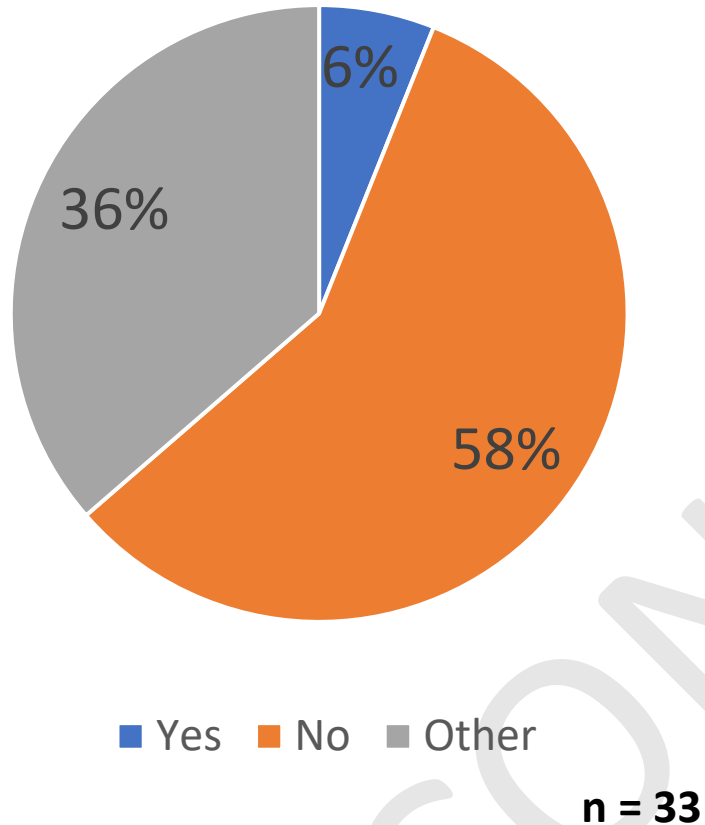




ASHA COVID-19 Survey: December 4 - 10, 2020

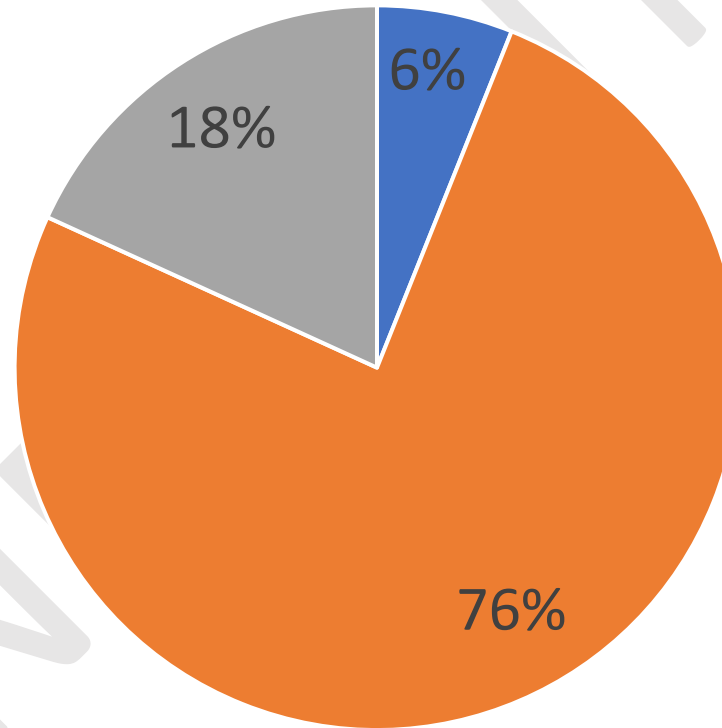
Do you plan to make COVID-19 vaccination a condition of living in your communities for existing residents?



Other:

- It will be voluntary, but we will encourage all residents (and staff) to get vaccinated.
- Yes, excluding medical or religious reasons.
- Later in 2021, when it is readily available.
- Undecided at this time.
- At this point, highly encouraging it, but it sounds like we won't be able to make it absolutely mandatory since it was approved on an emergency basis.
- Unsure at this point.
- We will strongly encourage residents to get vaccinated.
- We will strongly encourage the vaccine once it is offered.
- Yes, but may make exceptions (special accommodations) for an exceptional health or religious concern.
- If we are able to get the Vaccine as part of the clinics we have signed up for through the program. It is still unclear if free standing Independent Living and Active Adult communities will be included after emailing CDC IMS asking for an update on status of sign up for the vaccine.
- We will make recommendations and provide educational tools about the vaccination and will strongly encourage it.
- To the extent allowed by regulation.

If not mandatory and a resident refuses COVID-19 vaccination, do you intend to charge additional risk-based fees due directly to lack of vaccination, to overcome the additional cost of safety precautions and staffing?



Other:

- Potentially
- Undecided
- Possibly
- Unsure
- Not sure at this time
- Unsure at this point

■ Yes ■ No ■ Other

n = 33

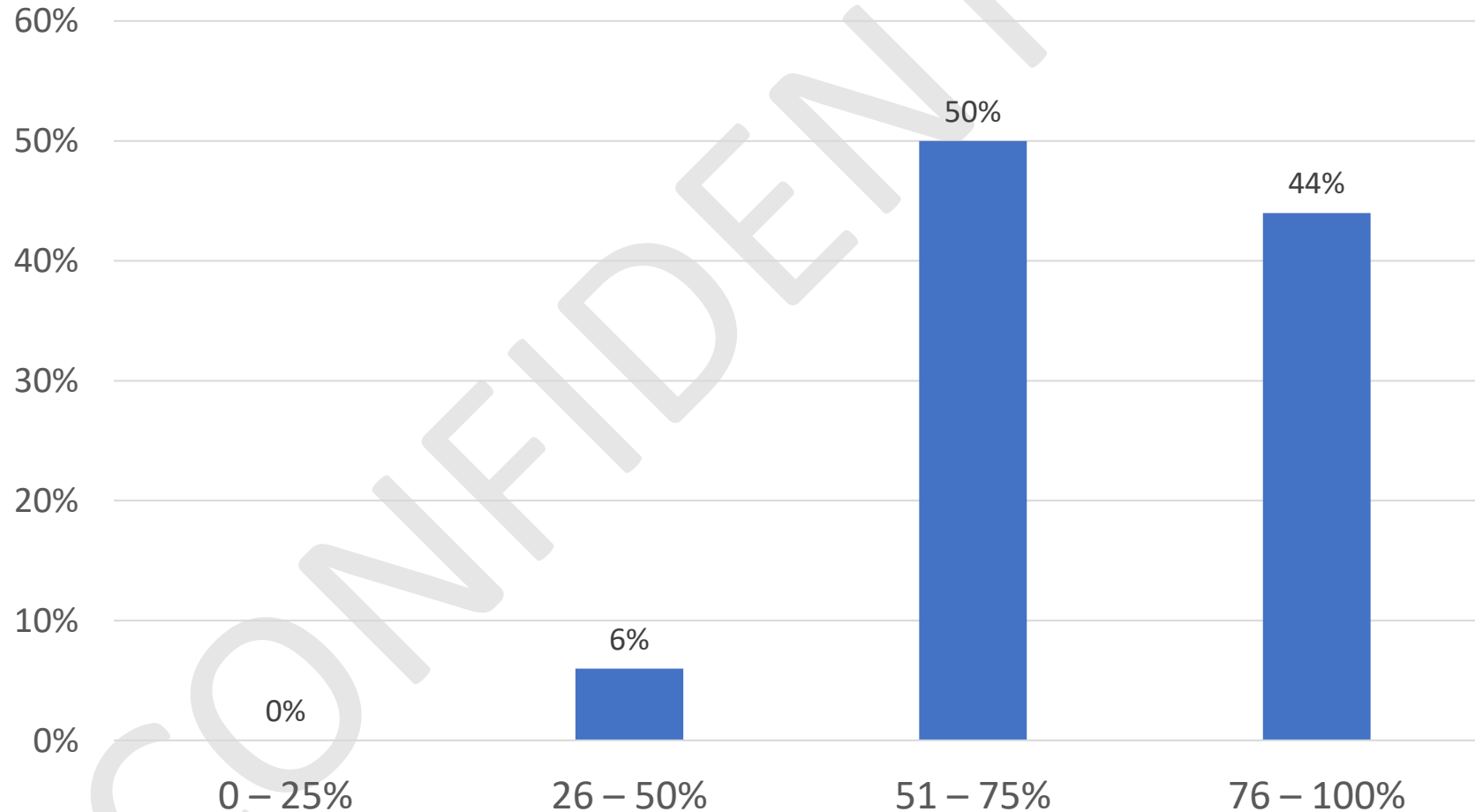
If not mandatory and a resident refuses COVID-19 vaccination, how do you plan to minimize risk of infection of the unvaccinated residents?

- Continuing existing precautions. We believe our residents generation will lead the way toward high compliance as they have in previous inoculations and other events such as were required during war and other trying times during their lifetime.
- Isolation.
- Specific protocols are in place to address.
- Continue to do testing , PPE etc.
- For the foreseeable future, PPE use.
- Possibly limit access to dining and other common areas, which vaccinated residents would be using.
- We will continue to use PPE's, screen employees and residents and maintain strict disinfecting policies, while social distancing practices.
- Twice a week testing.
- Our PPE protocols as well as staff and resident cohorting will continue for the foreseeable future. The vaccination implementation will provide an additional, and critical layer, of protection.
- Continue the same protocols with screening, social distancing, face masks, and quarantine requirements.
- Unvaccinated residents will have to continue with all COVID-19 pandemic requirements including limited visitations, social distancing and PPE usage until the pandemic is considered to be over by governmental agencies.
- Frequent testing (2x per week for those w/o vaccination).

If not mandatory and a resident refuses COVID-19 vaccination, how do you plan to minimize risk of infection of the unvaccinated residents? (cont.)

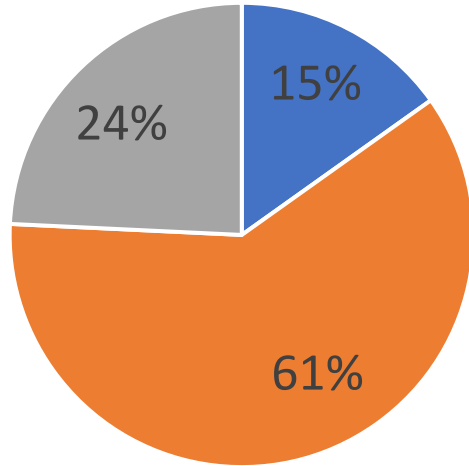
- Continued use of existing infection control procedures, including cleaning protocols, use of PPE and ongoing testing (antigen and PCR) as appropriate
- Resident will be required to wear PPE when outside their apartment
- In case they are positive, they will have to leave the building and we will continue to offer them weekly testing.
- Masks and PPE.
- We will follow local health officials' guidelines and protocols we as a community and will not make up our own rules.
- I do not anticipate many of our residents refusing the vaccine, but I also think that we will still be wearing protective equipment for some time to come.
- We have a final draft of protocols; now looking to work through this particular situation.
- Resident would have to be screened daily for symptoms and remain in PPE when they are outside of their personal apartments or working with caregivers.
- Social distancing, mask-wearing, additional COVID safety protocols.
- We will continue to follow CDC guidance and the same infection prevention protocols we have in place today, regardless of who has been vaccinated.
- Continue with current protocols of mask wearing, social distancing and limited access by family members. We do not believe that we can make vaccinations mandatory nor will our occupancy agreements allow us to surcharge a resident.

What percentage of your residents received the flu vaccine this year?



n = 32

Do you plan to make COVID-19 vaccination a condition of employment in your Independent Living environments?



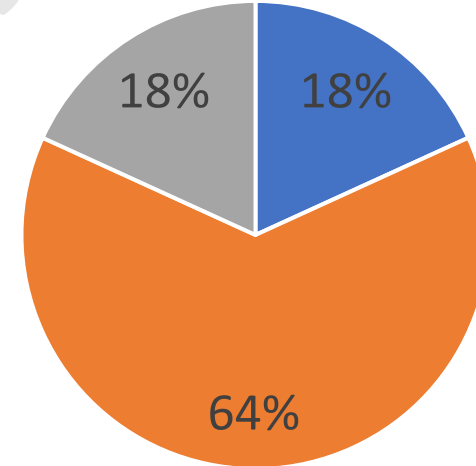
■ Yes ■ No ■ Other

n = 33

Other:

- Yes, excluding religious and medial reasons.
- Not at this time but expect by Fall, 2021.
- It will be strongly recommended as a precursor to employment.
- We will strongly encourage the vaccine.
- Yes, but some exceptions for health or religious reasons.

Do you plan to make COVID-19 vaccination a condition of employment in your Assisted Living environments?



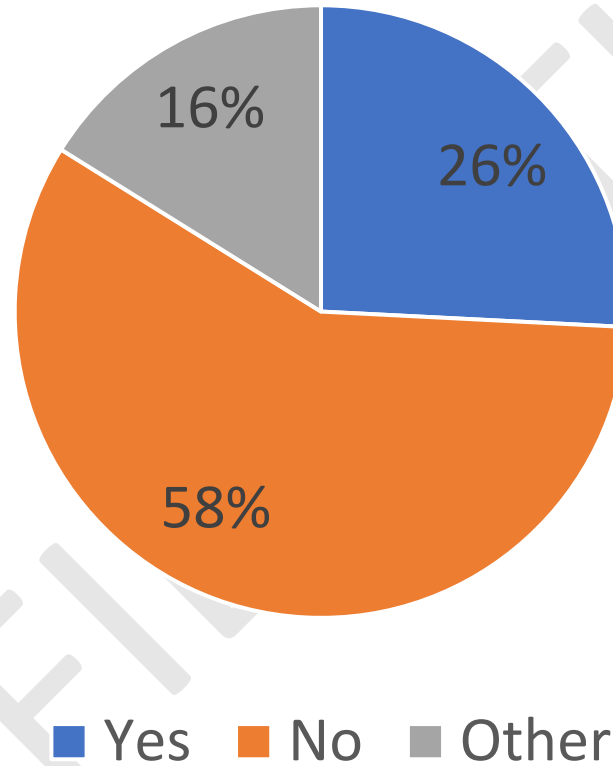
■ Yes ■ No ■ Other

n = 33

Other:

- It will be voluntary, but we will encourage all staff to get vaccinated.
- Not at this time but expect by Fall, 2021.
- We will strongly encourage the vaccine.
- Yes, but some exceptions for health or religious reasons.
- We will recommend the vaccine.

If COVID-19 vaccination is not a condition of employment, are you planning to offer significant incentives for staff to receive the vaccine?

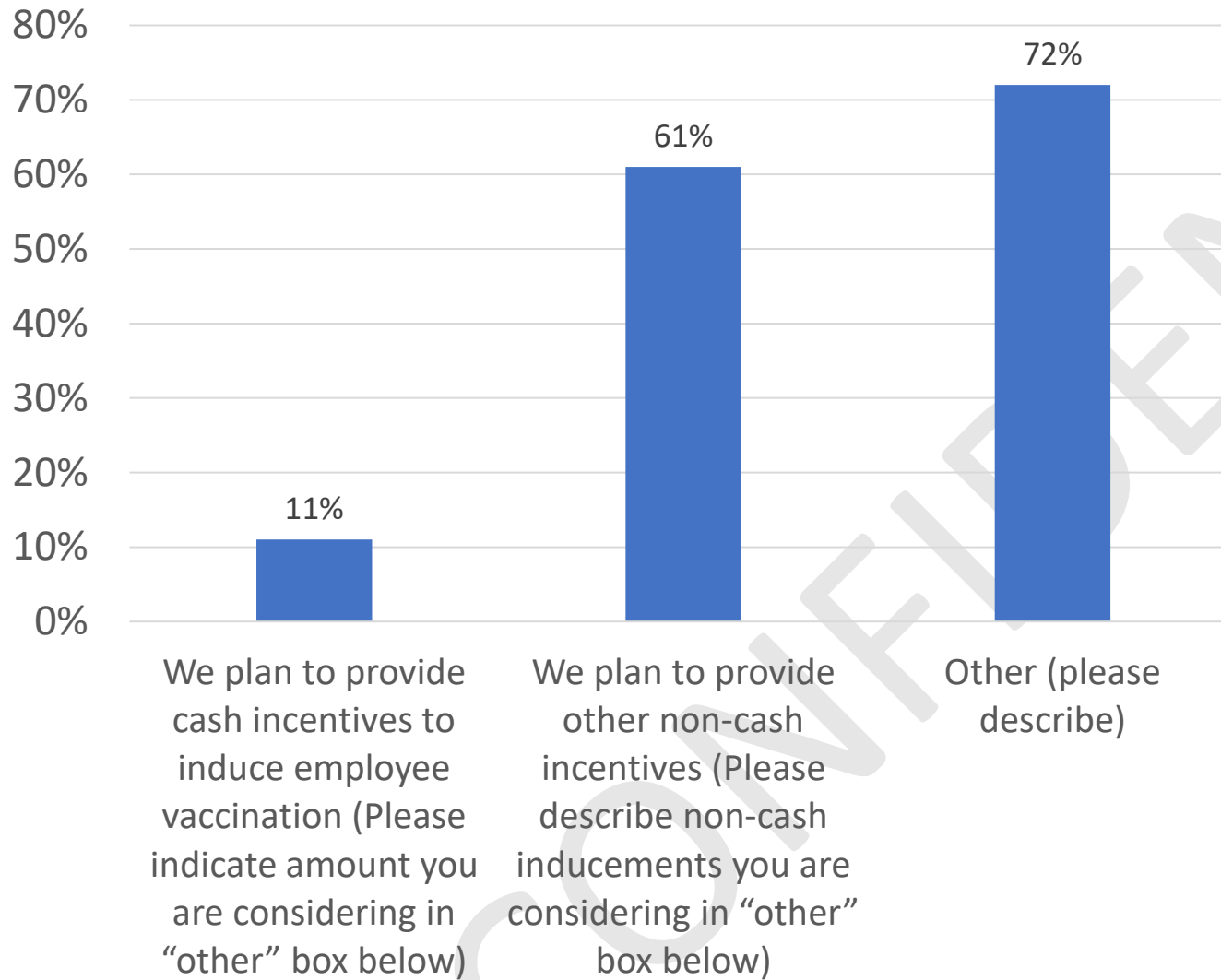


n = 31

Other:

- To the extent that we legally can.
- Is this legal to do?
- Still evaluating incentives for employees to take the vaccine.
- Vaccination should be a price of admission to join organization.
- We are using encouraging incentives, prizes and using our SonicBoom Wellness portal to spread encouraging information.

What COVID-19 vaccination incentives are you providing?

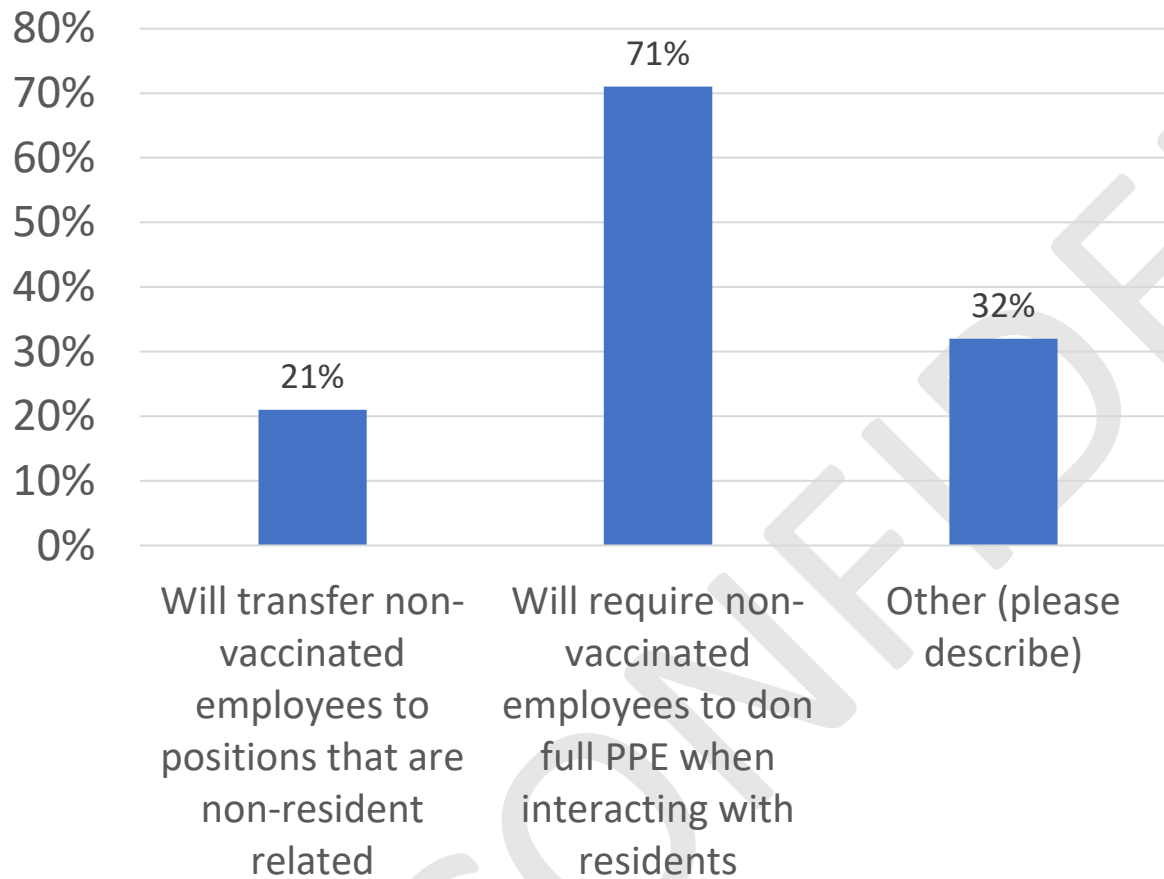


n = 18

Other:

- Evaluating contests for individuals and communities.
- We have not concluded, but will likely make multiple incentives available in order to get the largest possible numbers to be vaccinated.
- None, but will listen for ideas over the next few weeks.
- We have several COVID related benefits for our team members that those who do not take the vaccine would not be eligible for.
- Still working through our options of what we can legally do.
- Raffle prizes, food etc.
- No incentive, it will be a condition of employment.
- Ongoing education and paid sick days if experiencing symptoms from the vaccine.
- Haven't decided how we will incentivize.
- We are considering a combination of individual "raffle" prizes, individual cash prizes, and team awards that the entire community can enjoy.
- Unsure.

If COVID-19 vaccination is not a condition of employment, how do you plan to minimize health and employment risk to unvaccinated staff and residents?



n = 28

Other:

- We will continue to follow the protocols prior to the vaccine we don't feel that singling out people's choices recognizes individual rights unless mandated by state or local government.
- Continue with current procedures. Realize that NO new employees after the first round will get a vaccination for months so this is sort of a moot question.
- Will require continued use of existing infection control procedures, including cleaning protocols, use of PPE and ongoing testing (antigen and PCR) as appropriate.
- Still working through the particulars.
- We will continue to screen employees and residents, make PPE's mandatory, continue to disinfect and social distance.
- Testing.
- We will continue to follow CDC guidance and the same infection prevention protocols we have in place today.
- Frequent testing (2x per week).

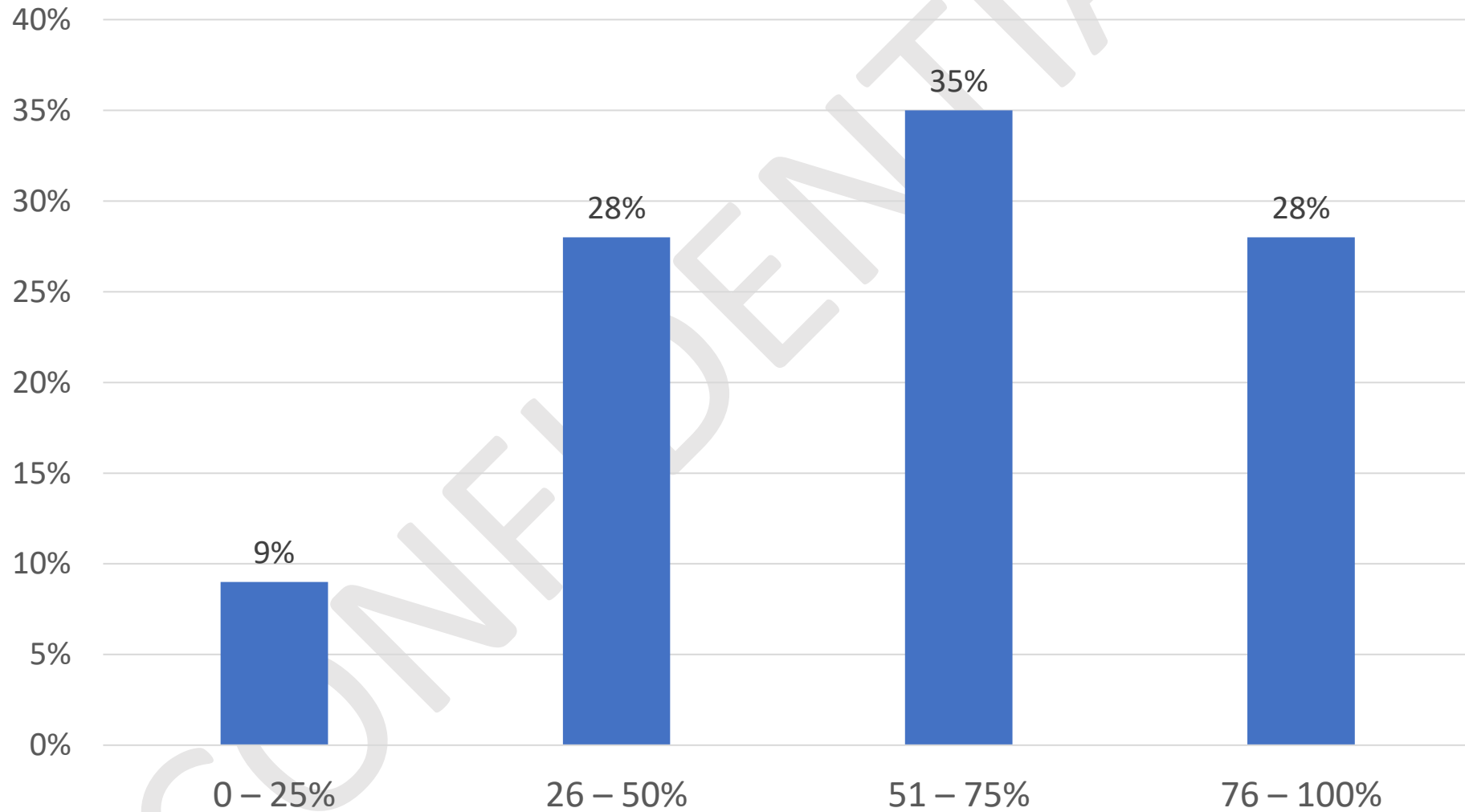
How are you communicating with your full constituency right now regarding COVID-19 vaccination?

- Daily stand up meetings and written notices.
- Presently we are offering the vaccine with the coordination of CVS.
- Working on way to encourage staff to vaccinate.
- Doing surveys of staff, residents and family members directly about the vaccination on top of our weekly calls and emails. Also, small group meetings daily.
- Video, survey, infographics-- all texted to them (coworkers) or emailed/ mailed (residents/ families).
- It was discussed on the CDC call that you can not require the vaccine as a condition of employment, due to the vaccine is an emergency approval.
- We are leveraging a series of communications via multiple channels for employees, residents and family members. Channels include live webinars, emails, electronic and paper letters from senior clinical leadership, video, FAQs, surveys and interactive programming (community level).
- Through policy update within our internal system.
- Blogs, letters, videos, one calls, mass emails, webinars.
- Phone calls, e-blast, website, letters.
- Fact based and with excitement about entering into the vaccine stage. Making sure that everyone knows prioritizations are happening at the federal and state level but that we WILL make vaccines available to all residents and associates as dates are approved for each cohort. AL first, then IL.

How are you communicating with your full constituency right now regarding COVID-19 vaccination? (cont.)

- Internal PR campaign to residents, family and team members, utilizing phy, hosting Family zoom calls, using electronic communication tools too.
- Letters, email blasts, videos...working on multiple live town halls for associates, for residents and for families.
- Regular discussions / planning session with extended leadership team enterprise-wide; when we have more clarity in several areas will cascade the communication.
- Corporate is being very active with communication via resident/family/associate e-blast, social media as wells as education throughout the communities via posters.
- We have been sending informational letters, holding meetings and word of mouth once new information is received.
- Family and team member comms twice a week.
- Letter and email campaign to residents and their family members. Letter, email and zoom calls with employees.
- We are preparing thoroughly researched/referenced communications for our associates, residents, and families; this is critical given the plethora of misinformation regarding the safety of the vaccine.
- Providing weekly updates on the progress of the vaccine.
- We have not communicated anything yet.
- We are utilizing multiple platforms for communicating with both residents and employees. We are also committed to sharing information as it becomes available from Federal, State, Local government agencies as well as our pharmacy partner, CVS/Omnicare.

What percentage of your staff received the flu vaccine this year?

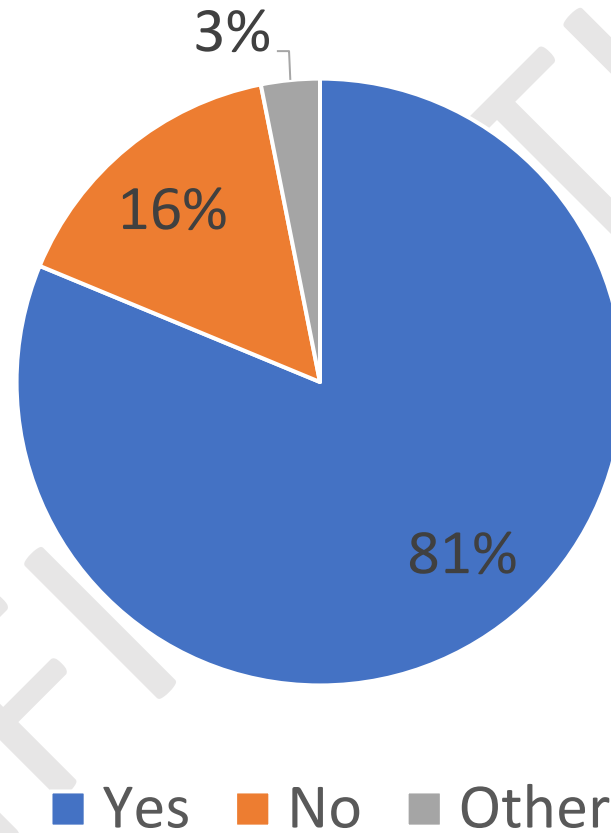


n = 32

Please add any additional comments you might have on the COVID-19 or flu vaccine

- Significant anti vaccine sentiment. Threatening to resign.
- This round of vaccination is important. But realize that there is not enough in round one to vaccinate all of the 24M in the so-called 1A group. There will be a significant delay to the next round of vaccinations, so we don't have the luxury of vaccinating every new hire and resident that comes in over the next several months (if not significantly longer). It is likely that we will be using multiple company's vaccines on a going forward basis. But in the meantime, this round of vaccinations only provides protection for the individuals who get the shots now and does not protect everyone in our buildings. That last point cannot be accomplished until the entire country has over 75% vaccination. There is no perfect solution at hand, but this is a HUGE step forward and a critical first step.
- Most of our staff is unsure or saying no - wants to wait to see more data or doesn't feel have enough information - we are working on zoom and information for them at community level.
- We average 90-92% compliance with flu vaccine. We have now mandated it for all new hires, but not yet for current co-workers. We tend to achieve good participation with education, small contests, and the general trusting relationship we have worked hard to build with our co-workers.
- As everyone is learning more about the vaccine, we have acknowledged we may update our requirements as we learn more regarding side effects etc. of the vaccine.
- We made the flu vaccine a condition of employment this year but are not doing that with COVID vaccine since it was approved on an emergency basis.
- We believe state and/or county regulators will require AL staff to be vaccinated.
- We noticed an unusual decline in the Flu vaccine this year. After surveying several communities, reasons shared were uncertainty around the side effects and just skeptic on whether or not they needed to get the flu vaccine. We hope the COVID vaccine is better understood and our employees chose to receive the vaccine.
- We did not mandate the flu vaccine for associates.

Has your company received any HHS Provider Relief Funding (PRF)?

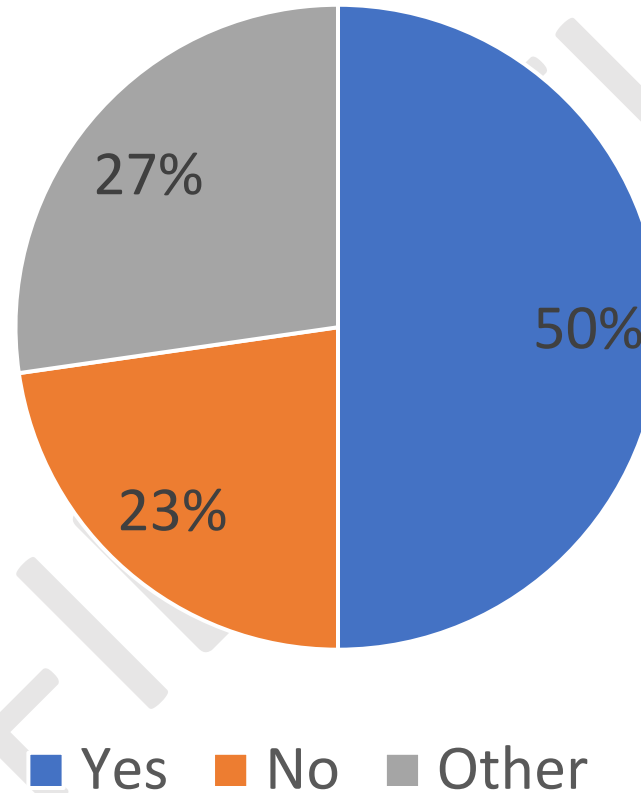


Other:

- \$6.3M pending, nothing received yet

n = 32

If yes, did you receive the full 2% of gross revenues as described by HHS?



Other:

n = 22

- We only received Phase 2 for 2/12 of our properties. No phase 3 yet.
- Only for a few of the communities, not all of them.
- No - we have received 2% for a subset of the portfolio but are awaiting full funds for remaining assets.
- Not for all communities.
- No - several owner groups chose not to receive funds.
- Still pending.

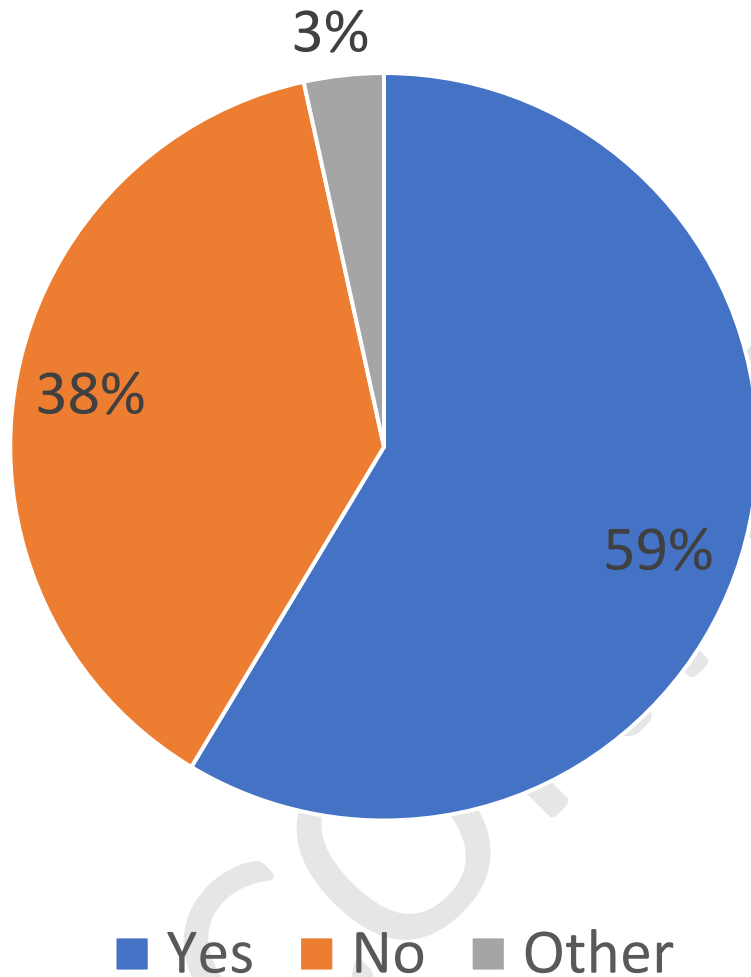
Please indicate approximate total amount of HHS Provider Relief Funds received

- Not sure
- \$450,000
- On average without having gone back and checked the numbers in detail, about \$100k per property, so approaching \$2.7M in total.
- Vary per building
- \$600,000
- \$2,500,000
- \$3,400,000
- Not sure. Need to ask CFO
- \$1,000,000
- \$1,500,000
- \$3,000,000
- Pending \$6.3M over 32 communities
- \$4,000,000
- \$2,500,000
- \$22,000,000

Please indicate approximate amount per community of HHS Provider Relief Funds received

- Not sure
- \$150,000
- Approximately \$100,000
- Approx. \$42,000 per community for 60 communities
- \$150,000
- Varies widely
- \$80,000
- \$40,000 per
- \$150,000 average per community
- Pending
- ~\$100,000
- \$1,158,000

Has your company received relief funding from any of the states in which you operate?



Other:

- From one or two states, small dollars

n = 29

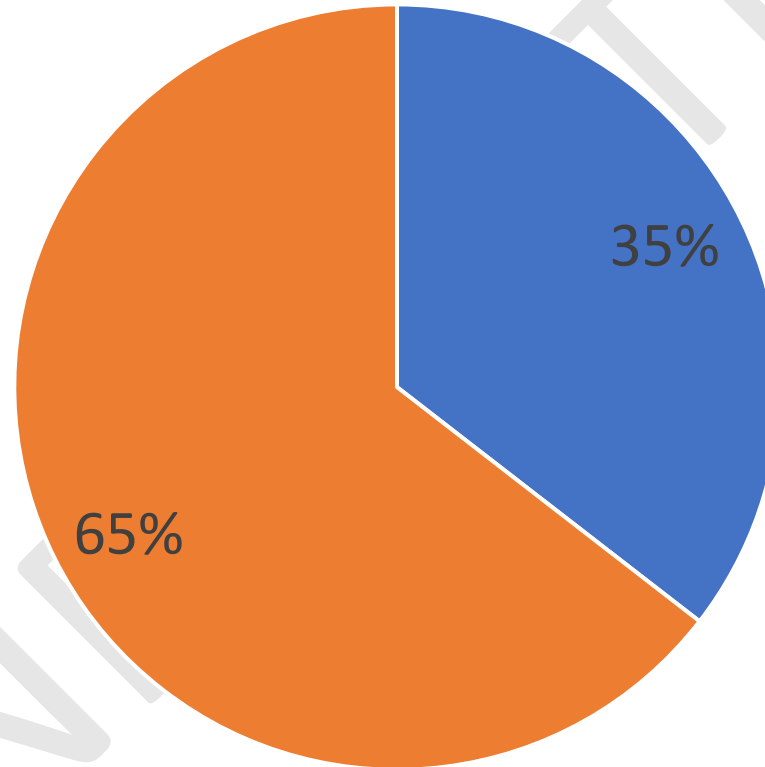
Please indicate approximate total amount of state relief funds received and from which states

- State funding for testing
- A few thousand dollars from Ohio and North Carolina
- Rhode Island - less than \$50,000
- Pennsylvania only
- Pennsylvania -- \$1,200,000
- Approx. \$995,000 in Pennsylvania and Ohio
- Ohio – approx. \$300,000 / Missouri – approx. \$150,000
- Pennsylvania (not sure of the amounts) / New Jersey (will be for testing—not received yet)
- \$6,000,000
- Oklahoma
- Pennsylvania
- We have received \$350,000 in MA and PA. Have applied in the other 5 states, have yet to receive funding. CO, MI, PA, NJ, VA, KS, MA

Please indicate approximate amount per community of state relief funds received

- Unsure
- \$25,000 - \$50,000
- Approx. \$33,000 per community for 30 communities
- Ohio – approx. \$60,000 / MO – approx. \$30,000
- \$400,000
- \$0
- \$87,500 per community

Did you receive funding from the Paycheck Protection Program (PPP)?



■ Yes ■ No

n = 31

Please indicate the approximate amount of PPP funding received

- Over \$3,000,000 company-wide
- \$1,200,000
- None
- Different per building
- Several owner groups chose not to receive funds.
- \$10,000,000
- N/A
- \$0
- \$10,000,000
- \$5,200,000

Please add any additional comments regarding relief funding from HHS or states

- We have submitted all the necessary documents, they have RTIN number and no one location of where we're going to receive any funds. It's been quite unnerving not knowing for months now.
- The timing of payouts varied widely by location/state for no particular reason.
- More is needed. Industry is suffering from record low revenues driven by occupancy and costs of operating particularly costs of staffing and their associated safety have never been higher.