Perspectives for Leadership

In 2020, the business world has changed forever. Massive market forces have been unleashed by the pandemic. Some believe nothing is going to be the same again, others hope the world will go back to normal. We are at an inflection point.

Like an earthquake, a massive amount of energy has been suddenly released. In an earthquake's impact zone, all buildings shake, but do so differently depending on their alignment to the seismic waves emerging from the epicenter, their own architecture and their building materials. Similarly, different businesses have experienced the pandemic differently. Some have actually benefited, but a large number have suffered a devastating impact on their business models.
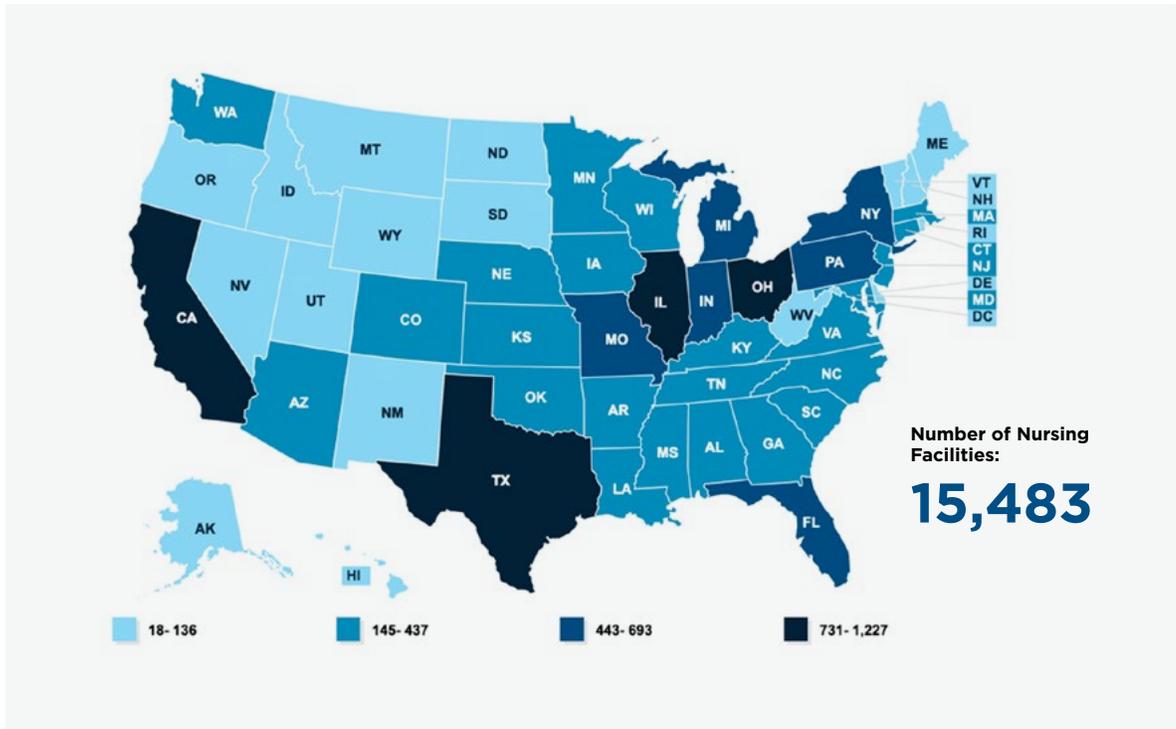
Figure 1: *The world of Senior Care*

The world of Senior Care (Figure 1) has changed forever. All 28,000+ Assisted Living communities and 15,000+ Skilled Nursing facilities, now have their business model's engine-check light on!

Your operating costs are hurting your margins, resident and staff departures raise short-term viability questions, your operations contracts could be at risk. The atmosphere of fear is affecting your occupancy, and current residents experience isolation, are upset and suffer. Your marketing efforts are impaired with many bottlenecks in the pipelines, visitation is restricted, tours - your major differentiator - are shut down. Existing project cashflow assumptions are void, you may have to infuse more capital to save these projects. Future projects are hard to justify, and deal flow has slowed down. The coming tsunami of lawsuits is real – some say that Coronavirus litigation may make its Tobacco and Asbestos predecessors look

like child's play. Even after that nightmare, the future insurability may be at risk. Your facilities have suffered uncontrolled harm. You are worried!

CDC, State DSS and the media are not making it any easier, you have lost your autonomy and feel reactive and experience a loss of operational control. Politicians are engaging in their usual bickering. No help is coming for you!

You wish this nightmare was over. You hope the vaccine will do it, but science tells us there are many factors that determine how long this nightmare could continue. Deep in your gut you worry that this may not be over anytime soon. You know that the effects on your business model will persist long after the vaccine becomes available. You are nervous and everything you worked hard for is at risk. It's a nightmare that cannot be ignored or wished away.

How your organization responds to this event, will determine your organization's ability to recover from this event. You can't change history. You must change the future. Yet you are in the present time and trying to understand both what happened and what should happen next. The work of caring for our residents must continue in spite of this catastrophic event. Somehow your organization must figure out a path forward through a very emotional and complicated environment. Decisions must be made. How should we proceed in the face of this uncertainty? What is the right response? What is the right reaction?

Your organization's response must be a deliberate management strategy. There are many victims of this catastrophe. The residents we lost, the present residents, caregivers, management staff, executives, investors. You realize that although you are impacted at a secondary level, but you will be called upon to lead the organization's response to this horrible failure. You will have to determine how tomorrow will look for your

organization, how tomorrow will look and how you restore your organization's ability to do high consequence work even better than before. You will be called upon to make your organization better.

Deep breath time…

You are still the captain, you must lead! You are still required to feel confident that your facility will not appear in the negative headlines in the future.

You still desire reliable, safe and stable operations without catastrophic outcomes. A new way of thinking is required.

In order to get different answers, we must ask different questions. If we see Coronavirus problem as an external problem, then we will look for outsiders to provide solutions based on existing thoughts and beliefs. Existing ideas have created this current problem. If we want different results, we must think differently. This paper will explore this situation wide and deep. In order for us to restore our ability to do high consequence work better than before the pandemic, a deep assessment is warranted. Instead of looking outside for the cause of our troubles, it will do an 'open-heart-surgery' of our facilities. It will put the control stick in your firm hands.

What if you could inoculate your business model by making your facilities pandemic-resistant and stay attractive to the 2.5 million senior residents today, 4000+ who are turning 85 every day and the 73 million baby boomers that are coming. Solve this pandemic problem, and billions of dollars will be made over the next 30 years. Do it

right, and you can get a major bump. Do nothing and a great opportunity is missed ! The choice has shades of "Netflix -v- Blockbuster".

InfeXBloc™ is an architecture that was created to solve the problems revealed during the pandemic.

It will not just get you back to normal but will also harness these unprecedented market forces and help you thrive by becoming pandemic-resistant. It is an antifragile approach.

In India, where I grew up, a 4.0 earthquake can flatten an entire city and kill thousands, but here is California, I have faced many 7.3+ earthquakes (a thousand times more powerful shaking) without significant damage. Why is this? In India, they build homes with cement and concrete. In USA, we build with wood. The difference is our anti-fragile approach in the architecture and building materials employed. Our building design absorbs the shocks rather than crumbling because of it.

One of the most critical advantages is that InfeXBloc™ will allow you to effectively compete with non-consumption. With that nut cracked, you are ready for the silver tsunami.

InfeXBloc™ is dedicated to the idea of building 'A Shield for Mom'.

How did we get here and how do we navigate through this storm?

In California, a senior care home is called a RCFE (Residential Care Facilities for the Elderly). The focus of these communities is providing a safe environment for seniors, who need a higher level of care than they can receive at home while also relieving the stress from family members. However, by their very nature, these facilities also represent target-rich environments for infectious diseases, which can destroy that safety.

While these facilities should be defended like nuclear installations, the Coronavirus pandemic has uniquely highlighted the deficiencies in the current model used in this defense. With the severity of the issue now brought to light, there is a new and immediate urgency to examine our practices and improve the outcomes for our residents.

The news headlines of 50,000+ seniors lost (Figure 2) depict a numbing scale of the disaster we have suffered. While the news is focused on sensation (such as the policies that mandated admittance/re-admittance of COVID-19 positive residents to Nursing home facilities, shortage of essential PPE supplies and testing gear, choked overseas supply chains, etc.), digging deeper to the root causes of this epic loss of life is far more valuable to ensure our facilities and our residents are not put at risk again.

Figure 2: *The English language is not enough to sweet talk out of this disaster!*

It's worth noting, that when disaster forensic experts, study catastrophic failure in complex systems, the common thread is multiple fault

points in the ecosystem that resulted in a chain of events. This has been borne out in the root cause analysis reports of other epic disasters like the Three-mile Island nuclear accident, 1986 Challenger disaster, 9-11 Commission Report, 2003 Columbia Shuttle disaster, and Hurricane Katrina.

Once again, the truth of that is being borne out – this time in the very facilities where we strive to keep our residents safe. In truth, it was not one fault point that led to the loss of life our facilities have experienced due to Coronavirus. Instead, multiple fault points combined to result in a system that was both ill-equipped and ill-prepared to combat a highly infectious and deadly disease among the vulnerable population in our communities.

Long-Term Issues Exposed

This paper focuses on a deficiency pointed out in the GAO report (Figure 3) which found that:

"Most nursing homes and long-term care facilities weren't doing enough to protect patients from spreading infection before the coronavirus pandemic. This has been a long-term issue and so the current environment really reinforces the need to focus on these types of infection control measures".

Yet, is it any wonder that the levels of infection control and prevention in facilities across our nation was found to be so sadly lacking?

For decades, Federal authorities have delegated the oversight function in our industry to the 50 states. Put simply, this practice produced 50 experiments on a broad spectrum from the strong oversight model (e.g. California) to the relatively lighter oversight found in other states.

It's important to note however, that when an industry's self-regulation is found lacking and a catastrophe exposes its vulnerabilities, the pressure on regulators to step in increases. In essence, this makes it is only a matter of time before regulations are introduced, requiring stringent measures to keep our vulnerable residents safe.

Lockdowns Are Not Sustainable

Our first reaction to the Coronavirus pandemic was to go into lockdown. This response was a replica of first reactions in other industries to their emergent events, which eventually were forced to change their practices dramatically in order to remain viable in a changing world:

- Following September 11, 2001, USA commercial aviation was shut down, a complete lockdown.

Table 2: Infection Prevention and Control Deficiencies Cited, by State, 2017

State	Number of surveyed nursing homes	Number of surveyed nursing homes with an infection prevention and control deficiency cited	Percentage of surveyed nursing homes with an infection prevention and control deficiency cited
AK	16	5	31.3
AL	201	101	50.2
AR	217	86	39.6
AZ	131	30	22.9
CA	1,174	712	60.6
CO	187	87	46.5
CT	213	66	31.0
DC	18	6	33.3

Figure 3: *Coronavirus exploited existing weaknesses*

- With the advent of public clouds like AWS, Azure and Google Cloud, enterprise IT departments locked down their data centers, refusing to accept that software application assets could be deployed to public clouds, thus going into lockdown.

It was a pattern that our own industry followed when faced with the new viral threat. Yet, in the matter of only a few months, we have realized that lockdowns in Nursing and Assisted Living Homes are simply not sustainable.

The impact of these extended 'shelter-in-place' orders on seniors' psychological health, with escalating feelings of loneliness and despair, even became the focus of a very eye-opening and saddening report.

Areas of Greatest Risk in the Age of Coronavirus

Public health experts rank the locations that pose the greatest risk for contracting Coronavirus as follows (ranging from 1 to 10, with 10 being the riskiest):

- **Unnamed**   10
- **Bars and large music concerts**   9
- **Sports stadiums, gyms, amusement parks, churches, and buffets**   8
- **Public pools**   7
- **Movie theaters, hair salons, barbershops**   6
- **Planes, beaches, bowling alleys and backyard BBQs**   5
- **Busy city walks and dentist offices**   4
- **Libraries, museums, grocery stores, hotels, golf courses**   3
- **Pumping gas, walking/running and biking**   2
- **Restaurant takeout and tennis**   1

Most of the above are typical activities that

we as non-residents of Senior Care homes engage in on a regular basis (notice rank 10 is unnamed).

However, if we were to rank a list of places our residents are most likely to be exposed to infectious bugs, hospitals would be a 10, and senior care homes might be just slightly less risky.

That should not mean though that we simply accept these risks as static, without working to improve the safety we provide. Instead, we must work to dramatically lower the risk ranking for Senior Care homes, in order to live up to the promise of care and security that we offer our residents.

What About Testing?

One option that has been proposed to improve safety in our facilities is 100% testing. However, the value of this proposal is questionable.

A test result only reflects the status of that resident at that point in time.

This means that even if all seniors were tested at any given instant, that metric can become meaningless the next day.

When you add in the consideration that the number of infection propagation vectors (more on this in a paper called 'Senior Care - A Complex Ecosystem') is astronomical, it becomes clear that one-time testing is not the entire answer.

Even if periodic testing (for example, every week) of all residents is considered, the only value the practice will deliver on its

own, is making us aware that one or more of our residents has just tested positive for Coronavirus. So, what could we do with this information?

- Report it to DSS

- From there, we must decide whether or not to move the resident to the hospital. In practical terms, this only results in shifting the location of the infectious resident, a choice that has led to tragic tales from the hospitals in New York12. Even during non-pandemic times, hospitals by definition become hotspots for infection. By just relocating all COVID-19 positive residents to hospitals, we only further contribute to the hospital overload problem.

Even worse, none of the above options have done anything to contain the spread and we still have not addressed the underlying infection spread vector in order to ensure the safety of the balance of our seniors.

That's why this paper proposes a different solution that will not only inform DSS, but also address the need for containment of the virus in our communities and within our facilities.

What About Contact Tracing?

Contact tracing is a forensic tool that attempts to see ahead by looking back. Once a COVID-positive case is detected, contact-tracers try to investigate and plot a graph to determine all the people or places that the patient had been in the last several days and continue these investigative inquiries to multiple levels of depth in the graph. The attempt is to identify the possible 'blast radius' and all those who might be within it.

It is reactive and attempts to execute quarantine procedures on those who might have been in the blast radius. The technique itself is inaccurate at best because it relies on people's memory and willingness to share. It is only effective when the infection

has not become widespread, because once that happens, the individual contact graphs intersect and get very diffused. While it may have some effectiveness in public health domain in the early stages of an epidemic, but its use inside of a senior care facility is questionable at best.

Commissions of inquiry!

There is already word of the formation of congressional inquiry commissions to dig into the COVID-19 debacle for seniors. For now, it's fair to conclude that, like in other complex systems, multiple points of failure will be found that resulted in the Coronavirus catastrophe in Senior Care homes.

It's almost predictable that results will show that a tragic combination of a virulent bug, poor administrative policies, inferior infrastructure, and deficient processes and procedures worked in synergy to escalate the virus' spread and its death toll.

Let regulators do what they do, but we can't afford to wait. The only way forward for our industry is to focus on what is in our power, including the changes that we can implement now to prevent another tragedy in the future.

After all, think about the same problem but from a very different perspective…

A public health or government official, city Mayors, Governors, or the President, must think about 'controlling the spread' and focus on the macro level. Steps they recommend to 'flatten the curve', like social distancing, contact tracing, wearing masks, etc. may be useful for solving the problem they are solving.

But our problem is completely different one.

As an operator of a Senior Care home, I have the responsibility for the safety of 20 senior lives and the happiness of their families. It's like being the captain of a jet carrying 20 passengers coming in to land, with a

Coronavirus storm raging around the airport.

Every day the news media is bombarding us with horrifying lightning and thunderbolt-like stories, visibility is zero, the air traffic control is giving unreliable directions, and my instrumentation dashboard is messed up. My passengers are panicking, their families down there are worried, my flight attendants are nervous, and I'm running low on fuel. I have no alternate landing sites, and despite all this, it's still my responsibility to bring in my plane and land safely. No one may applaud me for doing my job successfully. Some may even sue me for the work I do, and yet, I must succeed.

While Dr. Fauci, the President, the Governors or the Mayors may offer upbeat predictions while pointing to professional-looking PowerPoint slides until we all fall asleep, we are obliged to think for ourselves. It is incumbent upon us to think as the captains of our passenger jets in whom the passengers, their families and the community as a whole have vested trust in.

The Emerging Trust Deficit

The statistic that is keeping residents and their families up at night and eroding their faith in our facilities is that 42% of US deaths due to Coronavirus are from just 0.6% of the population (Figure 4). And, that 0.6% of the population was our residents, the people who entrusted themselves to our care.

This confirms that senior care industry was ground-zero of this pandemic, a fact that is rapidly generating a trust deficit in the market that we serve. Whether this lack of trust will be a short term phenomenon or have lingering effects (economists call this hysteresis) is something only time will tell.

Unfortunately, we must all assume that the effects on our market will persist long after the cause is removed – perhaps by the mass availability of a Coronavirus vaccine. After all, history tells us that long after vaccines were

available for prior contagions, it took years for the entire population to become immune.

Even as biological immunity is unpredictable, likewise no one can predict psychological immunity from the fear and apprehension the deaths of so many in our care has generated.
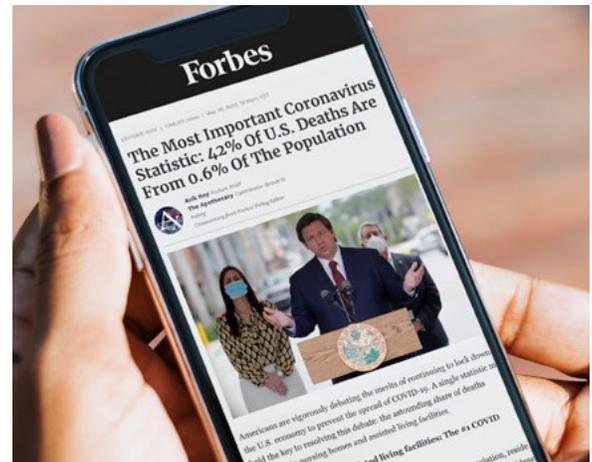

Figure 4: *Senior care industry was the ground-zero of Coronavirus*

Safe versus Compliant

The sweeping effects of the pandemic on our industry and the resulting trust deficit among prospective residents and their families mean that we as an industry need to be proactive.

Regaining the trust of our customers is critical.

Yet, we will never succeed in rebuilding that trust if we don the cloak of "we were fully compliant with regulatory requirements and report fully and accurately to them"18. Instead, we have to recognize that no one was prepared for this catastrophe:

- Hospital systems were not prepared

- Regulators were not prepared

- Healthcare research & administrative institutions (CDC, CMS, CDSS, etc.) were not prepared

- Large and small nursing care and Senior

Care facilities were not prepared

- Seniors and their families were not prepared

The Coronavirus pandemic caught us all by surprise. The only thing we could do was react.

However, there is a light in all the darkness.

Now, that we have experience in dealing with the fallout from the virus' spread, we understand far more about not only where our previous approach to infection control and prevention was lacking, but also how we can proactively prevent and contain future outbreaks.

Goals vs Strategy vs Tactics vs Tools

The difference in these terms is of significance to winning this war against the pandemic for our senior citizens and thus regaining trust after COVID-19 storm. Goals are the overarching objectives in a war and strategy is a way of achieving those overarching objectives. Tactics are battlefield maneuvers to be employed on a day-to-day basis, while tools are the equipment or systems with which we implement a strategy.

Generally, all the recommendations coming from CDC are in the tools category (e.g. face masks, sneeze shields, disinfectants, etc.). The state oversight organizations (e.g. CDSS in California) are making the tools (recommended by CDC) available and are giving tactical guidelines and best practice recommendations. There are very few iron clad 'must-do-else-get-cited' mandates.

What is missing until now (Summer 2020) is strategic thinking.

The reason why that is so important is that the perspective is different. The perspective

of government institutions such as the CDC, as well as state oversight and licensing bodies is population care, whereas the perspective of the owner/operator/investor is that of the pilot with many passengers coming in to land in the storm.

For us (senior care home owners, operators and investors), the strategy is important. For the most part, the only thing that even remotely sounds like strategy is 'flatten the curve' or tactics like 'shelter-in-place', but we recognize them as reactive.

This paper goes beyond the reactive.

It proposes a strategy that aims to neutralize the damaging effects of Coronavirus and other contagious diseases. By adopting this strategy, we can move into a proactive posture. We can come out of our bunkers and take the fight to this pandemic.

A New Way of Thinking

On June 8, McKinsey pointed out:

"The pandemic has forced the adoption of new ways of working. Organizations must reimagine their work and the role of offices in creating safe, productive, and enjoyable jobs and lives for employees"

In the same way as offices and organization are now required to adapt, this paper focuses on what the Senior Care industry can do, without waiting for the long regulatory route to take shape, a choice that would leave our residents at risk.

Instead, we must focus immediately on strengthening the resistance of our Senior Care facilities against the spread of all types of infections, such as MRSA, C-Diff, Influenza, Coronavirus, and the next virus that makes itself known.

That is why the "InfeXBloc™" architecture was developed.

Modeled after architectures that have already seen successful implementation in

other industries, like commercial aviation and Information Technology data centers, InfeXBloc™ moves the Senior Care industry from the 'implicit-trust' approach to a 'proven-trust' (or 'zero-trust') infection security model.

In the implicit-trust model, everyone is 'safe' unless they exhibit 'unsafe' symptoms. Sadly, this is a model that led to the sweeping death toll of Coronavirus for our residents.

On the other hand, in the proven-trust model, everyone is 'unsafe' unless they establish their 'safe' credentials using an objective and repeatable process.

We will discuss in detail:

- Underlying conceptual ideas, architectural designs, engineering, process and procedural suggestions that Senior Care facilities can implement immediately

- Proposals of various innovations like InfeXPASS™ (an RN certified designation of a person's health status), InfeXCON™ (a facility's real-time risk designation), an 'InfeXBloc Scorecard™' system (to rate facilities' implemented infection safety measures)

- How to adopt specific clinical protocols** to increase resistance to infection transmission while retaining the residential setting

** it is important to note that Assisted Living homes are licensed as non-clinical facilities in most states. CDC has detailed recommendations21 for infection control for clinical acute and non-cute care settings.

Leveraging Distributed Architectures

The InfeXBloc™ architecture is a solution that leverages historical lessons that show that moving from a centralized to decentralized architectures produces better outcomes and improved resilience, including:

- When human governments moved from central control to distributed control (from monarchy to democracy), we empowered citizens to be free agents and take more responsibility. The result was an improved quality of life and a prosperous society.

- When computer architectures moved away from central control (as in mainframes) to distributed control (as in public clouds), increased processing power was leveraged. The result was that computing power multiplied many times and automation prospered.

- When planning architectures moved from central planning (as in the USSR) to decentralized planning (as in a market economy), we empowered free enterprise and independent decision making and dramatically improved economic output.

- When terrorism architectures moved away from central control (Al-Qaeda and its leader UBL) to distributed control (as in local terrorism cells), they became harder to track and more lethal. While the outcome for the civilized world was undesirable, the evil trade of terrorism prospered.

- For Senior Care, if we move from a centralized infection management architecture (of hospitals doing the work based on CDC guidance) to a distributed infection control architecture (like InfeXBloc™):

- We will increase facility empowerment.

- An empowered facility will take more responsibility resulting in better outcomes for seniors.

- Regulators will gain an improved handle on the occurrence and propagation risk of infection.

- We will increase the resilience of a community's overall healthcare infrastructure, in the face of future outbreaks (from Figure 5 to Figure 6). Keep in mind that experts say we are not
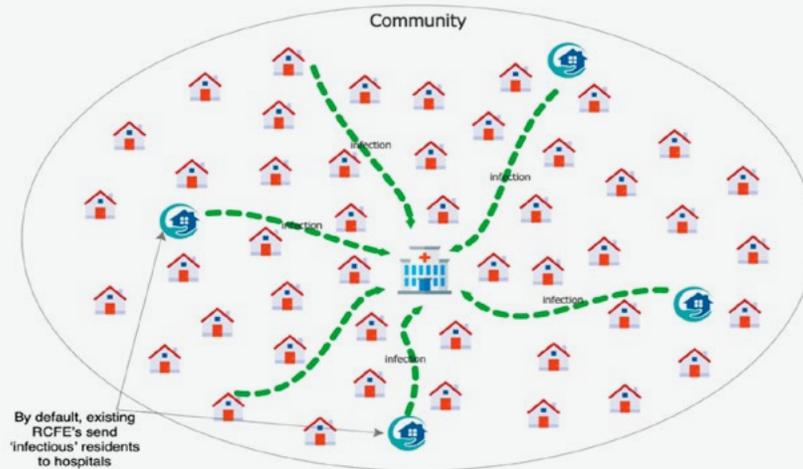
Figure 5: *Existing Assisted Living homes shift the infectious patients to hospitals right away*
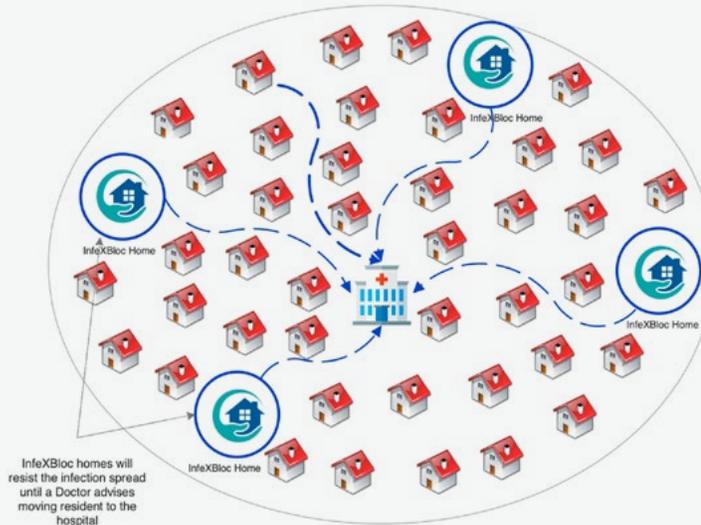

Figure 6: *InfeXBloc™ homes will resist the infection spread*

done with Coronavirus yet and that even if a vaccine was developed tomorrow, another virus in the future is far more than just a possibility, and more likely a certainty!

In Japan, where the topography puts its population of 127 million in the pathway of earthquakes, landslides and typhoons. Often, architects there, use sabo techniques31 to slow down the velocity of water and debris flowing to prevent the overwhelming the downstream valley. We could use the sabo techniques to slow down the velocity of infectious senior residents flowing into the community hospitals and prevent them from getting overwhelmed, thus obviate the need to require economic lockdowns.

From Fragile to Anti-Fragile

In his ground-breaking book 'Antifragile'16, Nassim Taleb presents an extremely insightful hypothesis that architectures span a spectrum of Fragile > Resilient > Robust > Antifragile (Figure 7).

The InfeXBloc™ architecture is a move towards developing anti-fragility. It aims to gain from the disorder unleashed by COVID-19.

When adopted, not only will it help Senior Care homes resist further tsunamis that can overwhelm our community hospitals, but also improve the care these facilities can offer to their senior residents.

Lessons From the Past - From Airlines to Cybersecurity

On Sep 11, 2001, Al-Qaeda terrorists changed the prevalent paradigm in commercial aviation security, forcing a move from an implicit-trust security model to a proven-trust model.

Prior to the attack that changed the face of our nation, we could walk directly to the aircraft boarding gates to see off friends who were traveling or receive them at the gate. Before the advent of automatic baggage scans, our checked baggage was simply lined up next to the aircraft staircase and we would identify our suitcase before boarding.

The implicit assumption was that no passenger would carry a bomb – an assumption that was shattered by the suicide terrorists.

Since then, air travel around the world has never been the same. Proven-trust protocols have been implemented. These protocols are safer but also dramatically more painful, expensive to implement. They significantly change the infrastructure architecture and operational procedures we once knew – a fact

Fragile ❯   At risk of total failure / financial ruin

Resilient ❯   Takes damage, avoids total failure, recovers

Robust ❯   Absorbs uncertainty, repels blows, avoids damage

Antifragile ❯   Responds to stress by mutating, maintains fitness for purpose. Purpose and identity can change entirely

Figure 7: *Nassim Taleb's Fragility Spectrum*

that is evidenced by the hardship experienced by travelers when dealing with the TSA. Yet globally, we have accepted the pain and expense because the assets we wish to protect (our own lives) are priceless.

In another domain, up until a few years ago, all enterprises had their own private, on-premise data centers. Cyber-security protocols were based on a notion of a 'castle and moat' – a strong perimeter defense called firewall(s).

This notion relied on the idea that what is outside the firewall is bad and whatever is inside the firewall is good, thus resulting in "whatever is inside can be trusted". This meant that software applications inside the enterprise could easily communicate with each other inside the trusted firewall ring.

The advent of public clouds changed this.

The paradigm switched from implicit-trust based cyber-security to proven-trust, which once again led to pain for the security and network professionals within the enterprise. To transition to public clouds, proven-trust protocols had to be implemented.

We have relied on examples of Silicon Valley pioneers (Google, Amazon, Netflix, etc.)

to communicate the need for proven-trust protocols to clients. New approaches14 used by these pioneers in this domain are called containerization, micro-services and micro-segmentation architectures that employ 'zero trust' as their core. Once again, while these protocols are safer, they were also dramatically more painful and expensive to implement and significantly changed the infrastructure architecture and operational procedures. Yet globally, we have accepted the pain and expense because the assets we wish to protect (our enterprise data) are priceless.

Finally, in the late nineties, the internet led to the birth of e-commerce, a new channel for shopping. However, almost as soon as it took off, many publicized episodes of bankcard fraud had a crippling effect on the trust new consumers had on this channel.

Banks and e-commerce websites (eBay, Amazon, etc.) had to diligently invent identity verification protocols to ensure the innovation did not die prematurely, moving to a zero-trust model. Globally, we have accepted the pain and expense because the assets we wish to protect (our personal and financial data) are priceless.

To learn more about InfeXBloc™ and how your facility can leverage the architecture to move forward, enhance safety, and rebuild trust in a post-pandemic world, check out www.infexbloc.com.

INFE X BLOC™

Golden Springs Ranch

About Ashish Warudkar

Ashish has worked in the software industry for 30+ years including 19+ years in the healthcare sector. He also has been an entrepreneur for over two decades and provides consultation to "Golden Springs Ranch" which is an upcoming InfeXBloc™ home in Palmdale, California which will introduce the innovations discussed in this paper to provide its precious residents with a safe happy home and their families with peace of mind.

Ashish Warudkar is trained at:

IIT Bombay	Mechanical Engineering
UCI	Predictive Analytics (7/8)
Harvard	Disruptive Innovation Strategy with Clayton Christensen
MIT	Advanced Certificate for Executives in Management, Innovation & Technology
	Architecture & Systems Engineering of Complex Systems
	Platform Strategy – Building & Thriving A Vibrant Ecosystem
	Business Dynamics – Diagnosing and Solving Complex Business Problems
	Executive Certificate in Strategy and Innovation
Product School	Product Management
BWW	Network Marketing
Oren Klaff	Pitch Mastery

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Meetup:	Monthly meeting (first Sunday 6pm CA time) of Senior Care Accountability Network https://www.meetup.com/Senior-Care-Accountability-Network-SCAN/