

The growth in outpatient care facilities will continue, which is mostly driven by hospital-sponsored clinical services.

s the world slowly adjusts to normalcy following the COVID-19 pandemic, the future looks bright for development and investment opportunities in the health care real estate industry. Growth in outpatient facility developments, free-standing emergency departments and the continued need for dedicated behavioral health facilities as well as novel development financing options are just a few areas of new opportunity.

At the Colorado Real Estate Journal's Health Care and MOB Conference, I moderated an expert panel



John Marshall Principle adviser, Advisory Services, Hall, Render, Killian, Heath & Lyman PC

on these opportunities and some of the challenges ahead. Participating in the panel discussion were Jaime Northam, health care vice president at Ryan Cos.; Kevin O'Neil, president and CEO at Fidelis Healthcare Partners; Tom Kelly, development vice president at NexCore Group;

Jim Pisula, executive vice president

at Pisula Development Co.; and Jake Dinnen, senior vice president of development at PMB. The following notes a few key takeaways from

this expert panel.

■ Post-COVID-19: What is changing in the development model? Health care systems will continue to reevaluate how services are offered to patients as the world comes "back to normal." With the increase in telehealth appointments and virtual check-ins, providers should rethink common area and waiting spaces. We are likely to see less restrictive waiting areas and instead see facilities with a stronger community

feel but with user-friendly spaces and interface. Additionally, there is a greater need for clinical flexibility and adaptability. As the past almost two years have shown, we can never predict the future and a physician clinic today might need to be something completely different seven to 10 years from now. This greater emphasis on flexibility and less restrictive spaces is likely to impact how health care facilities will look and operate.

Additionally, post-COVID-19, health care facilities will look to

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# Supply chain issues

One of the biggest obstacles in health care is navigating the array of supply chain challenges



# Trends in action

The Denver Health Outpatient Medical Center sets out to be a connection to the community



# Senior housing

A feature on workable partnerships to address the affordability crisis and more

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# Employee-centric mentality

hen I first think about health care properties – hospitals, doctors offices, labs, etc. – I think about the patients who visit those spaces. When I first think about senior housing, from independent living to acute care, I think about the residents who call these spaces home.

But there's a second set of people



who occupy these spaces who are receiving the majority of the attention within this issue – the employees who work in these buildings.

Our caregivers across the spec-

trum have taken a proverbial beating these past 18 months. Prior to the pandemic, many of these vital positions were filled by folks who put love, service and passion ahead of a large paycheck – and society benefitted. However, being frontline workers over the course of this daunting pandemic has ushered in a wave of early retirements and general burnout that has sent many companies into a state of free fall as they struggle to hire, train and retain staff.

While not unique to these two industries, the staffing shortages among caregivers is shaping both industries in many new ways. In August, 90% of organizations that

responded to the National Investment Center for Seniors Housing & Care's Executive Survey Insights cited attracting community and caregiving staff as their biggest challenge, according to an article by Lana Peck on Page 16.

For the past several years there's been a growing emphasis on the role the built environment plays in occupant wellness. It's not unusual for articles about this topic to focus on very cool build-outs in new and exciting spaces for office-occupying industries that typically have a lot of money to recruit and retain talent. Senior housing communities on tight budgets or medical tenants scrambling to find someone to run the front desk aren't exactly the type of flashy clients I would expect to have the time and dollars to implement the latest and greatest in wellness trends. However, this issue rid me of my naïve thinking.

The physical space staff occupies makes a profound impact on staff retention, and there are many ways to prioritize this in design, amenities and management that all companies – from the high rollers to the penny pinchers – can capitalize on to ensure their space gives them one advantage in the recruitment game they are all, unfortunately, playing.

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# **HEALTH CARE — OUTLOOK**

# Navigating & overcoming the challenging unknown

t's the hot button topic that has impacted nearly every industry for the past 18 months – supply chain disruption. As the pandemic continued to unfold and the deep freeze in the South added new complications, the supply chain issues became more prevalent and seemingly impossible to resolve.

In the construction and development sectors, supply and demand have struggled to find equilibrium, with builders facing an increased demand for construction but a delay in receiving the necessary items to put these builds together. In the health care sector specifically, patient demand is on the rise and telemedicine is front and center, and health care systems have been forced to adjust to the uncertain nature of this time. As a result, the flow of building needs also has been in flux, triggering challenges for health care facility construction.

This poses the following questions: How does the industry adapt from here, and what can we expect as we look ahead to 2022 and beyond?

Through flexibility, solutions-oriented thinking, communication and reevaluating project timelines, key players in this industry can remain nimble as they work through supply chain disruptions.

■ Navigating the unknown: Common supply chain issues. According to the Associated General Contractors, another round of costly pricing increases and supply chain disruptions have perpetuated further hardships on projects, not only driving up construction costs but also slowing down progress on projects.

With these emerging challenges, construction industry experts must



Chris Stolzer Senior vice president, Kiewit Building Group

remain ahead of the curve.

As materials rise in cost and become scarce, the use of alternative materials is more ubiquitous than ever. Project owners, design professionals and contractors should remain open to the use of alternate materials and sourcing options and

create contract provisions that allow for the same. For example, if lumber supply is unpredictable and the cost is too high, consider the supply and cost differential of alternative materials, assuming they satisfy code requirements and performance specifications for a project, according to a report by J.D. Supra.

In these circumstances, communication is a key factor in setting up a project for success. A collaborative approach allows project owners, design teams and contractors to communicate freely while focused on a common goal and vision. By establishing clear communication, the different entities play integral roles in the construction development, finding unique solutions to disruptions and executing projects successfully.

Along with discovering creative solutions to material shortages and remaining in constant communication with their teams, those in the industry must ensure that contracts are clear, and account for the possibility of the impacted prices of materials, delayed project timelines and disruptions.

From cradle to grave: How is the

**supply chain backlog impacting project timelines?** The supply chain is a true domino effect. With material shortages come delayed and impacted project timelines. As suppliers work to regain balance, project timelines are facing the bulk of the issue.

By re-evaluating project timelines, emphasizing local production and considering adopting autonomous solutions, which can result in higher productivity, lower operating costs and higher margins, project teams have various opportunities to build resiliency and achieve long-term success.

Many health care and medical office building projects in the market have felt the impacts of supply chain disruption. Despite these interruptions, our teams have been able to successfully mitigate any hurdles by prioritizing our procurement schedule and ordering key materials early, and, when appropriate, disaggregating large equipment purchases.

A good example of the strategy to disaggregate large equipment purchases would be packaged air-handling units. Current AHU delay times are driven by motors being backlogged. In some facilities where packaged AHUs need to be installed early during superstructure erection, teams are requesting they be sent without motors so as not to delay the overall AHU being delivered and installed in sequence. This has proven to be an effective strategy to mitigate large equipment installation delays due to supply chain disruptions.

It's not a common practice, but right now, uncommon practices are leading projects in the health care industry to the finish line. ■ Taking a look into the crystal ball: What's next for supply chain and labor? As the supply chain continues to fluctuate, so does the labor involved with it

As prices level out, labor has become the dominant source in driving construction costs. According to another survey conducted by the AGC, 39% of contractors have reported that project owners have paused or completely canceled current construction projects since the pandemic. 2021 has seen a dramatic increase in activity to make up for the postponed or canceled projects of 2020.

In addition, labor has become more expensive, and the construction industry unemployment rate is back below 5%, suggesting labor costs will continue to rise "at an uncomfortable pace" among contractors into 2022. Construction Dive reports that, for this reason, some project owners have been postponing project start dates since they are no longer financially feasible.

Per AGC, construction employment is unlikely to grow in many parts of the country until supply chain challenges facing the industry improve, further triggering the instability of checks and balances in construction.

Now more than ever, it is vital to promote skilled positions to supplement the ever-growing need of labor supply we face in our industry. A competitive wage, steady workflow and a rewarding career are some of the benefits our skilled tradespeople see in our industry. By recruiting and retaining a skilled craft workforce, we can keep up with demand.

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# **HEALTH CARE — OUTLOOK**

# Supply chain disruptions require lots of creativity

he supply chain disruption for everything from cars to lumber to food due to the COVID-19 pandemic has altered our personal worlds and the world of construction. Grocery store shelves are sometimes empty. Companies are waiting longer than normal to receive needed supplies or products. Even used car prices can be higher than the original purchase price when new. The design and construction industry has not been immune from these supply chain disruptions. We must find potential ways to mitigate the challenges posed by a volatile supply chain to ensure projects still can be effectively delivered, making a best attempt to keep projects on budget and on schedule.

As the health practice leader in our Denver office, I'm used to managing the various challenges that come with delivering a complex health care project. But dealing with extreme shortages of raw materials, transportation issues and labor shortfalls has made meeting client and project expectations more challenging than ever.

By now I'm sure we're all familiar with the dread of picking up the phone to find that lead times are increasing for nearly every product on a construction project. Elevators now are 24 weeks out instead of 12; steel joists now are 16 weeks out instead of two. Meanwhile even Authority Having Jurisdiction departments are not immune to staffing shortages, and review times for permits and approvals are longer than ever. As materials are delayed, costs for extended



Stacey Root
Senior vice
president,
CannonDesign

general conditions get added to construction. We just heard on a project that subcontractor pricing was valid for just 48 hours – this is unheard of, but understandable. Everyone is trying to protect themselves from market conditions

Here's a recent example of the

unexpected impact.

Typically, furniture is not viewed as a key driver of a construction schedule – it's something moved in at the end and usually can overlap the project's activation phase. However, on behavioral health projects, the furniture often must be part of the built environment, particularly in patient bedrooms. Furniture items such as beds, nightstands and chairs typically are bolted down, rubber base cut to accommodate pieces, and items caulked and installed by the contractor earlier in construction than normal. The type of furniture and the installation of it is crucial to patient and staff safety in these environments, and a facility cannot open without all of it in place and tested.

For a behavioral health project under construction, we are in constant communication with the vendor to confirm lead times. Three months ago, the lead time was six weeks. Two months ago, the lead had changed to eight weeks. On calling last month, we were informed the lead had



Laura Peters/CannonDesign

The furniture in patient rooms in behavioral health projects often must be part of the built environment. Furniture items such as beds, nightstands and chairs typically are bolted down, rubber base cut to accommodate pieces, and items caulked and installed by the contractor earlier in construction than normal. With current supply chain disruptions, these types of projects are having to get creative to ensure furniture issues don't hold up the whole project.

stretched to 12 weeks. As we get closer to finalizing and placing the order, what will it be? The short answer is that no one knows. This creates a situation where soon enough the furniture delivery is bumping up against the construction schedule.

How might we as design and construction teams navigate these uncertainties?

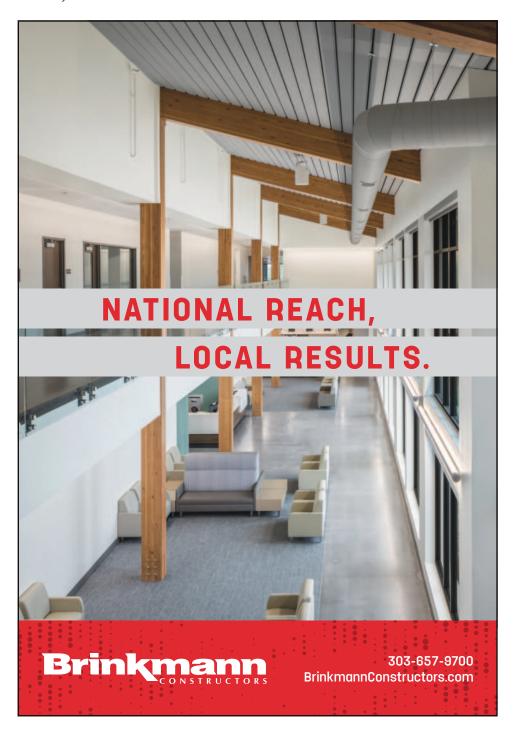
In this instance, earlier than normal procurement is the path for attempting to mitigate the risks in the fur-

niture supply chain issue. However, this brings other pressures on both labor and cost. The material must be properly stored and protected, and nobody wants to move it twice. There of course are cost impacts to this strategy. This is just one example of what teams – and owners – currently are facing.

On a recent project, it became apparent that getting the new elevator

Please see Root, Page 13







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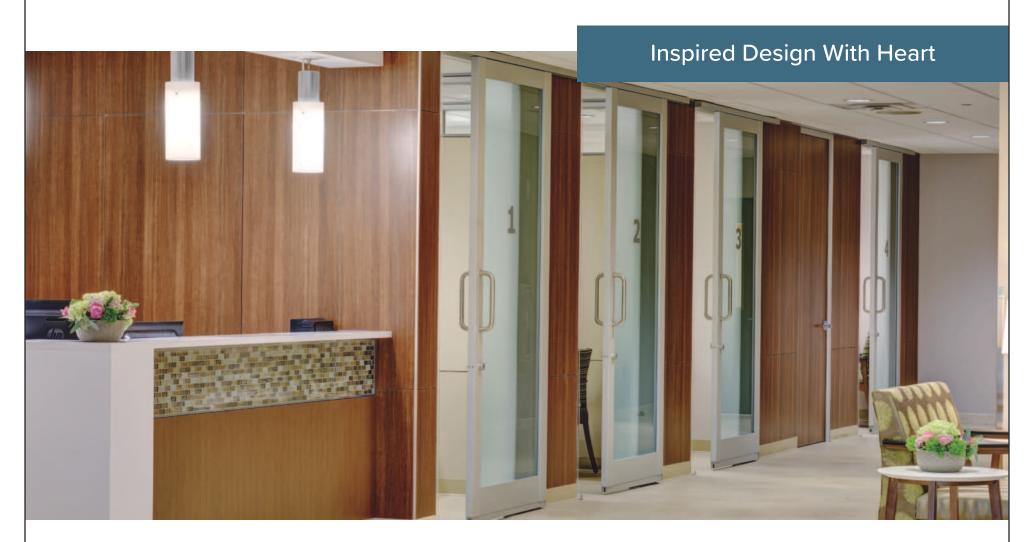
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# **HEALTH CARE — TRENDS**

# Reasons to invest in health care employee retention

tress and burnout are not new phenomena in the health care industry and consistently contribute to challenges with workforce shortages. The COVID-19 pandemic has exacerbated pressure on care providers, with physical and mental repercussions causing more to consider making career changes. In recent surveys of health care workers, 76% reported experiencing exhaustion and burnout, with 48% considering retiring, quitting or changing careers altogether. More than ever, health care organizations are seeking methods of improving employee retention.

A good place to start with retention is to strengthen employee satisfaction and workplace engagement. Teams with high levels of engagement real-



Paul Stefanski, AIA, EDAC, LEED AP Health care studio director, EUA

ize a 41% reduction in absenteeism, 59% less turnover and 21% greater profitability. Engagement improves care provider satisfaction, which positively correlates to patient satisfaction and adherence to care recommendations, resulting in improved health outcomes.

Improving employee engagement is a long-term investment. Not only are there cost reductions in hiring and training staff, but also engaged employees help recruit new talent, further strength-



Sarah Moser, RA, NCARB, EDAC Project architect

ening culture and retention.

In addition to operational strategies, the physical environment can contribute immensely to engagement. Focusing on well-being, control and connection during design for any new capital project will help reinforce this value.

being integrates physical, mental and emotional health. Individuals with high levels of well-being show enhanced job satisfaction, are more productive and are less likely to quit their job. Here are a few ways design can specifically support well-being by encouraging holistic wellness and minimizing environmental stressors.

- Promote physical health: Elements such as monumental stairs and fitness rooms encourage physical activity throughout the day. Ergonomic sitto-stand workstations, natural light and views support employee comfort. High sound transmission class walls and sound-absorbing materials provide acoustic comfort, while tunable lighting supports a healthy circadian rhythm, particularly during night shifts.
- Support mental and emotional health: Given the demanding nature of health care roles, it's important to recognize the need and accommodate space for respite and stress management. Wellness rooms, quiet rooms

and private outdoor areas aid in mental well-being. To enhance an employee's sense of security, utilize glass for shared-office doors, sensor-controlled lighting and clear visibility to publicaccess points.

- Control. In all aspects of life, a sense of control plays a crucial role in our overall level of satisfaction. Extending beyond variety, control is about having agency, giving people spaces that equip them to perform their best work and adapt the environment to suit individual preferences
- Design by activity: It's important to design a spectrum of spaces that accommodate different work styles, while balancing the amount of collaborative and private workspace. Designating zones for quiet or active collaboration allows staff to control noise levels throughout the day, as well as levels of social interaction and even room temperature. Include focus rooms and phone booths for headsdown work, dictation, virtual visits and personal calls.
- Promote a sense of influence: Providers gain a sense of influence when they feel they can deliver the quantity and quality of care their patients need. Optimize providers' ability to perform at their best by creating adaptable space, such as flexible exam room layouts that support collaborative discussions with patients and family. Consult rooms with lounge furniture encourage further patient engagement, particularly for integrative behavioral health practices. Addition-

Please see Stefanski, Page 14



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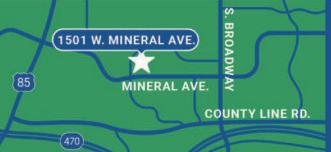


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# **HEALTH CARE — TRENDS**

# MOB investor demand creates opportunities

nce considered a niche or alternative investments, medical office buildings and other health care real estate have notably outperformed most other commercial real estate asset classes during both the Great Recession of 2007-09 and the most recent pandemic-driven economic downturn. No longer the ugly duckling, the strength of medical and life sciences real estate has made health care real estate more attractive, and the asset class has caught the eye, captured the imagination and become the envy of the commercial real estate industry.

Among those who have noticed are institutional investors and their advisers. The proven resilience and recession resistance of the health care real estate space has prompted more and more of them to seriously consider adding MOBs and other health-care-related properties to their portfolios by contributing capital for acquisitions, development or both. And, when they do, they frequently enter the market by partnering with experienced health care real estate firms. Those firms can quickly bring them up to speed about the unique benefits and characteristics of this high-demand asset class while leveraging their existing relationships within the health care real estate space.

One example of this phenomenon is the recent collaboration between Chicago-based Nuveen, one of the five largest global real estate investment managers, and my firm, Denver-based NexCore Group, a national health care real estate developer.



Todd Varney
Chief development
officer and
managing partner,
NeyCore Groun

In that transaction, Nuveen entrusted NexCore to advise it on the acquisition of a \$620.4 million, 29-asset health care portfolio. In addition to serving as adviser and partner on the deals, NexCore also provides property management and leasing services.

The Aug. 5 transaction, which totals 1.17 million square feet, spans 13 states and includes \$463 million in MOBs and \$157 million in life sciences facilities, is the biggest health care real estate deal to date in 2021. It also represents the latest transaction between our two firms to fund and own development and acquisitions in health care and life sciences. We have partnered since November 2020 on more than \$687 million in acquisitions, including 34 buildings comprising 1.4 million sf, as well as two additional buildings in development, which will add another 200,000 sf.

"In this instance, the combination of institutional capital and market-specific expertise results in a win-win scenario," said Andrew Pyke, Nuveen's head of health care. "The continued collaboration with a trusted strategic partner helps us to attain our goal to rapidly expand our health care footprint through developments, acquisitions, financings and sale-leasebacks from qual-



Colorado is seen as an emerging life sciences hub. NexCore partnered with Nuveen in January to acquire the Boulder headquarters building of the publicly traded blood-protein test maker SomaLogic Inc. The two-story, 30,887-square-foot office/flex life sciences building at 2945 Wilderness Place includes office and lab space and is 100% leased to SomaLogic.

ity health care providers."

The new assets in the portfolio acquisition include a diversified group of traditional MOBs, urgent care centers, outpatient surgeries and specialty treatment centers, and specialty hospitals.

In addition, Colorado is seen as an emerging life sciences hub. Prior to this most recent portfolio acquisition, we partnered with Nuveen to in January to acquire the Boulder headquarters building of the publicly traded blood-protein test maker SomaLogic Inc. (Nasdaq: SLGC). The two-story, 30,887-square-foot office/flex life sciences building at 2945 Wilderness Place includes office

and lab space and is 100% leased to SomaLogic.

As more attention is drawn to the health care and life sciences real estate asset classes, you can expect to see more strategic partnerships and acquisitions. After all, it only makes sense that combining the individual strengths possessed by each partner and joining in a symbiotic way will result in great outcomes, where investors grow in positive ways and developers get to do what they do best – but more of it. It's truly a healthy solution for all.

todd.varney@nexcoregroup.com



# **HEALTH CARE — INSIGHTS**

# The new superpower is strategic real estate data

hen you think of superheroes, what comes to mind? Superman. Wonder Woman. Spiderman. But health care real estate professionals? Maybe not. Until now. Armed with strategic data, powerful analytics and reports that tell the story, this new breed of superhero may be just what the doctor ordered.

Real estate markets around the world are in flux, and Colorado is no exception. Long a favorite destination for new residents in search of a fair cost and high quality of living, Colorado continues to experience mass in-migration, adding over 750,000 new people with the last 10 years. These new residents have created robust real estate activity and attracted many real estate investors.



Jake Dinnen
Senior vice
president of
development,
Pacific Medical
Buildings

More consumers bring increased demand for goods and services, such as health care. Greater health care needs require more services and an evolving service mix, which in turn require an increase in health care facilities and providers. As more consumers, more providers, more

health systems and more medical practices need to find a home, real estate supplies are tightening and prices are rising, both for residential and commercial/medical office build-



Fady Barmada
President and
co-founder, Pivotal
Analytics

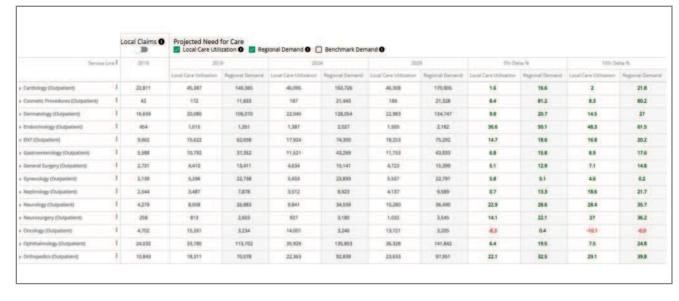
ing properties. Residential home prices have more than doubled, and the average commercial rental rate has risen 15% in the last 10 years. Colorado health systems are in a race to capture the best health care consumers, facilities and health care providers to serve them.

So, the question is, how can real estate professionals help a health system or medical practice compete and win in a hyper growth market like Denver or Colorado Springs? The answer is strategic health care real

estate data and insights – your new superpowers.

The use of strategic health care real estate data to identify the right future home for an outpatient clinic, ambulatory surgery center, cancer center, inpatient rehab facility or a behavioral health clinic is made easier through a unique combination of data sources and analytics. Top-tier health care insights can be drawn from patient claims, mobility/cell phone, and health-centric consumer behavior data. On top of other typical property data and analyses, combining the unique insights provided by these new superpowers allows a more holistic and granular assessment of the true potential of a health

Please see Dinnen, Page 14





Pivotal Analytics

Data can offer developers information on future sites, including patient care locations for the select service areas as well as the projected need for care by service. The examples above are for the Superior area.



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# **HEALTH CARE — CONSTRUCTION**

# Consider making infection prevention personal

ealth care construction, particularly additions and renovations in an active health care environment, is prevalent as the industry is driven by growth, regulations, patient experience, physician staff preferences and pandemic response. Keeping the health and safety of the staff, patients and visitors is at the core of all construction. Communication and collaboration with nurses, facilities staff and infection preventionists is imperative to ensure that construction activities will provide the best outcome for patients. With all these measures in place, a critical question remains: How do we effectively protect an area to prevent the spread of contaminants or even reroute construction activities and workers to minimize touch points with patients and staff?

Infection prevention and dayto-day hospital activities require expertise and care that construction industry leaders work to improve every day. Patient infection risks associated with construction in an active hospital include dust and airborne particles, an unbalanced ventilation system, which compromises air quality, water penetration and stagnation, managing waste and debris. According to the Centers for Disease Control and Prevention, approximately 5,000 people die every year from hospital-acquired infections linked to construction and renovation activities. Some of these HAIs include:

• Construction workers, materials and bacteria can be brought into



Michelle Koca Marketing manager, Flintco LLC

the hospital and spores can travel easily if not properly contained;

• Activities involving vibration can release dust and mold spores into the air as well as cause patient stress and affect instrument performance; and

• Demolition activities can dis-

turb and mobilize harmful bacteria and mold throughout the hospital.

Before every shift begins work, it's important for the construction crew to have in place a plan for infection control risk assessment and how to mitigate each risk identified, which results in an infection prevention plan. The type of activity performed will necessitate a different mitigation plan as well as identify the risk group.

For example, low-risk areas are those not adjacent to patients such as lobby, office spaces, chapels, wellness gardens/outdoor space. Medium-risk areas are areas with patients not identified in the high- or extreme-risk categories. High-risk areas include emergency departments, labor and delivery, laboratories, food prep areas and pediatric centers, while extremerisk include the ICU, neonatal intensive care unit, operating rooms, imaging, radiation and oncology.

During construction, our infection prevention methods to prevent contamination include:



The temporary COVID-19 separation wall in the west wing at Parker Adventist Hospital. COVID-19 added even more complications to infection prevention.

- Anterooms for negative pressure to prevent dust from spreading to adjacent areas;
- Negative air pressure in areas where work is performed to contain odors and dirt from impacting immune-compromised patients;
- Micro-organism contamination control mats to prevent the organism spread to clean floors;
- HEPA-filtered vacuums;
- HEPA air-filtration systems;
- The use of head/shoe covers and gowning;
- Self-containment/transition chambers;
- Proper tools and slightly misting materials before cutting to minimize dust; and

• Multiple daily inspections of the work area to ensure enclosures are airtight and clean.

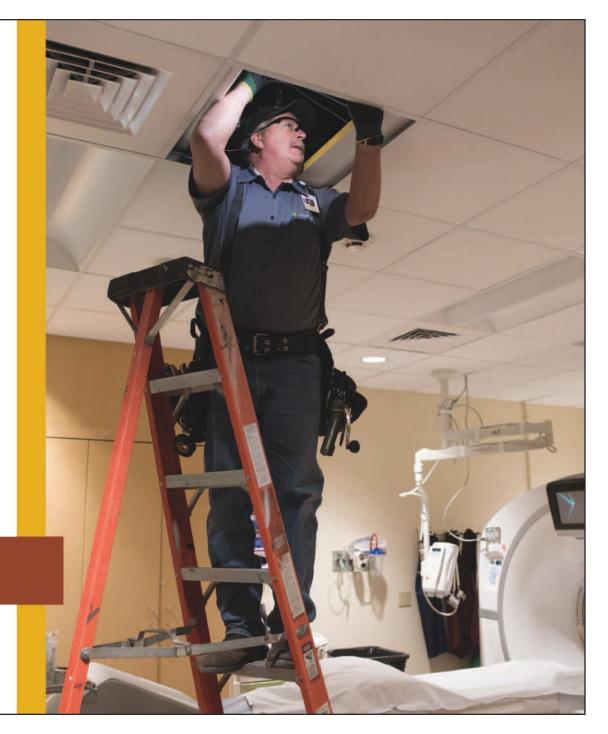
It is important to go above and beyond all ICRA protocols by adding another degree of certainty – making it personal. Infection prevention is everyone's job to build a better world.

Understanding the impacts on health and safety that infection prevention has in a hospital environment takes training and a true passion to get it right. Construction teams must understand from a clinical aspect how their actions and behaviors can be the differ-

Please see Koca, Page 13

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# **HEALTH CARE — PROJECT SPOTLIGHT**

# Trends in action: A connection to the community

enver Health had a vision to bring the outpatient services offered across its main campus under one roof, creating a hub of health care for Denver and its surrounding neighborhoods. Completed in January, the new Denver Health Outpatient Medical Center, also known as Pavilion L, is 293,000 square feet and over seven stories, with 220 exam rooms and 37 procedure rooms.

The new outpatient medical center offers a variety of services to the community. Level 1 houses radiology, pharmacy and lab. Level 2 focuses on Denver Public Health and includes a large café for staff and patient use. Level 3 is the day sur-



Sara Parsons, ASID, CHID, EDAC, NCIDO Principal and co-owner, Gallun Snow Associates

gery center, which has six operating rooms and space for two additional rooms in the future. Levels 4-7 are home to specialty clinics such as breast imaging, ENT, dentistry and primary care. Across from the patient drop-off on Level 1 is the new adult urgent care center. With a dedicated private

entrance, registration and specialized medical equipment by Envision Planning, this clinic provides



Brenda
Chrisman, CHID,
NCIDQ
Associate principal
and co-owner,
Gallun Snow
Associates

patients with improved access to care.

The center is located on an urban infill site on the east side of Bannock Street, part of the Denver Health main medical campus. Our architectural partners, HKS and Dig Studio, and Turner Construction worked together to capitalize on the site to make

room for the broad range of clinical services coming together under one roof. Redeveloping a block and a half of the existing Denver Health medical campus gave the design team the opportunity to take advantage of the western views, city views and mountain views beyond. By utilizing Denver Health's on-stage/off-stage patient care model, the design team was able to locate the single-loaded corridor for patient access and short-term waiting on the west side of the building, visually connecting patients to the Denver Health campus, city and mountain views. The staff/caregiver corridor on the east side of the building allows for natural daylighting to penetrate the building core while providing a semiprivate circulation path for workflow.

Situated in the heart of Denver since 1860, serving the community always has been the focus of Denver Health. The interior design

concept was inspired by the 58 neighborhoods surrounding the campus, and thus the concept of Denver neighborhoods was created. The first floor became Union Station, playing upon the idea of the "hub" connecting people from the community with a range of health care services within the building, much like a train station. The fifth floor celebrates the Five Points neighborhood with the rich music and dance history that comes alive in the upholstery, materials and artwork throughout. The seventh floor, which houses primary care, occupational safety and health, dentistry and oral surgery has exceptional views of the city and therefore highlights the downtown Denver neighborhood. The other iconic neighborhoods featured in the space are Baker and Lincoln Park adjacent to the Denver Health main campus, Santa Fe arts district with the Denver Art Museum, Cheesman Park and Botanic Gardens, and City Park. Noves Art Designs was a key partner to translating the design concept into a wayfinding tool as patients and visitors navigate the new building. Partnering with Denver Health, Noyes Art Designs selected local artists from the Denver metro area to decorate the halls with vibrant, colorful, rich artwork. Denver Health employee art adorns the exam and treatment rooms throughout the building. Walking through the new space is akin to touring the historic Denver neighborhoods and experiencing the cul-

Please see Parsons, Page 12



Tkach Photography & Design Denver Health Outpatient Medical Center waiting area at one of the specialty clinics for patients and their guests, showcasing the wayfinding and neighborhood concept.



# **HEALTH CARE — MARKET UPDATE**

Continued from Page 1

create a better strategy for supply chain space and supply chain consolidation. Health care facilities can improve supply chain strategies by prioritizing local sourcing, identifying critical supplies and demand planning.

Several changes in the development model are a result of the lessons learned over the past 18 months. With these changes also come increased opportunity for new facilities and investment activities.

■ New opportunities in develop**ment.** The growth in outpatient care facilities will continue. This is mostly driven by hospital-sponsored clinical services, and COVID-19 has escalated this need. Hospitals need to expand into new markets or provide new models of clinical care for their employed physicians' clinical partners. Additionally, more people are moving to new cities as a result of remote work and hybrid models. People want a lower cost of living, greater outdoor space and room for a home office. States like Arizona, Colorado, Idaho, North and South Carolina, Florida and Texas are all seeing

an influx of people. Many health care systems are following this growth and building these outpatient facilities in locations where people are migrating.

Similarly, there has been growth in hospital-partnered free-standing emergency departments and/or urgent care facilities, many with complementary physician space. These free-standing facilities often are more conveniently located and offer shorter wait times than a hospital-based emergency department or even scheduling a primary care visit. These facilities provide another option for care when patients are looking for greater flexibility and convenience and in a less costly setting

It is no secret that the events of 2020 caused significant stressors in the lives of people around the world, contributing to a greater need for dedicated behavioral health facilities. Hospital providers and clinical operators are collaborating much more effectively to bring new facility solutions to this glaring health care need. These dedicated behavioral health facilities can provide greater flexibility in treatments and hopefully

remove barriers to access, but these facilities will rely on an enhanced reimbursement model for the providers and their clinical partners.

Growth in outpatient facilities, hospital-partnered free-standing emergency departments and dedicated behavioral health facilities are important opportunities to allow greater access and flexibility for patients in the post-COVID-19 world.

■ Challenges in development underwriting. Supply chain issues have impacted the health care industry as much as any other industry, and this continues to be a challenge in new development projects. The pandemic has caused significant construction cost escalations, and it is more challenging than ever to hold to construction pricing. The price for steel, fixtures and furnishings present pricing challenges to projects, and labor constraints in the construction industry make it harder to stick to a set timeline.

When it comes to financing new projects, hospitals that want to occupy most of a new development typically are not seeking developer financing. Instead these hospitals are opting to fund projects themselves

or use a less expensive third-party form of financing, like a nonprofit foundation structure. This form of financing can allow for faster timing to market and much lower costs than with a third-party (for-profit) developer.

At the start of the pandemic, it was predicted that health systems might look to monetize assets given their pandemic cash burn, but this has not been the case. Most hospitals are not selling any buildings or portfolios. Traditional debt rates remain at an all-time lows, and many hospitals struggle to justify a premium for third-party capital, resulting in more hospitals self-financing their own ambulatory projects and retaining direct project ownership.

As the world continues to change and adjust because of the pandemic, the health care industry has a variety of opportunities for development and investment due to the lessons learned from the past 18 months. There is a positive outlook for greater flexibility and access in health care facilities.

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# Parsons –

Continued from Page 11

ture firsthand.

A challenge the design team was sensitive to during design was bringing together a patient community with so many unique backgrounds, speaking different languages and dialects. How do you provide clear wayfinding to help navigate throughout such a large facility? We settled on numbers as a universal language

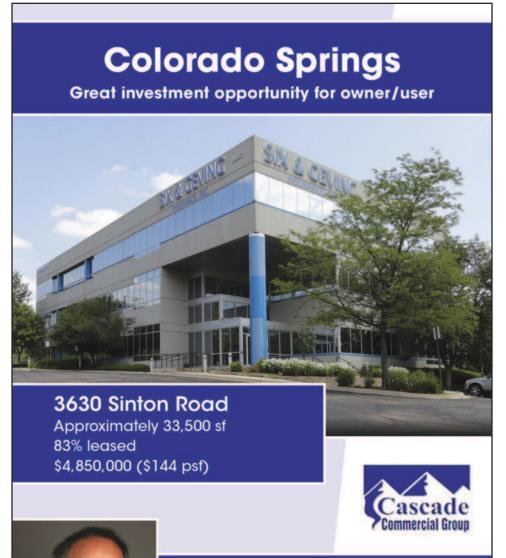
comfortable across many cultures. Large-scale graphic numbers are implemented throughout the space, paired with colorful artwork and themed signage, all by Noyes Art Designs. Numbers are featured on registration desks and adjacent to bright colors throughout the public hallways to help patients find the different clinics.

After years of planning, design and construction, the Denver Health Out-

patient Medical Center opened to the public in the spring. Unveiling a new medical building during the COVID-19 pandemic necessitated some modification to the spaces, including the addition of plexiglass dividers at check-in and registration desks. Right after opening, the community benefited from a temporary vaccine clinic that was set up in the physical therapy gym. Today this centralized patient care facility provides access to

primary care under the same roof as a pharmacy that is open seven days per week. Routine medical screenings, lab tests, X-ray, eye exams and dental care are all as close as an elevator ride. Together with a large skilled design and construction team, we were grateful to be a part of this new state-of-the art building.

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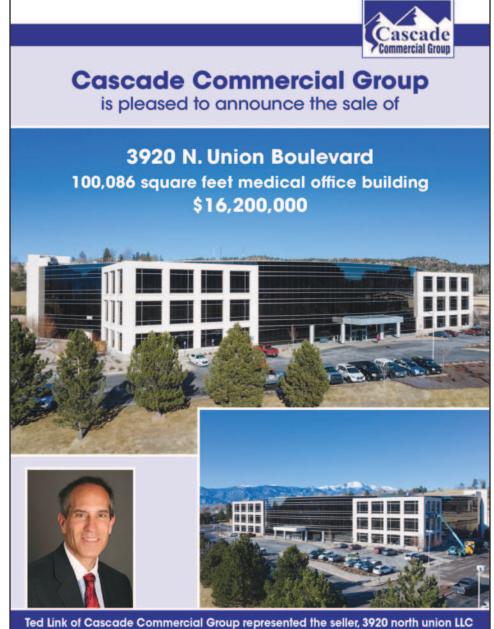


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# Root -

Continued from Page 4

would pose an unforeseen issue with its 24-week lead time. Because it is a design-build project, we had the ability for the contractor to order the elevator before the construction documents or shop drawings were completed, not to mention AHJ approvals or permits. This is definitely not the typical approach, but it was the only way the team could possibly meet the schedule and the owner's expectation. The design-build team took on this additional risk and made these adjustments in the design phase, doing everything we could to keep the project on schedule.

It is worth pointing out that this would not have been possible in a design-bid-build scenario, indicating that project delivery approach is yet another factor in navigating this new world.

Value engineering also has come up as a potential workaround for supply chain disruption and increasing cost of materials, but has its own new chal-

lenges now. Systems for another project came in with a higher cost than expected. Our subcontractor came back to the table with ideas for how to save costs, and we shared a projected savings number. But because value engineering takes time – both making final decisions and then adjusting documents – by the time we made the decisions and the changes and went to bid, the anticipated savings had shrunk. It is clear that while saving money through value engineering is still possible, we also must be mindful that it requires the most precious thing we have on our side right now: time. The process alone can eat into those potential savings.

Another potential solution to supply chain constraints is prefabrication and modular design. Modular Design+, a frequent partner of CannonDesign, has noted a shift in the construction industry and a massive new interest in modular solutions. The company has seen a huge spike in requests for modular solutions from clients who

have never explored prefabrication before. Modular design, where certain repeatable elements of a project (exam rooms, bathrooms, etc.) are designed and built off-site in a warehouse, can help accelerate a project's timeline. This approach also is a solution to the lack of construction labor throughout the country. Ideally decided on from the very start of a project, prefabrication can be of great value to both schedule and budget.

Design and construction teams are doing everything we can to make things feel as normal as possible for our clients and projects, even when behind the curtain nothing is normal right now in our world. Sometimes we're changing the methods of how we execute a project; sometimes changing product selections for something that is available on schedule; sometimes doing things out of order. Whatever it takes to create a successful project for everyone must be on the table.

I'm not an economist – I am an

architect. I can't make predictions of when the supply chain, or for that matter many things that have changed due to the pandemic, will return to normal. For now, we are often adjusting the design and construction pro-

Think of ordering a sundae at a restaurant: Maybe you wanted real whipped cream but got the canned stuff instead. Maybe you wanted strawberry toppings but they were unavailable, so you selected butterscotch instead. Perhaps the hot fudge is on the bottom, but it still tastes great.

Our clients still will get fantastic projects meeting the functional needs. Our clients still will be able to provide world-class patient care. We as design and construction teams just need to roll up our sleeves and get creative, and ask our clients to be patient, have confidence and know that we are all doing the very best we can right now.

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# Koca-

Continued from Page 10

ence between life and death, healthy patients and sick patients. Planning and execution with protecting patients, staff and visitors go beyond just keeping negative air pressure or keeping dust contained. The methods and protocols also address total environment of care, including noise, life safety, circulation and perception.

J.W. Stamison, vice president/area manager for Flintco's Denver office, serves on the Quality and Safety Committee for two local hospitals. "This unique perspective allows us to see the importance of safety from health care executive and a caregiver's viewpoint," said Stamison. "We focus on continuous improve-

ment and key quality indicators for c. difficile infections, sepsis and overall patient satisfaction on those committees. It allows us to understand our clients and enhance our own programs that manage leading measures to ensure we are part of the solution in these important and ever-changing facilities."

Further engaging the discussion in our role as a contractor, Flintco Construction Director Dave Kenney tells his teams to imagine being in a hospital on your worst day with a critically ill family member. "Now imagine looking around and seeing a dirty, noisy or congested area that is taken over by construction," he says. "How would you feel on that day? Or how would you feel if you were a nurse or physician trying to care for

someone near a construction containment?"

To make it hit home, he adds, "How would you feel if your newborn baby was in the NICU while unexpected noise and vibrations were occurring next door that caused undo stress to your baby who is fighting to survive?"

Conversations like these bring a deeper understanding of infection prevention, and everyone recognizes how every action has a reaction – it makes it personal.

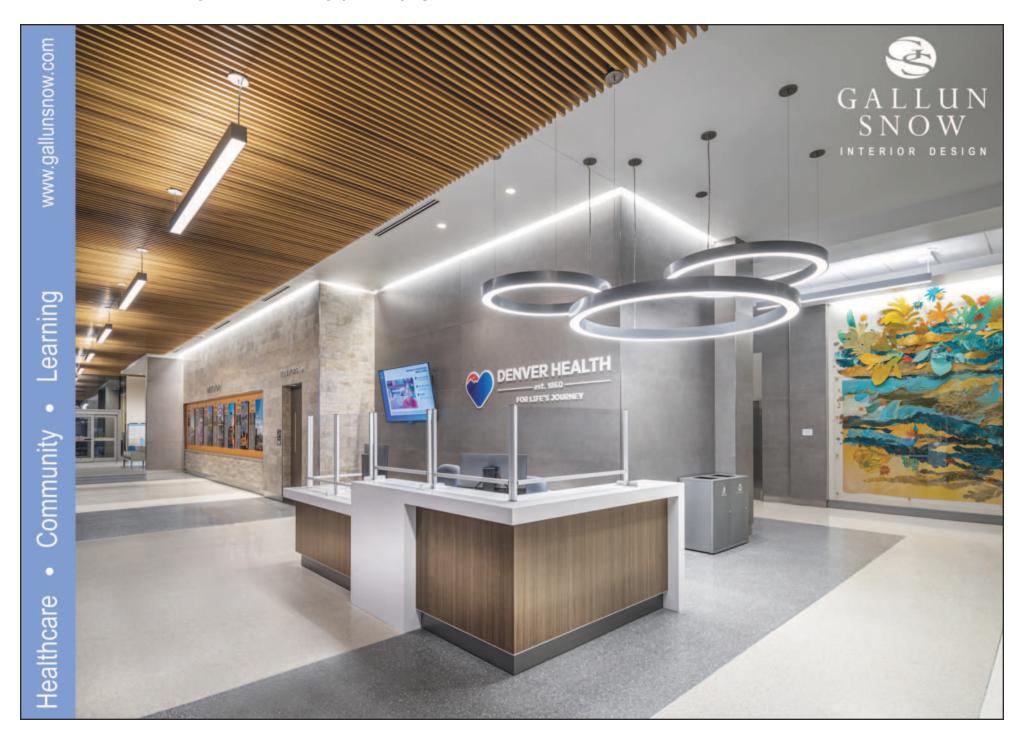
This level of attention is brought to the job site from Day One as the project plan starts to take shape, as those are the situations to avoid at all costs to ensure that the environment of care is preserved through-

out all construction activities.

Only trained professional health care constructors should be brought into a health and wellness environment, and each team member should be required to undergo extensive infection risk assessment, prevention measures and safety training before performing exploratory investigation or work in any facility. This includes craft personnel and trade partners alike.

The goal is to always be an extension of the facility and safety teams on any given campus. "If you see something, say something, and correct the situation," said Flintco Project Manager Adam Kaufman. "The moment you park, your actions can either do harm or good."

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# Stefanski -

Continued from Page 6

ally, adaptable and mobile technology can reinforce a sense of control and increase provider satisfaction.

- **Connection**. Authentic and meaningful connection is central to building social vitality and community. Establish connection by instilling a sense of belonging and pride of place.
- Inspire interconnection: It's typical to have an employee break room, but consider additional spaces that foster connections among employees. For example, unassigned touchdown workspaces and coffee bars in common areas allow for ad hoc interactions and relationship building while also encouraging knowledge sharing.
- Promote connection with the orga-

nization: Connecting with an employer's core values can be key to feeling a sense of meaning in one's work, which positively correlates to satisfaction and engagement. Incorporating design elements that reflect the organization's culture supports the desired internal dynamic. Often labeled "environmental branding," graphic treatments that celebrate the organization's mission, values and culture go a long way in instilling pride of place for employees.

- Application. How does this all come together? If you're involved with a new capital project, consider the following recommendations:
- Identify the why: The kickoff defines a project's trajectory, so start this meeting by identifying top-level goals for the project and developing

a project vision that will guide design decisions and establish benchmarks for success.

• Engage employees in the design process: Employees who feel their voice is heard are 4.6 times more likely to feel empowered to perform their best work. Inviting feedback shows employees that their opinions and experiences are valued; it can contribute to change management by communicating intent early and regularly throughout the design process, helping meet expectations and combating uncertainty. Employees who participate in design develop a sense of ownership and become advocates to other staff, prompting a positive mental transition to the new space long before the physical move. Utilize staff

surveys, focus groups, workshops and mock-ups to facilitate design discussions and gather relevant feedback. As an added benefit, these strategies provide a forum for staff to discuss process improvements that could result in improved efficiencies elsewhere.

Design and operational enhancements can work together to emphasize how much an organization values its employees' experience, in turn improving employee life cycle costs. By keeping well-being, control and connection at the center of design decisions, leaders can continue to establish their health care organization as not only the provider but also the workplace of choice.

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# Dinnen

Continued from Page 9

care location and its service area.

Armed with your new superpowers, what critical questions can you now answer? Plenty. Here is a sampling of the compelling insights you can provide your clients:

- Where are the best markets? Data can help identify what areas are growing the fastest, the service needs for those populations, the providers in the market right now and if there currently is a net need for additional providers. Additionally, it can help identify the type of growth that can be expected in the future and how many providers will be needed.
- Who are our best health care consumers and what services will they need/demand? Data can help clients recognize how consumers differ behaviorally and how to segment them based on desired behaviors. It also can help identify how these consumers choose to engage with health care and better predict their visit-

based needs as well as the marketing campaigns that will appeal most to the intended consumer groups.

- Who are the best providers and where will they be housed? Clients can learn who are the most productive providers and their referral patterns, the status of current residential real estate market and development opportunities, and if there are opportunities to use investment strategies in facilities as a catalyst for physician recruitment and retention.
- In which facilities should we invest to attract/retain these patients and providers? Additionally, data can help identify which facilities in the area meet the criteria a client is searching for, what and how many competitor locations are nearby, and the traffic levels of the roads leading into the service area.

Behind all successful superheroes is a secret weapon – the ability to fly, a lasso of truth, a tingling spider sense. Think of strategic health care real estate data and insights as the secret weapons in your arsenal, enabling you to stay a step ahead of your clients and your competitors.

Health care real estate professionals can use this data and insights in powerful ways. Here are three examples:

■ Superpower No. 1: Better underwriting. Data about home starts and new employers, while sometimes difficult to get, can help you identify area hot spots. Armed with intel like this, you can sharpen your market demand assumptions and narrow the field to the most attractive site(s) when assessing state, metropolitan statistical area and city potential.

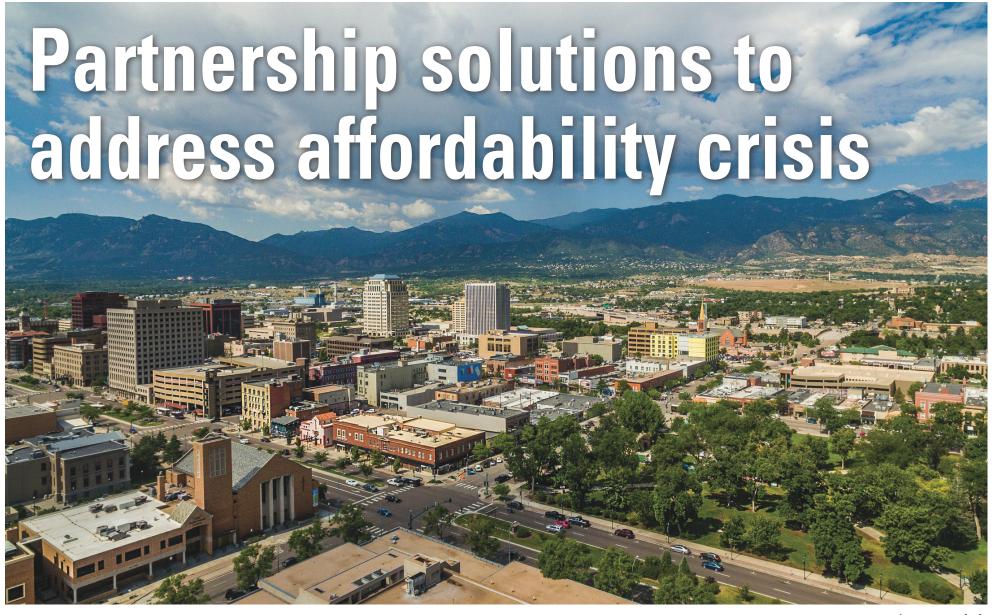
■ Superpower No. 2: Better site assessment. Once a site has been identified, your new weapon provides access to a wealth of complex, integrated data sets that enable myriad analyses. You can define a custom outpatient service area, compute current patient utilization rates of nearby care locations, project supply and demand down to the service line level, and more.

■ Superpower No. 3: Better land valuation. Take your analyses a step further by using data and analytics to determine what rents key service lines can support. Using CMS, private payer and other data sources, real estate professionals can go beyond high-level averages to uncover reimbursement rate differences among services and facilities. Not knowing the differences can make or break rental rate assumptions and drastically impact the value of the land in question.

No more "build it and they will come" thinking. No more high-level assumptions based on scant data or a static planning process that can cause a health care investment to fail. Health systems that can leverage the wealth of data out there will be the ones that succeed. And they can, with their friendly neighborhood health care real estate superhero by their side.

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For Colorado Springs seniors, options for affordable housing are a top concern. Many live on fixed incomes and do not drive, making the region's elderly population particularly vulnerable to rising rents. According to Aging in the Pikes Peak Region, the population of residents 65 and older is projected to grow by 179% from 2015 to 2030. At the same time, the population of residents 85 and older is projected to grow by 337%.

tudies show that by 2050 Colorado Springs is projected to be the state's most populated city, driving up costs and demand for housing. Rising housing prices mean there are fewer affordable options for local police, health care workers, teachers and others to live, threatening the strength of the local economy and the fabric that holds the thriving community together.

According to the Affordable Housing Collaborative, an hourly wage of more than \$38 is needed to afford a median priced home in Colorado Springs. Nearly 45% of the local workforce earns less than \$20 an



Sam Clark Executive director, Pikes Peak Real Estate Foundation

hour. In early 2020, one in three El Paso County households were costburdened, meaning they spend more than 30% of their income on housing.

And median home prices have risen 76% in the last decade, while wages have grown only 12% during

that same period, meaning homes are becoming increasingly unaffordable.

for seniors, options for afford-

able housing are a top concern. Many live on fixed incomes and do not drive anymore, making the region's elderly population particularly vulnerable to rising rents. Seniors often are in a position of having to make difficult choices between paying the rent, buying food and being able to afford medications.

According to Aging in the Pikes Peak Region, the population of residents 65 and older is projected to grow by 179% from 2015 to 2030. At the same time, the population of residents 85 and older is projected to grow by 337%. Colorado is the thirdfastest-aging state in the nation.

And the Colorado State Demogra

pher recently released data noting that the number of people 65 and older in Colorado has more than doubled in the past 20 years. That age group will make up 20% of the state's population in 2050.

This is not a developer or homebuilder's problem – it is a community problem. The public, private and philanthropic sectors must think creatively to address the affordable housing crisis.

Southern Colorado's Pikes Peak Real Estate Foundation, a division of the Pikes Peak Community Foundation that helps the community use

# INSIDE



# New regulations

Emergency preparedness for senior living communities is changing due to the pandemic



# Industry perspective

How one company continues to move forward despite challenges from past year and a half



# Design trends

Designing inspired senior living communities requires some updated thinking

# SENIOR HOUSING — MARKET UPDATE

# Labor is a critical challenge facing Colorado assets

uch has been learned over the course of the pandemic. Conducting business with the continuing threat of COVID-19 has seemingly become routine. Even with the circulation of the COVID-19 delta variant primarily affecting the unvaccinated across the country, many senior housing and care operators are finding their organizations returning to some form of operational normalcy. However, staffing challenges – both retention and recruitment – are significant barriers.

Staffing shortages that were experienced by many senior housing and care operators prior to and exacerbated by the pandemic persist. As recently as this summer, as the COVID-19 virus delta variant spread across the country, all operators responding to NIC's Executive Survey Insights Wave 31 survey conducted in July reported that their organizations were experiencing staffing shortages. Among organizations with multiple properties, more than 80% reported staffing shortages in more than half of their properties. Shortages continued to grow since the beginning of the year through July, all respondents were paying staff overtime hours, and four out of five organizations were tapping expensive agency/temp staff to fill gaps in schedules and replace workers who left the labor force during the pandemic.

Amid these extraordinary findings, survey respondents were asked to rate the biggest challenge facing their organization. By August, the share of organizations that cited attracting community and caregiving staff as



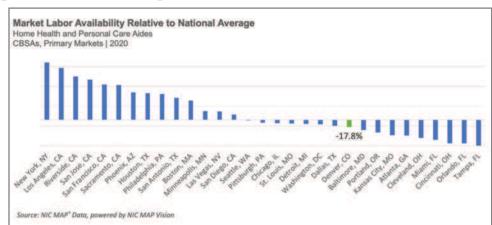
Lana Peck
Senior principal,
National
Investment
Center for Seniors
Housing & Care

their biggest challenge had risen from about 75% to roughly 90%.

For context, NIC has been conducting a survey of C-suite executives of small, medium and large senior housing and skilled nursing operators from across the nation since March 2020, just after the pandemic

began. Responses to the NIC Executive Survey Insights represent hundreds of buildings and thousands of units across respondents' portfolios of properties. The survey is the sector's longest running pulse of the industry survey with 33 waves of time-series data tracking the impact of the pandemic on senior living. The results, regularly released since near the beginning of the pandemic, have proven critical to the sector's understanding of real-time trends.

According to NIC MAP data, powered by NIC MAP Vision, labor availability for personal care aides (as defined by the concentration of people working a job compared with the number of senior housing units/beds in a specific area relative to the same measure for the U.S.) is the highest in New York City and many of the largest California markets, and lowest in Cincinnati and the largest Florida markets. Denver, as shown by the green bar in the chart, has lower than average (negative) labor availability, which means there are com-



Labor availability for personal care aides (as defined by the concentration of people working a job compared with the number of senior housing units/beds in a specific area relative to the same measure for the U.S.) is the highest in New York City and many of the largest California markets, and lowest in Cincinnati and the largest Florida markets. Denver, as shown by the green bar in the chart, has lower than average (negative) labor availability, which means there are comparatively fewer personal care aides in Denver than national levels.

paratively fewer personal care aides in Denver than national levels.

Indeed, staff with the most handson work with residents is in shorter
supply. Data from the Center for
Medicare and Medicaid Services
reveal that staffing shortages at nursing and residential care facilities
are greatest for nursing aides and
nurses. There are potentially significant implications for providers that
cannot support the necessary staffing levels for nursing care, including
inability to accept new admissions,
and also for delivery of services in
lower-acuity settings like assisted living and independent living.

Respondents to the survey also were asked to rate the most effective method of attracting new community staff. In August, 67% reported that increasing wages was most effective, followed distantly by referral bonuses (10%) and hiring bonuses (5%).

Looking specifically at the data from the Bureau of Labor and Statistics, the Colorado average wage for nursing assistants is higher than the national average wage. Wages for Colorado nursing assistants are highest in Boulder and Denver, and lowest in Greeley and Pueblo.

Labor shortages exist across all industry sectors – not just among health care workers – and senior housing and care operators in Colorado and across the country will remain challenged to retain and

Please see Peck, Page 21





# Let us Guide Your Senior Living Community to Success

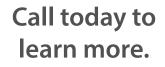


- Jackson Creek Senior Living (CO)

  The Lodge at Greeley Senior Living (CO)

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  - Clinical expertise
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The Lodge at Grand Junction Senior Living (CO)

Sopris Lodge at Carbondale (CO)

Sterling Ridge Senior Living (NV)

Arbor View Senior Living (CO)

Carriage House (CO)

# SENIOR HOUSING — OUTLOOK

# Emergency preparedness changes due to pandemic

he COVID-19 pandemic has necessitated shifts in how we design, construct and prepare senior living communities for emergencies.

The Facilities Guidelines Institute, an independent group that develops guidelines for the design of health care and residential care facilities, is currently reworking its guidelines to reflect these adaptations. Colorado is one of eight states that uses the FGI guidelines as a resource for designing health care facilities.

In March 2020, FGI began to consider new guidelines for responding and adapting to a number of emergency conditions. These conditions encompass four major areas, including:

- Earthquakes/weather conditions,
- Wildfires,
- Pandemics, and
- Hostile threats/trespass.

In March, a draft of the new guidelines was issued. I had the pleasure of being asked to review these revised guidelines and offer feedback before the final release of the new recommendations. While some of the requirements, in their draft format, were not financially feasible for owners, operators or developers of residential care communities, many aspects of the proposed document deserve consideration as it relates to the design and repositioning of health care facilities, especially residential care communities.

To date, the final guidelines have not yet been issued by FGI. As we await the new guidelines, we continue to investigate and imple-



Gary Prager, AIA, LEED AP Principal, Hord Coplan Macht

ment our own lessons learned from the pandemic to inform our designs with the ultimate goal of creating safer and more thoughtfully designed residential care communities. Following are our top five lessons learned and recommendations for design changes

or revisions focused on senior care facilities.

1. Touchless technology. This includes a variety of lighting controls, elevator controls, building entries, voice activation and hand sanitizers throughout the community. We also now know that automatic hand dryers are detrimental to the spread of germs, bacteria and pathogens through aerosol and recommend the use of touchless paper towel dispensers.

2. Staff areas. This includes dedicated staff entry, a decontamination facility where staff can shower and change clothes, dedicated and separate staff work areas and entries, storage and access to personal protective equipment, areas for respite and support services or staging areas for disinfecting needs, and holding spaces for deliveries.

3. Decentralized dining and social areas. Here we consider separate or distinct neighborhoods and rethink the size and scale of dining and social areas, as well as how they are staffed. This may increase staff-



Max Kun Zhang | IRIS22 Productions LLC There is considerable rethinking about the size and scale of dining and social areas, as well as how they are staffed. Pictured here is Brightview Bethesda Woodmont.

ing needs, and/or redundancies may need to be considered for this to be a viable solution. We also recommend designing or reconfiguring large spaces with the ability to separate into smaller gathering or dining spaces.

4. Airborne infection. While required in skilled nursing facilities, we highly recommend using mechanical systems that provide adequate ventilation, filtration, and temperature and humidity control. We also advise the use of ultraviolet lights and/or bipolar ionization systems.

**5. Single-occupancy rooms.** This has been a recent and ongoing discussion as the market moves forward. We believe it is now a consideration for all communities related to infection control. LeadingAge and other organizations currently are working with Medicare to provide adequate reimbursement for single-occupancy rooms in Colorado and throughout the nation.

We can expect changes to the FGI language based on what we have

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# SENIOR HOUSING — FINANCE

# Know this loan program for developer financing

he importance of senior housing and skilled nursing facilities continues to be a prominent topic of discussion across the United States health care industry. In fact, it is estimated that the aging baby boomer population will increase from 20 million in 2014 to 33.6 million by 2029. This rapid change in demographics, coupled with the pandemic's push to provide more consumer-focused health care services and the country's growing interest in social determinants of health, is causing the industry to turn its attention away from the more traditional delivery model toward the outpatient-focused care setting.

Accordingly, the health care industry's interest in collaborating with the senior housing sector is on the rise, and the need for development and procurement of senior housing and assisted living facilities is more prevalent than ever before.

Exactly how, though, are developers managing to finance the development of these much-needed facilities? One popular method of doing so is by securing a loan through the 232/223(f) federal loan program, which is the topic of this article.

■ What is the 232/223(f) loan?

The 232/223(f) loan is a federally backed loan program under the Federal Housing Administration and the U.S. Department of Housing and Urban Development. Specifically, borrowers may apply for the 232/223(f) loan to purchase, con-



Marina Blackburn Attorney, Hall, Render, Killian, Heath & Lyman

struct, rehabilitate or refinance senior housing facilities such as nursing homes, assisted living centers, board and care properties and similar projects. Eligible borrowers include investors, builders, developers, public entities (such as nursing facilities), and private nonprofit corporations and

associations. The Office of Residential Care Facilities administers and oversees the 232/223(f) loan program.

■ Eligibility requirements. Facilities that are eligible to obtain 232/223(f) loan financing are licensed senior housing and long-term care facilities, licensed skilled nursing facilities, licensed assisted living facilities, and licensed board and care facilities. All for-profit, nonprofit and public borrowers are eligible to apply as well. To qualify, such facilities must meet a variety of criteria, including the following:

• Facilities must accommodate 20 or more residents who need continuous or skilled nursing care and related medical services.

- Facilities must not be occupied by independent living by more than 25%.
- Facilities must not have commercial space that exceeds 20% of income or facility space.



Libby Park Attorney, Hall, Render, Killian, Heath & Lyman PC

■ Applying. The 232/223(f) loan generally progresses through five stages:

1. Application submission;
2. Preliminary

underwriting;
3. Third-party

verification and performance of due diligence;

4. Receipt of the HUD firm commit-

ment letter; and

5. Finalization of the loan documentation and closing.

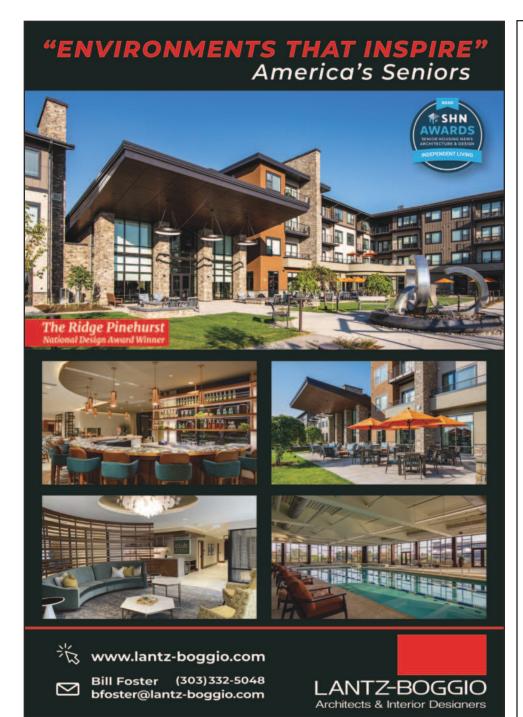
Moreover, the application process for the loan is subject to HUD's Lean process, which is intended to decrease waste and enhance efficiency in terms of application processing. The Lean process has made applying for the 232/223(f) loan much simpler than in years past, exemplified by the fact that the entire process can take as little as four months to complete (though this estimate can vary, depending on the complexity of the application). However, though streamlined, the 232/223(f) loan process still contains a number of hidden hurdles that borrowers must circumvent in order to be awarded funding. Borrowers must secure the right lender, as HUD Lean lenders are responsible for communicating with HUD and are the only entities with the authority to actually submit 232/223(f) loan applications.

■ What benefit does a 232/223(f) loan offer a borrower? Financing with a 232/223(f) loan is a secure option for borrowers and developers who want to expand their presence in the senior housing sector or upgrade existing facilities with long-term, fixed-rate debt. Specifically, 232/223(f) loans are nonrecourse, consist of high leverage and typically are available at low interest rates. Additionally, 232/223(f) loans have flexibility, as the minimum loan size available is \$1 million and presently there is no maximum. These facts, plus the value of the streamlined Lean process, are just a few of the many benefits 232/223(f) loans can bring to the table.

As health care continues to evolve and become more home and community focused, the rapidly increasing interest in senior housing partnerships continues to grow. Those who develop facilities that meet these shifts in long-term care delivery not only will help improve both the quality and coordination of care that elderly patients receive; but also they will be among the first in the industry to meet the housing and development needs of a dramatically large demographic shift set to occur in the United States over the next 20 years.

Thanks to Gracen Perdue, an undergraduate intern with Hall Render, for her assistance with this article.

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# SENIOR HOUSING — INSIGHTS

# The pandemic impacts all aspects of senior living

fter 24 years in the senior living industry, I can say without a doubt that this last year and a half has been the most challenging I have ever experienced. What COVID-19 did to our seniors and health care workers pushed many to unfathomable brinks of fear, frustration and burnout. And just when we saw a light at the end of the tunnel and mask mandates were beginning to be lifted, the delta variant made its unwelcome debut.

The staffing crisis is very real and very scary, and companies are having to be extremely creative in ways in which they can be better, different, faster and smarter. Recruitment is challenging and cutthroat between providers, and retention is as important as ever as we come up with new ways to celebrate, honor and appreciate our health care workers. They have spent a year and a half putting themselves and their family members at risk, and this has pushed many tenured, dedicated workers to reach the point of burnout where they have decided to leave the senior living industry altogether. Many employers have looked to sign-on bonuses, retention bonuses, competitive wage increases and unique benefits that may set them apart from the competition. As a company we are proud that we are not utilizing agency staffing to care for our residents. From a continuity of care perspective this is very important, not to mention what agency staffing can do to your culture and bottom line. Unfortunately, this leads to increased burnout among associates as they are working overtime,



Susie Finley
Founder and
principal,
Ascent Living
Communities

picking up extra shifts and working harder than they ever have before.

In the midst of living through this staffing crisis, we as a company made the decision to make COVID-19 vaccines a mandatory requirement for employment with our company, effective Sept. 1. We believe that

this was the right decision to make to keep our residents and fellow associates safe, but it certainly wasn't the most opportune time to make this decision. A few short weeks after we rolled out this mandate, the state of Colorado followed suit with its own mandatory vaccine mandate for all health care workers by the end of October. As we anticipated, we were able to have many successful one-onone meetings with associates where a little extra education helped get those individuals over the hurdle of making the decision to get vaccinated. In the end, we lost four associates out of our approximately 250 we have employed today. We are proud of our decision and know that this was the right thing to do for us as a company.

The breakthrough COVID-19 cases that we are all experiencing have been extremely disruptive to the operation. The state and county authorities have come down harder and have been more stringent in their advisement and direction as a result



Hilltop Reserve in Denver will open at the end of the year. The timing of the pandemic and construction allowed for several design and technology changes with a focus on safety and infection control that will benefit residents and associates.

of these cases. The mass testing alone is very time-consuming and certainly takes time away from the delivery of care and services to our residents. As a company we have been very aggressive from the beginning of this pandemic and made decisions to close dining rooms and visitation in early March 2020, before it was ever mandated to do so. We are grateful to say that, although we have experienced our fair share of COVID-19 positive residents and associates, we have not had any deaths resulting from COVID-19.

As we approach our 2022 budget season, we will have to look long and hard at all of the increased operational expenses we have encountered and find a balance between how to absorb those expenses and the appropriate

annual rental rate increases for our residents. Everything from increased staffing, retention and recruitment expenses to the thousands and thousands of dollars spent on paper products for meal delivery that went on much longer than any of us ever believed it would, as did increased costs for raw food and supplies – just to name a few. Many companies have opted to begin collecting a COVID-19 monthly surcharge, but we have opted against this approach. We are proud that as a company we continued with annual staff performance increases through 2020 and 2021 as well as continued with our 401(k) match, along with continuing other key employee benefit offerings.

Please see Finley, Page 20

# COVID-19 highlights necessity for culture of safety

n addition to facing the challenge of caring for and supporting vulnerable senior populations over the two-year span of the pandemic, another major consideration for senior living operators has been keeping workers safe since COVID-19 spread nationwide. While focusing on worker safety always is important in senior living, it has become acutely critical today

The Occupational Safety and Health Administration launched a program in March - a "national emphasis program" – to focus on workplace inspections, outreach and compliance assistance for companies where workers had a high risk of contracting COVID-19. Beyond the expected not spots for COVID-19, such as manufacturing facilities and meatpacking plants, OSHA also would put a spotlight on assisted living facilities, continuing care retirement communities, home health agencies, skilled nursing facilities and others in health care. OSHA also reminded employers, as part of the Whistleblower Protection Program, that they should not retaliate against workers who lodged complaints about COVID-19 workplace safety. This announcement was a preview of what was to come.

On June 21, OSHA announced a new Emergency Temporary Standard to strengthen efforts to protect workers in health care settings. "Too many of our frontline health care workers continue to be at high risk of contracting the coronavirus," said U.S. Secretary of Labor Marty Walsh



Margie Guerrieri
Regional
marketing and
sales director,
WellAge Senior
Living

in a press release announcing the

The emergency rule requires many health care employers to implement a written COVID-19 infection prevention program, report COVID-19 cases to OSHA and pay workers who are unable to work due to COVID-19

symptoms. In the prevention plan, operators must cover areas of concern for certain medical procedures, physical distancing, physical barriers, personal protective equipment, cleaning, disinfection, ventilation, health screening, training, record-keeping and reporting. The ETS also stated providers should encourage employees to get the COVID-19 vaccine; that encouragement later became a mandate.

While OSHA provided templates and guidance for compliance, the rapid deployment for the new standard caught many in senior living off guard. Organizations were expected to comply two weeks after the June 21 launch for some measures, 30 days for others. An estimated 10 million senior living workers fell under the new ETS, and despite pushback from senior living organizations such as LeadingAge and the American Health Care Association for operators to have more implementation time, the ETS was implemented

without delay.

# ■ Size and experience mattered.

Larger assisted living, memory care, home care and other senior living providers – especially those affiliated with operators of long-term care facilities – were able to cope with the ETS implementation because they have a framework for worker safety education and oversight in place.

"Over the last decade, nursing homes have seen increased scrutiny from OSHA for workplace safety," said Gloria Martinez, director of employee safety for both WellAge Senior Living and Vivage Senior Living. "Adjusting to these new measures was not as much a burden for our locations since we have systems in place."

Under the ETS brought on by COVID-19 concerns, OSHA inspectors are conducting on-site visits or remote inspections as needed. Typical triggers for an inspection are a staff complaint or outbreak at a facility. In addition, OSHA is scrutinizing the quality of the onsite safety coordinator in senior living communities. This extends to reviewing the coordinator's training, experience and ability to dedicate the time necessary to the job. Martinez, who had more than 25 years as a safety and health professional (the last five in health care) before joining Vivage and WellAge, today oversees workplace safety at more than 40 facilities. In this role, she interprets OSHA standards for facility safety coordinators, provides training for supervisors at the communities and develops everyday

safety programs that benefit frontline workers.

"Workplace safety is not a piece of paper, a policy or a procedure," she said. "It's about developing a culture of health and safety by creating proactive safety programs."

While many organizations offer employees computer-based safety training, Martinez said in-person training is essential. She also said when the COVID-19 ETS guidance was released, it was much easier for her to roll out to facilities as systems and procedures were in place.

■ Safety saves. OSHA's ETS for COVID-19 workplace safety comes with a bite from the Department of Labor. "OSHA citations come with maximum penalties of \$13,653 per violation," said Jon M. VonderHaar, a safety services consultant. "Willful or repeated violations can amount to penalties 10 times that."

Martinez and VonderHaar emphasize that while complying with the COVID-19 ETS is critical, having an overall culture focused on workplace safety is good for workers – and good for business. They also stress creating a culture of safety must start with organizational leadership to be effective.

Businesses lacking safety practices have more injuries, and these injuries have both direct and indirect costs. Direct costs include workers' compensation payments, medical expenses and costs for legal services. Examples of indirect costs include training replacement employees, accident investigation

# **SENIOR HOUSING — TRENDS**

# Keys to designing inspired senior communities

enior living is on the cusp of reinvention. Since the end of World War II, when the industry as we know it today was formed, it has become conservative and institutionalized. That is about to change as three primary drivers – COVID-19, economics and the wave of baby boomers – are causing a shift in this paradigm. The stale "nursing home" image of senior living will no longer be accepted. Seniors want to live in vital communities that foster inclusion and participation and support meaningful life experiences.

Thoughtful design can counteract the tired image of senior living to appeal to a broader range of the market. Here are a few design enhancements we recommend incorporating into senior living communities to bring them into the 21st century and appeal to the lifestyle today's seniors are seeking.

Exteriors. As with all housing, curb appeal reigns supreme. To create a dramatic first impression, include an entry portal with charismatic forms and welcoming details. Exterior walls and roofs are moving away from conservative shapes and materials toward more dynamic elements that help to establish a sense of vibrancy. Also consider adding ground-floor amenities that are open to the public to boost excitement upon arrival, while also energizing the community and inviting



Len Segel
Director of senior
living, Kephart

connection with the neighborhood.

■ Entries and great rooms. Lobbies should move away from impersonal waiting rooms to become activated community centers. As the first point of entry, these spaces should set an inspirational tone for the community. Resi-

dents and guests will feel most welcomed in areas that are comfortable and human-scaled, not overly grand like a hotel. Enliven great room spaces by including a variety of settings for activities with large and small seating areas, multiuse flex spaces, reading nooks and a bistro.

■ Corridors. Long, bland hallways are a thing of the past. Corridors are a critical, often overlooked design component and an easy area to enhance to make your community feel more inviting. Break up the monotony by creating changes in width and height, by varying the finishes of walls and floors, and by bringing in more natural light. Personalize the hallways by including intimate seating areas and providing porchlike spaces next to resident entry doors to establish a better sense of arrival.

■ **Dining.** To allow the dining experience to feel more like a gathering



Lobbies should move away from impersonal waiting rooms to become activated community centers.

among friends rather than a cafeteria, move away from the large, single-room concept. Instead, break up the space with smaller seating areas that have different finishes, ceiling heights and personalities. This allows residents to experience something a bit different when they dine. Add a bistro that can flex from serving breakfast in the morning to become an afternoon coffee shop and a lively pub in the evening. Another popular idea is to open the activity of the kitchen to the dining area, allowing residents to feel involved in the preparation of their meals.

■ **Residential areas.** Over the years senior communities have become large and impersonal. A great way to create a more intimate sense of community is to subdivide groupings of resident apartments into neighborhoods of 12-20 units. In the neighborhood common areas, integrate biophilic elements like plants and other natural materials to create comfortable and relaxed settings. In independent and assisted living apartments, include large windows to maximize views and flood the space with natural light, and add balconies whenever possible to increase the connection to the outdoors. To overcome the hospital feel often found in skilled nursing, conceal medical equipment and nurses stations.

■ **Staff spaces.** At a time when it is crucial to attract and retain employees, staff spaces need to be reimagined. OnShift, a company focused on redefining the employee experience, has

released a series of reports that document the burnout that senior living workers currently are experiencing. Thoughtfully designed staff spaces can be a great tool to combat burnout. Well-programmed staff lounges should have a variety of use areas – soft seating zones, eating areas, exercise spaces and quiet areas for staff to relax and recharge. Don't forget to take an ergonomic approach to the design of your entire community to help reduce staff injuries.

**Dutdoor spaces.** Outdoor spaces can be just as important as indoor ones for our physical and emotional health. Including areas like resident gardens, dog runs and wash areas, shaded dining spaces, outdoor game tables and entertainment venues will increase the overall resident satisfaction and quality of life.

While the architecture of the building might be considered the "hardware" that sets a community up for success, equally important is the "software," or the operations that make the community run and truly overcome the institutional feel. Senior living is in the early stages of a virtual revolution. As an industry, it's time that we harness the power of inspiring design to create communities that support meaningful life experiences and dispel the old stereotypes of senior living.

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Long, bland hallways are a thing of the past. Corridors are a critical, often overlooked design component and an easy area to enhance to make your community feel more inviting.

# Prager -

Continued from Page 17

learned over the past 18 months in various areas. Currently, FGI requires a functional program to be submitted for a health department permit. Once the new regulations are enacted, we also will be required to submit a Disaster Emergency Vulnerability Assessment, which identifies the hazards, evaluates the risk and generates potential solutions to these challenges.

Our learnings in these key areas

have informed design changes since the beginning of the pandemic and will inform the disaster assessments that will be required moving forward. As we continue to gain additional knowledge and new guidance in the form of updated FGI regulations, designs of senior care communities undoubtedly will evolve based on these best practices and as a reflection of where the industry is heading.

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# Finley -

Continued from Page 19

At the end of this year, we will be opening our newest community, Hill-top Reserve in Denver. The timing of the pandemic and construction

allowed for us to make several design and technology changes with a focus on safety and infection control that will benefit our residents and associates for many years to come. With an increased percentage of the popula-

tion getting vaccinated, we are hopeful that we soon will be through this and back to business as usual. Will we have some things that we will do differently going forward as a result of living through this pandemic? Of course we

will, but that will only challenge us to continue to be the best we can be as a local senior living owner and operator.

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# Guerrieri —

Continued from Page 19

and implementation of corrective measures, lost productivity, repairs of damaged equipment and property, and costs associated with lower employee morale and absenteeism. VonderHaar said there are numerous reports that indicate for every dollar spent on workplace safety, there is a return of \$3 to \$5.

While the COVID-19 ETS left some organizations scrambling this year, the larger issue is creating a culture of safety as a way of business, with formal training the norm and oversight

in place internally so an organization can adjust as needed. Martinez calls this "prevention through design," based on a Harvard Medical Practice study that found having effective systems and controls in place can enhance worker safety. Having these systems and culture in place reduces

an organization's risk exposure and helps maximize employee potential. In a business where our focus is helping seniors age well and live well, having motivated staff who feel safe is a difference-maker.

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# **SENIOR HOUSING — TRENDS**

Continued from Page 15

real estate assets to build community capital, has launched the region's first Workforce Housing Fund, a collaboration between the city of Colorado Springs, regional foundations and local developers.

HomeCOS: Housing Our Future, the city's affordable and attainable housing plan, establishes a goal of producing on average 1,000 new affordable units each year. The Workforce Housing Fund will partner with the city on supporting that goal by focusing on development of workforce housing through a three-tiered approach to include coordinating private, public and charitable sector funding; supporting predevelopment planning for workforce housing projects; and capacity building for local organizations to capture state and federal funds.

PPREF has convened funders who have contributed a minimum of \$25,000 into a pooled giving fund and

will facilitate a funding cycle with the goal to disburse funds annually to a proposed workforce housing project in the Pikes Peak region.

At the PRREF, we believe it is only when the public, private and philanthropic sectors work together that systematic change occurs. This alliance identifies priorities, visualizes possibilities and earmarks resources together in one collective vision. By pooling the team's expertise, we can address one of our community's most critical needs – accessible housing.

ing.

"The Workforce Housing Fund is a great example of an innovative strategy to keep our affordable housing pipeline full and going strong," said Steve Posey, community development division manager, city of Colorado Springs. "It is particularly meaningful to our local nonprofits as they expand their missions from service delivery into housing."

The Workforce Housing Fund named its first partner, Silver Key

Senior Services, in July. The nonprofit is preparing to apply to the Colorado Housing and Finance Authority for low-income housing tax credits to help fund construction of senior living facility and was awarded a \$50,000 predevelopment loan from the Workforce Housing Fund for consultation on the application.

Silver Key plans to build the new 50- to 60-unit apartment complex in southeast Colorado Springs. It purchased the site and the office building in 2015 for about \$2 million. Denver-based MGL Partners, a multifamily, senior workforce and affordable housing developer, has been selected to develop the new senior living facility. Construction will begin next spring.

An estimated 70% of the units would be reserved for seniors who have an income of 30% or less of Colorado Springs' median, which would amount to about \$19,500 annually. The remaining apartments would be leased to renters who earn between

40% and 60% of the area's median household income.

The location, adjacent to the non-profit's headquarters, will enable Silver Key to easily provide other services for tenants, such as meals, a food pantry, transportation, legal aid, mental health assistance, a thrift store and other resources.

"Solving for the affordable housing crisis is a community lift. In addition to federal, state and regional public funding, we are leaning on the private and philanthropic sector to meet this growing challenge, especially for seniors," said Jason DeaBueno, president and CEO, Silver Key Senior Services. "We can't go it alone. We must work collaboratively to address the need."

The Workforce Housing Fund is looking to name its second partner project early next year and hopes to grow the fund to double its partnerships in 2022.

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# Peck -

Continued from Page 16

recruit frontline caregiving staff for the foreseeable future. In Colorado, the state Board of Health recently required that all health care workers across the state receive the COVID-19 vaccine by the end of October, which should help to discourage workers from leaving nursing care positions for other care settings but may not discourage them from leaving for non-health care industries. The data has shown that the vaccine is safe and highly effective at preventing serious disease, hospitalization and death from COVID-19. As of Sept. 30, 65.5% of Coloradans (nearly 3.8 million people) had received at least one dose.

Even in the best of times wages and benefits are significant operating expenses – typically reaching up to 60% of overall expenses for a senior housing property. Since the beginning of the pandemic, many operators have endured the added costs of employee turnover, agency staffing and overtime pay. Considering the losses of revenue associated with a pandemic-related decline in occupancy rates to historically low levels and myriad unplanned expenses, including ongoing costs for sanitation and infection mitigation, and significantly elevated insurance premiums, net operating income has been acutely pressured for many operators and their capital partners.

And while considered highly effective by respondents to NIC's Executive Survey Insights, Colorado operators shouldn't rely solely on ever-increasing pay and benefits to attract and retain staff. Some things operators can focus on in addition to wages include utilizing technologies that improve staff scheduling and task efficiencies; recruiting staff from other sectors such as hospitality and retail; developing compelling career paths; marketing to, recruiting and training staff to foster company loyalty and commitment; and

creating an engaging culture and work environment that nurtures relationships between staff and residents.

Just as the labor challenges in senior housing and care didn't begin with the pandemic, the pressures on staffing levels and wages will not end when the pandemic is in the rearview mirror. This is a national issue brought on by broad demographic trends as well as the effects of the pandemic on the labor force, and the specific challenges faced by care staff for senior housing and care operators.

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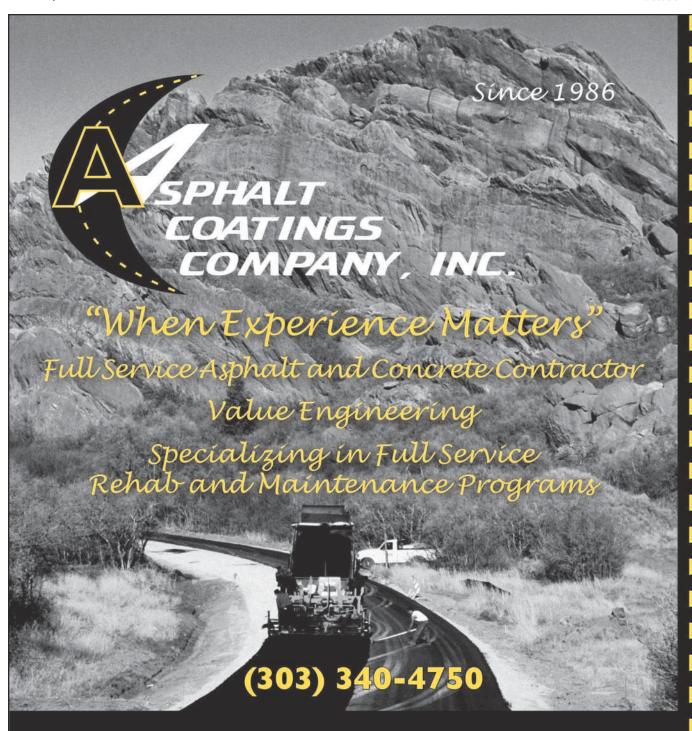


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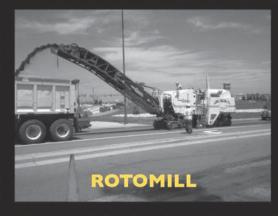
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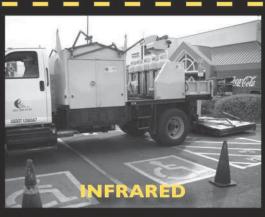
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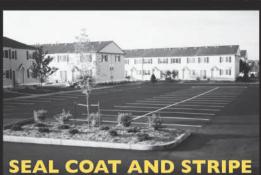




























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