EXECUTIVE SUMMARY

The Institute for the Advancement of Senior Care and its leading media brand iAdvance Senior Care are conducting surveys to uncover COVID-19’s current impact on senior care and long-term care facilities in the United States. With over 75,000 members, the Institute for the Advancement of Senior Care is dedicated to fostering continuous innovation and best practices for business and clinical professionals working throughout the continuum of senior care. Based on 631 survey responses received between March 20-24 we found:

• **Very high level of concern** by both leaders and employees at senior care facilities. On a scale of 1-10 (10 being extremely concerned), leaders averaged 9.03 out of 10 and employees were at 8.94 out of 10. Resident/patients were less concerned at 7.69 out of 10.

• **COVID-19 is nearby an increasing number of facilities.** 65% have reported cases in their county, 44% in their town or city. A very low percentage report cases in their staff (2%) or residents (2%).

• **Senior care facilities are taking extreme measures to keep their residents/patients healthy.** Over 90% have incorporated increased hygiene guidelines, conducting daily screening of all staff and residents, and are conducting more frequent cleaning of the facility with hospital grade disinfectants. 85% have canceled group activities and 74% have stopped communal meals. 31% now have staff wearing PPE.
EXECUTIVE SUMMARY continued

• Facilities are facing severe supply shortages that need to be addressed including masks and other PPE (91%), sanitizers and cleaners (83%), and medical supplies including respirators (41%).

• Majority of facilities are facing increased staffing challenges but so far seem to be coping. Only 34% report no increased challenges as a result of COVID-19. However, only 7% report these challenges as being extreme at this point.

• Over the next 2 months, senior care facilities are most in need of better access to medical and PPE supplies, better screening/testing tools and faster test turnarounds, access to cleaning supplies and disinfectants, and increased funding for staffing and facility costs.
SURVEY RESULTS

COVID-19 IMPACT ON SENIOR CARE/ LTC FACILITIES
MOST SENIOR CARE FACILITIES BELIEVE THEY ARE CURRENTLY RECEIVING ADEQUATE INFORMATION FROM THEIR STATE REGARDING COVID-19 SYMPTOMS, PREVENTION, AND TESTING

Are you receiving adequate information from your state regarding COVID-19 symptoms, prevention, and testing?

- Yes
- No
BUT SENIOR CARE FACILITY LEADERS AND EMPLOYEES ARE VERY CONCERNED ABOUT THE NEXT TWO MONTHS

Patients/residents seem less concerned.

How concerned about COVID-19 in the next two months? 1-10 scale, 10 is “Extremely Concerned”
COVID-19 IS CLOSING IN ON AN INCREASING NUMBER OF SENIOR CARE FACILITIES IN THE US

Have there been any positive tests for COVID-19 cases...

- In your county: 65%
- In your city/town: 44%
- Among friends or family of staff: 5%
- Among friends or family of residents: 3%
- Among staff: 2%
- Among patients/residents: 2%
SENIOR CARE FACILITIES NEED ADDITIONAL SUPPORT NOW
Specifically, with supplies and testing

What additional support would be most helpful?

- Better access to supplies, including PPE: 90%
- Better access to testing: 55%
- Better access to funding: 24%
- Better access to medical support: 17%
- Better access to local/state guidance: 11%
- Other: 4%
OTHER AREAS IDENTIFIED BY SENIOR CARE FACILITIES

Mental health, staffing...

- Better access to psychiatric support!!!!
- A better President/government that first off took this serious and then support the Health Care organizations with needed supplies
- Better ideas on mental health for the residents - activity ideas
- Childcare for our staff
- Direct orders to provide alternative care (tele-visits) or to hold therapy services to reduce use of PPE and instead donate it to frontline staff
- Equipment for Telehealth
- expedited testing turnaround time
- extra phones and phone lines... front desk person in the evening and weekend
- Having staff to volunteer to work and having them work 12 hour shift putting them up n a hotel so they cannot infect their family and get a bonus to help support health care during this period on a volunteer basis
- hazard pay
- Help in informing SNF’s that hospice workers are allowed access to their patients
- How to anticipate the possibility of the disease entering our facility; anticipatory steps we should take to prevent that; and how we should respond if we have a suspected case or more than one case
- increased staffing
- Knowing that there will be some relief and flexibility during state survey with regulatory items that may be getting missed right now as we turn our focus to this crisis as long as those things do not cause actual harm to a resident.
• Our supplier did not send toilet paper in our weekly order so we have been having to run from store to store trying to find it potentially exposing us and then we have to come back into our facility

• some way to compensate extra staff needed for continual screening of employees, vendors, and visitors. It means another licensed person for at least 2 shifts per day

• Staffing challenges

• Staffing shortfalls due to Child Day Care Centers closures

• visitor restrictions hard on family and residents

• we are getting access to everything we need so far

• We are so focused on PPE and keeping vendors, etc, safe. We will be facing a massive crisis as our staff gets ill. There are no reserves. It is scary.

• We are unable to get hand sanitizer and have only a little left

• WHAT TO DO WHEN A MENTAL HEALTH RESIDENT REFUSES TO STAY AT THE FACILITY, THUS POSSIBLY BECOMING EXPOSED TO THE VIRUS AND BRINGING IT HOME, EVEN WHEN SHOWERING UPON RETURNING. OTHER RESIDENTS ARE ANGRY WITH THIS RESIDENT.
SENIOR CARE FACILITIES ARE MOVING QUICKLY TO BE BETTER PREPARED AND KEEP RESIDENTS AND EMPLOYEES SAFE

What additional preparedness steps are you taking?

- Increased hygiene guidelines: 97%
- Daily screening of staff for symptoms: 96%
- Daily monitoring of residents for symptoms: 91%
- More frequent cleaning of the facility including hospital grade disinfectants: 90%
- Practicing social distancing within facility: 89%
- Canceled all group activities: 85%
- Limited visitation: 81%
- Stopped offering communal meals: 74%
- More isolation-related precautions: 66%
- Staff now wearing PPE such as surgical masks and gloves: 31%
- Suspended new admissions: 24%
- Other: 15%
OTHER AREAS IDENTIFIED BY SENIOR CARE FACILITIES

No visitors, complete lockdown, more virtual communication, 14-day isolation upon return from a trip, PPE when appropriate...

- All management prepared to care if needed
- any entry of medical staff (visitors) must wear PPE
- beauty shop closed, fitness center closed, no visitors allowed on campus, limiting staff movement, patients eating in their rooms
- Campus is on total lockdown - no visitors allowed
- Checking in with staff and residents frequently, working with corporate to make sure staff will be taken care of if they fall ill.
- Consulting and training remotely so still supporting staff but not entering facility, adhering to recommendations to promote prevention.
- currently no visitation, no non essential staff in building, limiting staff from crossing one building to another, no volunteers or vendors in building
- Daily huddles, increase use of virtual communication, increase 1:1 activities, No visitor restriction,
- Daily huddles, increase use of virtual communication, increase 1:1 activities, No visitor restriction,
- daily updates, hotline number
- Designating isolation rooms segregated from general resident rooms.
- education and communication to staff, residents and families
- Following CDC and CMS guidelines and recommendations
- Holding mail and packages for 24 hours before opening, no flowers, no outside food, screening non-emergent EMS and all vendors, daily ZOOM meeting with entire management team, daily emails to families, will begin regular zoom calls with patients and families starting Monday. Stocking food services supplies for 2 week period.
• if employees have traveled to other states, potentially been exposed, been in groups of 10 or more are not to report to work for 14 days and monitor daily at home their temperature

• limiting non essential people in facility

• monitoring supply of PPE, reviewing state, federal policy changes, revising policies and procedures, monitoring any breaking news updates

• Multi-purpose room will be prepared for a isolated in the event of an outbreak or any confirmed cases

• no family visits, we are in lock down,

• No non-essential medical appointments

• No outside visitors allowed

• No vendors, students, non-essential staff, allowed in the building. Screening all physicians, EMS, coroners prior to coming into facility.

• no visitation

• No visitation

• no visitation

• No visitation

• No visitation

• No visitation

• NO VISITATION MEDS DELIVERED AT THE DOOR.

• no visitation at this time--face time family members for our residents.

• no visitation by anyone including not allowing vendors in the building

• No visitation except for healthcare workers

• no visitation unless resident dying

• No visitation, limited admissions

• NO Visitation, NO outside food allowed

• No visitation. Except end of life. Can't have all staff PPE as we are in a national crisis to find enough supply!!!!!

• No visitations

• No visitations by anyone, only allowing essential staff from Hospice (Nurse only), no consultants

• no visitations, only workers can enter the facility

• No visiting of family or outside unless necessary and still goes thru check point before enters

• No visitor

• No visitors
OTHER AREAS IDENTIFIED BY SENIOR CARE FACILITIES  continued

- no visitors
- No visitors
- No Visitors
- No visitors
- No visitors allowed, staff meetings via computer, communal drinking fountain out of order
- No visitors allowed. Employees only people coming and going
- no visitors and no one to come into building only essential staff.
- No visitors or outside vendors at all
- No visitors other than “essential”, PPE supplies ordered and recorded to have 2 months in excess.
- No visitors unless end of life care being given and screened with each visits (No one has taken advantage of this opportunity)
- No visitors, no home care support staff, hospice only for active patients
- no visitors, only key staff on unit nursing, physicians, therapist, lab, housekeeping, respiratory
- NO VISITORS, ONLY MEDICALLY NECESSARY PROVIDERS (ESSENTIAL LABS), VENDORS LEAVE PRODUCT OUTSIDE THE DOORS
- NO visitors. Period.
- No visitations
- not admitting those requiring isolation
- PPE when appropriate - not all the time, coming up with ideas to use less due to difficulty with obtaining PPE. Continue to take admission but have a screening process that is more specific for respiratory related illness due to limited PPE
- Prohibiting visitation
- Remote Doctor evaluation
- Restricted all visitors and vendors, deliveries are sprayed and mail is held for 24 hours prior to delivery Residents restricted from leaving accept for essential Doctor visits and only we can take them
- restricted all visitors except end of life situations
- Restricted visitation, No LOA’s, only emergent appointments allowed
- restricted visitors, calling all retired staff and staff on maternity leave to come back, being very creative with in room activities planning
- restricting vendors/deliveries into the HCC.
• Screening of IL residents when they go off campus; require 14-day self-isolation of IL resident when they return from travel and twice a day temp.

• Screening of vendors, visitors and other health care professionals who are entering the building. Deliveries left at a designated entrance but not delivered into the building.

• Separation at activities and meals of 10 or less residents with no symptoms. Allowing visits via skype, Facebook through windows on the main floor.

• Staff can’t leave campus during workday, feeding staff at work.

• Staff wear PPE per protocol, not universal

• Stop visitation

• STOPPED ALL FAMILY VISITS AND UNNECESSARY MEDICAL VISITS

• Stopped all visitation, except end of life

• Stopped all visiting, only employees allowed in. Even vendors, must meet us outside.

• Strict NO visitations except for end of life situations

• Suspended all resident visitation except medically necessary and End-of-Life

• Suspended visitation except for essential visitors/vendors

• Suspended visitations and non essential medical visits

• Tight screening of new admissions

• TOO NUMEROUS TO LIST

• travel restrictions

• Visitation limited to end of life residents only

• All staff are practicing social distancing and working from home to provide services.

• we are checking residents q shift if no six and q4 hours if they have six. staff wearing PPE as appropriate as indicated resident to resident.

• We are in lockdown mode

• We have actually suspended visitation at this time, but have made arrangements for families and residents to connect via facetime, skype, etc.

• While not suspending admissions gather carefully detailed respiratory status for transfers or new admits. Self-quarantine for 2 to 14 depending on specific resident
SENIOR CARE FACILITIES ARE EXPERIENCING SIGNIFICANT SUPPLY CHALLENGES AS A RESULT OF THE PANDEMIC

A very high percentage are having difficulty sourcing masks/PPE, sanitizers and cleaners, housekeeping supplies, and medical supplies.

Are you experiencing supply challenges as a result of the pandemic?

- Masks and other PPE: 92%
- Sanitizer and cleaners: 83%
- Housekeeping supplies: 45%
- Medical supplies, including respirators: 41%
- Food/nutrition: 8%
- Pharmaceuticals: 6%
- Other: 2%
OTHER AREAS OF SUPPLY CHALLENGES IDENTIFIED BY SENIOR CARE FACILITIES

• Equipment
  • impedance monitor
  • Kleenex
  • none at this time
  • None yet but expect challenges with sanitizer/cleaners, masks/PPE, and potential other supplies as time goes on
  • paper products

• Swab test kits
  • thermometers
  • toilet paper
  • Toilet paper
  • TP
  • wipes for resident care
66% OF SENIOR CARE FACILITIES ARE EXPERIENCING INCREASED STAFFING CHALLENGES AS A RESULT OF THE PANDEMIC....

Are you experiencing staffing challenges as a result of the pandemic?

- No increased challenges: 34%
- Moderate staffing shortage: 29%
- Staff is calling in sick at a higher rate than usual: 27%
- Extreme staffing shortage: 7%
- Other: 3%
OTHER STAFFING RELATED COMMENTS FROM SENIOR CARE FACILITIES

More overtime, challenge of no school/childcare available for employees, what to do when employees call in sick with lack of testing available...

- About average so far
- At the present time we are not. However, we were informed today of the closures of schools and daycares in our area until April 17th. This, in turn, affects many members of our staff. We have several staff members with young children who will be experiencing childcare issues making it very difficult for them to report to work.
- have lost several staff d/t school closures, no child care
- not at this time
- Not currently but could at any moment
- not yet
- shortages were present prior to the pandemic
- staff don't have childcare
- Staff have been wonderful so far—very supportive of their residents
- Staffing is difficult under normal circumstances, but with no school or childcare (though understandable and needed), healthcare workers with young children and no support cannot report to work
- trying to keep residents with Dementia in rooms and understanding why
- We were struggling prior to this pandemic so having to screen staff and send them home or have them not come has made that worse. Our staff are doing a lot of OT right now.
- Well, in a field that is nationally facing a shortage I would already say we are at a deficit, but administrators plan to cover the floor as needed.
- When staff call in sick, Don't know what it is. No testing, how long should they be out

"
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS

PPE/medical supplies, sanitizers/cleaners, access to testing with quick results, funding...

- A consistent message|Clarification of method of transmission|Test turnaround time
- A crystal ball|Funds, grants, in-kind donations|
- a way to get information re supplies|way to access frozen meals|internet access for all for banking etc.
- Ability to get all supplies, medical PPE, food and paper products. The stores are running out of meat and shelf sturdy foods|Funding for additional staffing, due to illnesses other than Covid-19 symptoms|Increased funding for facility costs for residents personal items. They cannot get out for their personal supplies.
- ability to get supplies|available testing and quicker results|
- Abundance in supplies|Keep up with the good communications from all entities|Keep supporting
- access to adequate amounts of PPE
- Access to adequate supplies of most kinds
- access to isolation masks, hand sanitizer, bleach wipes as our vendors are already running low.|testing for the virus|open communication from hospitals and UDOH on which hospitals have positive patients
- access to medical supplies including PPEs|access to testing|better screening tools for admission to LTC
- access to more PPE|access to more hand sanitizer|access to more wipes and sprays
- access to PPE (masks, gowns, goggles)|access to hand sanitizer|clear-cut testing protocols
- Access to PPE, temp probe covers, etc.|Less vagueness in new rules|easy access to onsite testing
- access to PPE|access to volunteer or contract staffing|
- Access to PPE|Ideas for no communal dining implementation|Staffing shortages as they arise
- Access to PPE|Quicker answers from CMS regarding waivers - we cannot do everything that is normally done and still take care of residents especially with non essential staff not working|How to keep residents from going out in the community - maybe we should be sheltering in place!
- access to ppe|quicker turn around on lab results|
- Access to PPE|Security of food and medical supply|Adequate staff
- Access to PPE|Understanding expense due to 6201 leg|
- Access to PPEs|Access to cleaning products and disinfectants|Increased support to healthcare workers (i.e. childcare, funding)
- Access to PPEs|Relief of financial burden of employees being absent|Resources for additional staffing
- access to PPE's|waiver for hospice assessment timing|support by SNF's to see hospice value to them
- Access to supplies|Continued updated information|Faster turnaround time for test results
- access to supplies|money|continued information on what to do
• Access to supplies | Proactive Program Flex for staffing. (i.e., volunteers to feed patients) | Situational waivers for communal dining and group activities.
• Access to supplies | Support for families of front line staff |
• access to supplies-PPE | support for staff | support for residents
• access to testing | more PPE supplies | more staff
• Accessible PPE | Accessible testing | Increased social distancing
• Accurate information | Supplies | Updates
• accurate prevention information | more personal care supplies | some rest
• Access to telemed | PPE | Shorter test results time
• Additional Masks | Additional Staff | Funding
• additional PPE supplies | recommendations on emergency staffing |
• Additional PPE | Expanded testing | Sanitation Supplies
• Additional PPE | Sufficient staff | Sufficient cleaning and food supply
• additional PPE | transparent government information | updates | extra support | clinical staff
• Additional skilled staff | More PPE | Certainty that all our providers are healthy and services will be uninterrupted
• additional staff | adequately trained | adequate PPE | clearer guidelines as to how to treat
• Additional Staff | PPE | Increased funding
• Additional Staffing |
• Additional Supplies | availability of testing | financial support
• additional supplies | more testing capabilities |
• additional supplies | staff | continued information
• Adequate PPE supplies for staff & residents | Adequate supplies for sanitizing the facility, equipment, etc. but also for staff to have enough appropriate supplies for their homes to maintain optimal health to be able to continue working in a manner safe for residents | Vaccines &/or antivirals as they are developed.
• Adequate staff | Adequate access to supplies | health licensure approved quickly
• Adequate staff | PPE |
• Adequate staffing levels | Adequate PPE |
• Adequate staffing levels | Adequate PPE | Financial help
• Adequate supplies of PPE | Sanitizing/disinfectant supplies | adequate staffing
• Adequate supplies | Adequate staff | Available testing
• adequate supplies | decrease of fear for staff and families | close LTC facilities to admissions
• Adequate supplies | Specific instructions | Help with staffing
• Adequate supplies | Staff buying in to the necessary precautions | Continued updates on the United States status
• Adequate supply of PPE | More staff | Ideas to interact with residents and keep them engaged
• Adequate, prepared staff | Needed PPE on hand | no shortage or rationing of supplies | Inservice/latest training for current staff
• affirmation of income if not allowed to work | Telehealth opportunities | paid conference calls
• Alcohol gel access | Masks (both N95 and regular) | staff
• Allowing tele-visits for PT OT and SLP | Stopping services from PT OT SLP unless emergency or delivered via tele-visit | Full compensation while staying home to prevent the spread
• Antibacterial cleaners | Access to Skype/social media for resident to visit with family | Paper products
• anticipatory suggestions | anticipatory suggestions | anticipatory suggestions
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  continued

- approved face masks and goggles | rapid accurate testing |
- Assistance to assure adequate staffing | Access to testing for all | Information about staff exposure with guidelines for managing
- Assurance of adequate PPE | Assurance of proper cleaning supplies | Additional staffing resources
- Assurance of PPE supplies | Access to testing |
- Availability for supplies | Staff replacements for those out sick |
- availability of all medical equipment, PPE, Masks, etc | quick and convenient testing | money to cover our huge expenses
- Availability of hand sanitizer and masks | Allowing staff more than 120 days to complete CNA class/testing | Supportive involvement from State surveyor teams to guide and reduce fear of being reprimanded
- availability of PPE | affordable PPE |
- availability of PPE | availability of sanitizing wipes | availability of hand sanitizer
- Availability of supplies | Better ways for resident to communicate with families | Better idea of length of restrictions
- Availability of Testing Supplies | Availability of Medical Supplies | Funding for rural areas
- Availability of testing | availability of PPE | availability of info
- Availability of PPE | Hiring additional staff | Staff training
- available ppe |
- available ppe | Backup staffing | relaxing regulations on who can work in a LTC facility and/or just relaxing regulatins in general
- available PPE | More qualified staff | available CDC approved cleaning products
- Available Testing | More specific information for LTC | more supplies
- Basic PPE supplies |
- Basic PPE supplies | Less paper work, more patient care time |
- best policy for bring new residents to my building | healthcare worker replacement when our workforce is ill | caring for residents in house with COVID-19 or other viruses/bacteria
- Better access to PPE. ALF’s do no have healthcare facility status to receive emergency stockpile access. Many sites request your provider # to order these supplies |
- Better access to PPE | easier access to testing | Guarantee of job if we leave due to being at increased risk
- better access to PPE | less media hype | more access to Telehealth
- Better access to supplies |
- better coordination between all the regulatory agencies to whom we are accountable | alternatives for child care for staff | availability of PPE
- better plan for supplies | communication with families |
- Better PPE access | More access to testing for COVID-19 | clearer instruction from only 1 source, not multiple sources, county vs state vs CDC
- Better reimbursement | Supply availability | Staffing availability
- better supply chain for infection control products | ability to test even those who are asymptomatic but exposed | childcare for staff
- better testing for HCW |
- Better testing | Better equipment/PPE | Moral support
- Better testing | Better treatments | Better access to supplies such as masks
- Better testing | current information | More supplies
- Better Testing | Move PPE | Quicker Testing
- bleach wipes | masks | gowns
- child care for critically needed staff | access to supplies & PPE | funding relief for sick leave etc
- Child care for employees. Daycares are closed. | Adequate supplies | More staff
- Child care | PPE | additional staff
- Child care | PPE | Staffing availability
- Child care for critically needed staff | access to supplies & PPE | funding relief for sick leave etc
- Child care for employees. Daycares are closed. | Adequate supplies | More staff
- Child care | PPE | additional staff
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  continued

• Childcare | Adequate grocery source | A heads up on rules so we can communicate to employees
• Clarity on duration of limitations | Specifics to open use r/t healthcare visitors ie hospice nurses/staff | Testing parameters
• Cleaning supplies | PPE | Up to date info for our county
• Clear directives about limiting visitors and employee return to work guidelines | Access to PPE supplies | Coordinated city, county, state, national and facility responses.
• Clear info on covid-19 laws/mandates re: payroll | Access to reasonably priced supplies | HR info/recommendations on policy amendments for covid-19 impacted employees
• Clear national guidance | Faster testing results | More lifting of regulations
• Communicating factual information where the outbreaks are occurring | Having PPE available for all healthcare workers | Having labs able to do the testing that is required.
• Communication from OSDH | Communication on where to get supplies if needed
• Confidence that supplies will be available | Additional funding budget is “blown” | A quicker response from the testing so we can get people back to work
• Consistency in what our preventative measures are | Management would be leading the nursing staff with instead of nursing staff trying to figure it out | Supplies
• Consistent and adequate PPE and supplies | Adequate funding | Anything positive and reduced regulating
• Consistent information on best guidance to follow | PPE | Staffing suggestions
• Consistent staffing | Diligent adherence to i.c. practices | Adequate ppe and supply availability
• Continuation of updates and knowledge
• Continue updates daily | Increase communication individual facilities that one works for | Information on how many doses are getting the virus as it comes available
• Continued daily updates related COVID-19 | Improved access to PPE | Staffing
• Continued guidance and consistency in compliance | Availability of appropriate supplies following strict IC guidance | Fed/State Support to be able to carry out job responsibilities
• Continued information from local, state and feds on trends, updated precautions and information | Better access to additional staff resources | Better/faster access to PPE
• Continuing with updates on the covid-19 to ensure we can get the supplies that we need
• Contracts with staffing agencies | More PPE supplies | Limited visitation
• COUNTY SPECIFIC UPDATES | KNOWN SHORTAGES OF SUPPLIES | SHELTER IN PLACE “FRIENDLY” ACTIVITIES
• Critical lack of PPE | Ancillary HC providers refusing to their part | I.e. laboratory company says their staff won’t draw lab work in any room that is under isolation | We anticipate staff shortages with the closure of daycare and increasing diagnosis
• Current guidelines
• Current Information | Adequate PPE | Adequate supplies
• Direct communication from CDC and state | Direct communication from my employer-some communication
• Disinfect the entire facility | Take all precautions with the care that we provide | Precautions they should take at home
• Disinfectants | Availability of testing | PPE equipment
• Easier Testing for suspected cases of COVID 19 | Ample supply of PPE | Better support for staff who need to stay home to self isolate
• Easy access to PPE | Ongoing info | Info about location of virus by county
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS

• Emergency funding! This is all VERY costly. The ability to incent workers to stay in this profession. The current pool of applicants are telling us they will only stay with us until they can go back to the job they were just laid off from. This is not a great plan for continuity. Broad based ‘safety net’ thinking by policy makers.....day care initiatives are just the beginning.

• Employee Day care options | PPE

• Enough sanitation supplies (ie) lysol | hand sanitizer and antibateria soap | PPE supplies

• enough staff | enough supplies | decrease in other unnecessary rules from CMS

• Enough staffing | Enough supplies | Enough Protective equipments

• Enough supplies | Disinfectant | Soap equipment | suggestions for activities for isolated seniors | more staff

• extra disposable gowns,feeties, caps | extra staff | more supplies | better communication with hospitals

• Extra staff | Temporary stop on MDS assessments until pandemic cleared | Ability to work from home some days

• Face masks | Gowns | Hand sanitizer

• Face masks | Hand sanitizer | Community support by staying home

• Face Masks | Hand sanitizer | gloves

• Face masks | Hand sanitizer | No outside medical visits

• Face Masks | N 95 masks | Sanitizing Wipes

• FACEMASKS | LOOK AT THE VISITING REGS DOR NURSING HOMES AND START THEM BACK|

• Financial Assistance |

• food supply/pick up for our market place | up to date information on virus/ changes etc | necessary medicatios

• food | masks | more testing

• food | supplies | staff

• Foods | Water | Medicine

• Full staffing | Unimpeded supply chain | Help from families

• funding for incentives for staff | PPE |

• Funding for staffing | Extra staffing | Childcare for staff

• Funding | Groceries and other supplies | Additional staff

• Funding | PPE |

• Funding | Staffing | PPE

• Funding | supplies | staffing

• Getting supplies for daily use |

• Gloves | Funding | Information

• gloves | masks | gowns

• Government funded time off | Enough masks to not have to reuse | More help

• gowns/face sheilds/N-95 masks/ gloves(PPE) | testing |

• Gowns/Gloves/Face masks | Cleaning supplies | Care facilities for the care of COVID19

• Gowns/Face masks | Cleaning supplies | Test Kits

• Gowns | Masks | No touch or disposable thermometer

• gowns | masks | testing guidelines

• Greater PPE availability | Consistent but less frequent communication regarding updates & directives | Government directives/ mandates

• GROCERY/SUPPLY DELIVERY. |

• Guidance for staffing | PPE and supplies |

• guidance with accurate info | ppe,( keeping my staff and myself well )) availability of testing

• Hand sanitizer | Bleach | Mask

• Hand sanitizer | disinfectant wipes | masks

• hand sanitizer | gowns | respirator masks

• Hand sanitizer | less panicked media | How to treat someone with COVID 19

• hand sanitizer | masks | staff

• Hand Sanitizer | Sanitizer Spray | Toilet Tissue
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  continued

- Having adequate staff | having adequate supplies | having adequate staff
- Having adequate supplies | Knowing testing is expanding and available | Keeping the updates regular
- Hazard pay | PPE | Funding
- How to better prepare the residents | Counseling for residents struggling with isolation | Making staff less fearful to come to work
- I don't know ||
- Improved access to needed supplies | Expedited Medicaid coverage approvals | Delay of Quality surveys - done
- Improved supply chain | increased staffing | timely communication from parent company
- Increase in PPE and supplies | Increased funding |
- Increase staffing | additional PPE | additional funding
- increased employment of nurses and aides | increased access to PPE |
- Increased funding | Access to PPE and cleaning supplies | Quick access to back-up medical personnel should the need arise
- info | supplies | more staff
- Información | Acceso a recursos de primera necesidad | Proroculosn caso de infeccion
- Information - Where to get testing | PPE - Supplies | Medical Support - if and when to send residents to Hospital
- Information daily | PPE Supplies | Comfort Supplies for Residents
- Information from local government | Access to ppe | Access to hand sanitizer and sanitizer wipes
- Information on the Virus | More masks | Keeping the grocery stores well stocked.
- information updates | supplies | staffline
- Information | Funds | Support
- information | supplies if needed | staff if needed
- Information | Supplies | Timeline
- Keeping me informed on how to care for my patients | How to protect myself and family while caring for my residents | Funding and testing to give information to my patients and my family
- Knowing a time line on preparing | Better explain of testing | purposes of keeping quineten in place for a long time
- knowing we are going to be able to get supplies | Information on what to do if a resident gets Covid19 | Info on additional funding to staff the facility if the virus hits
- Knowing we have adequate staffing | Adequate PPE | Training on COVID-19
- Knowing we have enough PPE | Continued Education | Support from families
- Knowledge that PPE is available ||
- lack of panic by others | enough back up staff support if illness strikes | positive outlooks
- Local oversight from our County Health | Supplies | Funding
- Maintain supply chain | Better ways for Residents to communicate with family | Emotional support for staff
- Making sure that clients in home health care have supplies they need | Funding for disabled to make sure they have all they need | more option for care via phone calls that are free, I know some are already
- Mandatory test kits for all healthcare workers in direct contact w patients | Better protection at work (proper masks, gowns, gloves, soaps, sanitizers, etc) | maintaining consistent infection control protocols (standard nationwide)
- mask and ppe | test | telehealth for hospice nurses
- Mask | Hand Jell | Gloves
- mask | wipes | gloves
- masks , gowns & gloves | education to all empoloees | more staffs
- masks | disinfectant wipes | ppe
- masks | face shields/goggles | gowns
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  
continued

• Masks | Gloves | PPE | Tests
• MASKS | GLOVES | DIRECT QUESTION
CONTACT @ ODH
• Masks | Gloves | Gowns
• masks | goggles | gowns
• Masks | Gowns |
• Masks | Gowns | Health benefits
• masks | isolation gowns | sanitizing wipes
• masks | tests | supplies
• Medical supplies for the Facility | Paper supply
the seniors | Information updates.
• MEDICAL SUPPLIES | CLEANING
SUPPLIES | PAPER GOODS
• medical support | ppe equipment |
• Money for non hourly sub contractures who
gross 100,00 per yr | PPE | More testing sites
• money for resident activities | more help to
keep residents engaged | more easy clean
activities for residents
• Money so we can prepare | Staffing so we can
prepare | Honest and credible communication
from our fed gov and state government
• Money | Manpower | PPE
• money | supplies | staffing
• more access to appropriate
supplies | advanced vaccination for
virus | better access to education materials
for family/staff
• More access to support from local public
health | Ability to staff up as needed | Access
to necessary PPE.
• More access to testing supplies | Better
understanding in determining who can enter
the facilities | Funding to support what is
happening during this crisis
• more available test | education |
• more available testing | better guidance
on testing requirements | more cleaning
supplies
• More federal funding | PPE
Supplies | Guarantee of continued food
source
• more food on hand | more PPE on
hand | more staff
• More food on shelves | Food Supply | Food
supply!
• more funding for staffing | more guidance on
leniency on regulations | more supplies
• more info from state & city leaders | more
time to prepare | more equipment
• More masks, gowns | Drivehrough
testing | Relief workers
• More masks | More masks | More masks
• More N95 masks | surgical gowns | face
shields
• More personal protective equipment | More
emergency funding | More testing supplies
• More personnel | PPE | Increased
reimbursement
• more PPE equipment | covid 19
vaccination | eradicate the virus
• more PPE equipment | more moral
support | more supplies for disinfecting equip
• More ppe more hand sanitizer | Information
for families | Realistic guidance for staff for
their own families. Is 2 week quarantine
enough if they are sick??
• More PPE of all kinds | Assistance
with setting-up Negative Pressure
Rooms | Allowing nursing(LPN/RN) students
to work as CNAs
• More PPE supplies | Ability to “telemedicine”
with our MDS and patients | Ability to recruit
more staff
• More PPE supplies | more floor staff | visitation
restriction lifted
• More PPE | Access to easier testing |
• more PPE | additional licensed nurses and
CNAs | continued waivers to some regulatory
restrictions & quicker turnaround for
background checks
• more PPE | easier testing | carefor staff’s
children so they can come to work
• More PPE | Hand sanitizer | More family
participation with phone calls/skype
• More PPE | Hand sanitizer | Supplies in general
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  

- More PPE | HAVING THE ABILITY TO TAKE A MENTAL HEALTH DAY OFF | MORE HAND SANITIZER
- More PPE | More cleaning supplies |
- More PPE | More funding to purchase PPE | Continued guidance from Iowa Healthcare Association, CDC, IDPH
- More PPE | More medical staff | More tests
- More ppe | More staff |
- More PPE | more staff | direction in the event someone tests positive
- More PPE | more staff | streamlined guidance
- More PPE | More support | More funding
- More PPE | More tablets for my residents to use in their rooms | A light at the end of the tunnel
- More PPE | More testing | Mandatory closures
- More staff to cover for those at home taking care of their children out of school or sick/caring for sick family | Funding - supplies seem to be getting more expensive and staffing cost may increase | Child Care - There are thousands of kids in our community out of school with no access to daycare. Parents at our health care facility are being discouraged from staying home to care for their young children.
- More staff to help | hazard pay for those of us working | incentives for those picking up shifts
- more staff | Help with medical supplies |
- More Staff | More PPE | Family to step up for discharge planning
- MORE STAFF | MORE SUPPLIES | MORE BEER
- More staff | More supplies | More fundin
- More staff | Psychological support for residents | Psychological support for staff
- More staff | Supplies | Day care for staff
- More Staff | Testings | PPE
- more staffing | more funds | more PPE
- More supplies PPE | More testing | More proactive information
- More supplies, ppe | Increased wages for healthcare workers |
- More supplies: masks, hand sanitizer, cleaning supplies | Gov. Mills not telling people stay home if you don’t feel like going to work, you will be eligible for unemployment. Who will be left to take care of our residents. what is she thinking? Health care workers should be exempt from this. We need them. |
- More supplies | |
- more supplies | ACCESS TO ASSISTANCE |
- More supplies | Education | Testing
- more supplies | fast testing and results | mental support
- more supplies | financial assistance for nursing home | financial assistance for employees in harms way
- More supplies | Keep updating us |
- more supplies | testing |
- more surgical masks | N95 face masks | more swab kits
- More testing | adequate PPE | enforcement of infection control procedures
- More tests | Continued quarantine |
- more training | a vaccine | staffing help
- More wipes | More hand Sanitizes | More PPE
- n 95 masks | assist with helping employees | ease up of some of the regulations
- N95 Mask | Hand Sanitizer |
- N95 Respirators | gowns |
- nationwide 2 week lockdown | more ppe equipment |
- Need access to PPE | Need testing access, we have one pending and are told it could take a total of 9 days for results | Increased funding to cover the over time that has started.
- new suppliers for PPE | regulators allowing us to focus on the case at hand | childcare for healthcare workers
- No Medicaid funding cuts during this crisis | More people willing to work | Adequate PPE supply
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  

continued

• no pt laundry being done outside building | more equipment-PPE | Ability to shelter staff if need be

• OBTAINING SUPPLIES | FUNDING FOR THIS EPIDEMIC | BETTER DIRECTION

• open, honest communication | PPE | NO VISITORS

• Operating Funds | PPEs | Incontinence supplies

• optimal and quick testing | pharmacological support for mild moderate patients at home |
  quarantine | persons in the society to be more and more aware of the need for social isolation and hand hygiene

• Pause PB | Duties that can be done by non certified staff | MORE PPE

• Pay out staff what they deserve | Stop the bs questions from Familycare- when were your smoke detectors last tested? | Force Familycare to stop paying their nurses to sit at home and force them to provide essential cares. They are getting paid for doing nothing.

• phones and more phone lines | runner/ someone who can help with extra things |

• Ppe equipment | Testing | Relief for staff

• post infection care exposure for ltc facility | better population health coordination | better technology for resident to family communication

• PPE (mask esp) | testing readily available | more staffing

• ppe - hand sanitizer | better ideas for long term management of resources | creative staffing ideas

• PPE - masks, gloves, gowns | sanitizing products | mandatory social distancing

• PPE (GLOVES, gowns, masks) | Hand Sanitizer | Thermometers and probe covers

• PPE access through vendors | better reimbursement for LTC | Improvement in staff availability

• PPE access | Commensurate funding | availability of additional nursing staff

• Ppe access | Testing results |$

• PPE availability | Cleaning supply available | information on status of COVID

• ppe availability | ppe availability | ppe availability

• PPE availability | Quicker testing to get staff cleared |

• PPE availability | Stress relief | Funding for hours worked or sick

• PPE available from usual suppliers at usual cost | PPE available from usual suppliers at usual cost

• PPE (certainties/vendors/delivery schedules) complimentary staffing to cover employee absences |

• PPE supplies being available | Testing upon discharge from hospital to SNF |

• PPE supplies | |

• PPE supplies | Ability to test | Continued updates

• PPE supplies | access to testing quickly | increased funding for staffing

• PPE supplies | Access to testing | Guaranteed staffing

• PPE supplies | additional time for additional tasks re: Covid (I am salaried and salaried employees are practically living here) | Funding for add supplies

• PPE supplies | Cleaning supplies/ equipment | Continued Communication from CDC and local government

• PPE availability | Testing results |$
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  
continued

- PPE Supplies | Communication materials for families and residents
- PPE supplies | Continuing education | Social distancing
- PPE supplies | Employee support...emotional, mental and physical
- PPE supplies | Funding | Staff pool to cover shifts when there are call outs.
- PPE Supplies | Paper Goods | Some good news
- PPE supplies | Staff | Overall medical supplies
- PPE Supplies | Testing ability
- PPE supplies | Testing asymptomatic workers | Cross train employees
- PPE supplies | Testing options | A single conduit of information/directives
- PPE Supply Access Increase | More direct guidance on what we do if COVID enters our facility | Loosening up on state survey regulations
- PPE, especially masks | Support staff
- PPE.s | Testing | Funding
- PPE | Adequate testing | Direct access to info
- PPE | Allowances for staff to work with expired CPR, licensures unable to be renewed during this time | Financial support as increased resources are needed
- PPE | Available testing | Education
- PPE | Child Care | Hazard Pay
- PPE | Cleaning supply | Testing supply
- PPE | Clear guidance from all states that match CDC and CMS guidance | Staffing
- PPE | Consistency | Staff incentives
- PPE | Continue the flow of information | Access to testing
- PPE | Continued education | Support for social isolation of residents
- PPE | CONTINUED NEW INFORMATION | POSSIBLY STAFFING
- PPE | continued updates of the virus with education | Stability
- PPE | Designated facility to send elderly seniors-DNR/POLST so they don’t infect other AD residents and staff | Society understanding that memory care residents are impossible to isolate/guarantee and maintain good hygiene practice, that is why people need to self quarantine.
- PPE | Disinfectants
- PPE | education and disaster planning | Cleaning supplies
- PPE | extra pay for staff | more staff
- PPE | funding | general supp
- PPE | Guidelines on who can work or not
- ppe | hand gel | gloves
- PPE | Hand Sanitizer | Guidance from CMS
- PPE | Increase staff | Rest breaks
- PPE | Increased medical support | Increased availability to more staff to get thru each day safely
- PPE | Information on testing | Help for kids out of school
- PPE | Information | Testing
- PPE | Local hospital communications | Funding
- PPE | medical supplies: gloves | testing
- PPE | Medical Support | Necessary products
- PPE | more employees | Supplies
- PPE | nursing staff
- PPE | payment assistance
- PPE | PPE | PPE
- PPE | Respirators
- PPE | Sanitizers | Staffing
- PPE | Small business financial help
- PPE | Staff | Day care options for staff
- PPE | Staff | Financial assist for extra performance
- PPE | Staff | Funds
- PPE | Staff | information
- PPE | Staff | Technology
- PPE | Staffing considerations | up to the minute information
- PPE | Staffing
- PPE | Staffing | Funding for staffing
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  continued

- PPE | Staffing | Grace
- PPE | Staffing | hand gel
- PPE | Staffing | Hand sanitizer
- PPE | Staffing | Supplies
- PPE | Support for staff |
- PPE | Testing equipment | staffing
- PPE | Testing supplies | Staffing
- PPE | testing |
- PPE | Testing | Emotional assistance for our nursing home residents
- PPE | Testing | Medical assistance
- PPE | the ability to test staff | bringing retired nurses / CNAs back to work with incentives.
- PPE | Up to date info | Education
- PPE | Vaccine | Food
- PPE | additional staffing | additional funding
- PPE | Back-up staffing | general dissemination of information
- PPE | PPE’s | PPE’s
- PPE’s | Testing | notifications
- Probe covers for thermometers | Testing | Gloves
- Protective equipment | medical updates | and end to the spread of the virus
- quick and available testing and treatment | PPE and personal care supplies | additional staff available
- Quicker testing | staff | PPE
- reliable supply chain PPEs | reliable supply chain cleaning supplies | are we going to be considered site for recovering COVID pts
- Relief of STNA training. pretty soon we will not have enough staff | Supplies | Help with funding to pay bills - we are seeing increases in everything
- repeated testing | labor back-up | PPE back-up
- Reserve staff | PPE | cleaning supplies
- restrict visitors | access to PPE | access to testing
- Sanitizer | Ability to get food and supplies online | Patience
- Sanitizer | Masks | Gowns
- Sanitizer | Lysol | liquid soap
- Shelter in place for entire community | Adequate PPE equipment | Stand by staffing
- Some way for Residents to see family | Cleaner facility | Better food for Residents
- source for PPEs | |
- staff accommodation on site | clothes | masks
- Staff security | adequate supplies | input from state agency whether we are doing all that needs to be done
- Staff to be able to get supplies (tp, hand sanitizer, cleaning supplies) for home use | Child care for staff | true restriction on travel/guarantee those who insist on traveling (students, doctors, younger people coming back and bringing it with them)
- staff |
- staff | ppe | funding
- Staff | PPE | Testing supplies
- staff | supplies | pay for staff off
- staff | supplies | reduced regulatory requirements
- staff | testing | supplies
- Staffing assistance | State support—not intimidation with surveys threats | PPE
- Staffing is critical and could become worst | Need Staff | Fear of not getting the supplies we need. | Extra funding for facilities
- Staffing Resources | PPE | Financial Support
- Staffing solutions | Child Care for Staff | More Supplies
- Staffing support | PPE | Cleaning supplies
- Staffing | Better understanding of testing and testing sites | Education/training for CNA and other non nursing staff
- staffing | equipment | funding
- staffing | if staff positive how will elderly get cared for | more supplies
- Staffing | PPE FUNDING | Regulation guidance
- Staffing | PPE |
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  continued

- staffing|supplies |
- Staffing|Supplies|Information
- Staffing|supplies|testing
- stay calm|Know the symptoms|Good hand washing
- Stress Management|PPE|Available testing
- Sufficient N95 Masks & Fit Testing|Sufficient PPE|Sufficient cleaning supplies/hand sanitizer
- Sufficient PPE|Additional staff|Waivers to the background checks
- sufficient PPE|Sufficient staffing|Sufficient funding
- Sufficient PPE|Up to date COVID-19 information|Financial forbearance
- Sufficient supplies of appropriate PPE available.|Source of qualified, replacement staff|More information on how Covid-19 is spread and effective treatment options.
- supplies for PPE|More testing facilities|able for doctors to authorize meds and treatments without sending out patients
- Supplies from government (masks)|MDS cycle suspended|Increase funding as supplies and staffing is increased
- supplies IE thermometer covers|hand soap|kleenex
- Supplies including PPE and sanitizers|Better testing results|More education materials for families
- supplies PPE|childcare assistance for employees|
- supplies PPE; activity supplies; etc|knowing if things are going to continue in April with no group programing|information if services will be available beauty shop; funerals; etc
- Supplies|Ability to test|
- Supplies|Additional Staff|Funding
- Supplies|Adequate staff|Available testing
- Supplies|Education|Testing
- supplies|equipment|education
- supplies|funding|testing for all
- supplies|healthy staff|transportation
- Supplies|Ideas to provide quality of life to residents|Ways to help overworked staff caring for families at home and here
- Supplies|Information|testing
- supplies|legal standards for staff who call in scared|
- Supplies|Quicker turnaround for staffing|Counseling support
- supplies|real time definitive information|
- supplies|resident access to families|support employees working
- supplies|staff assistance/ alleviation|professional support
- supplies|staff support|all these notices put into one
- Supplies|Staff|Alternative ways for residents to see/visit families
- Supplies|Staff|Childcare
- Supplies|Staff|Information
- SUPPLIES|STAFFING|
- supplies|staffing|funding
- supplies|staffing|knowledge of changes
- Supplies|State assistance to enforce compliance|Better communication with licenng agencies
- supplies|support|
- Supplies|Support|Reality verse blame
- Supplies|Telecommute|Education
- supplies|testing available|
- Supplies|Testing|Funding
- Supplies|Testing|information
- supplies|testing|prevention
- Supplies|Testing|Reachable MD
- Supplies|Up to date information|If/then scenario situations
- Supplies|Webinar|Communication
- Supply Access|Staffing|Consolidated information rather than getting streams from multiple sources - too overwhelming
WHAT 3 THINGS WOULD BETTER PREPARE SENIOR CARE FACILITIES FOR THE NEXT 2 MONTHS  

Continued

- supply chains secured | CNA training classes continuing | expedited hiring process
- supply of PPEs i.e. thermometers, masks, minimize hysteria from the media | Do not encourage the healthcare work force to self quarantine and get paid
- supply or availability of masks and PPE | Guidance specific for personal care homes of what to do if a resident has/is being investigated for coronavirus | availability of staffing to address surge
- surgical face maswks | N95 face masks | swab kits
- Temporary removal of medicare compliance guidelines | Telehealth equipment | PPE for AIRBORNE precautions
- Test all staff | Hand sanitizer | PPE supplies
- Test Kits for testing all residents and staff | enough PPE for adequate protection | Money to pay for all of it!
- Testing availability | Ensuring supplies will continue to be obtainable | Staffing availability as time goes on and more staff may be unable to work with just screening process
- testing kits for cov19 | N95 testing kits | electronic vital machines
- Testing Kits | PPE supplies | Keeping information updated
- Testing so that staffing can be adjusted more quickly as needed | Assurances on food and supply availability | Adjustments to State regulations and expectations to prioritize resident and staff health
- testing supplies | PPE | staffing if COVID 19 comes to facility
- Testing | Clear direction | On going support
- Testing | Direction in social distancing | Activities during confinement
- testing | PPE | Funding
- Testing | PPE | Local data
- Testing | PPE | Staff Training
- Testing | Supplies | Government financial support
- Testing | Supplies | Guidance Clarification
- Testing | supplies-no back order | family understanding/access
- The ability to provide financial support to employees | The ability to test residents and employees and receive a result quickly | CDC staff work more closely with the facility on a personal level to provide guidance and support
- The state closed Adult Day Health Care dome with no warming | Not enough time for safe discharge | Patients are not compliant
- Thermometer Probes | Disinfectant wipes approved for Covid 19 | Isolation gowns and masks
- to eliminate COVID 19 | To start prepare for another Virus | To implement disinfection procedure
- Toilet paper | cleaning supplies (lysol and bleach) | PPE
- Toilet paper | Money | Hand sanitizer
- toilet paper | PPE | computer for teleconference appointments
- too early to tell | unlimited PPE | definite testing instruction
- Training | More staff |
- treatment guidance | PPE |
- unified guidance; better leadership centrally | knowing we can get PPE | info on how affected facilities are addressing staffing outages
- Up to date info and guidance | Adequate supplies | Staff assistance including childcare
- where to find PPE | what to do if COVID19 is in your facility |
METHODOLOGY

The Institute for the Advancement of Senior Care COVID-19 Survey for Senior Care/LTC Facilities was conducted over a 4-day period from March 20-24, 2020.

A total of 631 survey responses. The survey was conducted in English.

Invited Participants

Qualifiers:

- Complete, non-duplicative entry
- Data presented within the survey provided by senior care/LTC facilities in the US

Recruitment: Respondents were invited to participate via an Institute for the Advancement of Senior Care email. The invitation pool was incentivized with a copy of this report.
About the Institute for the Advancement of Senior Care and iAdvance Senior Care

The Institute for the Advancement of Senior Care has over 75,000 members and is dedicated to fostering continuous innovation and best practices for business and clinical professionals working throughout the continuum of senior care. We do this through educational programs, exclusive resources, authoritative content and media properties including iAdvance Senior Care.

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