

Reier Thompson Testimony In Support of HB 1012  
January 26, 2021  
House Appropriations Committee – Human Resources Division  
Harvest Room  
Chairman Jon Nelson

Chairman Nelson and members of the Committee, my name is Reier Thompson and I am the President/CEO of Missouri Slope in Bismarck. I am testifying in support of HB1012.

Missouri Slope opened its doors 54 years ago as a retirement home. At this time, the residents were very capable of most of their needs. About one in ten residents required a wheelchair. Fast forward to today, one in ten do not require a wheelchair. In addition to wheelchairs, many of our residents need the help of mechanical lifts which we are required to operate with two caregivers. Residents are now using oxygen concentrators, electric lift recliners, electric lift beds, walkers, CPaps, BiPaps, IV and feeding pumps. All of these items compete for physical space in the resident rooms. Rooms that were not designed to handle this amount of equipment. It has gotten to the breaking point of becoming unsafe working conditions from overcrowding.

Our Skilled Nursing Facility is currently licensed for 250 beds and has approximately 170,000 square feet in total (attachment A). When divided this equate to 680 square feet per bed. The single resident rooms are approximately 214 square feet + another 27 square feet in the bathrooms. The double occupancy rooms are approximately 282 square feet + another 27 square feet in the bathrooms (attachment B). Unfortunately, residents who require the use of a mechanical lift are often unable to use their own bathrooms as they are too small to safely maneuver. These residents end up using a commode in their room or a larger bathroom in another part of the facility. This is not a good situation and is not what our seniors deserve.

The current pandemic has put a magnifying glass on Infection Control within Skilled Nursing Facilities. Having double occupancy rooms creates additional risk and has forced us to create safe spaces to isolate people when they are COVID pending, doing certain treatments, or even collecting COVID test specimens. This is a terribly inefficient use of space and our occupancy is artificially limited because of it. Additionally, the double occupancy rooms create uncomfortable situations for residents, families, physicians, and caregivers wanting to have private conversations. Even more uncomfortable and sad is during end of life situations for a roommate wanting to allow for and give extra space to the dying resident and their family members. The rooms are just too small.

Moving forward, we have designed a new campus with 192 private/single rooms and a total square footage of 224,000 square feet (attachment C). When divided this equate to 1,167 square feet per bed. The rooms will all be approximately 263 square feet + another 105 square feet in the bathrooms (attachment D). Bathrooms of this size will

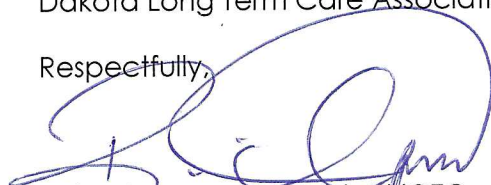
allow residents and caregivers to safely maneuver as well as have a shower in their own room. The space in the room will allow residents to feel comfortable and have room for a visitor or two.

Not only are the rooms and bathrooms larger, more space has been planned for storage of emergency supplies, food, and equipment. We struggle to find space for important supplies at our current location. Additionally, our residents and families desire space outside their room. Our new campus will offer shared spaces attached to the households (nursing units). Sunrooms, living rooms, and a chapel are helpful in meeting the social, emotional, and spiritual needs of our residents. Meeting all our residents needs is required by CMS.

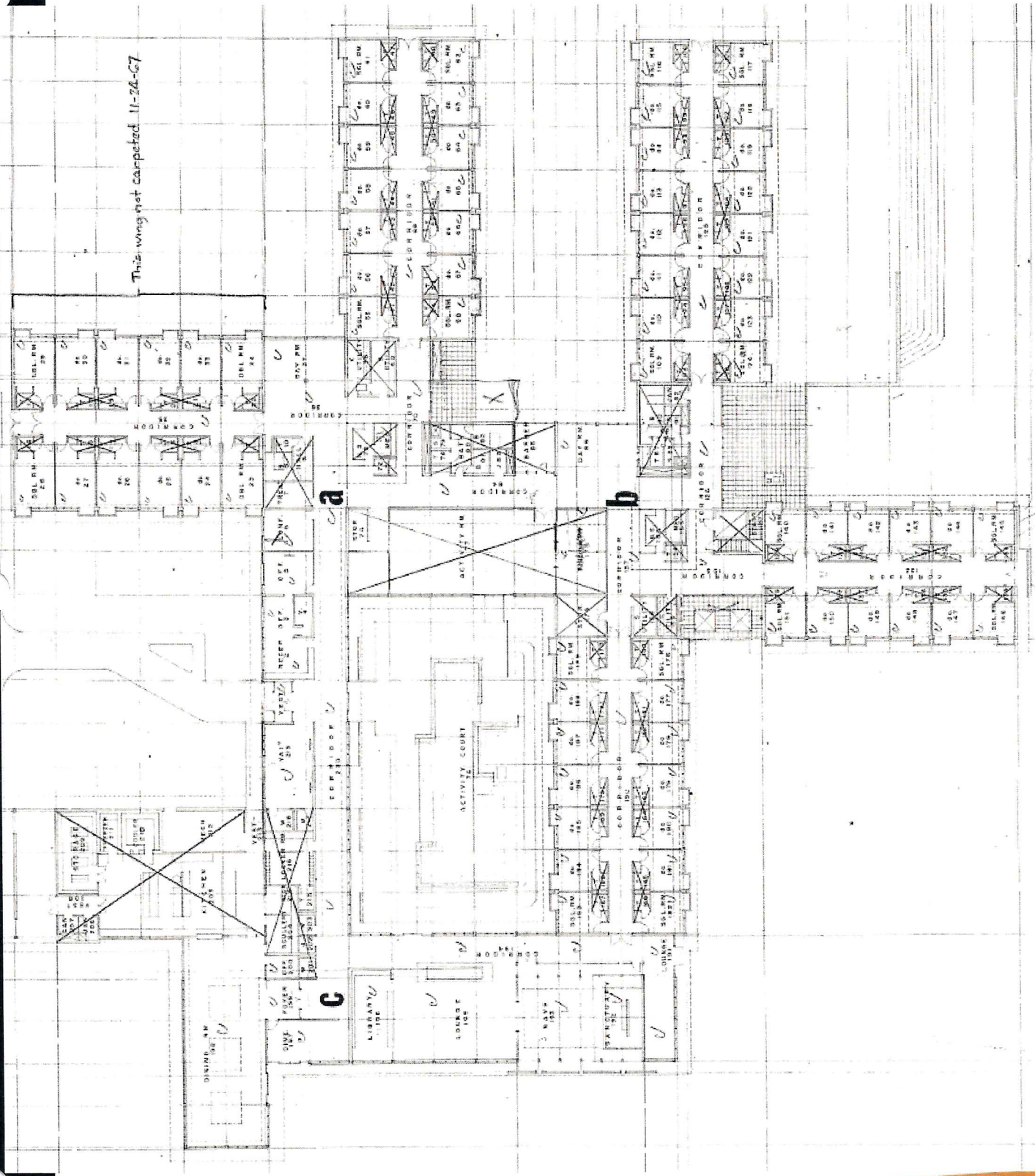
Our new campus has been slightly oversized in ancillary areas including the kitchen, laundry, maintenance, and supplies departments to accommodate future phases including basic care and independent living buildings. Had we not built these spaces this large, we would be closer to the 950 square foot target that is the subject of discussion. At any rate, we have learned over the past 54 years what works, what is required, and what is expected. Our new campus is being built to accomplish all of this and with a focus on safety and efficiency. For instance, bringing services to our residents such as showers and dining, rather than bringing our residents out to services will help keep our direct staffing levels in check. We will have more to clean and maintain, but the cost of doing so versus hiring more direct care staff to move residents around is less. We feel our new campus will be a model for the future of long term care in terms of efficient design and will help bend the cost curve.

Thank you for the opportunity to testify on behalf of my organization and the North Dakota Long Term Care Association.

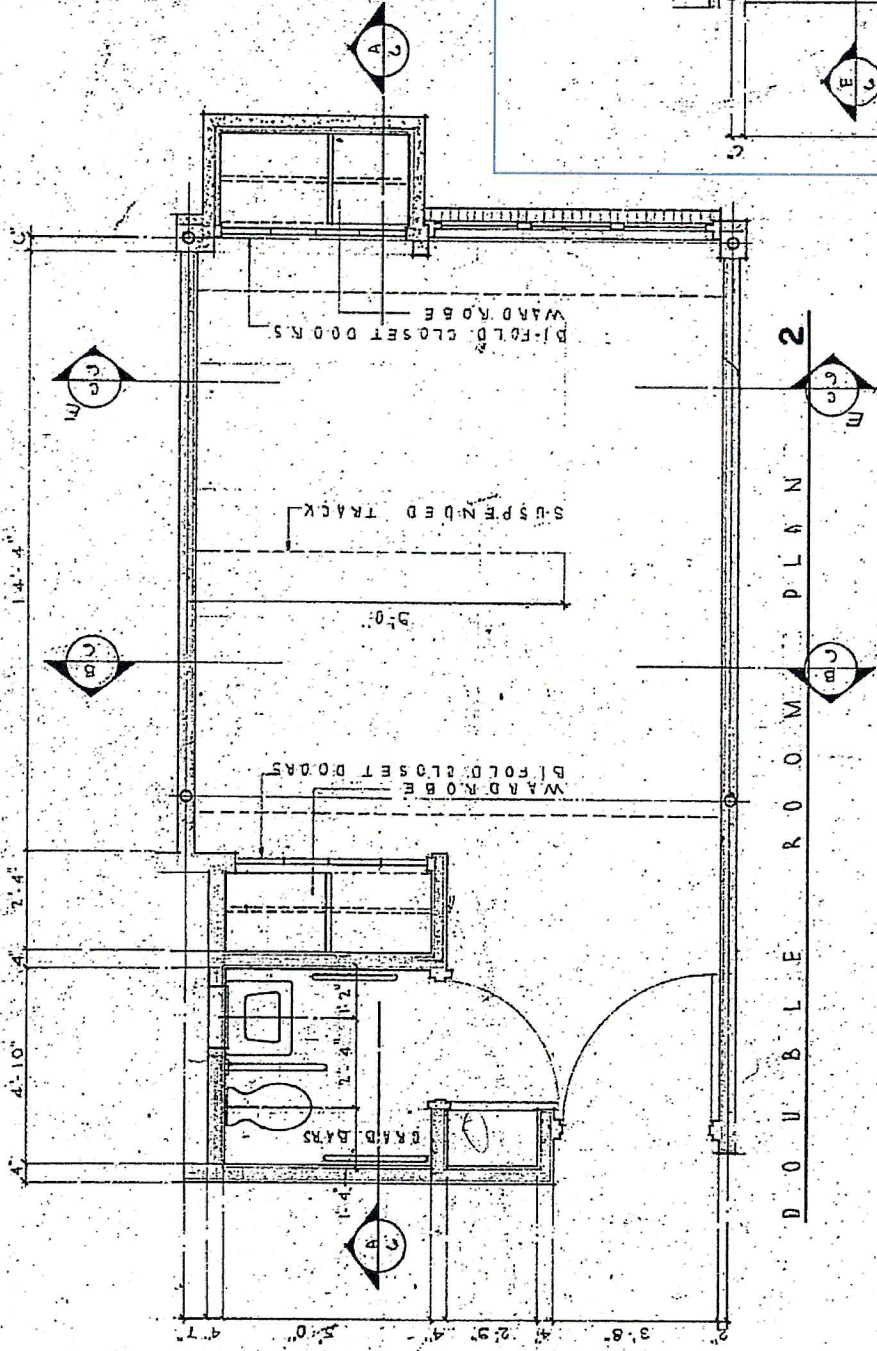
Respectfully,



Reier Thompson, President/CEO

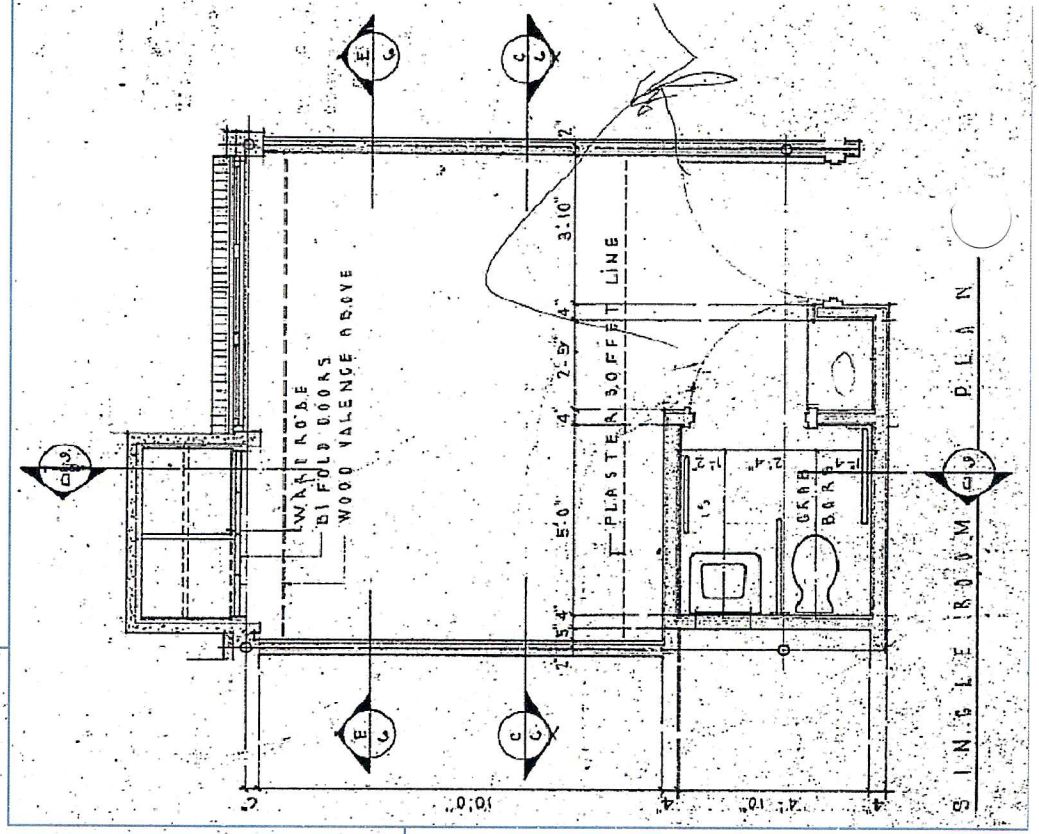


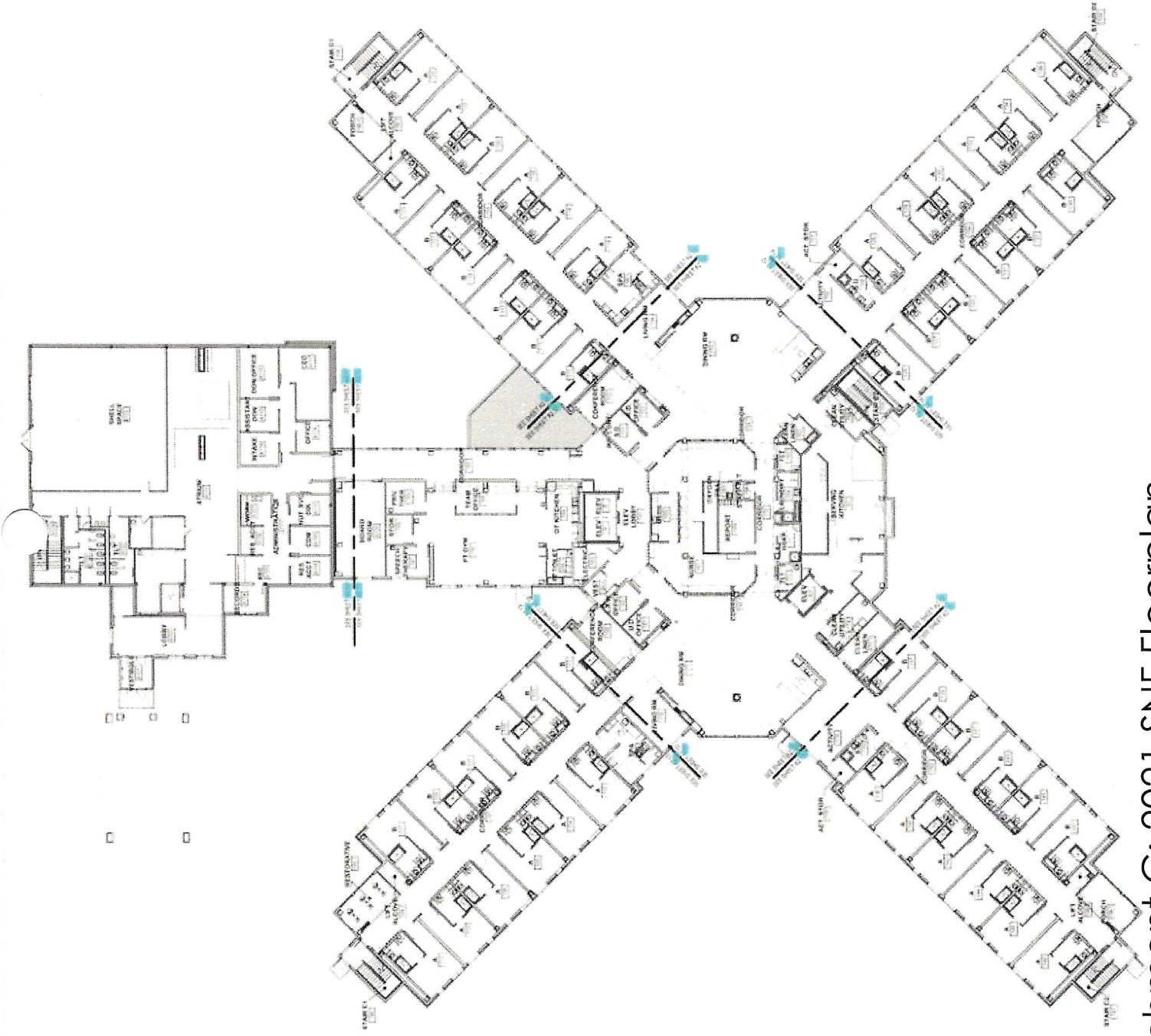
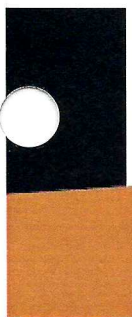
Attachment A: 1967 SNF Floorplan



Double Room Size: ~282 sq/ft  
 Bathroom: ~27 sq/ft

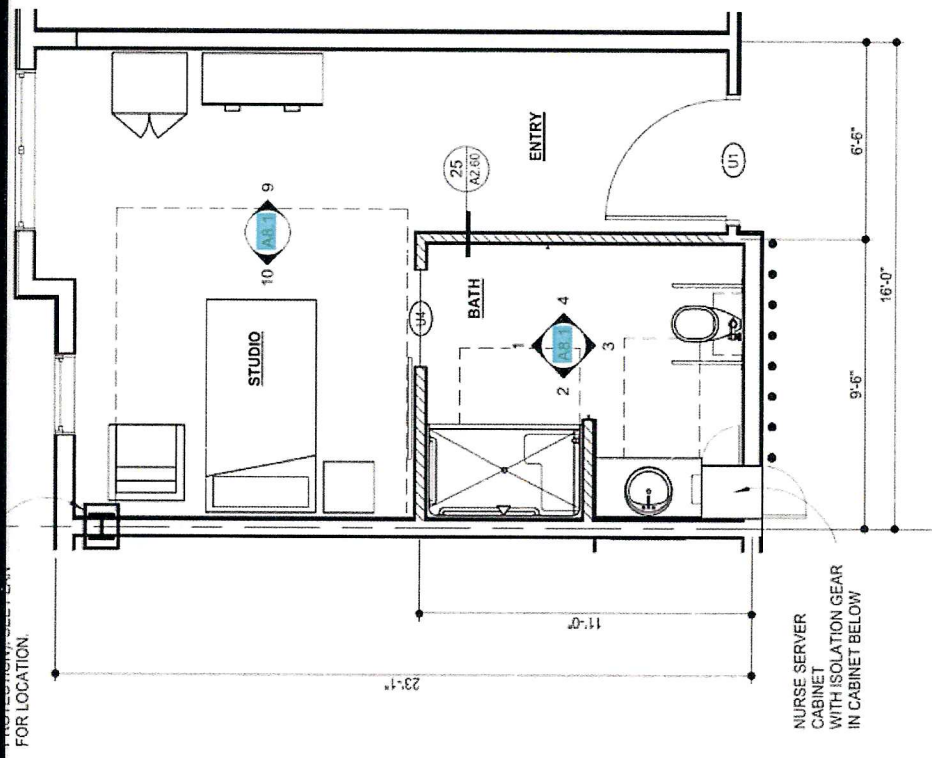
Single Room Size: ~214 sq/ft  
 Bathroom: ~27 sq/ft



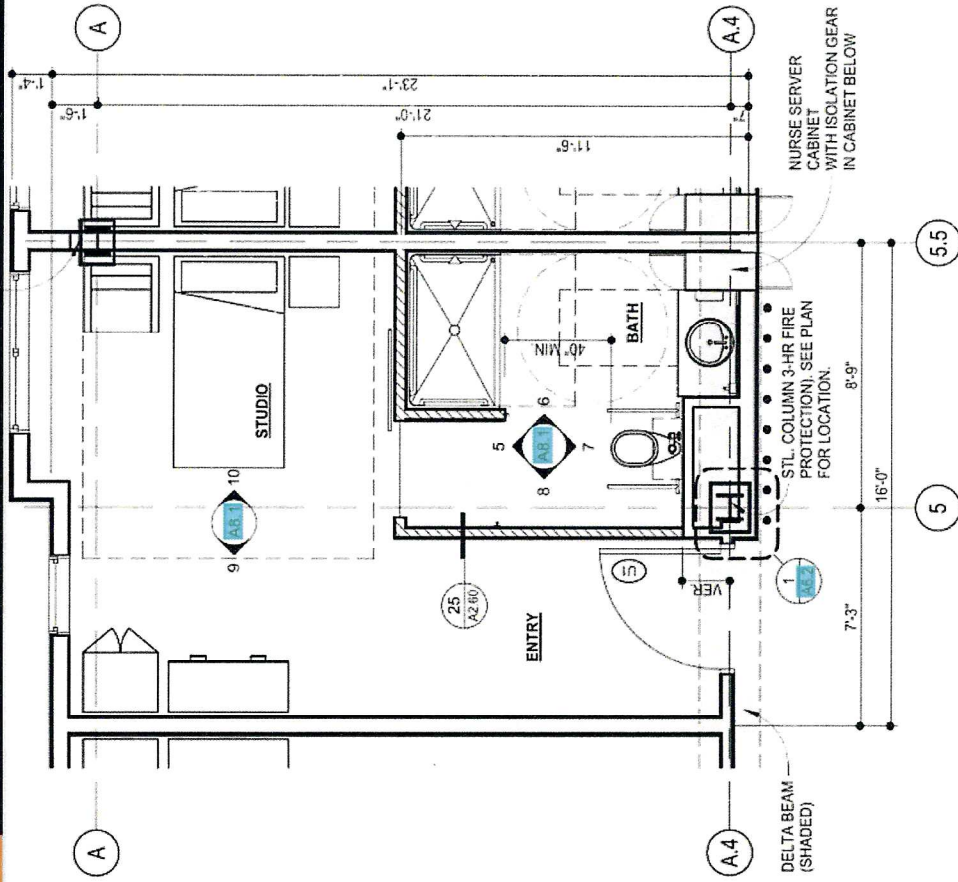


Attachment C: 2021 SNF Floorplan





3 UNIT PLAN A.1  
 A2.60 1/4" = 1'-0"



4 UNIT PLAN B.1 (BEAM LINE)  
 A2.60 1/4" = 1'-0"

Room Size: ~263 sq/ft  
 Bathroom: ~105 sq/ft