USF UNIVERSITY OF SOUTH FLORIDA
Florida Policy Exchange Center on Aging
College of Behavioral and Community Sciences

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The Unique Challenges Faced by Assisted Living Communities to Meet Federal Guidelines for COVID-19

INTRODUCTION

Adults over the age of 65 are significantly susceptible to COVID-19, as they account for 83% of deaths across the United States. Especially concerning is that one-fifth of deaths originate from long-term care (LTC), and in some states, half of all reported deaths occurred within LTC facilities (e.g. nursing homes; assisted living communities). For assisted living (AL) settings one underlying cause may be due to the poorly established infection control policies because of inconsistent and widely varied state regulations. The importance for infection control is not exclusive to COVID-19, and is further complicated by the special challenges ALs face in restricting family visitation, utilizing third-party staff, maintaining federal staffing guidelines, transferring of residents, and rurality. The aim of this brief is to summarize a series of recommendations to policy makers and federal agencies to help with reducing the COVID-19 infection rates among AL communities.

CHALLENGE TO RESTRICTING FAMILY VISITS TO RESIDENT CARE

Restricting all means of family visitation creates an inoperable gap in the AL care environment that direct care staff alone cannot fulfill. For example, family members provide additional care services and socialization opportunities for residents, and this role is especially significant for residents diagnosed with dementia who may not be able to comprehend why the person they remember is no longer visiting them. However, these deficits can be avoided through direct and indirect methods. First, communication can occur directly by social distancing on patios while wearing the appropriate personal protective equipment (PPE), or through windows. Second, by using social networks such as Google Hangout, Zoom, and Skype, indirect social interactions can be performed. Finally, training staff on using these applications to assist residents with impaired cognitive capacity is crucial for applying these indirect communication strategies.

CHALLENGE OF THIRD-PARTY PROVIDERS AS ESSENTIAL WORKERS AND THE RISK OF INFECTION

The role of third-party staff providers (i.e. home health care workers) is to allow for nontraditional services to be administered outside the residential provider's permit (e.g. activities of daily living; limited nursing services). However, home health care workers are typically employed throughout multiple ALs, resulting in increased risks for spreading infections such as COVID-19. The spread of the virus can be mitigated by limiting the amount of ALs visited during a two-week period. In addition, home health care worker should be provided new PPE material for every patient treated to aid in minimizing contamination.

CHALLENGE FOR AL TO MEET FEDERAL STAFFING GUIDELINES

A major barrier for ALs to abide with federal staffing guidelines is low levels of nursing and

direct care staff. This challenge stems from low wages and less privileges awarded to ALs and their staff. For example, personal care aids are paid two dollars less than certified nursing home assistants. In addition, AL staff are not protected by the Personal Care Attendant Programs awarded to other forms of LTC that would provide additional staffing during emergencies. Moreover, AL staff are not covered under federal funded hazard pay, nor are ALs given priority when PPE is being allocated.

CHALLENGE FOR AL IN TRANSFER POLICIES

Transfers between ALs are not well established. For example, chain operated, corporate-owned, large ALs with preexisting networks or with the same owners, would be expected to have more successful facilitations between positive and unknown COVID-19 residents than smaller ALs. It is advised that already utilized comprehensive emergency management plans (CEMPs) be extended to include infection control programs for ALs. A CEMP is a dynamic tool that addresses the emergency process from prevention to response. For example, a CEMP can include shelter agreements between ALs that do not have an alternative location with NH's and local hospitals to designate COVID-19 residents.

ADDITIONAL CHALLENGES FOR RURAL AL COMMUNITIES

Rural ALs face challenges in available space and networking. For example, rural ALs are less likely to have coordinated efforts with other healthcare providers for residential transfers. This is especially concerning when concerning residents could be half an hour away from the nearest hospital. Moreover, rural ALs lack networks for hospital bed availability for residents with COVID-19. A CEMP arranged by state agencies including hospital arrangements can assist in this problem. In addition, emergency operation officials and local NH's can oversee and help rural ALs with residential transfers.

CONCLUSION

Despite accounting for the largest segment of LTC, ALs lack resources are especially compounded in the midst of the coronavirus pandemic. These communities are facing increased care demands with limited direct care staff and without any standardized infection control procedures. This is especially prominent in smaller and rural ALs that are more likely to be isolated from any existing health care coordinated networks, and who have limited space to separate residents with positive or unknown COVID-19 statuses. It is strongly advised that state officials get in contact with local emergency operation officials to assist with residential transfers and utilize a CEMP that include airborne illness procedures. In addition, priority should be given to ALs for PPE acquisition and workers in these communities should be given training to comprehend the importance of hand washing and social distancing. It is the goal by using these methods the infection and morbidity rates among ALs can begin to decrease.

Original Article

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This policy brief was written by C. Slater, H. Rouse, and D. Dobbs of the University of South Florida, School of Aging Studies and Florida Policy Exchange Center on Aging.

For further information contact author D. Dobbs via email at ddobbs@usf.edu