1. **How has Covid challenged the planning and delivery of dining? Have there been lessons learned that will affect past conceptions on best practices?**

Community dining programs needed to pivot very quickly to implement delivery only services. This required the ability to deliver hundreds of meals on a small window of time. Challenges including processing the orders and maintaining temperature throughout the delivery process. Prior to Covid, delivery services were typically very limited, or not provided at all. Residents were reluctant to use delivery services because they did not want to pay the associated delivery fee. These fees were waived during Covid. As communities are returning to open dining rooms and delivery charges have been reinstated, the demand has once again plummeted.

Critical to receive orders quickly and accurately was the implementation of a system. Some communities successfully launched online ordering during this time. This is an ongoing practice, primarily now used for take-out (with no associated service charge). Residents have adapted to this style of ordering.

We have long been a proponent of the discontinuation of salad bars and built-in buffets (buffets are still appropriate for holiday meals). We do not see a widespread return to self-service, leaving many communities with unused built-in equipment. We recommend converting salad bars to hand crafted stations. This simply moves the back of the house labor to the front and should require additional staffing.

2. **Do you have any post-occupancy analysis information? Especially for the aging population, we may have something we don't think about in other commercial designs.**

Don't forget mobility device storage and now that residents are used to online ordering (such as Amazon and grocery delivery services, there must be a space for receiving. Be careful in selection of materials and stay away from contrasting floor finish s transitions. Getting older does not mean reduce food quality, healthcare dining areas still need some type of incidental cooking capability, with retherm, finishing, etc. take care in designing millwork in those areas, it cannot be residential grade caseworker as it gets 3 meal per day use and needs to be commercial grade - it can still have residential look.

3. **What are you seeing in affordable senior projects, rather than the higher end projects you are showing?**

No included meal plan, pay as you go. Flexible spaces such as Flex Bars and community rooms. Pre-ordering to assure production accuracy. Even the elimination of an inhouse kitchen and using a catering service which residents may pay directly.

4. **You mentioned your PUB's were all undersized in the Post Occupancy eval. Were you undersized by 10%, 15%, 25%, 30%? What success is attributed to this under sizing?**

To clarify, we have always projected adequate size Pubs. When we work with existing operations clients we find undersized pubs. For new construction there is frequently a resistance to the number of seats we recommend. The under sizing is a dramatic shortfall, typically the space needs to be ***at least***

doubled. Usually, the first move is to eliminate any soft seating and converting to table seating. Another key approach would be not to locate the bar in a tight space, landlocked, but have adjacent spaces that can open to and overflow, for example maybe on one side a private dining room that has French doors.

5. **How is the issue of liability addressed when adding a restaurant that serves tenants and the general public within the same building areas? Need to be sure that the design does not allow public patrons access to any resident areas.**

Need to be sure that the design does not allow public patrons access to any resident areas. We do not see this too frequently as many communities have moved to a gated entrance. When it is offered, the access point is limited to the restaurant space only and residents get "priority reservations" over outside customers.

6. **Are the same consulting services and program structure provided for a senior rehabilitation center?**

We utilize the same process to determine the appropriate program for rehab. Often, it's a higher end retail cafe type approach that has furnishing capability and high-end room service.

7. **Are kitchens becoming more Induction vs gas oriented in equipment being specified?**

Yes, and many states are now hoping to zee net energy, and we are working on a handful projects with new energy codes that do not allow any gas equipment. It is much more efficient and provides a cooler and more comfortable space for staff in the kitchen (gas is only 60% efficient, the rest is heating the kitchen space)