

Attachment 4 Industry and Resident Comments

DESIGN WITH INTEGRITY

PLANNING DESIGN INTERIORS ARCHITECTURE

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MEMORANDUM

To: Chad Daines

Town of Oro Valley

Project Name: Senior Care Zoning Amendment - 2nd Draft

Project Number: 211351

Subject: X. 1. a. Recreational Area

Date: Wednesday, November 19, 2014

Remarks: Implementation

Section X.1.a. mandates that the recreational area provided for senior care facilities comply with section 26.5.B, which was developed for residential subdivisions. Implementation of this requirement across the senior care facility gamut does not seem to respond to the actual needs of the facilities.

The areas required to satisfy section 26.5 C.1. are noted at "... (1) acre to every eighty-five (85) dwelling units." Assuming a sleeping unit, resident bed and/or residential living unit constitutes a dwelling unit for the purposes of the area requirement; I have compared calculations for our recent memory care project, Catalina Springs Memory Care, in your town.

The attached site plan shows a 2.6 acre site with a 27,000 square foot building on it. The building provides two 50' by 50' secure landscaped courtyards with areas of hard surface for use by wheelchairs and walkers. Inside the building are Family Lounges, Living Rooms and Activity Areas for the residents and their visitors. These spaces total 8,000+ square feet, which translates to 167 square feet (10'x16'-6") of area per sleeping unit.

In addition, and per TOV zoning regulations, the site is ringed with sidewalks and four bench areas are provided. If a resident has an escort, there is ample opportunity for more "activity" than they can handle.

For this project, the number of sleeping units is 48, which would require .56 acres of "useable" recreation area. That acreage equates to 24,598 square feet. As noted above the entire building is 27,000 square feet. As the landscaped area between the building and the two major roads is heavily planted as required by other areas of the town code, additional land would need to be purchased to satisfy the recreational area requirement. Land that would likely go unused by the facility.

The clientele for senior housing varies greatly, thereby having the abilities and activity levels vary just as greatly. Memory care facilities are staffed to provide near constant watchfulness for the safety of the residents. A thoughtful design with sight lines and limited distances for staff access to residents is the optimum plan for resident safety.

I encourage you to consider the clientele's capabilities of the numerous types of senior care facilities and provide appropriate recreational requirements per usage if you want to encourage or even accommodate senior facilities in the town.

Respectfully submitted by:

Gail Boger
Project Architect

Chad,

This is so well organized and thought out. Really, I do not have anything to add. This is impressive and covers the different product types very well. The only issue that I have seen, which is outside of City Codes, is that often the Residential Homes (for 10 or less is not very well regulated and often have patients would need higher levels of care.

Oro Valley will be a model for other communities with this work product.

Senior Living facilities and communities will continue to be a larger market share. I have spent much of my career trying to explain what we were and were not, as we pioneered various product types. Please let me know what you think of our community in Oro Valley when you tour. I loved developing Splendido at Rancho Vistoso and the entire Council and staff visited our project at Grayhawk in Scottsdale several times as we got everything underway. Let me know and best to you.

Sharon Harper – Plaza Companies

Chad,

Our long term care ombudsman reviewed the changes and said that the definitions are consistent with the changes the state is making. She didn't have any other comments.

Carolyn

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Say Rick,

It appears Oro Valley is in the process of adopting development guidelines for Alzheimer's and other senior care facilities.

Some of the proposals are below. All of them would have, if instituted, killed the feasibility of the project we're now building. The setbacks are enormous. (Oddly, they'd utterly defeat the mobility of the population they're intended to serve).

So just a head's up, as this can dramatically AND adversely affect the value of and ability to develop your property on Oracle.

Best.Jim Ekberg jweassoc@comcast.net

From: Gail Boger [<mailto:gboger@lrsarchitects.com>]
Sent: Wednesday, April 16, 2014 4:41 PM
To: Williams, David
Cc: Daines, Chad
Subject: Zoning re Senior Housing

David,

It was good talk with you regarding the zoning amendments for senior housing.

I have attached the zoning ordinance for Portland, Oregon that pertain to senior housing. This does not address the medical facility uses, just housing.

As we discussed, my first impression when reading the amendments was that Oro Valley did not want senior housing.

Other thoughts:

The definitions for the facilities needs to reference Senior Care Health Care Institution.

It is not clear how a memory care facility is classified or could benefit from the site requirements set out.

A 1,000 foot long 10 foot wide walking path is not likely to receive any resident use in a memory care;

Walking paths need to be hard surface to provide for walkers, wheelchairs and unsteady footing in all senior settings, the size prescribed would be quite expensive;

A 25' building setback from parking and access aisles adds considerably to the land required and will discourage façade play, we typically vary between 10' and 20';

What benefit the 120' and 75' setbacks provide is unclear except to increase the land required for a facility;

How active the residents are can depend on operations and intended clientele, this tends to be market driven. Mandating particular facilities is not necessarily providing a better environment for the residents and in fact may stand unused;

A local facility included a children's play area for the neighborhood then rescinded due to liability concerns. It stood unused until it was removed a few years later;

The greatest concern is that the land requirements can drive up the facility cost which in turn drives up pricing possibly making these housing options prohibitively expensive for certain economic brackets.

As I suggested, read the state regulations, and there are separate ones for assisted living and long term care. The state does not prescribe the types of activity and usage for any type of licensed facility. I think this is an important point to note.

The vast majority of facilities, while a business, do care greatly about the quality of services they are providing to a vulnerable population.

We at LRS are always working to create the best possible environments for the aging population. We have found that over-prescribed and/or excessive regulations do nothing to further that cause.

Thank you for the opportunity to comment.

Gail

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Thank you Rosevelt,

Chad had sent the drafts last week. The property owners and I have had some conversation about the proposal.

I wish that my colleague and I could present to the planners there a senior housing overview.

There are a few undefined terms/concepts in the wording that could lead to confusion in trying to satisfy the requirements. For instance, do resident beds and residential living units equate to dwelling units for application of 26.5(C)(1)?

Another one is that an Independent Living facility (which usually means just that, independent requiring no assistance and not licensed by the state) usually does not offer a full-service communal dining room. The developer may decide to have a club house if the rent range can support the extra amenity cost. And how many residents are to be seated in a full-service communal dining setting, 100%, 50%? That could add considerable square footage, a.k.a. dollars, to the project, again raising the rents to pay for the project.

Again, providing a variety of facilities with a range of amenities, that are market driven, is the best way to provide housing to a variety of economic ranges.

Thank you for the opportunity to comment. As I talk more with the developer, I will convey additional information if appropriate.

Gail

Let me start this summary with the Permitted Use Chart. Any retirement facility, be it independent, assisted or skilled nursing, should not be located immediately adjacent to small lot, residential sub divisions.

Retirement facilities are commercial enterprises. They have regular supply visits from a variety of vendors like a large retailer. They have emergency vehicles that arrive day and night to attend to 911 calls. Sirens in a neighborhood is alarming to residents, and should be minimized, by locating retirement or Senior Care facilities in a C-1 or C-2 zone. There should be enough space - as stated in draft 1 - to allow a landscaped walking, viewing path for residents without pedestrian, vehicular conflicts from within the district. So, Splendido is ideally located near a large wash; LaPosada is ideally located on a parcel adjacent to a wash. Desert Springs is poorly located, and Fairwinds/Desert Point is marginally acceptable with adjacency to roadways through nearby apartment complexes. But the area is heavy sloped, and the

roadways are busy, which makes walking any distance uncomfortable and unlikely. The All Seasons facility is very poorly located, and is questionable as to what actual level of service they intend to provide. But enjoying the outdoors in a relatively secluded, landscaped area is clearly not part of their service, but should be part of the development review process.

I do not support private homes being converted into assisted care facilities. I've been in such homes visiting unfortunate people there. The rooms are small - too small for comfort to allow for some one to sit in a comfortable Chair to read or sofa to watch TV or work on a computer. The rooms were designed probably for kids, but older people especially with mental or physical difficulties, need to feel "like home" to the extent possible. That means units need to be designed for that purpose, not converted from a different purpose.

I appreciate that this use of a private home in this way represents a financial opportunity for some. My concern is for the well being for the patients. This should be part of the Home Occupation process where it could receive more individual scrutiny. Private home does not provide the size of lot that would permit a patient, even with assistance, to walk outside, sit in a garden comfortably and quietly. Most homes are not on larger lots, and walking would involve neighborhood streets, some of which are unsuitable for walking for an unsteady individual. Particularly if a walker, cane or wheel chair is necessary.

The definition of Independent may be boilerplate wording from somewhere, but I believe that the language " do not require routine/ongoing assistance " is simply incorrect. Independent is interpreted as "taking care of oneself", but many people living in independent units hire care-givers who come in daily or periodically to help them everything from shopping, dressing, bathing as well as walking with them to steady their experience. This removes the facility from providing such assistance, as would be the case if that individual moved into assisted living. Many people prefer the larger independent living apartments, and will pay to get the assistance they need in order to stay where they are.

Independent facilities allow this accommodation. In some cases, the care giver even lives within the apartment. Why is this relevant to your preparing of a code? Independent care facilities do keep track of their residents. If their newspaper isn't picked up daily at a normal time; if they are not seen at the dining room or in meetings or picking up their mail, for example, staff will call them or ring their doorbell. This is service and caring. If a person has a care-giver that is noted, but not forgotten.

I believe the sentence that indicates that an independent care facility must provide full service dining and group activities is fine, but needs to be more fully explained, as I tried to do in Draft 1. Activities that are for multiple people is necessary, but activities for individuals...be it exercising, reading in the lobby or in a library or walking their dog has to be provided by the design of the facility. All Seasons; Desert Springs and numerous other places outside of Oro Valley have not designed facilities for "care"...only "living", which isn't good enough considering the expense, and the expectations of the family that maintains some contact and responsibility. I've toured facilities here and all over that offer an outside swimming pool, which is unattended; a small exercise room with a tread mill, bike or matt for stretching that is unsupervised. This isn't care; it's allowing the residents to take risks when they use facilities, and a Town that authorizes this sort of use, must be aware of what level of care - not just "living" - is provided.

As I've said, I oppose allowing homes to be converted into assisted living. People who are hired by these homes to provide the assistance are credentialed, as a general statement, but they are not supervised. How often do we read about abuse, and that occurs when personnel are not supervised. It's a hard job working with the elderly, and it can become a real test for those who take on the task of caring for someone. I've witnessed what I would consider "abuse" at other facilities and even here at Splendido by care-givers who simply appeared to "snap".

The section on Recreation is incomplete, and needs to differentiate recreation as appropriate for elderly, whether assisted or independent, what amount of space is necessary. Remember, that walking is the primary individual activity, and there simply must be a continuous walking path within a professionally landscaped, tree shaded area with views, gardens where quiet is a memorable experience. Putting greens, for example, are under used as a percentage of all residents. These are expensive to maintain in

an attractive manner, and I prefer to delete them as even a suggested amenity. Apartments independent care should have balconies, and the design of units must be such that apartments can have a clear view of the sky; a landscaped courtyard or open space...not a view of someone else's living room. Units should not be over or next to a loading dock or delivery area or bordering a busy roadway like Oracle, Lambert, LaCanada or LaCholla. Walkways must be smooth and not have cracks where cement sections have been joined. Walkers, shoes can stick causing a fall or, just as bad, fear.

IN closing, the design of a retirement facility that includes service to care for individuals must not be squeezed into available space. The space must be expanded to allow caring to occur, and I've tried to emphasize the importance of the outdoor experience; supervision, and a variety of activity space that is necessary.

Bill

Chad

The chart includes skilled nursing, independent and rehabilitative care. To be clear, rehabilitative care is skilled nursing. Somebody who has back surgery, a hip or shoulder replacement would go into a skilled nursing section that provides that rehabilitative care. There are offices that specialize in rehabilitative care, which is often for amputees or severe brain injuries. I just wanted to be sure that the three stated care levels still require assisted living to be complete. Memory care is also included in skilled nursing, but does require specialists. Again, there are offices that specialize in memory care only. We have hospice facilities and memory care facilities in Oro Valley, although I've not toured them.

Bill

Chad: To try to clarify, my position has been, and is, that there be a minimum size requirement for Senior Care facilities in order to ensure sufficient space for the recreational needs of residents. I don't believe I intended to maintain that 20 acres of open space was a requirement for recreation; 20 acres is my minimum parcel size for any senior living facility believing that, after parking, there will sufficient space for a walking experience without residents leaving the property. I think a minimum size requirement is justified. A All Seasons, Mountain View, Desert Point or Desert Springs ought to convince anyone of how inadequate those facilities are. That's not to say that people won't still rent units in those facilities; it's the level of care consideration that the town ought to insist upon.

Bill

Chad

Although it is probably more complicated for you, I'm going to be sending you comments as I develop them from reading portions of your draft.

I'll start with where I did some months ago.

"Care" and "Living" are not the same. We should apply "care" to all descriptions, and not "living". Care is the service these organizations provide; not "living".

I also don't believe "home" should be introduced as another descriptive term. All facilities in the category deliver "care"...assisted, independent care are different levels of care, and those differences must

become clear in other sections of this draft. The Town does not want a "buyer beware" atmosphere to prevail when previewing any care facility in Oro Valley.

The word "home" carries an implication that the facility is a converted private residence. If it is, I oppose that use being approved, and should not be considered. A private home cannot provide the insulation, privacy and yet responsiveness a facility designed for that purpose does especially for assisted care. A topic for the 17th.

Because independent care doesn't require a license from the State doesn't mean they shouldn't be expected to deliver "care", and the Town needs to be clear about that. This a topic for your meeting on the 17th. People that choose independence may be frail, unstable and have dementia symptoms. Their rooms need to have grab bars, security alarms, and the housekeeping staff need to be trained to observe signs of either falling, dropping things, spillage, slippage from throw rugs.

Finally, in this segment, I'd like to focus upon the use of the recreation code to apply to this category. It Cannot and should not.

Recreation within a Senior Care facility is either supervised or unsupervised...not passive or active. Unsupervised recreation is walking outside. The first requirement of a Senior Care facility is to have sufficient property to allow comfortable walking on the property. Gentle hills - nothing like Innovation Park, where All Seasons plans to build. At least twenty acres of space that allow residents to view, rest as well as walk ON THE property. A properly sized and facilitated dog park is necessary with small balls, bones for dogs to play with or retrieve. Walking within the property is critical because each resident is given an emergency pendant to wear or carry with them. The emergency pendant is effective to alert staff ANY WHERE ON THE PROPERTY when someone is having personal difficulty breathing, standing, walking and needs help. Once off the property, the pendant begins to be out of reach electronically. Senior Care facilities that are developed on small parcels make it necessary for residents to leave the grounds of the facility to walk, which complicates getting help should they need it. This is for Independent as well as assisted residents.

Supervised recreation is indoor swimming or exercise within a carefully equipped exercise room with trained staff on duty to help, and create exercise programs for every stage of independence or assistance. Exercise within a Senior Care facility is a very different experience than at Gold's Gym or Anytime Fitness. Recreation includes thinking and talking, and all Senior Care facilities must have a card room for board games, a billiard room, and casual meeting places for discussion, lectures, musical presentations...things that residents in a Senior Care facility can't get out into the larger community to participate. Lighting must be adjustable; ventilation must be good with central air and not window units like many facilities. A movie theater is necessary for slide shows, DVD presentations as well as full length movies offered by Netflix.

There should be a bank branch in-house; a wellness center for discussion with staff about symptoms and treatment.. If the facility has a section for assisted care or skilled care or memory care away from the independent areas of the campus, those facilities need to have access to the walking paths, but with supervision, need to have their own exercise facility and program development; own entrance, dining and laundry facility.

As you noticed when you toured Splendido, the hallways are wider in the living quarters for assisted and skilled care; chairs all have wheels to be moved easily. Private rooms are smaller to make places more accessible, and easier for staff to help. Units for independent residents may have balconies with four to five foot metal fences except on the ground floor. No balconies outside of units in assisted or skilled care. No sliding glass doors without a metal fence half way up the doorway.

Staffing a Senior Care facility is more expensive because of the training staff requires. They are dealing with continuously people who may not hear, see, understand or pay attention. This is a stressful environment for anyone, but staff people - whether housekeeping or being part of the wait staff in the dining room - need training. This is "the Care" part of the service of all of these facilities.

In later memos, I'll talk more about things like dining, for example. Some facilities have buffet services, which is impossible for assisted and many independent residents. The facility must be prepared to take orders; fill them and deliver them to each resident. A nutritionist is required to be sure elderly get healthy meals, and not just what they may like or want.

But initially I wanted to give space to this topic of recreation which is very important - and even more important than in an apartment complex.

Bill

Senior Care – Definitions

Long Term Care requirements are not routinely significantly different than assisted living. Both will be equipped to handle persons for a matter of years on a continuing basis. A facility will treat a person who is unable to live independently the same whether their condition is referred to as Long Term Care or Assisted Living. A person in such a circumstance may not need daily care from a physician, but is taking medicine directed by a physician and may acquire conditions that require a physician's participation. The conditions in the Assisted Living or Long Term Care will be the same in order to be prepared for declining health factors that require them. A facility is not going to have different living facilities for Long Term Care and Assisted Living. Long Term Insurance policies do not differentiate, and reimburse at the same rate. A person needing rehabilitation short term may be admitted to Assisted Living.

I don't believe Residential Care should be lumped into Assisted Living. Assisted Living is more intense and differently staffed and facilitated, as described previously. As also commented earlier, Assisted Living should not be limited to a number of beds or units. An apartment for Long Term Care might be more than one bedroom, for example, indicating that the condition of the person involved is not demanding a simpler, more compact life style. Assisted Living is typically like a hotel room with a living, sleeping space with a bathroom. Skilled Nursing is like a hospital room with a chair or two, bed and bathroom.

Multi-Use Care: If in the same building, the sections should be restricted access. There are important safety and life style aspects. There should be separate entrances for guests with separate administrative offices and waiting rooms.

I don't agree that Oro Valley should allow in-home assisted living. Regardless of how the patient room is configured, this is an incompatible use within an otherwise conventional residential neighborhood. The level of care, and the condition of the patients is so very different from a healthy neighborhood with active adults and families, the inclusion of assisted living is simply unhealthy. A home may not provide the necessary privacy, insulation and separation of one patient's situation from another. An unhealthy situation. In assisted living, people are not expecting or requiring a social environment, unlike independent living. Although licensed by the State, I don't feel Oro Valley should allow it.

Independent Living I've commented upon in an earlier submittal. In essence, the definition here is too similar to an apartment living environment. People who choose to live in a "retirement" community with independent living units are not "self-sufficient"...a very important distinction. These are people whose physical condition, mental alertness and other disorders require a level of attention that supports, rather than simply reacts, to residents. People on duty within an independent living residence are more than security staff. These are people who can assist with

people who become disoriented, confused, lost, fall. The units are equipped to provide emergency alarms, grab bars and easier to use appliances.

2) 25.1 W

In order to be clear, I don't think we should introduce another term, "Senior Care Facilities". It is important that the separate divisions within multi – use care (residential, assisted, independent, memory and skilled nursing) are referred to as defined. In other words, a facility may have a promotional name, such as Splendido or Desert Point, but then is identified as providing the care services as defined. It is also crucial that the facility be identified as CCRC or not. Continuing Care Retirement Community is one that provides the three levels of care {Independent, Assisted living and Skilled Nursing} with a payment program that allows for transition from one to the other with no change in your monthly service fee. Pay for Service arrangements, which are more typical, may have a lower entry fee and monthly service fee, but then a patient pays more to move to the higher level of care as required by their condition. In this definition, Memory Care is typically part of skilled nursing and would include the Alzheimer patients.

3. Location

I understand the setback increases. If you visit Mountain View at LaCanada and Magee Road, you'll see that the setbacks – although larger – have no impact upon noise, glare/light. That is why I have commented earlier that the minimal lot size for these kinds of developments needs to be 20 acres in order to naturally provide more open space, berms (note the north boundary of Splendido) and adequate parking away from the living units (Mt. View). An incentive to have a smaller lot could be if the development included an underground garage or parking facility. The distance to parking is a troublesome problem for residents at Splendido particularly in the hot weather. Splendido will provide a golf cart service to parking with 15 minutes' notice, which is inconvenient.

5. Recreation

Swimming pools and hot tubs need to be inside or fully shaded. Elderly should not be exposed to the sun. A

Way too many facilities have fully exposed swimming pools and they are less used. Exercise rooms for seated volley ball, ping pong or other mild exercise space needs to be separate from meeting room, dining room spaces. Mechanical exercise equipment needs to be explained carefully before use and a patient needs to provide a physician's approval before use. A full time attendant should be on duty to check people in and out, and to ensure that use of the facility is within a patient's capacity. This is not Gold's Gym where people come and go and are on their own judgment as to what is good exercise. Outdoor recreation should be limited to walking trails and small putting greens of artificial turf.

Garden areas for patient use and maintenance are an excellent option. Bird feeding stations maintained by residents is another past time. Space for artistic development and creations should be available with storage of resident materials and work in progress. This could include musical instrument practice or recital. One or two dog parks should be provided. Dogs are very common, but can't run freely. These take up space, but are the qualitative differences between Oro Valley facilities and most in Tucson. I feel a development in Oro Valley should provide these amenities and not "credit" as stated in b. & d.

3)

6. Required Amenities. I believe I've touched upon this above. This should be an important CDRB determination. If a good variety of supervised or passive recreational activities as

suggested, and as you've stipulated, are not included, conditions of approval should be added. A walking path on the grounds is very important. Residents must be provided with an emergency alarm pendant that they wear when on the grounds and can use to identify their location should they become dizzy, faint or sick. If the minimum size for the lot is approved, the walking paths can be circuitous and of sufficient length.

The walking paths should be of sufficient distance to keep the resident on the property rather than having them go on to a sidewalk adjacent to the roadway where they are out of range of the pendant, and could fall or stumble into traffic. I notified police of such a person wandering within a shopping center parking lot; didn't know where his car was or where he wanted to go.

b. I'm not sure I understand the use of the word, "Playground". An outdoor exercise "course" is not recommended since its use is unsupervised.

e. Although Council has the authority to override any condition to coincide with their judgment, in this particular type of use, they should be discouraged from doing so. Less active opportunities is better than more passive, as suggested above.

7. Walls / Screening. Fences of a decorative nature would be preferable to walls. People living in these circumstances are less sensitive to being seen, and are more sensitive to seeing out. Fences are important to keep wildlife out of the living areas and walking areas. Other than birds and rabbits, wildlife can unnerve many who don't see well, and can be startled by a relatively harmless javelina or bobcat. Distance from living units is the best preservation of privacy and is the primary reason for a minimum size lot for this use.

Thanks for your consideration of my thoughts. I certainly would like hear more from you when time allows.

Bill Adler
4-5-14

Table: 23-1 Permitted Uses Proposed

Any form of housing for people requiring supervision, care at any level should be on a minimum of 20 acres. Buildings should be designed with sufficient space within and around, including sizable courtyards, to afford views of the sky, vegetation and a sense of openness. Openness may include seating areas with shade structures and small gathering areas with seating for eight to ten people. This 20 acre minimum is regardless of the zoning district.

It would be my belief that placing care facilities within a higher density residential district, C-1 or 2 Commercial districts is a mistake. Congestion of development results in more traffic which limits freedom to walk casually in a relaxed, less noisy environment. Higher surrounding density is likely to result in noise from adjacent residential neighborhoods, which is undesirable and an unhealthy distraction.

I oppose any care facility of any description in a Commercial district. Convenience of shopping is not as important to people in a care facility as quiet and space. These places provide van transportation. If the facility is across the street from a Hospital, the individual needing a doctor's care still would need to be transported by ambulance or a provided car. Van transportation is provided to restaurants and shopping. Closeness is not vital.

I oppose permitting a care facility at any level “by right”. The surrounding area; neighboring development and the condition of the proposed land are too relevant and only be permitted by conditional approval.

“Multi use” facility needs to distinguish between a facility providing a Continuing Care program or a Fee for Service program. This is highly relevant. A definition of both must be provided. Independent Living requires facilities that are supervised 24 – 7 by people able to respond to medical needs. Independent Living is not an apartment complex. Independent is defined in the industry as someone who can dress, eat and bathe on their own. They may, however, require “in home care” on a frequent basis as well as live-in care givers. They may require a walker, cane. So, an independent living facility has to have staff and unit design that accommodates people who move slowly and often with assistance. Facilities must take in to account by design that independent living includes people who have trouble seeing, hearing and may have early forms of dementia. In other words, independent is “relative”, and definitely includes people who no longer prefer a home environment that requires their own supervision and management; an environment where assistance with accidents of a personal or facility nature are attended to quickly and as part of the service. An individual may be allowed within independent living with a spouse who provides the day to day supervision of one who is in a wheel chair, for example, and needs help with prescriptions at various times, meal preparation, dressing and bathing. The facility still needs by its own design and staffing an ability to respond to urgent needs either for personal or medical assistance.

2)

The distinction that is proposed between residential, independent and long term care is a distinction without a difference. ALL individuals in any of these living facilities require care, supervision and assistance. Some more frequently than others, for sure. But the distinction is blurred and will not lend itself to an attempt at a rigid definition and certainly will not conform to differences in levels of supervision, qualification, unit design and need.

As I say above, “assisted” living has more to do with the frequency of care delivered, and this should not be lumped into a “residential” care category.

Everyone who lives in a facility needs assistance of one kind or another often on a daily basis. As noted, people move into a facility with relative problems of memory loss, cognitive thinking deterioration, and various levels of physical disability. This is Independent Living.

Chad – It would be very helpful if you could have lunch or dinner – preferably dinner – here with some residents in independent living so that the deficiencies common in independency can be observed. This would be easy to arrange through Nancy Boyle.

I would emphasize that not any form of care facility – regardless of description – be “permitted”.

All of these are CARE facilities, and cannot be lumped by definition into categories where supervision, alertness to need and patience is minimized. Your definitions tend to do that.

In other words, all independent living facilities need to accommodate what you describe as Long Term, residential, and multi-use.

Assisted Living is a much more intense level of attention; much more heavily staffed with LPNs uniformly on duty and an RN in supervision. Assisted living needs to have its own dining facility for ease of access; an entirely different exercise room, as well as equipment to help with resuscitation, taking vital signs and so on. It needs to have relatively easy access to an enclosed space outside with some shade structure. It may also have its own hot tub or wading pool, but this isn’t essential.

Assisted living may be designed in concert with independent facilities, but the patients in each ought to be kept separate from one another only because of the much more frequent need of attention and detail of service in assisted living.

I don't believe that the Town ought to assign a number of assisted living patients that is permitted. This is a growing need, and the patient is often in assisted living for years; not just a few months. I would maintain that an assisted living facility – whether alone or in combination with independent – should be on 20 acres for the same reasons as noted at the beginning. These people need quiet and few distractions. This imposes a cost that I am fully aware of, but the essential quality here is CARE, not cost.

Bill Adler 4-5-14

I'm satisfied with the limited scope of the proposed amendment. The internal standards will have to evolve following a more intense review of the ADA requirements. Right now, my complaint with most standards internally is their inexpensive design from ceiling fans, to window A/C units to shower and bathroom fixtures including toilets; lighting; single pane - insufficient window insulation and glare prevention. Noise between units and above/below units is extremely cheap insulation when the entry fee and monthly fees for "continuing care" are taken in to account. Hallway monitoring TV isn't available. I find elderly people sitting - leaning against walls or the floor having trouble breathing when its hot walking from the parking lot, for example. Unless they have a pendant - and many forget it - they're helpless.

Many service tasks are assigned to teenage kids with little knowledge of health issues that could arise at any time. This is a huge surprise to me. Kids that serve meals in either a dining room or in - house within the assisted living area are ill equipped to respond to symptoms of illness. Cutting corners on cost in this fashion is inexcusable, and need to be upgraded at some point. There's more, of course. What was mentioned last night by Council member Waters with regard to a conversion operation from apartment to assisted living - I visited that place in Santa Fe - all the money is in the lobby, fixtures and common area appearance. The Livability needs of residents is a low priority, but you wouldn't know that from the brochure or the tour. Similar shortcomings in design are very apparent with any critical tour of either the Mountain View, Santa Catalina Villas; Desert Point or Desert Springs facility.

I doubt these latter subjects will ever be taken up without citizen pestering. The elderly is one of those many "out of sight; out of mind" issues.

Bill
