

PMMA COVID-19 FAQs

What is PMMA doing to prevent COVID-19 at its communities?

All PMMA communities are following the guidance provided by the Center for Disease Control (CDC) and the Centers for Medicare and Medicaid Services (CMS) to ensure resident and staff safety.

On March 13, 2020, per CMS guidance, in-person visitation was strictly limited at all PMMA communities. Access was limited to end of life situations only. Exceptions were determined on a case-by-case basis. CMS guidelines also discontinued group activities and communal meals for infection prevention.

Since the Kansas Department of Aging and Disability Services (KDADS) and the Missouri Department of Health and Senior Services (DHSS) have issued guidance based on CMS recommendations for reopening senior living communities, communities are starting to implement plans for reopening their communities to group dining and activities and limited, prescheduled visitation with screening and precautions.

Each community is in a different phase of reopening based on the COVID status on campus and in the surrounding area. Communities move between more and less restrictive phases to protect the health and safety of their residents.

(LINK TO THE FILES LISTED BELOW)

Navigating the Phases – Kansas

Phases Chart – Kansas

Navigating the Phases – Missouri

Phases Chart – Missouri

Why has it taken so long to develop a COVID-19 vaccine? It only took a few months for the H1N1 influenza (flu) vaccine to be developed.

When a new flu strain is identified, like H1N1 in 2009, vaccine manufacturers can use the same processes that are used to make the annual seasonal flu vaccine, saving valuable time. Unlike flue, coronaviruses do not yet have licensed vaccines or processes to build on. In addition, the coronavirus that causes COVID-19 is a new virus, so entirely new vaccines must be developed

and tested to ensure they work and are safe. There are many steps in the vaccine testing and approval process. Multiple agencies and groups in the United States are working together to make sure that a safe and effective COVID-19 vaccine is available as quickly as possible.

Testing and approval process: <https://www.cdc.gov/vaccines/basics/test-approve.html>

Who is making recommendations and determinations on the priority for COVID-19 vaccinations?

The Centers for Disease Control (CDC) is making coronavirus disease 2019 (COVID-19) vaccination recommendations based on input from an Advisory Committee on Immunization Practices (ACIP). ACIP is a federal advisory committee made up of medical and public health experts who develop recommendations on the use of vaccines in the U.S. public. ACIP holds regular meetings, which are open to the public and provide opportunity for public comment.

After ACIP publishes its guidance and recommendations, it is then up to the states and their governors to determine the priority of vaccinations in their respective states.

States are working in real time to develop vaccination priorities anticipating a first round of vaccines doses in the coming weeks. Many have interim plans in place for vaccine allocation, and an initial analysis of these by LeadingAge finds that states are prioritizing long-term care residents and workers in their plans. The ACIP recommendations may help inform state plan refinements and/or continued prioritization of long-term care.

When will a COVID-19 vaccine be available in the United States?

The Food and Drug Administration granted an emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine late Friday, December 10. The federal government and its private sector partners immediately began shipping the vaccine to designated sites across the country, according to Department of Health and Human Services officials.

The FDA is expected to take action to grant EUAs for other COVID-19 vaccines in the coming days, including one from Moderna.

When a vaccine is authorized or approved in the United States, there may not be enough doses available for all adults. Supplies will increase over time, and all adults should be able to get vaccinated later in 2021. However, a COVID-19 vaccine may not be available for young children until more studies are completed.

At this time, the Pfizer BioNTech vaccine is authorized for use on people age 16 and older.

What is the FDA's Emergency Use Authorization (EUA) and how does the process work?

In order to help make a vaccine available as soon as possible, the FDA would need to authorize its distribution under an Emergency Use Authorization (EUA). The agency has issued guidance for the criteria that will be used to evaluate any EUA application. The FDA evaluates:

- Safety: Whether the chemical, biological, radiological or nuclear (CBRN) agent can cause a serious or life-threatening disease or condition. The known and potential benefits of the product, when used to diagnose, prevent or treat the identified serious or life-threatening disease or condition, outweigh the known and potential risks of the product.
- Efficacy: If the product is determined to be effective in preventing COVID-19.
- There is no adequate, approved and available alternative to the product for diagnosing, preventing or treating the disease or condition.

Under the EUA, any investigational vaccines developed to prevent COVID-19 will be assessed on a case-by-case basis considering the target population, the characteristics of the product, the preclinical and human clinical study data on the product and the totality of available scientific evidence relevant to the product. The final guidance specific to EUA for vaccines to prevent COVID-19 can be found here: <https://www.fda.gov/media/142749/download>.

While the vaccine has received emergency use authorization, that is not the same as FDA approval.

When will PMMA communities begin offering the COVID-19 vaccine to residents and staff?

All PMMA communities signed up for the Pharmacy Partnership for Long-Term Care Program. All 15 PMMA communities, which offer skilled nursing and assisted living services, were eligible to participate and signed up through either Walgreen's or CVS.

The pharmacy partners will begin contacting campuses in mid-December to schedule three vaccine clinics at each location. Clinic dates are subject to change based on the availability of the vaccine. CVS and Walgreens anticipate scheduling the first round of clinics at the end of December, with subsequent clinics scheduled in January and February.

In preparation for these clinics, PMMA communities are already working to ensure all the required consent forms and physician's orders are in place.

Kansas is expecting to receive 75,000 doses of the vaccine by the end of December. Missouri expects to receive 300,000 doses of the vaccine in the same time frame. Both states have identified frontline health care workers and skilled nursing and assisted living residents as high priority to receive the vaccine.

The COVID-19 vaccine requires a two-step process consisting of two shots to get the most protection from the virus. The first shot starts the process of building immunity protection within the body, with a second dose required a few weeks later to provide the maximum amount of protection available.

Will PMMA require staff and residents to get the vaccine?

No. **PMMA strongly encourages all eligible residents and employees to carefully consider** what these vaccinations will mean for themselves and our PMMA communities. As front-line providers of senior care services, our employees are among those at the greatest risk of COVID-19 infection, and our residents are at the greatest risk of serious illness or death if they are infected.

According to current federal and state rollout plans, those eligible to receive the vaccine at our PMMA communities include nursing and assisted living residents and PMMA clinical staff members.

Is everyone in a Continuing Care Retirement Community campus, including those in independent living, eligible for the Pharmacy Partnership program?

Independent living was not included in the list the CDC's Advisory Committee on Immunization Practices (ACIP) reviewed during its December 1 meeting and, therefore, IL is not directly included in the 1a group of individuals in long-term care group. IL is not included even when it is part of a larger continuing care retirement community (CCRC).

What about home health aides, hospice workers, and other caregivers working outside a facility setting included in the pharmacy partnership program?

Although these workers are considered healthcare workers, they are not part of the pharmacy partnership program. These workers should be addressed by the state priority plans, so stay tuned as more information becomes available in Kansas and Missouri.

Will residents or employees be charged for the vaccine?

Section 3203 of the CARES Act generally requires issuers offering non-grandfathered group or individual health insurance coverage to cover any qualifying coronavirus preventive service, including a COVID-19 vaccine, without imposing any cost sharing requirements, such as a copay, coinsurance or deductible.

No patient will be charged for the vaccine or its administration through the Pharmacy Partnership program. Individuals who receive the vaccine through their primary care physician or other programs may be charged an administration fee, however the vaccine will be offered free of charge.

Where will the vaccine clinics take place?

CVS or Walgreens will schedule a series of vaccine clinics at each of PMMA's senior living communities.

Vaccines will be administered by appropriate trained personnel under applicable state and federal laws and guidance. CVS and Walgreens immunizers are trained and certified according to company and state specific regulations. These immunizers may include pharmacists, pharmacy interns and trained pharmacy technicians, as well as other qualified health care professionals.

How much time can there be between the first and second vaccinations?

The ACIP will issue the acceptable range of time between the first and second doses. Most vaccines require two doses with at least 21 or 28 days in between doses. Clinic dates will be set with those time frames in mind.

What are the most common side effects?

For the Pfizer BioNTech vaccine, the most commonly reported side effects, which typically lasted several days, were pain at the injection site, tiredness, headache, muscle pain, chills, joint pain, and fever. Of note, more people experienced these side effects after the second dose than after the first dose, so it is important for vaccination providers and recipients to expect that there may be some side effects after either dose, but even more so after the second dose. [Learn more.](#)

If a long-term care or assisted living resident has flu or influenza like symptoms after receiving the vaccine, even though the symptoms might be side effects, do they still have to be tested?

Yes. Guidance about this will be coming out along with the ACIP recommendations the week of December 14.

How will new residents/admissions and employees receive the vaccine ongoing?

This issue is developing. Ideally, there will be vaccines that can be left with the provider like flu vaccines are, however there are specific storage requirements for the Pfizer BioNTech vaccine that make leaving vaccine behind a challenge. Few have the required deep cold storage.

After staff of long-term care providers are vaccinated, must they continue to be tested?

There have not been changes to the testing requirements as set forth by CMS. CDC will release guidance on antigen testing in relation to vaccinations on or around December 12.

Should temporary staff be vaccinated?

Yes. Temporary staff are within the CDC's definition of a healthcare worker. Indeed, temp agency staff who might rotate among a number of facilities could in many ways be at highest risk.

If a person already had COVID-19, should they get a COVID-19 vaccine?

According to the CDC, there is not enough information available to say if or for how long after infection someone is protected from getting COVID-19 again (natural immunity). Early evidence suggests natural immunity from COVID-19 may not last very long, but more studies are needed to better understand this phenomenon. The ACIP will make a recommendation to the CDC in the coming weeks.

How can people demonstrate they have been immunized?

Each vaccine dose comes with a card, which must be given to the individual or their proxy. Pharmacies may also offer additional verification on an app.

Will I need to continue to wear a mask and avoid close contact with others if I have received 2 doses of the vaccine?

Yes. While experts learn more about the protection that COVID-19 vaccines provide under real-life conditions, it will be important for everyone to continue using **all the tools** available to us

to help stop this pandemic, like covering your mouth and nose with a mask, washing hands often, and staying at least 6 feet away from others. Together, COVID-19 vaccination and following CDC's recommendations for [how to protect yourself and others](#) will offer the best protection from getting and spreading COVID-19. Experts need to understand more about the protection that COVID-19 vaccines provide before deciding to change recommendations on steps everyone should take to slow the spread of the virus that causes COVID-19. Other factors, including how many people get vaccinated and how the virus is spreading in communities, will also affect this decision.

Vaccinations may cause staffing problems, either because staff experience side effects and have to miss work or because many residents experience side effects and need more staff time. What can providers do, can vaccines be staggered?

It is possible for the Partnership to vaccinate half the staff and for the half go to through the state program at a different time. That is not an ideal solution and the CDC is working on others.

What is the Pharmacy Partnership for Long-Term Care Program?

This program provides end-to-end management of the COVID-19 vaccination process, which includes cold chain management, on-site vaccinations, and fulfillment of reporting requirements to facilitate safe vaccination for campus residents and staff. Long-term care community staff can be vaccinated as part of the program.

The pharmacy partnership program provides critical vaccination services and is free of charge to facilities. This effort is the result of extensive coordination with jurisdictions, long-term care communities, federal partners including the Centers for Medicare and Medicaid Services (CMS), and professional organizations including LeadingAge and American Health Care Association (AHCA).

The CDC began surveying long-term care and assisted living communities in October and turned lists of partners over to Walgreens and CVS in November.

What facilities are eligible to participate in the Pharmacy Partnership for Long-Term Care Program?

Skilled nursing facilities, nursing homes, assisted living facilities, and similar congregate living settings where most individuals receiving care/supervision are older than 65 years of age.

HOW IS VISITATION STATUS DETERMINED?

A community's visitation status is also dependent on the county's COVID-19 testing positivity rate. Outdoor/Indoor visitation will be allowed or not allowed when:

- (1) County positivity rate **above 10%** or the campus has had a positive case of COVID-19 in a resident or employee, it is **considered high risk**. **Only outdoor visitation is allowed** per the CMS guidelines.

If visitation is paused for a positive test in the community, the **campus must have no new positive cases for 14 days before visitation can begin again.**

- (2) County positivity rates are **between 5% and 10%**, visitation is considered **medium risk**. During medium risk periods, **outdoor visitation will be allowed**, weather permitting, with strict adherence to the outlined safety protocols. **A negative COVID-19 test is not required for outdoor visitors.**

Indoor visits may also be scheduled, however, anyone wishing to have an indoor visit are required to provide proof of a negative COVID-19 test no more than 2-3 days in advance of the visit. Indoor visitors also have to adhere to the mandatory safety protocols.

- (3) **County positivity rate of less than 5% is considered low risk for visitation.** Both outdoor and indoor visitation is permitted, depending on weather.

Indoor visitors will not need to provide proof of a recent negative COVID-19 test. Visitors will be required to adhere to the mandatory safety protocols. – *See the PMMA Visitation Guide.*

HOW IS PMMA IMPLEMENTING VISITATION?

CMS and state guidelines allow communities to establish protocols and reasonable limitations around visitation. Outdoor visitation is preferred whenever possible. Reasonable limitations include requiring visitors to schedule visits in advance, limiting the number of visitors each resident may have at one time to 2 people, limiting the total number of visits that may be scheduled during a time period, and screening visitors for entry to the community. Screening includes answering a questionnaire about recent travel, health status and exposure risk, and taking and logging temperatures before they are allowed entry into the community.

Resident safety always comes first. Based on the recommendations from the CDC and CMS, outdoor visitation will be preferred as long as weather permits. Outdoor visitation provides the best ventilation and opportunity to maintain safe social distances during visitation. It also provides the most locations for residents and families to meet together.

PMMA communities are working to prepare for increased indoor visitation as colder weather approaches. Communities are working to purchase necessary equipment for safety and sanitization and to designate specific areas where visitation may take place.

WHAT PROTOCOLS DO VISITORS HAVE TO FOLLOW?

Campuses may set time limits for visitation to allow as many visits as possible to be scheduled. Each resident may only have 1 visit per day and only 2 people may visit a resident at a time.

Visitors must adhere to safety procedures in order to visit the community. Any visitor who is unable to follow these practices will not be allowed to visit a resident at the campus.

When you visit our communities, you are **required** to adhere to safety practices and take necessary precautions to protect our residents and employees.

- **Schedule your visit in advance** with the community's designated contact.
- **Be respectful of visitor limitations** (2 visitors per resident per day) and time limitations. Time limits are set to allow provide as many opportunities as possible for residents to visit with their family and friends. It also provides opportunity for the community to complete cleaning protocols between visits.
- Provide **proof of negative COVID-19 test within 2-3 days in advance your of visit**, if required. (Indoor visits when county positivity rates are between 5% and 10%.)
- Answer screening questions honestly.
- Have your temperature taken at entry to the community.
- **Adhere to safety measures, including wearing the provided** facemask over nose and mouth at all times, washing or sanitizing hands before and after a visit, and maintain physical distance. Hugging, kissing and handshaking is prohibited to protect residents and employees.
- Follow all instructions given for movement within the community.
- Report immediately to the community if experiencing any signs or symptoms of COVID-19 or any positive COVID-19 test results occurring within 14 days of visiting any community.

Personal protective equipment (PPE) will also be available as needed.

WHY ARE CAMPUSES THAT CAN HAVE INDOOR VISITS STILL ONLY SCHEDULING OUTDOOR VISITS?

Outdoor visitation is preferred at all PMMA communities whenever visitation is possible, as long as weather permits. Outdoor visitation offers better airflow and ability to maintain social distance for the residents, staff and family members.

WHAT ABOUT WHEN IT GETS COLDER?

Campuses are working to establish interior spaces where visitation may occur safely. Campuses are purchasing necessary ventilation equipment, plexiglass screens and more. The Centers for Medicare and Medicaid Services allow for campuses to designate specific areas for visitation as long as the areas are selected with a resident-centered approach. Areas will be disinfected between each visit by campus employees.

PMMA also is working to install air purifying devices in the air handling systems of all its communities, including Topeka. The units are being installed in the duct work of common spaces throughout the licensed care areas in an effort to eradicate the airborne virus particles from the air residents and employees breathe.

The process uses needle-point bi-polar ionization to create equal amounts of positive and negative ions. The ions are injected into the air stream, breaking down passing pollutants and gases into harmless compounds like oxygen, carbon dioxide, nitrogen and water vapor.

When these ions come into contact with viruses, such as the virus that causes COVID-19, they remove the hydrogen molecules. Without these molecules, the pathogens have no source of energy and will die.

WHAT HAPPENS WHEN A CAMPUS HAS A POSITIVE CASE?

If a campus in a low or medium risk county, where indoor visits are allowed, CMS allows a campus to restrict visitation to outdoors only with exceptions for compassionate care, while the campus completes outbreak testing. The local health department may order a campus to suspend all visitation except compassionate care visits during an outbreak.

A campus may not re-start indoor visitation until 14 days have passed since the last positive case on campus.

WHAT IS AN OUTBREAK?

The Centers for Disease Control and Prevention defines an outbreak as 1 positive case of COVID-19 at a campus. The positive test may be a resident or an employee.

WHAT IS A COVID-19 CLUSTER?

A COVID-19 cluster is when there are two or more non-household cases of COVID-19 associated with a location during a specific period of time, typically 7 – 14 days, but may be longer if additional positive cases are identified through additional weekly testing.

In order to be cleared of cluster status, a campus must go 28 days without a new positive case.

I KNOW MY LOCAL CAMPUS IS TESTING ONCE A WEEK. HOW DOES THIS AFFECT VISITATION?

The Centers for Medicare and Medicaid Services have mandated surveillance testing for employees in skilled nursing centers. PMMA is testing all employees at its 14 locations that offer skilled nursing. Only the Fort Scott, Kan., campus, which is licensed for assisted living, is not subject to this CMS requirement.

Surveillance testing does not affect visitation status as long as no new positive cases are identified. If positive cases are identified, a community in a medium or low risk county will restrict indoor visitation for the duration of outbreak testing and may suspend outdoor visitation if necessary for resident safety or if required by the local health department.

The surveillance testing requirement is based on the same positivity rates as visitation, so campuses in counties with greater than 10% county positivity rates test twice a week. Campuses in counties with positivity rates between 5 and 10% test once a week and campuses in counties with less than 5% positivity rate test once a month.

How prepared is PMMA to handle this crisis?

PMMA's corporate team has a certified infectious disease specialist, and every PMMA community has an infection prevention specialist, who completed specific training in infection prevention through nationally accredited infectious disease programs.

Each team member completes:

- An Infection Control course during onboarding orientation and then annually;
- An annual workplace emergency course (a pandemic is considered an emergency situation);

- A Blood Borne Pathogen course, which includes many of the same concepts as infection control (proper hand hygiene, use of gloves, etc.).

Each community's emergency response plan addresses pandemic situations. These plans are based on CDC and CMS guidelines. PMMA's dedicated Plant Operations and Housekeeping teams will continue to work diligently to ensure our community is clean, safe and disinfected regularly.

What happens if a resident tests positive for COVID-19?

If a resident is tested for COVID-19, they are cared for in isolation. Staff members use established CDC and PMMA isolation and transmission-based protocol precautions, including wearing personal protective equipment as needed, to protect themselves and other residents from exposure. Turnaround time for test results varies based on the lab used and the current testing volume. Results may be available in 24 – 72 hours, but can take longer.

If the resident tests positive for COVID-19, that resident will remain in isolation at the campus, as long as it is in the resident's best interest. The community care team will continue to follow CDC and PMMA guidelines for transmission-based protocols, including wearing personal protective gear as needed and provide care as per physician orders.

The community will implement even more stringent limited access protocols and may restrict entry to the community further as an infection control and prevention measure.

Why did PMMA communities suspended admissions?

In consultation with state, county and local authorities, the PMMA Senior Leadership Team determined the best way to protect existing residents was to suspend new admissions to assisted living and health care while communities are on limited access to visitors as advised by the CMS guidance March 13, 2020.

This decision is based upon a couple of key concerns: (1) minimizing the risk of bringing the virus into the senior living community, (2) the additional staffing that would be needed to admit a new resident to a licensed care area, where all new residents will be in quarantine for a period of 14 days upon admission.

Independent living move-ins resumed June 1 in PMMA communities. New residents must have a negative COVID-19 test prior to move-in and self-quarantine for 14 days post move-in. Other safety measures apply.

Admissions will resume for other levels of living once PMMA communities are able to progress through the reopening process.

When did PMMA start communicating with families and staff members about the organization's COVID-19 response?

Employees received a letter in the quarterly newsletter on March 6. The same letter was provided for all PRN and agency staff who work at the 16 campuses.

The first poster warning visitors to reschedule their visit if they were feeling ill or had traveled outside the United States to an affected country and letters to residents, family members and volunteers were also sent to communities March 6 for distribution.

Posters have been updated as CMS guidance has changed, and families received notification by phone and in writing of the limited access status for all communities following the March 13 CMS update.

Residents and families will continue to receive updates regularly throughout the COVID-19 crisis through a variety of methods including letters, newsletters, emails and Facebook posts.

How are staff being screened?

Staff members are instructed not to come to work if they are experiencing symptoms of illness including having a temperature and especially signs of respiratory illnesses.

Employees who have traveled internationally, on a cruise ship, or to a location where there are high levels of community-based transmission of COVID-19 as defined by their state health department, are asked to quarantine for 14 days and be symptom free before returning to work.

Employees are screened at the beginning of each shift at the point of entry to the community building and before employees have any direct contact with residents. These screening measures include taking staff temperatures and asking a set of questions about health status and COVID-19 exposure risks and reviewing a list of possible COVID-19 symptoms. Employees who have a fever or report feeling unwell are not allowed to work and are asked to get tested for COVID-19 if they have symptoms of the disease. These measures have been in place since March 13 and continue to be updated as guidance changes. In addition, staff members should continue to wear masks and other personal protective equipment as required per Centers for Disease Control and Prevention (CDC) recommendations.

If a staff member answers "Yes" to one of the questions, they are asked probing questions to get more information. For example, if someone says they are short of breath, and the shortness of breath is a normal symptom of a pre-existing condition, such as asthma, we would allow them to work.

Any employees exhibiting signs or symptoms outside of or greater than those they experience as part of their normal health condition, the employee is not allowed to work. Employees who are running a temperature are not allowed to work.

In addition to pre-shift screening, employees are now subject to surveillance testing for COVID-19. For more, see “What is surveillance testing for COVID-19?”

What is surveillance testing for COVID-19?

Surveillance testing means testing a group of individuals on a regular basis to discover asymptomatic COVID-19 positive people in the workforce. The Centers for Medicare and Medicaid Services (CMS) issued a final rule on August 26 requiring skilled nursing facilities to conduct surveillance testing on their employees based on county COVID-19 testing positivity rates. Skilled nursing facilities are now required to test all employees and volunteers on a set interval for COVID-19 whether the campus is experiencing a COVID-19 outbreak or not. The rule also applies to volunteers, vendors and contractors who work in the facility regularly.

Who must be tested?

The CMS final rule and guidelines say “staff,” however that term is interpreted broadly to include agency health care workers, volunteers and contractors who work regularly in a community. They must also be tested on the same frequency as community employees.

PMMA has made the decision to test all employees and not just those who work in the health care neighborhoods at its campuses. PMMA’s human resource department is working with agency staffing providers to obtain cooperation for testing. Communities will be required to obtain testing results from hospices, laboratory companies, and students doing training on-site, practitioners and volunteers.

Will residents be required to test as well?

Residents are not included in the mandated surveillance testing. However, residents will be tested if they display signs or symptoms of COVID-19 and whenever there is an outbreak at one of PMMA’s senior living communities. An outbreak is defined as one case of COVID-19 in an employee or resident.

COVID positive residents who are admitted to a campus will not trigger automatic testing of residents for the virus. All new residents and residents returning from a stay off-campus are subject to a 14-day quarantine.

How often will a community need to test?

The frequency of testing is determined by the positivity rate in the county surrounding the skilled nursing facility. The CMS table below provides the minimum testing requirements. The

positivity rate is calculated by figuring the percentage of tests conducted in the prior week were positive.

For PMMA communities located in counties with a less than 5% positivity rate, staff testing will be required once a month. For communities located in a county with a positivity rate between 5% and 10%, testing will be required once a week. Communities located in counties with a positive rate greater than 10% will be required to test twice a week.

This frequency presumes availability of point-of-care testing on-site at the nursing home or where off-site testing turn-around time is less than 48 hours.

What about the testing machines CMS is sending to every skilled nursing facility?

Collecting and handling specimens correctly and safely is imperative to ensuring the accuracy of test results and preventing unnecessary exposures. During specimen collection, facilities must maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher level respirator or face mask, eye protection, gloves and a gown, when collecting and handling specimens.

CMS is sending one of two point-of-care testing machines to every CMS-certified skilled nursing facility in the country. These point-of-care testing machines are not designed for mass testing as only one sample can be processed at a time.

It takes 15 minutes to run each test, each sample must be tracked and kept separate from other samples, and only one sample can be run at a time. All samples and test results must be tracked, but the test strips cannot be marked without contaminating them, making it difficult to test all employees on a shift as they come through the door and keep samples identified and tracked. If a skilled nursing unit has 25 employees on day shift, it would take more than 6 hours to process all the tests for those employees.

Test strips for the machines can only be purchased from a select few vendors, including the manufacturers. Because so many of these machines are being put into the market, demand will drive up the cost of the individual tests, making it difficult for not-for-profit providers to obtain testing supplies at a reasonable cost.

PMMA has ordered an additional testing machine for each community, but the testing capacity will not be sufficient to handle mass testing on a large campus. For mass testing, PMMA has secured a contract with a third-party lab to provide test kits and process them.

Can employees refuse to be tested?

Employees who refuse testing and are symptomatic may not work until they meet CDC and state guidelines for returning to work.

Under the current Kansas guidelines, the employee may return to work when at least 72 hours have passed since resolution of the employee's fever without the use of fever-reducing medications and the employee's symptoms have improved and at least 10 days have passed since symptoms first appeared. If asymptomatic, the employee must quarantine for 14 days before returning to work. Upon the employee's return to work, we will follow CDC recommendations related to work practices and restrictions.

Under the current Missouri guidelines, the employee may return to work when at least 24 hours have passed since resolution of the employee's fever without the use of fever-reducing medications and the employee's symptoms have improved and at least 10 days have passed since symptoms first appeared. If asymptomatic, the employee must quarantine for 14 days before returning to work. Upon the employee's return to work, we will follow CDC recommendations related to work practices and restrictions.

Asymptomatic employees who refuse testing during an outbreak may not work until the outbreak testing is complete.

For asymptomatic employees who refuse routine testing, PMMA will follow occupational health, state and local policies.

Can residents refuse to be tested?

Yes. Residents may decline COVID-19 testing. Symptomatic residents who refuse testing will be treated with transmission based precautions, including self-isolation and the use of personal protective equipment (PPE) by staff caring for the resident until the criteria for ending the precautions are met.

If outbreak testing has been triggered and an asymptomatic resident refuses testing, the community must be extremely vigilant in monitoring the resident to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

A resident who has symptoms consistent with COVID-19 or has been exposed to COVID-19, or if there is a facility outbreak and the resident declines testing, he or she should be placed on or remain on transmission-based precautions until he or she meets the symptom-based criteria for discontinuation.

How are PMMA communities caring for the psychosocial needs of residents?

Life enrichment staff are leading residents in hallway bingo, exercises, checking on individual residents in their rooms, and encouraging residents to move about their specific areas of the campus while observing social distances of at least six feet. Residents can still access the libraries and other on-site amenities so long as they observe the 6-foot social distance between themselves and other residents.

How can people contact their loved ones?

PMMA is encouraging families to keep in contact with their family members via telephone, email and digital means. For residents who do not have their own telephones or other means of contacting family members, community staff are scheduling weekly calls either via telephone or video calls with Skype or FaceTime. PMMA is expanding the capability to offer these digital options to families as this national crisis continues.

Residents are still receiving mail through the United States Postal Service, and family members and friends are encouraged to write and mail letters and cards of support to residents.

Can families send care packages to residents?

Yes. Families can hand deliver or ship care packages to residents via USPS, UPS, FedEx or other delivery service. Local PMMA communities may implement their own specific processes for delivering packages and the times when hand delivered packages may be received.

How are communities handling deliveries for independent living residents, such as groceries?

Groceries may be delivered for independent living residents. Deliveries will be left at the front desk and residents will need to pick them up from that location and take them to their residence. Residents are encouraged to wipe down the items with warm water and soap or a sanitizing cloth and wash their hands once the items have been put away.

I heard residents are dining in their rooms. Why can't they dine in small groups?

Per CDC and CMS *"Guidance for Infection Control and Prevention of Coronavirus Disease 2019 in Nursing Homes"* dated as of March 13, 2020, senior living communities were to "cancel communal dining and all group activities." All residents are being served meals in their rooms as an infection prevention measure. While communal dining is an important contributor to mental health, infection prevention is the top priority at this time.

Limited communal dining will be reinstated as PMMA communities are able to progress through the phases of reopening, however social distancing must be observed and other limitations may

apply. If the community experiences a positive case of COVID-19, the community will return to the more restrictive practices until the situation has been resolved.

How else can the public help PMMA communities and their residents during this time?

PMMA's mission to provide quality senior services guided by Christian values does not stop, even in the midst of pandemic. We will continue to provide care to seniors, including those who have outlived their financial resources through no fault of their own. You can shine a light during this time by supporting PMMA residents with a tax-deductible gift at www.Giving.PresbyterianManors.org.

With all the cluster infections identified in nursing homes and senior living communities and the resulting rising death toll, why should families trust senior living communities to care for their family members?

COVID-19 is a previously unidentified virus, which means care providers of all types—including senior living communities like ours—are learning about it in real time. Public health officials have identified older people as high risk of getting very sick from COVID-19, which places our communities on the front line. Every day, we do our part to aggressively prevent and mitigate the spread as we deliver compassionate care under challenging circumstances.

The services we provide are fundamental to the lives of the people we serve, their families, and the communities we serve. We are driven by our mission to provide quality senior services guided by Christian values. We care deeply about the role we play to provide much-needed care, services and supports in people's lives.

Through our aggressive infection control and prevention program, PMMA has so far been able to keep a COVID-19 outbreak at bay in all our communities. Through continued adherence to Centers for Disease Control and Prevention (CDC) protocols, PMMA will continue to work to keep residents and staff members safe and healthy.

What challenges do you face in keeping residents and staff member safe while fighting COVID-19?

Providers serving seniors like PMMA have distinct and urgent needs in this pandemic. The longstanding workforce shortage in aging services is well documented. This healthcare crisis increases our workforce needs. For instance, we need more staff to care for sicker residents, to adhere to regulatory requirements that ban communal meals and mandate enhanced infection

control procedures, and to cover open shifts for sick staff or those who can't report to work. These strains compound an already challenging workforce environment.

Without adequate PPE and testing, we cannot safely orchestrate patient transitions, take care of new or current residents, or protect staff. While we understand these needs are vital in an inpatient setting, there is a major push now to move patients out of hospitals to skilled nursing or to home and community-based settings. The lack of resources for senior services is an additional challenge in a health crisis unlike any we've seen before.

How is PMMA addressing the PPE shortage?

PMMA leadership is actively working with local emergency management and health departments, state agencies and our suppliers to obtain the supplies we need. We've been fortunate to partner with several local distilleries that have started producing hand sanitizer for health care providers in several locations in Kansas and Missouri. PMMA also is ordering PPE from additional sources to ensure the campuses have adequate PPE.

PPE is a challenge. All PPE items have been on allocation. The challenge for this is that most long-term care locations didn't have a need to order large amounts of gowns, face masks and shoe covers. Thus, our allocated amounts are very small. We have had to go to the open market and use other vendors to find those items, often at three to four times the normal cost. Our glove cost has just gone up and we have been told to expect it to rise more and expect those to be in short supply. It is very frustrating to try to find the items needed and pay such a high cost for items.

Specific instructions have been given for the use and re-use of PPE based on CDC guidelines and recommendations.

What are the financial impacts of COVID-19 for PMMA communities?

Our business is complex. We don't have a simple operating structure like, for example, a corner store or neighborhood restaurant. We have multiple sources of revenue, from reimbursements and government funding to private pay, and are working under a range of guidelines and regulations. Rising costs of caring for a full load of patients with a changing case-mix, buying extra PPE and other supplies at a premium due to shortages, losing staff and paying overtime—coupled with decreased revenues—are already causing shortfalls for providers in aging services.

The services we provide are fundamental to the lives of the people we serve, their families, and the communities we serve. We are driven by our mission to provide quality senior services guided by Christian values. We care deeply about the role we play to provide much-needed care, services and supports in people's lives. Unlike for-profit senior living communities, PMMA is governed by a board of volunteer trustees. As a faith-based, not-for-profit senior living organization, our financial duty is to further our mission rather than to deliver shareholder

returns. We were founded more than 70 years ago as a resource to help seniors, and we continue to live out this charge today thanks to this philanthropic program. Each year, PMMA provides millions of dollars in charitable care for residents who have outlived their financial resources, allowing them to continue to live in our communities.

Has your facility received government funding? Has it helped? If you have not received any, how is that affecting the facility moving forward?

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PMMA is applying for funding through FEMA for the costs of the personal protective equipment and other COVID-related expenses. We are also applying to the county for CARES Act funds that have been allocated to Shawnee County for COVID relief.