

Lucas: Welcome to Bridge the Gap podcast, the senior living podcast with Josh and Lucas on our special series dedicated to cover 19 continuing to bring on thought leaders in the industry to bring you up to date information in today's new norm. We've got a great topic today that's very, very crucial for senior living operators nationwide to be thinking about. And for that conversation we've brought on Grant Warner. He's with D2 Architects out of Dallas. Welcome to the program.

Grant: Thank you for having me.

Lucas: Grant, a very important topic right now in both hospitals and in senior living is talking about capacity and capacity related to social distancing and also COVID-19 positive people. Talk to, give us some context around this study and this report that you guys have put together with a collaboration of multiple entities.

Grant: We formed a task force when the virus stirred to come to our shores to try to find ways to think ahead, to plan and to prototype different types of responses. And so we formed a basically a consortium of D2 architecture, HKS, one of the nation's leading hospital designers, 12 Oaks Senior Living, Heritage Oaks management, Brasfield and Gorrie General Contractors and the Bridge Group Construction, you guys. We also have some advisers on some positions that HKS was able to put us in touch with and some manufacturers including manufactured homes, manufacturers and a shipping container conversion type companies as well as some product representatives of other types of systems. We formed this consortium to try to get ahead of things and as we started interviewing senior living clients to see what their needs were, they were pretty much totally consumed with trying to acquire more PPE and supplies at the time. And they lamented to us that they were only getting two to three hours of sleep, if any a night with their tremendous responsibilities on the front lines. So, they were able to communicate with us, in spurts. And so we were able to assemble five basic subjects, security, bed capacity, infection control, food services augmentation and regulation reform.

Lucas: Out of that list, what seemed to be the most important at this time?

Grant: We started prototyping in every category, but the most important to us that seemed to be the one we could solve the fastest was bed capacity. And that's where that report came out, that first report in conjunction with some reports that HKS was producing. This one, this one came out about how we senior living communities could partner with what are called limited services hotels.

Lucas: And give us a rundown on how that looks in plays out for the senior living operator.

Grant: For the operator the concept would be to, well, I'll back up for a second. One of the problems that communities were lamenting to us as well as the Army Corps of Engineers. We were talking to them too. The Army Corps of Engineers was tasked with assessing community centers, convention centers and hotels for treating COVID positive residents. There was a lot of red tape, a lot of FEMA funding

problems. It was very expensive and required a lot of healthcare expertise that our senior living communities just don't have time for and don't have the funds for. And so, we started looking at alternatives and one of the ideas that came up was, well why not create a respite situation? Try to find ways to take non-COVID positive residents or at least those who are not showing symptoms and can still be sequestered at another location and partner with a limited services hotel to basically evacuate and reduce density inside the senior living community itself so that the seniors that are in the senior living community and cannot leave for whatever reason, they may be memory support, they may be bedridden, they may require acute care or they may have no family locally so that they could spread out inside the community to create more distance, more isolation rooms, more social distancing, and reduce the stress on the staff, the more highly trained staff so they can spend more time caring for those who need it and move some of those who don't need it or need less care out to a limited services or till.

Josh: So I'm, first of all, really impressed at how quickly you guys kind of assembled this task force so to speak. And while it feels like we've been dealing now with COVID forever to me, it's actually all happened in a relatively short amount of time how it became kind of a thing we were talking about to a thing we were living with. Backtrack here. I'm fascinated because to get to the point where you've actually got some solutions and a study. At what point did you guys start assembling your task force to, to address this issue? It seems like this had to be really early on, right?

Grant: It wasn't as early as we probably should. They contacted us to try to work with them to see what we can do together. And at the time it was very medically focused. It's not something D2 does. But we realized we have to have a two prong approach or a three pronged approach. There's no one, there's no one solution. We have to have multiple solutions, especially for senior living communities that are just so varied, varied in terms of funding, varied in terms of financial stability, varied in terms of care types and size and locations. We needed lots and lots of solutions. A menu if you will, that they could choose from to pick what's best for them. And the hope is that if, if the, any of these prototypes or any of these ideas work for them, they can act individually, don't need to work through us, we're just, we would be in the way, we would be slowing things down. We would put them into contact with Marriott for example, or Hilton or Holiday Inn or whoever for an idea like this.

Josh: So for the senior living operator right now that is on the front lines in a community, for example, and maybe they do not have any outbreaks right now. They're sort of sheltering in place doing the social, social isolation but they're trying to make plans still at this point for the what if the what if happens? What if we need to isolate what if we need to separate what, what are some steps right now based on the study findings that you've found that that senior living operator could go ahead and begin to get sort of this plan in place that you guys have presented this idea for?

Grant: That's a great question. And then I've got three different steps they can take. One of the first is contact or if you need some help, let us know, contact a hotel operator nearby to just start the conversation. There's still paperwork. I'm sure that it has to be worked out and agreements that have to be worked out and things like that. But get, make some contacts and get some options set up not just one, but maybe several in your area because the, one of the reasons we gravitated to the limited

services hotels is they're almost everywhere. You see them everywhere. They're the courtyard Marriott's. They're the Holiday Inn Expresses, they're the Hampton Inns. Those kinds of types of hotels are everywhere. And I can go into why other reasons later in the interview.

The second step we've been communicating indirectly with state of Texas officials. It's unofficial, but some of their recommendations that they would like and your platform is perfect for getting this information out. Some of their recommendations are, and in fact, I'll just read them to you so that I don't butcher this. One of the first ones is while we have at least some time, go ahead and amend your emergency preparedness plan while you have time to include the possible evacuation or a partial evacuation to one of these hotels. Reach out. They're trying to, I can speak to Texas specifically, I can't speak for other states cause I've been focused on Texas. But hopefully other states are doing the same thing. Texas in particular unfortunately has rules that have the skilled nursing rules were revised, but the assisted living rules were revised but not approved by the governor state legislature. So unfortunately the American Emergency Preparedness Plan requirements differ between assisted and skilled. So they're trying to get the governor to provide a waiver for the assisted living emergency preparedness rules to allow the communities to communicate directly with their regional directors.

And then also they're trying to create a waiver that will relax what's called the Destination Facility Requirements. Right now in an emergency preparedness plan, probably in almost every state, not Texas, if you evacuate from your community, the destination facility you go to has to be an equal or more stringent compliance from a license standpoint. They're trying to get that relaxed. And I've got a whole bunch of reasons why limited services hotels were chosen for that reason, too.

Josh: Well, it's really interesting. Well, I think timing is obviously of the essence. And I think most senior living operators are very similar if not similar, but used to making these evacuation plans. Most states require that for different emergencies, especially those coastal cities that oftentimes have to evacuate and have a destination or two already picked and have relationships with transportation companies. So under that similar format, I think what I'm hearing is that right now is the time, if they haven't already to consider potentially the hospitality industry that I think is, I think we've all noticed as, as largely shut down right now, many of these hotels empty and that they could be a great resource for this.

To your point on the regulatory environment, every state's different. We're a state regulated industry in senior living. I know in Tennessee the board for licensure just recently had an emergency meeting, which basically temporarily until I think like the June, the next June meeting scheduled meeting basically waived many of the building code requirements, many of the evacuation policies and many of those kind of shelter in place things to allow for a lot of flexibility to, to the operators to coordinate with their local or regional health offices to relocate residents and to even kind of erect temporary isolation structures and things like that. So, I have to believe that many states are doing that and trying to get very creative and work together. So what are some other things that you've kind of put together details on as far as action plan relating to this study?

Grant: In talking to hotel operators and to others, we came up with several things that were very attractive from the limited services hotel standpoint because why this could be a possibility and this, and

this varies by care type. So active adult and independent living are easy. There's no regulation. They can do whatever they need. They can move as needed and thin out their density and their communities. It gets tougher with assisted living and obviously with memory support and skilled nursing. And so what we looked at were some of the reasons why limited services hotels may be a good fit for any or all of those categories of residents. And we came up with basically nine things that were very attractive to it.

One is widely distributed. They're almost everywhere. You see them on highways, you see them in every city. They're even close to rural communities, off of interstates. They are purpose built for hospitality. So that means that they are familiar, they're comfortable, they have flexible amenity spaces, they have housekeeping and laundry services built in and they have services, infrastructure, they have staff support facilities. Then, and best of all, they have fairly fully furnished units. You don't have to move a bunch of furniture and equipment.

Third reason is they're staffed and like you said, these places are mostly empty and some of the staff are furloughed. They'd be eager to get back to work and eager to help care for our nation's elders. And the staff has been already trained in hospitality services. They would just need minimal extra training for some specifics in elder care, depending on the level of care that's moving there. And minimal supervision because one of the push backs we got from senior living operators, it was, I can't split my staff. My staff are already stressed as it is. This would be a way to double your staff instantly because they are already there. And jam, we just need minimal supervision. So you would only have to send a skeleton crew over to help minute minimally train them and maybe provide minimal supervision. And it could even be secondary staff, maybe not necessarily frontline staff who are needed at the community itself, depending on the level of care that moves.

The fourth one was food services. Some of them have limited food services you probably see into the Courtyard Marriotts, there's things like bistros and things like that. Those that do, that don't have enough or those that don't have any food service support, whatever whatsoever. There are many locations that are right next door to restaurants and those restaurants, like you said before, or the hotels are also out of work and eager to get back to work and could support the hotel eventually door again with limited supervision necessary for a temporary basis.

The fifth one that was really attractive to a lot of operators was that they're already secure. Many of these buildings are newer than senior living communities and they were purpose built for security. And so they're easier to secure in this crisis for those residents that are there, fewer doors, energized locks, cameras, security systems, all that stuff is already in place. They are accessible and I mean not from a, not from an ADA standpoint, but they are easily reached by emergency services. They're in the middle of a lot of these communities, near families and your loved ones near supply chains are logistic services and they're easily accessible for state officials because the state officials can find them without any major problems.

The seventh one was that they're safe. And what I mean and that standpoint is from a life safety standpoint, they're not just secure, but almost all of them are fully sprinklered because there are medium size hotels. Many of them, not all, but many of them are built using non-combustible construction so that there are safer construction types and most of them are lower mid-rise, which are easier for elders to evacuate in an emergency.

The eighth one was trusted. They, there's a lot of resident confidence out there already in the quality and reputation of many of these hospitality providers. Everybody knows Marriott everybody knows holiday and everybody knows Laquinta everybody knows, knows Hilton. There's a lot of confidence in those brands.

But the ninth and most important one to most of the operators we talked to is that they are available right now.

Josh: So, very, very great points. I'm wondering as you guys have been reaching, obviously studying this, what is the level of openness to this that you've seen from the hospitality sector to be able to utilize their resources, their assets and their team members potentially to assist the senior living population?

Grant: That's a great question. I don't have an answer to that. HKS is spearheading the approach to the hospitality clients and I would hope that that you and Brasfield & Gorrie also with your hospitality experience could reach out to some of those too and see this first version of the report was specifically designed for them. That's why it helps explain the different types of senior living care, the different types of senior living owners that they might partner with to help educate them very quickly that there's a lot of variety out there. I know it when we did talk to some of them originally, they were a little hesitant. They thought everything was a nursing home. Some of them just didn't understand the variety of senior care there. They thought they were all nursing homes and that they wouldn't be able to help.

Now they're beginning to see that. And, and a lot of them knew that there were a lot of other opportunities. But HKS is kind of spearheading that with their clients. I would hope just in hearing conversations from the side that they'd be very interested in it because in terms of one aspect is the other alternative is turning them into COVID positive treatment centers. And that would require a lot of building modifications, a lot of expensive changes to the building. It'll be very difficult to put that hotel back into use as a hotel after this crisis. So I would imagine that they would be very interested in partnering with senior living communities, especially at the private entity level. They wouldn't be necessarily any governmental agencies or red tape involved.

Lucas: I think that that's the difference between our interview with HKS, which our listeners can listen to as well. It's a difference between moving people that are currently in a hospital situation to a convention center or a hotel. And I think it's also important for our listeners to understand that this is our first, this is a first draft and we're inviting people into this conversation.

Grant: Yes please.

Lucas: We hope in the space that this never needs to be enacted, right? This worst case scenario, if and as we've seen in the news, this stuff happens very quickly. If there is an outbreak in a community and

they are forced to make decisions on evacuations, this is one option that should be, you know, that senior living communities nationwide should at least explore and start to have these conversations as a backup plan.

Josh: I really applaud your efforts to get in on the front side of this to provide potential solutions for senior living operators. As we know with any emergency planning, emergency evacuation planning, you hope you never have to use them. But if you're not planning for that actively and kind of rehearsing that and know all of those details, communicating those to your teams, having those partnerships already in place, it's really hard when the time comes to be able to deploy that.

So what a great conversation. I've often said our industry is where hospitality and healthcare collides. This conversation is very relevant to that specifically and I think it is a great opportunity. Appreciate the work that both of you guys have been doing on this.

Grant: Thank you.

Lucas: Yeah, grant, thank you for your time. For our listeners, again, we're inviting you into this conversation. We know that during this time that there are a lot of creative people that are thinking and trying to solve these problems as they come up. And so we invite you to connect with us. We'll also connect with Grant and D2 in the show notes and we'll be able to publish this study so that people can download it and get it in their hands and have questions. Reach out to us. You can connect a bridge the gap@btgvoice.com and also Grant will be in the show notes so you can reach out to him as well.

So thank you everybody for listening to our program today. We're thinking of you, we're praying for you and we believe in you. Thanks for listening to Bridge the Gap.