

Earning the trust of families since 1965

May 13, 2020

Dear House Select Committee on COVID-19 Members,

My wife Heather, my in-laws Ann and James Lowe, and myself have been operating Vienna Village Assisted Living in Forsyth County for many years and we have always prided ourselves on providing exceptional care for the elderly. We are working very hard to continue that tradition during this Covid-19 crisis. I would like to share with you some thoughts on ways the state of North Carolina could help us to best care for our elderly residents and all the other residents residing in long term care.

As most of you know, over 50% of the deaths to date from COVID-19 in North Carolina have been in long term care facilities. Therefore, in order for North Carolina to safely open up our economy a way must be found to protect our elderly during this process. Several states (most notably Connecticut and most recently New York) have established alternate settings for Covid positive patients to reside until they are determined to be non-contagious and safe to return to a long-term care setting. We are starting to see some nursing homes in North Carolina that are starting to focus on Covid + patient care. We would like to see the state of North Carolina provide the resources working together with the hospitals who can provide their expertise and knowledge to help set up a regional network of facilities to focus on Covid + patient care.

The current conditions we are operating under are that we are directed to set up cohorting areas in our facilities to manage Covid + residents. This is a recipe for disaster especially for assisted living since we do not have the skilled staff such as those present in hospitals and nursing homes to best handle this very contagious and deadly disease. I would like to use the example of tuberculosis which is another contagious and potentially deadly airborne disease. If an active case of TB was found for a patient in a long-term care facility, that patient would be taken to the hospital, put in isolation, and monitored until the case is no longer active. The patient would not be expected to continue to reside in the assisted living facility or the nursing home where they were. If they stayed in the residential setting, it is highly likely that additional staff and residents would be exposed to TB.

It is imperative that if any of our facilities has a COVID-19 positive resident (whether symptomatic or asymptomatic) that they are quickly removed to an alternate location that is best equipped with highly trained staff and much PPE to best safely treat that resident. We have seen assisted living facilities in our state who have sent COVID-19 positive residents who are not experiencing severe enough symptoms to warrant hospitalization to the hospital. The hospital immediately sends them back to the facility which then provides the opportunity for this virus to quickly infect other residents as well as staff.

We believe that by either keeping a COVID-19 positive resident in a long term care facility or sending a positive patient back from the hospital to a long term care facility that is not built to accommodate cohorting or isolation will only increase the spread to all the other residents in the facility. We have all seen that on the news in homes in other states and are starting to see this in our state. These clusters cannot all be explained away by inadequate staffing, lack of PPE, lack of preparation, etc. COVID-19 is a highly infectious disease, and its goal is to find new hosts over and over again.

Vienna Village

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With over 50% of North Carolina's COVID-19 deaths originating or occurring in the long-term care setting, is that not enough evidence to see that our priorities should be on the long-term care facilities? If we really want to address the worst part of the disease and those dying the most, then we should do everything in our power to keep it out of long-term care facilities and prevent it from spreading within these locations. I know this is important to Governor Cooper because he has shut down the entire state's economy to flatten the curve and avoid overloading the hospitals. That seems a success for now, but it will all be for naught if we open back up the general community and don't do every thing we can to address the long-term care situations.

In summary, we would like to see the NC Department of Health and Human Services develop a collaboration between the long-term care communities and the local hospitals to create a location for caring for positive COVID-19 patients either in the hospital or another setting devoted to COVID-19. These positive patients need to be removed from settings (whether they are symptomatic or asymptomatic) so that they do not expose more residents to the disease. The experts along with several other states realize that this approach has been shown as an effective method to narrow the exposure in long-term care. We believe that it is an obligation on the government to direct this effort with the assistance of all the non-profit hospitals who have the expertise in handling this infectious disease. Doing nothing would be knowingly sending sick, contagious patients into a space with elderly patients who can quickly succumb to this virus and then hoping that a highly infectious disease will not spread. Does anyone think that is a good idea when there is an alternative? Unless the cases are acute, most of the COVID-19 cases will resolve in 14-28 days so we are not asking for these entities to take the residents forever, but for as long as they are a contagion to other vulnerable citizens.

The federal government has spent billions of dollars to support the stay-at-home efforts, and North Carolinians have made extreme sacrifices to fight the disease. Now there is immense pressure to open back up, but with that comes the risk of a  $2^{nd}$  wave and our elderly population is most at risk.

We can continue to be divided with each long term care facility trying to manage this deadly virus on its own, or we can unite together under the leadership of our government paired with the expertise of the local non-profit hospitals. This pairing has worked so well in the past, and we hope it will continue to work as we address this deadly virus united together to protect the most vulnerable in our community. Thank you again for talking with us, and please let me know any next steps on this collaboration.

Sincerely,

Chris and Heather Parker

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