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A REFLECTION:

Leading and Healing with Love During COVID-19

ry as we might, we may never fully process and adequately convey what we, people working in long-term care communities and hospitals, have experienced during these past fifteen months. But just like the virus which we cannot see but has nonetheless turned our world upside down, even though we cannot see what has happened to us and others from within, we carry our experiences, and their effects on us, in our heart, mind, body, and spirit. In the U.S., the frenzied, overwhelming deluge of COVID-19 infections and emergencies has subsided. The number of new COVID-19 cases and related deaths have dramatically declined and over half the population in the U.S. has been vaccinated. With these encouraging changes, we find ourselves starting to catch our breath and perhaps begin to confront and process the enormous loss and grief we have been immersed in.

While we have not yet been fully liberated the pandemic is not over — governments and organizations have begun, and will likely continue, to lift social distancing and other public health related restrictions. People may feel like we are "returning to normal," but we know that is impossible. We and our world have changed. The scale and scope of the loss we have experienced individually and collectively, and the grief we carry, are unprecedented. As we move from crisis/outbreak/survival mode to non-pandemic living, our journeys of grief and, God willing, healing, be it of mind, body, soul, begin. I believe the key to getting through this, to healing individually and collectively, rests in our connections to one another and in acts of loving kindness.

Over the years as a chaplain and rabbi serving members of a skilled nursing community, I have come to believe and understand as a source of hope that even when we do not have a cure, and even when someone is dying, throughout our lives, some type of healing (mind, body, spirit, relationship), perhaps seemingly small, is possible. Furthermore, the power and source for healing is within each of us.

While there is much we cannot control, we have within us the power and resources to make a positive difference, to help bring about healing for ourselves and others. The acts of lovingkindness themselves can be simple. Often the most powerful, life changing acts are such as acknowledging someone's humanity, dignity, and worth by greeting them with a smile and a warm hello.

We have a long road ahead, but together we can get through this. We need one another. One of the miracles of practicing acts of lovingkindness, is that not only do we give to someone else, we, the giver, gain much in return. When we help others, we in turn are helped and experience some sort of healing. May we each find ways to practice kindness towards ourselves, our loved ones, our colleagues, the residents we serve, and the countless strangers we encounter throughout our days.

Rabbi Erica Steelman, BCC, MAHL, MPP Staff Chaplain, Horsham Center for Jewish Life

We, at The Human Rights Campaign Foundation and SAGE, thank all long-term care providers and staff for your bravery, selflessness, and dedication to providing the best care for residents across the U.S. We grieve those lost alongside you and are dedicated to building a vibrant future.

LGBTQ people deserve the care and support they need as they age — care that they frequently don't receive. Far too often, LGBTQ older people delay seeking long-term care out of fear of discrimination and harrasment. The HRC Foundation is pleased to partner with SAGE on The Long-Term Care Equality Index (LEI), a benchmarking tool set to fundamentally change the inclusivity of long-term care. We must ensure that LGBTQ older adults are protected from discrimination and have the tools that they need to age with dignity."



Alphonso DavidPresident, Human Rights Campaign Foundation

Equitable and inclusive care in residential long-term care communities is vital for LGBTQ elders to thrive in their later years. The Long-term Care Equality Index (LEI) is designed to both assess a facility's current services, and assist them in adopting policies that promote culturally competent care. We at SAGE are proud to partner with the HRC Foundation on this crucial tool for both our LGBTQ pioneers and the many facilities that serve them."



Michael Adams
Chief Executive Officer, SAGE

Why the LEI?

LGBTQ older adults experience many of the same concerns while aging and seeking care as anyone else. However, there are additional concerns, considerations, and fears that are unique to LGBTQ older adults. When looking for housing and seeking care, LGBTQ older adults may ask themselves, will I be turned away?—Will I receive equal treatment?— Will I have to hide who I am and go back into the closet?

No one should fear rejection or discrimination when seeking the care they need.

While many aging Americans rely on caregiving support from their family of origin and community at large, this is often not the case for LGBTQ older adults. Seventy-six percent of LGBTQ older adults expressed concern about having adequate social support to rely on as they age¹. LGBTO older adults are less likely to be partnered or have children. Without familial care, LGBTQ older adults may need to seek out care and support. LGBTQ people face higher rates of disability, social isolation, and chronic disease. For the 20% of LGBTQ older adults who are Black, indigenous, or people of color (BIPOC), the impact of racism, homophobia, and transphobia leads to the worst health outcomes among the community². LGBTQ BIPOC older adults experience poorer health and more significant concern about receiving inadequate care. LGBTQ older adults deserve informed and inclusive care.

Members of the LGBTQ community that are Black, indigenous, or people of color (BIPOC) experience discrimination based on their sexual orientation, gender identity, and race. Historically, BIPOC individuals have experienced segregation and racism when seeking care. With distrust of service providers, they worry equally that their LGBTQ and racial or ethnic identities will affect their care. BIPOC LGBTQ older adults have the burden of oppression that affects their health and aging experience. To provide person-centered care, a provider must see and know all parts of the person. This person-centered care includes seeing the impact of the lack of LGBTQ and BIPOC inclusion and discrimination on older adults. When recognizing the needs of LGBTQ older adults, providers must recognize the impact of racism and actively disrupt it.

There is an increase in awareness of LGBTQ older adults and their needs when seeking aging services and support. Yet historically, LGBTQ individuals have experienced a lifetime of stigma, uninformed care in healthcare, and legal discrimination. LGBTQ older adults fear the repercussions of non-inclusive anti-discrimination laws.

2 ibid

¹ AARP Research. Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans (Washington, DC: AARP, 2020)

There currently are no federal consistent or explicit anti-discrimination protections for LGBTQ people. With no federal level protections, half of all LGBTQ older adults in the US live in a state where they can be legally denied access to housing and public accommodations. Findings in a recent AARP study found more than 60% of those surveyed were concerned about how they would be treated in a long term care setting. including the fear that they might be refused or receive limited care; be in danger of neglect or abuse; or face verbal or physical harassment, and being forced to hide or deny their identity once again³. While there has been an increase in LGBTQ support and protections over several decades, the fear is real and persistent. Thirtyfour percent of all LGBTQ older adults fear they will have to hide their identity just to access housing.

It is estimated, upward of 5% of people living in long-term care communities identify as LGBTQ. However, due to a lifetime of discrimination and continued fear, LGBTQ older adults may stay silent and in the closet upon moving into a long-term care community. Yet, there is hope and movement to protect and support LGBTQ older adults legally.

In recent years, states such as California and New Jersey have progressed LGBTO-inclusivity in long-term care through legislation. Recognizing the need and vulnerability of LGBTO residents in long-term care communities, these new laws prohibit denial of admission, service, medical care, and reasonable accommodations due to sexual orientation, gender identity, and expression, intersex status, or HIV status. Administrators and staff members are required

to complete cultural competency training. In addition, the legislation gives LGBTQ residents the right to use their chosen names, pronouns, and chosen clothes. LGBTQ residents deserve to feel at home when moving into a long-term care community. Protective and supportive legislation provides the opportunity for long-term care communities to support LGBTQ residents' authenticity and well-being.

Our research findings indicate that most long-term care communities lack LGBTQ inclusive non-discrimination policies.

Since there are no consistent state or federal non-discrimination protections for LGBTQ people, institutions such as long-term care communities must adopt policies that protect LGBTQ residents and employees. However, our research has found that very few long-term care communities adopted resident or employee non-discrimination policies that are fully inclusive and protect their residents and employees based on their sexual orientation or gender identity.

In our research of over 115 of the largest continuing care retirement communities and skilled nursing facilities, we found that only 62% of these communities included a resident non-discrimination policy statement on their website. Eighty-three percent (83%) of those statements had an enumerated list of protected classes. Of the 60 communities where we found enumerated policies, only 18% were fully LGBTQ inclusive and protected residents based on their sexual orientation and their gender identity. When it came to employee non-discrimination policies, we were able to find 69 enumerated policies, and 36% were fully LGBTQ inclusive.

Our research of the policies of over 90 of the largest long-term care systems which operate multiple communities had slightly better results. Out of 41 enumerated resident non-discrimination policies that were found, 29% were LGBTO inclusive, and out of 59 enumerated employment non-discrimination policies that were found, 46% were LGBTO inclusive.

The LEI exists to support long-term care communities to adopt LGBTQ-inclusive policies and practices.

HRC Foundation and SAGE believe that most long-term care communities do not want LGBTQ older adults to face discrimination or worry about the care they will receive. But communities may be unsure how to protect their LGBTQ residents from discrimination or develop gender-affirming policies. Now long-term care community professionals, providers, older adults, and their care partners have a tool to address these concerns and provide inclusive care: The Long-Term Care Equality Index.

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18%

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36%
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B ibid

Benchmarks of LGBTQ Inclusion

The LEI encourages and helps residential long-term care communities to adopt policies and best practices that provide culturally competent and responsive care to LGBTQ older adults. Modeled after the successful <u>Healthcare Equality Index</u>, the LEI will measure the following policy and practice areas as benchmarks of LGBTQ inclusion in long-term care settings.



I. FOUNDATIONAL POLICIES & PRACTICES

Ensuring legal protections for LGBTQ residents and staff is a critical step in laying down the foundation for inclusivity. This first section of the LEI calls for a written resident non-discrimination policy, visitation policy, and employee policy that explicitly includes "sexual orientation" and "gender identity."



II. RESIDENT SERVICES & SUPPORT

This section of the LEI asks about policies and practices that demonstrate progress toward LGBTQ resident care and support. Inclusive resident services and support looks like a community having gender-affirming policies, inclusive intake forms, and staff training.



III. EMPLOYEE BENEFITS & POLICIES

LGBTQ employees, like LGBTQ residents, should receive equal treatment and access to health-related benefits and policies. This section of the LEI asks how a community cultivates an inclusive workforce by providing LGBTQ-inclusive employee support and benefits (e.g. domestic partnership benefits, Pride month celebrations)



IV. RESIDENT & COMMUNITY ENGAGEMENT

This section of the LEI asks about best practices a community takes to publicly demonstrate their commitment to the LGBTQ community. Examples of best practices include having a booth at a local Pride festival, writing a letter in support of pro-LGBTQ legislation, and LGBTQ-inclsuive marketing.

LEI Pioneering Participants

Participation in the LEI is a multi-step process. After signing the LEI Commitment to Caring Pledge, residential long-term care communities have access to the free online self-assessment tool that allows them to determine which of the benchmarks of LGBTQ inclusion they have in place. Since the LEI was announced at the Aging in America Conference in 2019, 78 long-term care community (LTC) organizations (representing both individual communities as well as larger systems with multiple communities)

have signed the Commitment to Caring Pledge, and 49 (63%) went on to the next step and completed a self assessment of their LGBTQ inclusive policies and practices. Two of the LTC organizations that completed the self assessment completed the assessment on behalf of all of the individual long-term care communities within their system, therefore the total number of long-term care communities represented in this report as our LEI Pioneering Participants is a total of 184 diverse long-term care communities.

LEI PIONEERING PARTICIPANTS AT A GLANCE

78

Long-term care community (LTC) organizations signed the Commitment to Caring Pledge

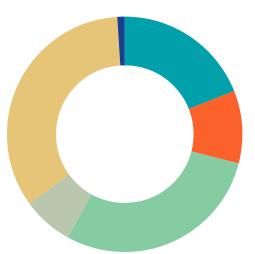
49

Completed a self assessment of their LGBTQ inclusive policies and practices

184

Total number of longterm care communities represented in this report

Types of long-term care communities represented*

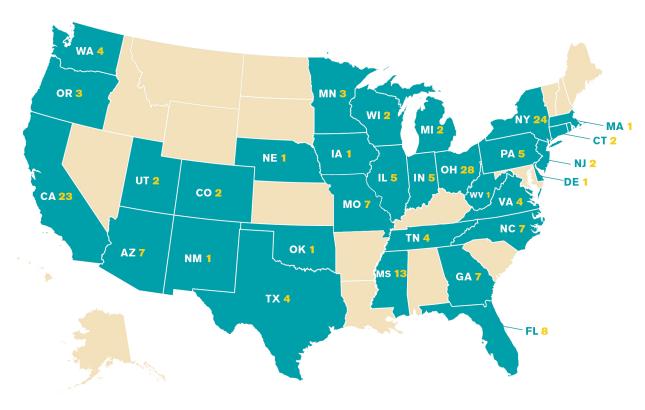


Participants by Organization Type

Continuing Care Retirement Community		19%
Skilled Nursing Facility	18	10%
Assisted Living Facility	53	29%
Independent Living Community	13	7%
Affordable Senior Housing	63	35 %
Free-Standing Hospice Facility		1%

*With the exception of Continuing Care Retirement Communities, which include multiple levels of care, to avoid duplication, a community is represented here by the most intensive level of care provided. For example, if a community consists of a skilled nursing facility (SNF) as well as an assisted living community, it would be represented on this chart as a SNF. For more information about how we have classified these communities, please see the glossary in Appendix A.

Pioneering participants are located in 32 states.



To see an interactive map showing the organizations that have signed the commitment to caring pledge and completed self assessment, visit thelei.org/lei-participants.



LEI Self-Assessment Highlights

Forty-nine organizations completed the free online LEI self-assessment. The vast majority of these organizations completed the self assessment for their individual community, however, two assessments were completed by systems that represent multiple long-term care communities. Because the self assessment is intended as a learning tool and resource for the LEI participants, the data is all self reported and is not validated. However, this self-reported data is encouraging, particularly when compared to our research findings.

63%

of the organizations reported having an LGBTQ inclusive resident nondiscrimination policy

73% reported having an

LGBTQ-inclusive nondiscrimination policy

Organizations that are participating in the LEI process are more likely to have LGBTQ inclusive foundational policies. Sixty-three percent (63%) of the organizations reported having an LGBTQ inclusive resident non-discrimination policy and 73% reported having an LGBTQ-inclusive non-discrimination policy.

Furthermore, 73% of the organizations indicated that they had an LGBTQ-inclusive equal visitation policy. An equal visitation policy that allows residents to have visitors of their choice is required by the federal government for all communities receiving medicaid or medicare funding. Because visitation has been restricted by COVID-19, we were unable to find visitation policies for the vast majority of the organizations that we researched, so we did not report on that data.

Communicating the three foundational policies is a key best practice recommendation of the LEI. Organizations are encouraged to communicate these policies in multiple ways, including on their websites, where they can be found by potential residents who are looking for indicators of whether or not they will be welcomed as an LGBTQ person. Only 45% of the respondents indicated that they promote their resident non-discrimination on their websites.

Employee training is critical for policies to be lived out fully and consistently. Slightly more than half of respondent organizations indicated that they had provided training on LGBTQ concerns to help ensure residents receive equitable and culturally competent services.

Beyond the foundational policies and practices, respondents indicated some level of adoption of a variety of policies and practices to support LGBTQ inclusion asked about in the needs assessment. Examples of some of these policies and practices are highlighted in the profiles of the LEI Pioneering Communities that follow.

Community Profiles

The journey towards LGBTQ inclusion will be different for every organization. The LEI exists as a roadmap to help organizations on this journey by compiling recommendations for policies and best practices developed by industry experts. The following pages include profiles of five organizations that have made LGBTQ inclusion a priority in their organization and highlights some of the steps they have taken along their journey.





"Our goal is helping people live a rich and full life. We want our LGBTQ residents, who have been so marginalized in many ways, to feel that they fit in and are comfortable living with us."

Chuck Cole, CFO/COO of Chaparral House.

Located in Berkeley, California, Chaparral House cares for 49 frail elders as the only independent, non-profit skilled nursing eldercare community in that city. It is one of only four skilled nursing facilities in Northern California to be accredited by the Joint Commission.

The leadership of Chaparral House had been involved in health care in the early years of the HIV/AIDS epidemic, and so the organization had a baseline level of sensitivity to LGBTQ issues and appropriate, respectful care. Word-of-mouth started bringing LGBTO residents to Chaparral House. Individuals told their friends, "If you

ever need a nursing home, go to Chaparral" and the word spread. At this point, in the early 2000s, residents were often very private about their sexual orientation and relationship status. Cole explains, "Typically, they didn't like pointed, personal questions."

In 2015, Chaparral House decided to more proactively market to the LGBTQ community by advertising in the Bay Area's Pink Pages. While the ad did not necessarily generate new admissions, it staked Chaparral House firmly in the camp of organizations taking LGBTQ care seriously. The Chaparral board was supportive. "Berkeley is a liberal city and the Chaparral House board reflects that reality. We have always had a very progressive, supportive board," says Cole.

Reaching out to the LGBTQ community makes good business sense. Cole notes, "Everybody is looking for residents. The LGBTQ population is among the least likely to want to go to a facility, due to their fear of how they will be treated. So, if we are known as supportive to that crowd, it's a good opportunity to attract some wonderful residents."

Both in advance of and in response to California state regulations regarding protections for LG-BTO residents of skilled nursing facilities, Chaparral House embarked on a training program for staff. The first iteration was homegrown, but soon SAGE was selected as offering the best training tools. Chaparral House made the decision to aim for the Platinum level of SAGE certification.

Chaparral House has an extensive orientation program for its staff, which represents 13 different ethnicities and speaks 20 languages. The training includes pairing new front line staff with seasoned staff members. Cole explains, "The SAGE training is a combination of audiovisual material and discussion. We talk about the vocabulary, but also what it all means. New employees need to understand the context. Having a buddy helps. They can put things into perspective, and help new employees learn to not act shocked or surprised if they see two women in a loving embrace."

Being affirming of LGBTQ residents' sexuality can have a profound impact. For example, a gay couple requested private time together and Chaparral House discreetly made that happen. Cole says, "Soon before his death, with tears streaming down his face, the resident said how meaningful that was to him, that he could be with his partner like that in an institution." And then, after the resident's death, the surviving partner echoed those sentiments and added, "We were dreading having him in a facility, but we found those fears were unfounded. We found a haven of acceptance and caring."

"We were dreading having him in a facility, but we found those fears were unfounded. We found a haven of acceptance and caring."



"New York has a rich and long history of LGBTO activism and organizing and we have to speak to that as a health system. It's so important for us to be leading the way in terms of being an example of affirming and inclusive healthcare in serving such a diverse population."

Priya Nair, Associate Director of Gender Equity at NYC Health + Hospitals.

New York City is home to the largest LGBTQ population in the United States and NYC Health + Hospitals is the largest public health system in the country. It provides essential inpatient, outpatient, and home-based services to more than one million residents of New York City annually in more than 70 locations in the city's five boroughs. In 2011, it became the first U.S. public

health system to mandate LGBTQ training for all staff. As of 2020, 23 of its facilities have earned HRC's "Leader in LGBTQ Healthcare Equality" status. The system has five Pride Health Centers to better serve the health care needs of the LGBTQ community.

When the Office of Diversity and Inclusion was established in 2016, the LGBTQ portfolio was folded into the office to offer a centralized and coordinated approach to meet the needs of LG-BTQ New Yorkers. At that time, the first Associate Director of Gender Equity was hired to focus on ensuring that the health system's policies and practices are congruent with meeting the needs of, and creating affirming space for, members of the LGBTQ community.

NYC Health + Hospitals has participated in the Healthcare Equality Index for years and includes long-term care settings in the survey. Now that the LEI exists, it's a natural extension for the health system's long-term care facilities to adopt that more specific survey.

Throughout NYC Health + Hospitals, policies

and procedures have been reviewed to make sure they are inclusive. The required staff training program is strong. Everyone, including long-term care staff, participates in annual training which incorporates LGBTQ best practices. In addition, there is a wide array of online training modules that staff can take in a self-directed fashion. If staff choose, they can even seek a Certificate of Advanced Training in LGBTQ Health Care, which is issued jointly between NYC Health + Hospitals and The Fenway Institute at Fenway Health (an LGBTQ health care, research, and advocacy organization headquartered in Boston).

All of the trainings were developed in collaboration with subject matter experts and have been vetted by individuals with lived experience. NYC Health + Hospitals has been intentional about making sure those voices are embedded and heard in all training materials.

While most public health systems are nowhere near as large and diverse as New York City's, Matilde Roman, Chief Diversity and Inclusion Officer at NYC Health + Hospitals says, "Any public health system can start with small, incremental steps. Rainbow flags at registration desks. Training registration and intake staff about the use of pronouns and the collection of sexual orientation and gender identity data. Training all staff on inclusive language. Those are not heavy lifts, but they represent real progress."

She adds that the business case for doing this work is strong. "If we negate a large segment of our population then we are losing out on market share in lots of ways, both in terms of revenue and health outcomes. Our mission is to help people live to their fullest health potential. If we create barriers to receiving care or returning for care, then we are not being true to our mission."

The leaders of NYC Health + Hospitals have been resoundingly supportive of all efforts to improve LGBTO inclusion and equity. Roman says, "For any organization endeavoring to do this work, you need support from leaders. Without it, it's impossible to maneuver in this space. Leadership makes all the difference."

And lest anyone forget why this work is so crucial, as Nair said, "I had my Covid test and was asked my gender identity and sexual orientation for the first time ever in a healthcare setting. As a nonbinary Southeast Asian person, I felt so incredibly affirmed. I mattered. And that was transformative."

"Our mission is to help people live to their fullest health potential. If we create barriers to receiving care or returning for care, then we are not being true to our mission."



"Faith-based organizations that want to enter into this work can do so from the perspective of justice. There are opportunities for theological conversations about ministering to the marginalized and why LGBTQ people fit into the population of vulnerable older adults,."

Rev. Beth Long-Higgins, Executive Director, Ruth Parker Center for Abundant Aging, United Church Homes.

United Church Homes (UCH) provides housing and healthcare for older adults through more than 70 senior living communities across 14 states and in two Native American nations. These include independent living, assisted living, memory care, skilled nursing, and rehabilitation along with affordable housing. With roots in the early part of the last century, UCH remains

deeply connected to the United Church of Christ (UUC). The current President and CEO, Rev. Kenneth V. Daniel, is an ordained UCC minister and 75 percent of UCH's board must be UCC members.

The UCC denomination has a strong history of being open and affirming to LGBTQ people. And that became highly relevant when, during a 2010 UCH board strategic planning session, the consultant asked, "What makes you different from your competitors?" One answer immediately stood out as a powerful differentiator: "We're open and affirming." And that began the official process of UCH fully embracing LGBTQ inclusivity. In the 2011 search for a new leader, the search committee ensured that every candidate was fully supportive and by 2012, the UCH board unanimously voted to become "Open and Affirming."

That year, UCH partnered with SAGE for an initial round of education of board and staff. They reintroduced SAGECare training in 2017 and eventually became the fourth multi-state organization to take part in the SAGECare certification process. Now there are different

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training modules in the electronic educational system that are designated for specific employee positions. The goal is to ensure that frontline staff, middle-management, and executive staff are trained, with executive staff completing a special four-hour in-person training. In addition, the board has seen and discussed the film Gen Silent as a part of on-going education for new board members.

UCH's website makes the company's commitment to LGBTQ inclusion crystal clear. The first tab in the About Us section is titled, "All Are Welcome Here" and states in part, "The communities of United Church Homes are open to everyone, regardless of gender expression or sexual identity. We welcome the full participation of lesbian, gay, bisexual and transgender (LGBT) individuals in our communities and ministry." The UCH career website flat-out says, "We're unapologetically inclusive. Deal with it." The goal there is to attract millennial (and older) employees who fully expect to work at a place that affirms all sexual orientations and gender expressions. It works. UCH has seen an increase in the number of employees who say they were attracted to UCH because either they or a family member is gay.

The other affirming measures matter, too. A simple rainbow flag sticker on the front door let one resident know that this was the right place to choose, as it meant her gay son—her primary caregiver—would be welcome in her new home.

Then, there are stories like this one, that make it abundantly clear that these efforts have extraordinary and unexpected effects. In a rural community, a very reticent resident had been meeting regularly with the chaplain as his health declined. One day, the resident said, "I'm going to share something I have never told anyone. My son who died in the 1980s died of AIDS. No one

in this town knows." The father had been living in silence for 40 years with his grief. With this conversation he was able to receive affirmation that his son was loved and hear a blessing on their relationship.

UCH is expanding educational efforts beyond their own communities. Through her work at the Ruth Frost Parker Center for Abundant Aging, Rev. Long-Higgins works with congregations and community partners through engagement, education, and advocacy efforts to transform aging. Since 2018, she has organized an annual event partnering with others to help educate both LGBTQ older adults and service providers. In 2020, during the pandemic, the event was virtual, which allowed researchers, practitioners, and older adults from a broad region to come together for three days of learning.

"The communities of United Church Homes are open to everyone, regardless of gender expression or sexual identity. We welcome the full participation of lesbian, gay, bisexual and transgender (LGBT) individuals in our communities and ministry."



"Our corporate office is very supportive and engaged. Prestige's LGBTQ inclusivity efforts are system-wide. But our building is designed around this advocacy and it informs all that we do."

John Bernadyn, Administrator of Prestige Post-Acute and Rehabilitation Center – Milwaukie.

With just 96 beds, this small facility located seven miles outside Portland, Oregon, has emerged as a leading force for LGBTQ affirmation within its parent company. Prestige Senior Living is a for-profit family of organizations that includes independent living communities, assisted living, and memory care in addition to rehabilitation and post-acute care.

The Milwaukie center's engagement stems from the realization in early 2020 that they were serving patients needing care after gender confirmation surgery performed at nearby Oregon Health & Science University. Realizing that there were no post-acute care centers in the Portland area focusing on the special needs of patients recovering from such surgery, the center saw an opportunity and took action.

The first step was to examine the center and its culture, asking "Are we truly an inclusive place that people would want to come to?" From those initial explorations, work groups were formed, including the Affirmations Committee, which was charged with thinking through how to affirm people who go through gender confirmation surgery and come to the center for their post-operative care. Additional training was given to staff who provide some of the most sensitive care, such as dilating a new vaginal canal or caring for a new penis.

An early piece of learning was that just because someone goes through surgery does not necessarily mean they identify as male or female; they might still identify as nonbinary or trans. And then there are patients who might be in the facility for a reason other than gender-related surgery, but still want to feel comfortable in their choices of gender expression.

Staff training has incorporated materials from SAGE, used the local SAGENet affiliate for additional training, and has included a training designed by the Milwaukie center's administrator based on the book What's Your Pronoun: Beyond He and She by Dennis Baron. The pronoun training led to putting pronouns on name badges and in email address blocks and opening meetings with introductions using pronouns.

The next step was to focus on the mental health component. Prestige Post-Acute and Rehabilitation Center – Milwaukie prides itself on specializing in psychosocial care in addition to physical care. But the question became, how adept is the organization at addressing the mental health needs of their LGBTQ residents? Knowing that 42% of trans-identified individuals have mental health concerns, the center looked at their vendor for mental health counseling and made a switch. They now partner with a group that provides appropriate counseling for all residents, including those who are LGBTQ.

The focus on inclusion also affected the physical plant. All restrooms are now non-gendered. Men, women, and those who identify as nonbinary can room together. Bernadyn notes, "When I started in this business 22 years ago, that was unthinkable!"

The overall Prestige system has reviewed all their policies to ensure they are in alignment with LGBTQ inclusivity and those that needed changing to be fully affirming for staff were changed. And, with the hiring of a well-known local trainer, Prestige is set to offer training to the entire workforce of more than 5,400 employees.

Staff have responded very positively to all of the efforts of Prestige Post-Acute and Rehabilitation Center – Milwaukie. Some came out as nonbinary. People in same-sex marriages revealed their relationships. Overall, Bernadyn says, "There has been a softening. People talk to each other more; we've seen great internal bonds formed." He reports that there even has been an uptick in interest from staff at other facilities in joining the team in Milwaukie.

Prestige Post-Acute and Rehabilitation Center – Milwaukie is expanding their locus of concern outside their walls, embarking upon research analyzing the intersectionality of financial privilege and the bias associated, patient race, and social class. This research is crucial, says Bernadyn, "Because many uninsured and underinsured patients are not able to receive medically necessary care."

"There has been a softening. People talk to each other more; we've seen great internal bonds formed."



"I am a future resident and a gay man. I want it to be a place where I want to live as my true self. Our goal is to raise the bar so that one day, we won't need this type of training."

Jeff Jarnigan, Watermark's Director of Business Office Functions and SAGE Champion.

Watermark is headquartered in Tucson, Arizona and, while growing, currently manages 65 communities in 21 states. CCRCs are the premier Watermark product, but the company's portfolio also includes independent living, assisted living, memory care, rehabilitation and skilled nursing. Watermark is committed to LGBTQ inclusivity company-wide and aims to have all Watermark organizations become Platinum-certified by SAGE.

After Watermark President and CEO David Barnes began examining healthcare inequities in general, in 2016 he sought out a relationship with SAGE. The timing was right, as SAGE was looking for a national organization in which to create a training environment. In late 2017, the plan to conduct in-person four-hour trainings with senior leadership in every community began. The Watermark SAGECare training champions were handpicked because of their excellent skills and represent a cross-section of the organization. Some are gay, others are not.

Once the pandemic started in March of 2020, out of necessity and safety concerns SAGE and Watermark shifted the training to 3 hours of virtual training. Each community-based director now completes 1.5 hours of pre-learning on their own, watching videos, taking tests, exploring questions and answers, and then the group comes together for a 1.5-hour video call with one of Watermark's SAGECare training champions. During that time participants reflect on what they learned and then facilitators raise the most important topics for further discussion. The advantage of the virtual model is that no travel is involved and it is easy to offer makeup sessions when there is staff turnover. It's simple to host a training for new hires across the system, all at

To achieve SAGECare Platinum status, at least 80 percent of the team, including frontline staff,

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must go through training and that rate must be consistent over time. Watermark has incorporated LGBTQ training into their online learning center that assigns, tracks, and offers required training modules for all associates. One of the most powerful parts of the SAGECare training, according to Jarnigan, is the presentation of the LGBTQ history timeline. "It helps everyone understand why residents might feel the way they do. For our younger associates, it's eye-opening to see how people were treated. They just have no idea what it was like. It increases their understanding of our residents' mindset."

Once a Watermark community's leadership goes through their training, they are charged with doing research and outreach in their own communities to figure out the next best practices. Many connect with the local PFLAG chapter and/or have a presence at Pride events. Programming like drag bingo has been popular in some communities.

A signature piece of Watermark's equity work is the release of the short film and photography exhibition, "Not Another Second," which is the first of a planned series of cultural awareness exhibits sponsored by Watermark. This film, which showcases many current and former Watermark residents, highlights the high price many LGBTQ older adults paid by keeping their lives and loves a secret. The exhibit, which debuted in Brooklyn, will travel to at least two other Watermark locations in 2021 and includes augmented reality technology which allows visitors to experience one-on-one interviews with 12 LGBTQ senior participants.

The response to Watermark's efforts have been positive. Jarnigan says, "We underestimated our residents' potential for acceptance and change. We worried that in certain areas of the country,

residents would not be accepting. We have not seen that. Our residents come from a variety of cultural and socio-economic backgrounds; LGBTQ issues and people are not brand-new to them."

Watermark has a corporate history of aiming for top honors and so participating in the LEI makes sense. Jarnigan notes, "We have been aware of the Healthcare Equality Index for years. It's impactful. It makes good business sense for us to be involved with the LEI."

"We underestimated our residents' potential for acceptance and change. We worried that in certain areas of the country, residents would not be accepting. We have not seen that. Our residents come from a variety of cultural and socioeconomic backgrounds; LGBTQ issues and people are not brand-new to them."

How to Participate

This is the first Long-Term Care Equality Index Report. We hope this information and these stories have inspired you to join us on the journey towards LGBTQ inclusion in your long-term care community and that we will be able to include your community in our next report in 2023.

WHY PARTICIPATE?

- Provide high-quality welcoming environments to LGBTO residents and assurance to their care partners
- Public recognition as a leader in providing LGBTQ-welcoming services
- Access to best practices for LGBTQ diversity, equity, and inclusion
- Access to education and resources for serving LGBTQ residents
- Technical assistance
- Improved ability to develop LGBTQ culturally appropriate marketing for future staff, clients, and funders

WHAT ORGANIZATIONS ARE ELIGIBLE?

- Skilled Nursing Facilities
- Assisted Living Facilities
- Independent Living Communities
- Continuing Care Retirement Communities
- Memory Care Communities
- Free-standing Hospice Facilities
- Affordable Senior Housing

STEPS TO PARTICIPATE IN THE LEI:

1. SIGN THE COMMITMENT TO CARING PLEDGE

Leadership (C-Suite, Executive Directors, Administrators) at the organization signs the pledge committing to creating an LGBTQ-inclusive environment by reviewing their policies and practices.

2. TAKE THE LEI SELF-ASSESSMENT

- Each community receives a unique link to a confidential self-assessment
- Communities complete the self assessment within 3 months

3. LEARN AND GROW

- After completing the self assessment, each community receives a customized needsassessment report and access to an LGBTQ-aging executive briefing
- Take time to plan long-term goals

To register to participate:

thelei.org/commitment-to-caring-pledge

4. TAKE LEI SURVEY

- The LEI survey will open Fall 2022, each community who has signed the Commitment to Caring Pledge will receive a survey link
- After completing the survey each participant will receive a designation and included in the biennial LEI Report
- The self-assessment will be available year round for communities who want to assess their progress in preparation for the LEI survey
- Communities are encouraged to participate in future years to track their progress towards equality

Acknowledgements

THE LEI ADVISORY COUNCIL

Members of the Long-Term Care Equality Index Advisory Council serve as key advisors in the development and implementation of the Long-Term Care Equality Index. The Advisory Council is made up of a diverse selection of long-term care professionals, aging advocates and LGBTQ advocates from across the country.

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THE LEI TEAM



Tari Hanneman, HRC Foundation, Director, Health and Aging Program

Tari Hanneman (She/Her) is the Director of the Health & Aging Program at the Human Rights Campaign Foundation and the author of the HEI. In addition to managing the development and publication of the Healthcare Equality Index, she oversees other projects related to LGBTQ health and aging including the new Long-Term Care Equality Index. Tari has more than 25 years of experience in the nonprofit and philanthropic sector, primarily focused in the areas of health and women's issues. She holds a master's degree in public administration with an emphasis on nonprofit management from the University of Southern California.



Dan Stewart, HRC Foundation, Associate Director, Aging Equality Project

Dan Stewart (He/Him) is the Associate Director of the Aging Equality Project for the Human Rights Campaign Foundation and directs the Long-Term Care Equality Index (LEI). Prior to his work at HRC, Dan served as the Special Programs Coordinator at PROMO, Missouri's lesbian, gay, bisexual, transgender, and queer (LGBTQ) equality organization. In this role, he oversaw SAGE of PROMO Fund, a statewide program advocating and providing services for LGBTQ elders. In addition, he traveled across the state providing LGBTQ-centered training and consultation to health and social service providers. Dan received his BA in Psychology from Saint Louis University and an MS in Gerontology from the University of Missouri-St. Louis.



Sherrill Wayland, SAGE, Director, National Resource Center on LGBT Aging

Sherrill Wayland (She/They) is the Director of National Education Initiatives where she directs the operations of programs such as SAGECare, the National Resource Center on LGBT Aging and is SAGE's staff lead for the Long-term Care Equality Index. Sherrill began work with SAGE at the local level in 2008, founding the SAGE Affiliate in St. Louis, MO and became a certified trainer with SAGE in 2011. Prior to joining SAGE at the national level, she successfully led the merger of SAGE in St. Louis with the Missouri Statewide Equality Organization, PROMO Fund. Sherrill earned a Master of Social Work degree from the Brown School of Social Work, Washington University in St. Louis and has over 20 years of professional experience in the fields of education, disability and LGBT older adult advocacy.

OUR FUNDERS

The HRC Foundation and SAGE are grateful for the support of these funders.





Appendix A Glossary of Types of Long-Term Care Communities

There are many types of residential long-term care and senior housing options. The LEI participants represent the following levels of care:

Skilled Nursing Facilities (SNFs)

Skilled nursing facilities, often referred to as "nursing homes" provide a wide range of health and personal care options. SNFs assist residents with activities of daily living, such as eating, bathing and getting dressed. This higher level of care includes 24-hour medical care, 3 meals a day, social activities, and rehabilitation services (e.g physical therapy, speech therapy).

Assisted Living Facilities (ALFs)

Assisted living Facilities are for people who need help with daily care but not as involved as skilled nursing care. Assisted living residents typically live independently in their own apartment with on-site staff, housekeeping, security, social and recreational activities. There may be access to additional services (often for an additional fee) such as 3 meals a day, personal care assistance, and medication management.

Independent Living Communities

Independent living communities are age-restricted (~55+) communities. Housing options can vary from apartments, condos, townhomes and duplexes. These residential communities provide an active environment with scheduled activities and commonly provide amenities such as a fitness center, hair salon, on-site entertainment, and dining services. Some communities may provide housekeeping and linen services, security, and transportation.

Continuing Care Retirement Community (CCRC)

Also known as life care communities, or life plan communities, CCRCs offer different levels of care in one location. Most CCRCs offer independent housing, assisted living, and skilled nursing care on a single campus. Where a resident lives depends on one's necessary level of care. In a CCRC, if a resident in independent living experiences a change in health status they can move into the assisted living facility on site. If a resident in assisted living develops greater care needs, the resident is guaranteed placement in the skilled nursing community onsite.

Affordable Senior Housing

Affordable Senior Housing, sometimes known as low-income senior housing, are 55+ communities supported by the U.S. Department of Housing and Urban Development (HUD) programs such as Section 202 and Section 8 Project-Based Rental assistance programs. Entry to these communities are income-based.

Memory Care Communities

Memory care communities provide long-term care services to individuals with cognitive decline and dementia. While memory care communities may offer similar services and support as assisted living communities, this housing type is staffed, structured, and equipped to meet the specific needs of individuals with dementia.

Free-Standing Hospice Inpatient/Residential Facility

Hospice care is commonly administered to where a patient lives. A free-standing hospice residential facility is considered a patient's home and care is provided 24-hours a day. Free-standing hospice facilities offer an alternative route to care for those who do not have at-home caregivers to support their end-of-life journey.

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Appendix B LEI Pioneering Participants

NAME	PARENT COMPANY	CITY
ARIZONA		
Joshua Springs Senior Living	Watermark Communities	Bullhead City, AZ
Caliche Senior Living	Watermark Communities	Casa Grande, AZ
White Cliffs Senior Living	Watermark Communities	Kingman, AZ
Watermark at Continental Ranch	Watermark Communities	Marana, AZ
The Fountains at La Cholla	Watermark Communities	Tucson, AZ
The Hacienda at The Canyon	Watermark Communities	Tucson, AZ
The Hacienda at The River	Watermark Communities	Tucson, AZ
CALIFORNIA		
The Watermark at Beverly Hills	Watermark Communities	Beverly Hills, CA
Chaparral House		Berkeley, CA
The Cottages of Carmel	Watermark Communities	Carmel, CA
Crown Cove	Watermark Communities	Corona del Mar, CA
The Fountains at Sea Bluffs	Watermark Communities	Dana Point, CA
The Watermark by the Bay	Watermark Communities	Emeryville, CA
Fremont Hills	Watermark Communities	Fremont, CA
The Watermark at Rosewood Gardens	Watermark Communities	Livermore, CA
The Watermark at Westwood Village	Watermark Communities	Los Angeles, CA
The Watermark at Napa Valley	Watermark Communities	Napa, CA
Lakeside Park	Watermark Communities	Oakland, CA
St. Paul's Towers	Front Porch	Oakland, CA
The Fountains at the Carlotta	Watermark Communities	Palm Desert, CA
Webster House Health Center	Front Porch	Palo Alto, CA
Avenida Care Villa		Riverside, CA
Raincross at Riverside	Watermark Communities	Riverside, CA
Bethany Center	Front Porch	San Francisco, CA
Fellowship Manor	Front Porch	San Francisco, CA
Heritage on the Marina		San Francisco, CA
San Francisco Towers	Front Porch	San Francisco, CA
Shires Memorial Center	Front Porch	San Jose, CA
The Watermark at San Ramon	Watermark Communities	San Ramon, CA

NAME	PARENT COMPANY	CITY
Whittier Place Senior Living	Watermark Communities	Whittier, CA
COLORADO		
Shalom Park	Shalom Care	Aurora, CO
St. Andrew's Village	Watermark Communities	Aurora, CO
CONNECTICUT		
The Watermark at 3030 Park	Watermark Communities	Bridgeport, CT
The Watermark at East Hill	Watermark Communities	Southbury, CT
DELAWARE		
Rockland Place	Watermark Communities	Wilmington, DE
FLORIDA		
Cypress Run	United Church Homes	Immokalee, FL
Sterling Place	United Church Homes	Lakeland, FL
Bay Oaks Historic Retirement Residence		Miami, FL
Citrus Gardens	United Church Homes	Orlando, FL
The Fountains at Lake Pointe Woods	Watermark Communities	Sarasota, FL
The Fountains at Boca Ciega Bay	Watermark Communities	St. Petersburg, FL
The Watermark at Trinity	Watermark Communities	Trinity, FL
The Watermark at Vistawilla	Watermark Communities	Winter Springs, FL
GEORGIA		
Barrington Square	United Church Homes	Acworth, GA
Athena Gardens	United Church Homes	Athens, GA
Cedar Heights	United Church Homes	Cedartown, GA
Magnolia Grove	United Church Homes	Jackson, GA
Laurel's Edge	United Church Homes	Kennesaw, GA
The Villas	United Church Homes	Rome, GA
Winding Hollow	United Church Homes	Winder, GA
IOWA		
Friedenheim Community	United Church Homes	Burlington, IA
ILLINOIS		
Housing Opportunities & Maintenance for the Elderly (H.O.M.E.)		Chicago, IL
Spoon River Towers	United Church Homes	Lewistown, IL
Morning Star Housing	United Church Homes	Moline, IL

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NAME	PARENT COMPANY	CITY	
Morning Star Residences	United Church Homes	Moline, IL	
The Fountains at Crystal Lake	Watermark Communities	West Crystal Lake, IL	
INDIANA			
Oakhaven Community	United Church Homes	Bremen, IN	
Salem Manor	United Church Homes	Fort Wayne, IN	
Maple Leaf Commons	United Church Homes	Goshen, IN	
Capitol Station	United Church Homes	Indianapolis, IN	
Muir Manor	United Church Homes	New Albany, IN	
MASSACHUSETTS			
East Village Place	Watermark Communities	Longmeadow, MA	
MICHIGAN			
Pilgrim Manor	United Church Homes	Grand Rapids, MI	
The Fountains at Bronson Place	Watermark Communities	Kalamazoo, MI	
MINNESOTA	<u> </u>		
Harmony Apartments	United Church Homes	Long Prairie, MN	
Jones-Harrison Residence	Jones-Harrison Residence	Minneapolis, MN	
Biimaadiiziiwiin	United Church Homes	Ogema, MN	
MISSOURI			
Brooking Park	St. Andrew's	Chesterfield, MO	
St. Andrew's at Francis Place	St. Andrew's	Eureka, MO	
The Fountains at Greenbriar	Watermark Communities	Independence, MO	
St. Andrew's at New Florence	St. Andrew's	New Florence, MO	
Tower Grove Manor	St. Andrew's	St. Louis, MO	
The Watermark at St. Peters	Watermark Communities	Saint Peters, MO	
Cape Albeon	St. Andrew's	Valley Park, MO	
MISSISSIPPI			
Meadowview Village	United Church Homes	Clarksdale, MS	
Gateway Commons	United Church Homes	Columbus, MS	
Corinthian Arbors	United Church Homes	Corinth, MS	
Cottonwood Glen	United Church Homes	Greenwood, MS	
Hollyview Place	United Church Homes	Holly Springs, MS	
Austin Run Estates	United Church Homes	Horn Lake, MS	
Southern Pines	United Church Homes	Horn Lake, MS	

NAME	PARENT COMPANY	CITY
Jackson Run	United Church Homes	Jackson, MS
Lefleur Haven	United Church Homes	Jackson, MS
Canterbury Crest	United Church Homes	Oxford, MS
Indian Run Estates	United Church Homes	Pearl, MS
Boardtown Village	United Church Homes	Starkville, MS
Ashbury Court	United Church Homes	Tupelo, MS
NEBRASKA		
Omaha Senior Living	United Church Homes	Macy, NE
NORTH CAROLINA	ı	
Givens Estates	Givens Communities	Asheville, NC
Givens Gerber Park	Givens Communities	Asheville, NC
Givens Highland Farm	Givens Communities	Black Mountain, NC
Carolina Meadows		Chapel Hill, NC
Aldersgate		Charlotte, NC
The Fountains at The Albemarle	Watermark Communities	Tarboro, NC
Givens Great Laurels	Givens Communities	Waynesville, NC
NEW JERSEY		
Heath Village		Hackettstown, NJ
Woodbury Mews	Watermark Communities	Woodbury, NJ
NEW MEXICO		
The Watermark at Cherry Hills	Watermark Communities	Albuquerque, NM
NEW YORK		
NYC Health + Hospitals / McKinney	NYC Health + Hospitals	Brooklyn, NY
The Watermark at Brooklyn Heights	Watermark Communities	Brooklyn, NY
Legacy at Parklands	Watermark Communities	Churchville, NY
Concord Estates	United Church Homes	Fredonia, NY
Legacy at Park Crescent	Watermark Communities	Greece, NY
Legacy at Erie Station	Watermark Communities	Henrietta, NY
Chautauqua Colony	United Church Homes	Lakewood, NY
The Fountains at Millbrook	Watermark Communities	Millbrook, NY
Woodland Pond at New Paltz		New Paltz, NY
NYC Health + Hospitals / Carter	NYC Health + Hospitals	New York, NY
NYC Health + Hospitals / Coler	NYC Health + Hospitals	Manhattan, NY

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NAME	PARENT COMPANY	CITY
NYC Health + Hospitals / Gouverneur	NYC Health + Hospitals	New York, NY
Crotona	SAGE USA	Bronx, NY
St. Mary's Center Inc.		New York, NY
Brookside Community	United Church Homes	Olean, NY
Legacy at Grande 'Vie	Watermark Communities	Penfield, NY
Legacy at Willow Pond	Watermark Communities	Penfield, NY
Legacy at Clover Blossom	Watermark Communities	Rochester, NY
Legacy at Cranberry Landing	Watermark Communities	Rochester, NY
Legacy at Maiden Park	Watermark Communities	Rochester, NY
St. John's		Rochester, NY
NYC Health + Hospitals / Sea View	NYC Health + Hospitals	Staten Island, NY
The Fountains at RiverVue	Watermark Communities	Tuckahoe, NY
Legacy at Fairways	Watermark Communities	Victor, NY
оню		
Mill Run Place	United Church Homes	Ashland, OH
Trinity Community at Beavercreek	United Church Homes	Beavercreek, OH
The Trinity Community at Fairwood	United Church Homes	Beavercreek, OH
South Haven Woods	United Church Homes	Bedford, OH
Shawnee Springs	United Church Homes	Bellefontaine, OH
River's Landing	United Church Homes	Brilliant, OH
The Brunswick Community	United Church Homes	Brunswick, OH
The Chapel Hill Community	United Church Homes	Canal Fulton, OH
David's Way	United Church Homes	Canal Winchester, OH
Polaris Community	United Church Homes	Columbus, OH
The Trinity Community at Miami Township	United Church Homes	Dayton, OH
St. Michael's Community	United Church Homes	Delaware, OH
The Trinity Community at Fairborn	United Church Homes	Fairborn, OH
The Four Winds Community	United Church Homes	Jackson, OH
Hardincrest	United Church Homes	Kenton, OH
Cherry Arbors	United Church Homes	Lewisburg, OH
Friendship Plaza	United Church Homes	Lincoln Heights, OH
Mansfield Memorial Homes Apartments	United Church Homes	Mansfield, OH

NAME	PARENT COMPANY	СІТҮ	
The Robert Sturgis Memorial Home	United Church Homes	Mansfield, OH	
Brownstone Terrace	United Church Homes	Marion, OH	
Harmar Place		1	
	United Church Homes	Marietta, OH	
The Glenwood Community	United Church Homes	Marietta, OH	
Pinebrook	Watermark Communities	Milford, OH	
The Niles Community	United Church Homes	Niles, OH	
Pickfair Square	United Church Homes	Pickerington, OH	
The Parkvue Community	United Church Homes	Sandusky, OH	
The Fairhaven Community	United Church Homes	Upper Sandusky, OH	
Canal Village	United Church Homes	Winchester, OH	
OKLAHOMA		1	
The Fountains at Canterbury	Watermark Communities	Oklahoma City, OK	
OREGON			
Prestige Post-Acute and Rehabilitation Center of Milwaukie	Prestige Care	Milwaukie, OR	
Our House of Portland		Portland, OR	
PENNSYLVANIA			
Blue Bell Place	Watermark Communities	Blue Bell, PA	
Rose Tree Place	Watermark Communities	Media, PA	
Wesley Enhanced Living at Stapeley	Wesley Enhanced Living	Philadelphia, PA	
The Watermark at Logan Square	Watermark Communities	Philadelphia, PA	
The Watermark at Bellingham	Watermark Communities	West Chester, PA	
RHODE ISLAND			
Linn Health & Rehabilitation	Aldersbridge Communities	East Providence, RI	
Winslow Gardens Assisted Living	Aldersbridge Communities	East Providence, RI	
Arbor Hill Assisted Living	Aldersbridge Communities	Providence, RI	
West View Nursing and Rehabilitation		West Warwick, RI	
St. Germain Assisted Living	Aldersbridge Communities	Woonsocket, RI	
TENNESSEE			
Fox Hollow Community	United Church Homes	Covington, TN	
Glendale Commons	United Church Homes	Covington, TN	
Shelby Station	United Church Homes	Memphis, TN	
Woodhollow Glen	United Church Homes	Memphis, TN	

NAME	PARENT COMPANY	CITY	
TEXAS			
The Watermark at Southpark Meadows	Watermark Communities	Austin, TX	
The Preston of the Park Cities	Watermark Communities	Dallas, TX	
The Watermark at Broadway Cityview	Watermark Communities	Fort Worth, TX	
Parkview in Frisco	Watermark Communities	Frisco, TX	
UTAH			
The Lodge at North Ogden	Watermark Communities	Ogden, UT	
Summit Senior Living	Watermark Communities	Salt Lake City, UT	
VIRGINIA			
The Fountains at Washington House	Watermark Communities	Alexandria, VA	
The Providence Fairfax	Watermark Communities	Fairfax, VA	
Brandermill Woods		Midlothian, VA	
Hunters Woods At Trails Edge Retirement Community	Integracare	Reston, VA	
WASHINGTON			
Pacific Regent Bellevue	Watermark Communities	Bellevue, WA	
Heron's Key		Gig Harbor, WA	
Disciples Terrace	United Church Homes	Tacoma, WA	
Tahoma Vista Village	United Church Homes	Tacoma, WA	
WISCONSIN			
Lawlis Family Hospice	Horizon Homecare and Hospice	Mequon, WI	
The Kathy Hospice	Horizon Homecare and Hospice	West Bend, WI	
WEST VIRGINIA			
Wesley Park	United Church Homes	Moundsville, WV	



