- a. The family member/visitor must always wear a mask.
  - b. The family member/visitor must wash their hands and sanitize them before and after the visitation.
  - c. Alcohol-based hand sanitizer for hand hygiene will be made available.
  - d. The elderly client is not required to wear a mask, however, if able will be suggested.
  - e. The elderly client's hand will be washed with soap or sanitized before and after the visitation.

- Indoor visitation:**
- a. A room with adequate air flow ventilation will be assigned.
  - b. The assigned room will be close to an entry/exit. This limits the visitor's movement within the community/facility. If required, this also makes it easy to disinfect the spaces the visitor/family traveled.
  - c. The room will have two comfortable chairs that will be 10 ft apart.
  - d. The room will have a small table where snacks and drinks will be placed for the visitors and the senior's pleasure.
  - e. The room will have a waste basket.
  - f. The plates and silverware must be disposable.
  - g. If possible, a room with a wash sink should be assigned.
  - h. The room should have none besides two chairs and a table.

- Indoor room sanitization:**
- a. After every family visit, the room and the furniture must be thoroughly sanitized.
  - b. The table and the two chairs should be wiped thoroughly with a sanitizer.
  - c. The snacks must be refilled using a new plate and a new set of disposables plates and silverware.
  - d. The trash bin emptied and replaced with a new trash liner.
  - e. The air in the room must be ventilated by opening the window.
  - f. The air in the room must be sprayed with a disinfectant.

- Outdoor visitation:**
- a. A safe outdoor space will be assigned. The outdoor space could be a gazebo, an outside patio/space that has shade.
  - b. The assigned space must be handicap accessible.
  - c. The outdoor space will have two comfortable chairs that will be 10 ft apart.
  - d. The outdoor space will have a small table where snacks and drinks will be placed

- for the visitors and the senior's pleasure.
- e. The outdoor space will have a waste basket.
  - f. The plates and silverware must be disposable.
  - g. The outdoor should have none besides two chairs and a table.

- Outdoor space sanitization:**
- a. After every family visit, the space and the furniture must be thoroughly sanitized.
  - b. The table and the two chairs should be wiped thoroughly with a sanitizer.
  - c. The snacks must be refilled using a new plate and a new set of disposables plates and silverware.
  - d. The trash bin emptied and replaced with a new trash liner.

I thank the chair, vice chair and the committee members for this incredible opportunity to be a voice for Ohio residential care providers and Ohio seniors.

Sincerely,

Jean Makesh, CEO  
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