

The Honorable Patricia Jehlen, Senate Chairperson  
The Honorable Ruth Balser, House Chairperson  
Joint Committee on Elder Affairs

**Subject:** HB4635, An Act relative to long term care facility and elder housing COVID-19 reporting

Dear Chairwoman Jehlen and Chairwoman Balser:

Thank you for the opportunity to testify before you this afternoon. I come before you today in my capacity as President and CEO of Rogerson Communities. Rogerson Communities operates three Boston-based adult day health programs that provide supportive health services for over 300 older adults annually from Boston's diverse neighborhoods. Rogerson also manages 1,401 units of assisted and independent housing in 22 properties. All these efforts directly support Rogerson's mission to bring dignity, self-reliance and vitality to the lives of elders and low-income men and women, maximizing their health and wellness and allowing them to age at home and in their community, and working cooperatively with neighbors and other organizations to create housing, health and supportive services.

At Rogerson Communities we have a proud legacy of maintaining the highest standards in our managed units; We strictly comply with requirements mandated by funding agencies; We always respond promptly to emergency and other resident needs.

As you know, we have been on the front lines of this pandemic. The staff at Rogerson, which I have the distinct honor to work with are here because they have a dedication to the people we serve, we can't compete in salaries with large academic hospitals. Our staff do what they do out of dedication, a calling and a love for our residents, we are mission driven. COVID-19 has placed an incredible demand on our front line staff who return day after day to meet our residents' needs. As the first Chief Administrator Officer at the Boston Public Health Commission many years ago, I have served on the front lines of prevention and reporting. As the former President of Carney Hospital, I know the fear our vulnerable residents have of getting sick and needing hospitalization.

Rogerson remains dedicated to fulfilling its mission during this time of crisis. Our response to the coronavirus pandemic has impacted our delivery of service across Rogerson's portfolio. Staff worked diligently to implement protocols in early March at our Adult Day Health and housing sites. Below are the steps taken in each of our programs.

**Adult Day Health Programs prior to transition to telehealth services:**

- Restricted access to the ADH Program to staff and participants only.

- Assessed employees and participants for flu/coronavirus symptoms before they entered the van or ADH program and sent participants home and for follow up care if they displayed concerning symptoms.
- Daily sanitizing of all touch points in the ADH programs, such as doorknobs, handrails, soap dispensers, chairs, doors and elevator buttons.
- Daily sanitizing of the vans. Asked all participants and staff to wash their hands or use hand sanitizer before entering the program and throughout the day.
- Provided hand sanitizer stations in all major areas at our day programs.
- Posted signage at all program entry points restricting visitors and vendors.
- Educated staff and participants on symptom awareness for Coronavirus and provided clear protocols for staff and participants to stay home if they are ill or symptomatic.
- Postponed outings/activities.

Additionally, all employees and participants were provided with health and safety in-servicing on the following:

- Hand washing and Universal Precautions
- Influenza/Novel Coronavirus (symptoms and safety precautions)
- Prevention measures (which included not sharing foods, drinks, hugging, no hand holding/shaking)
- We have also increased our training and retraining efforts in this area.

**Housing (assisted/supportive and independent living and subsidized senior housing):**

- Setting very strict visitor policies and procedures (posted at all entrances and in common areas of our residential sites and adult day health programs) for visitors and vendors,
- Screening visitors and vendors for any symptoms, which may include the taking of temperatures at long term care sites and adult day health programs,
- Requiring the use of hand sanitizers upon entering any site,
- Restricting activities that involve large crowds or sharing of food and drinks
- Closing dining rooms to non-residents at long term care sites,
- Continuation and training on proper handwashing and use of preventative measures for staff, residents, and visitors,
- Displaying proper hand hygiene and cough/sneeze protocol throughout common areas of properties and programs,
- Restricting transportation and activities,
- Enforcing protocols for our residents to practice social distancing and avoid visiting public places and gatherings.
- Removing furniture from common areas and closing community rooms, fitness centers and libraries.

At our Rogerson House where our residents have memory loss, dementia and Alzheimer's, we implemented the following:

- On March 10<sup>th</sup>, Rogerson House began screening all visitors and visits were restricted to members of the immediate family.
- On March 14, a STRICT NO VISITORS policy was put in place - no family, or NON-ESSENTIAL care providers could enter the building.
- Exceeding recommendations from Boston Public Health Commission , all residents are currently assessed multiple times a day for fever and symptoms. In addition, staff are assisting with hand sanitizer for residents who frequently wander within their neighborhood (floor).
- Staff also have their temperature taken upon arrival and again during their shift.
- All direct care staff working with residents are using full PPE.
- Deep cleaning and sanitizing is ongoing at Rogerson House to clean and disinfect.
- Rogerson House has designated one floor to quarantine any resident who might exhibit symptoms of coronavirus, or who was tested and is waiting for test results.
- The Adult Day Program at Rogerson House was closed as of March 17<sup>th</sup>.
- Staff is helping residents practice social distancing when possible.
- Residents able to take meals in their rooms will do so. Residents who require more supervision and assistance for meals, will take meals in the dining room, practicing social distancing.
- Programmed activities will be open only to residents who are unable to remain in their room due to their dementia. Some residents are unable to remain in their room as they require increased supervision due to poor safety awareness.
- During this time when families can no longer visit their loved one, staff is facilitating virtual visits through FaceTime and Skype between residents and their families.
- Staff is doing additional posting on Instagram and Facebook for families to see their loved ones during the day at Rogerson.

- Families are receiving email updates regularly and are in constant communication via email and phone with the Executive Director of Rogerson House.

Rogerson has and will continue to report immediately to the DPH and Boston Public Health Commission any resident who tests positive for COVID 19. This week, we called in the National Guard to conduct testing of all staff and residents at Rogerson House and Springhouse. The Guard had already been at Rogerson House this past Saturday to do initial testing of 13 residents. I'm pleased to report that as of Tuesday, Rogerson House only has 3 positive residents. To date we have been as successful as we possibly can in containing the virus and protecting the people we care for with great dedication and love.

I am concerned with the requirements of HB4635 that we will have difficulty in meeting without access to adequate testing capabilities in an assisted living facility. I do know you know all too well the challenges of getting testing. We called in the National Guard to get testing done. As the wealthiest and most powerful nation in the world, this is unacceptable. I can not provide mandated testing results when I have no ability to test across the board.

In our independent living facilities, our residents live independently and come and go to their units as they please or may travel. We are not permitted in their apartments to clean or inspect them in anyway. They live independently like you and I. How can I be mandated to report what I do not know? Rest assured, I whole hardly believe in reporting and I have done it, in fact as I mentioned, I was the Administrator of the agency that required it. I know its value and I support the need for reporting. But how can that be mandated of independent residents who I have no legal authority to test? How can I be mandated to report in an assisted living facility where I have a different level of care, but I have no test to implement testing? With a virus that can be asymptomatic, how can I hold my dedicated work force to mandate reporting of something they can not see.

I ask of this Committee, to help us get testing capability for our assisted living residents, and I will do as I always have, report everything forthwith to the rightful oversight agencies who are protecting our citizenry. I can not do that without the tools necessary.

I thank you for this opportunity to testify before you today. God speed to you all in this difficult time for ourselves and all whom we serve.

Walter J. Ramos  
President and CEO  
Rogerson Communities