

Docket 7

December 3, 2024

Silverado Planning Commission Hearing

**Silverado Family Speakers:**

**Tom Thomas - Introduction and Personal Safety**

**Paul Cooper – Expanded beds and residents**

**Karen Rosales – Frightening Experience**

**Steve Graham – Parking**

**Scot Planting – Staffing**

**Paul McFarland – Evacuation Safety**

**Ruth Reeder – DSUP Amendment and Revision**

**Tom Reeder – Age Friendly Plan and Affordability**

**Tom Thomas – Wrap up**

Although not officially stated by the government's definition, I would like to add another component to the list: That is Military Families. There is an old phrase: "they also serve who stand wait." Actually the military families do much more than that while caring for the military member's family. They are veterans too. I feel!

So let's see how many vets are here today from each Service

Army

Navy

Marine Corps

Air Force

Coast Guard

Space Force

Military Families

Who is are oldest Vet?

In recent years I never thought much about the significance of Veterans Day. It was just another holiday. But as I was thinking more seriously about today, I suddenly started to recall lots memories about veteran friends and their experiences.

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Good evening, I am Tom Thomas and the first of six Silverado Family members who will speak about our concerns we have about this proposal.

Two points **up front**: Silverado is giving excellent care to our Loved Ones **however we all have great concerns the proposal creates several problems that will negatively affect future care.**

Among these are Personal Safety, Excessive Crowding in common areas, quality of care and the increase of an already existing shortage of parking, and its daily availability.

- Memory Care is **not** just about losing memory. There are several diseases that cause memory lost and exhibit **different** symptoms as the disease progresses. The diseases include Alzheimer's, Lewy Body, FTD, Parkinson's, and more.

The dementia sufferers experience anxiety, paranoia, delusions, changing personalities, loss of communication capability and temper changes. Many times the changes can occur rapidly as I will discuss later.

- For many, Silverado is more of a Mental Facility since many residents don't know where they are, why they are there and cannot communicate coherently.



- Currently there appears to be no official designation that appropriately captures the unique needs for memory care. It's not a Nursing home and not a Continuum of Care Facility.

My wife has been a Silverado resident for 4 years. I visit her for 7 hours most days.

I know our families are very pleased with Silverado and the dedicated people we depend on, but it still takes considerable family involvement and communication to make it all work.

We have many families represented here who share the speakers concerns. (Silverado Family Members please stand). Nina's husband has Parkinson's, Scot's wife has Lewy Body. Jeanne's husband has FTD , my wife has Alzheimer's. You can see there is a large mix of diseases at Silverado. And I want to say the Silverado staff does a great job dealing with them **all!**

I am against Silverado's request to increase density from 66-90 residents, by converting single rooms to double occupancy. Silverado rooms were sized and designed for one person and that fact will not changed. There is just not room for 2 mentally-impaired people to share a room unsupervised for 8-10 hours at a time. Just weeks ago, we were learned of the



tragic killing at a Memory Care facility, where one resident killed his roommate under the very circumstances at issue today. While this tragedy may be considered rare, altercations between residents are not. The fact that our facility proposes to convert to double occupancy, unnecessarily increases risk to our Loved Ones.

**Currently, Silverado has a great policy that keeps the residents out of their rooms from Breakfast until bed time. This means that during the day our family member is under constant observation by the Care Giving Staff and they are able to participate in stimulating activities appropriate for their capability level.**

This proposal indicates 20 of the 24 additional residents would be on the second and third floors where the most advanced dementia sufferers live, resulting in an increase from 22 to 32 residents per floor. This becomes not only a safety issue in the room itself where they are unsupervised ... but an unpredictable dynamic in the common areas.

Even with care, safety issues can occur because of the unpredictability of each resident. I have had several encounters with residents during my daily visits.





Once I got slugged in the head just for preventing a resident from taking my wife's food at dinner. Another time I was severally bitten on my arm by a resident sitting next to my wife.

Finally, the most serious event I witnessed was at night while my wife was asleep in her bed. One resident was still up wandering the 3<sup>rd</sup> floor and entered my wife's room. Apparently confused, she attempted to pull my wife out of her bed. She eventually climbed in bed with my wife. Later, a Care Giver found the interloper and took her to her own room. I saw this on the camera I have installed in my wife's room. Now my wife's door is locked to prevent unauthorized entry.

**Next speaker**

**Wrap up**

Don't change the population density of Silverado Alexandria so we avoid the problems just discussed and we maintain the great care being provided for our Loved Ones.



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## Statement of Paul Cooper opposing Silverado plan for increasing population at Silverado Memory Care.

My name is Paul Cooper, my wife Victoria and I have been Alexandria residents for more than 20 years. She has been in Silverado for nearly 3 years. She is in advanced stage of Alzheimer's. She can't dress herself, undress herself, feed herself, walk, talk intelligibly, she is unpredictable, cannot protect herself, and is incontinent. She is unable to respond or interact with others at any level.

I am providing my comments based on my own observations during my daily visits of 4 or so hours and published research. I am speaking against the population expansion for the following reasons.

1. Research indicates that expanded population environments can exacerbate behavioral issues in residents with dementia or Alzheimer's disease. Studies have shown that residents in more crowded settings exhibit increased levels of agitation, aggression, and anxiety. A recent incident in a California facility with double rooms resulted in the death of a roommate resident.

2. A study published in the \*Journal of Aging and Social Policy\* found that high resident-to-staff ratios



caregivers, and families. Without any property improvements merely adding 40% more beds can assure that only one entity benefits from this and that is Silverado.

This is a subject that most don't know anything about, until you have to know everything about it. Which you can't. That is why we are appealing to you and relying on you to consider our objections to this expansion. You have the authority to represent your constituents in this action and reject the request.



My name is Karen Rosales, and I am a caregiver for my 80 year old mother, who has been living at Silverado for three years. I am opposed to the proposed amendment for expansion.

The caregivers gathered here tonight understand the profound challenges of caring for someone with dementia. Our loved ones were once highly functioning individuals who contributed significantly to their communities. We can no longer care for them, and are deeply appreciative of the staff at Silverado who are kind and loving, and treat our loved ones with dignity. It grieves me to speak out against the very organization that cares for my mother, but it is my duty to advocate for her; she cannot do it herself.

Density creates a cascade of other issues which you have heard/will hear about tonight. I will focus on safety issues driven by extreme proximity. I implore you to consider what a 27% increase in population means for a small footprint property.

My mother has experienced life on all three floors of the facility. The first floor is brilliantly designed for engagement and a relatively "normal" life, as outlined in Loren Shook's groundbreaking book. We wanted her in a small community and were willing to pay for that experience. Even so, my mom was often confused and unable to process her surroundings and the motives of others. People with dementia are losing their bearings, and it terrifies them; they are often in a state of fight or flight. One day while living on the first floor, another resident cheerfully entered my mom's room; my tiny mother thought she was a man, and shoved her. Hard. The woman knocked her head, and ended up in intensive care for four days. My mother was emotionally distraught, and we were terrified for weeks that the other woman would die or be significantly impaired – something that would change all of our lives forever.

The following year, my mom moved to the second floor where the behaviour issues are more pronounced. Tempers flare, and altercations are frequent—not because of the quality of care, but due to the impact of proximity. My mother, one day accidentally entered the wrong room and spotted a woman in “her bed”. She proceeded to aggressively hit and punch a defenseless older woman and attempt to haul her out of bed. Thankfully staff intervened, but not before my mom landed some serious punches. She was then moved to the third floor.

These stories illustrate the stark reality of the proposed amendment on a small footprint community. Increasing density without addressing all of the concerns outlined tonight will only





exacerbate the challenges faced by residents and caregivers alike. I urge you to vote against this amendment. For the safety, dignity, and well-being of our loved ones.



## **SILVERADO ALX EXPANSION CONCERNS**

### **Alexandria Planning Commission Meeting**

**December 3, 2024**

Hello; My name is Stephen Graham. I live, and am a homeowner, in Alexandria. My wife, Jeralynn, has dementia, and is a Memory Care resident at Silverado Alexandria ("SLV/ALX").

There has been good dialogue among SLV/ALX Staff, ALX Planning Commission Chair / Staff and SLV/ALX family members regarding the proposed expansion ("Proposal") of Silverado ALX. I would like to address some PARKING concerns.

1. There is not sufficient parking, and a need for additional parking at SLV/ALX. Currently, there are 33 parking spaces for 66 residents;
2. The Proposal expands the number of residents to 90, but there is "no increase in number of units" at SLV/ALX. As a result of "no increase in number of units," there will be no additional parking spaces required, due to Proposal "meets parking requirement set forth in zoning ordinance for 66 unit continuum of care building." This expansion will result in additional staff / visitors / density / anxiety /etc. Currently, SLV/ALX staff is 90 (FT/PT). So,  $90 + 90 = 180$ , with SLV/ALX having 33 parking spots. Conservatively, the numbers could be  $90 + 50(?) = 140$  for 33 spots. Where could things go wrong?!?;
3. Silverado is a private company. From what can be determined, Silverado generates annual revenues of between \$500-\$600 million annually. The CFO of Silverado prides himself on KPI (Key Performance Indicators) to increase profit margins / occupancy. All good business analytics, but alarming, when considering individuals with ALZ / Dementia;
4. Currently, SLV/ALX has an informal ("understandable") agreement with the Church of LDS to provide overflow lot parking across King St. At times, the lot is not available due to Church activities. In addition, the property has a very large square footage, and is extremely valuable. Like some churches / private schools / auto dealers / etc. the property could be sold. This is the reason, that no formal agreement is in-place, and "understandable.";
5. Crossing King St from the Church lot to SLV/ALX is dangerous. There is no crosswalk / traffic light, and traffic is fairly steady, for work / schools / daily activities. From what has been communicated, SLV/ALX is in discussions with City of Alexandria to install a flashing pedestrian crossing. However, family members have heard this previously. Nothing has been agreed;
6. Most communities have concerns when any entity wants to expand in a condensed area. Issues relating to traffic / congestion / environment / etc. occur. There have been reports of community surveys, and other outreach programs. In informal inquiries, no one in the ALX community has noted that they were approached, nor aware of discussions, on the expansion question;
7. We would like the Planning Commission to use common sense, as opposed to "checking the box," when considering how this additional density + activity makes any sense.

Thank you.

Stephen X. Graham 507 Pendleton St Alexandria VA 22314 / (202)256-5123



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December 2, 2024

City of Alexandria Planning and Zoning Commission

**Re: Rezoning #2024-00003**  
**Development Special Use Permit # 2024-10015**  
**Silverado Alexandria Memory Care**

Dear Alexandria Planning Commission,

My name is Charles S. Planting; I am resident of the City of Alexandria. My wife, Marsha Garrett Planting, age 74, has been a resident of Silverado Memory Care Community for over two years. She lives on the second floor. Marsha suffers from late-stage Alzheimer's disease.

I am writing to express my opposition to Silverado Memory Care Community's application to amend the 'Development Special Use Permit to allow for an increase in the number of beds. ' Here are my reasons:

I visit my wife at Silverado every day. Overall, I have been well pleased with the level of care my wife receives. Nursing staff, caregivers, and support staff are attentive to my wife's needs.

1. Let me describe life on the second floor at Silverado. Under current single occupancy, there are 22 rooms on the second floor. Of the 22 residents a quarter are ambulatory, meaning they can walk around without assistance. The remaining residents are either wheelchair-bound or needing staff assistance.

The majority of second floor residents spend their day in the seating area (220) across from the dining room. These residents spend their day watching television, occasionally joining in engagement activities. They are watched over by the caregiving staff. This seating area is full (there is a posted occupancy sign) of residents, caregivers and visitors. There is a bathroom (220) across the corridor from the sitting area. Caregiving staff spend most of their shifts assisting residents in 'toileting'. Several require mechanical lifts. It's convenient for the caregiving staff to have residents all in one seating room because of toileting needs.

The second seating area (240) adjacent to the "recreation room" and resident room 290 typically has a few residents watching tv, involved in engagement activities or meeting with

visitors and family members. There is no bathroom adjacent to this room and usually no caregiver is assigned to watch over residents.

The dining room (224) is completely occupied at mealtimes. There is an 'overflow' dining table set up in the adjacent seating room. Most 2<sup>nd</sup> floor residents need caregiver staff to assist them with eating their meals.

My concern about the addition of 10 additional residents to the second floor is congestion. Ten additional residents, plus an increased number of staff and visitors will not fit in the Seating Area (220). The toileting function for 32 residents using the single toilet (222) will be problematic. The additional number of residents could spend their day in Seating area (240). Additional staff will be needed to watch over residents using this room, and the lack of a nearby toilet will be a concern.

Overall, I'm concerned about the quality of life for residents with the proposed increase in the number of residents, additional required staff, and visitors. This is a needy group of people requiring constant supervision. With increased density, friction among residents develops quickly, tempers flare (often resulting in unwarranted physical contact) and unpredictable behavior requires constant watchful care, diversions and separations. This population needs greater space from others out of emotional necessity and bewilderment and confusion inherent in dementia.

Silverado/Alexandria was designed and constructed for single room occupancy.

From time to time another resident will shout at my wife or say something unkind or will strike out at her (it's all part of dementia behavior). All of this is deeply upsetting to my wife. In fact, if a resident is having a hard day with troubling behavior, the trouble goes right through every other resident; it sets everyone off. I've witnessed this a lot. If I am around, I can take Marsha to her room where there is a little space and quiet and she will relax. Typically, resident rooms are locked, and residents can't retreat to them unless there is someone to accompany them. With the greater number of residents, there will be no quiet spaces to retreat to. Overcrowding is a very real concern for this population.

2. My wife Marsha is a poor sleeper. She is often up a good part of the night walking the corridors. She goes in and out of her room. This is common among the more ambulatory 2<sup>nd</sup> floor residents. They move around at night. I cannot imagine my wife living with a roommate especially in a room designed to accommodate a single person. Some modicum of personal space is important. I've observed numerous times what happens when dementia people get too close.

3. My wife is 74 years old; she's in physically pretty good shape. Every day, she walks thousands of steps around the Silverado corridor. She will, I hope, live at Silverado for several years.

I want the best quality of life possible for her. I understand the need for memory care beds in the City of Alexandria and the bottom-line interest to the Silverado business plan, but I believe the application to increase beds will diminish the quality of life and care my wife and the other residents experience. Therefore, I encourage you to decline the Silverado application to increase occupancy. Thank you for the opportunity to submit this letter to the City of Alexandria Planning Commission.

Respectfully submitted,

Charles Scott Planting





## Alexandria Planning Commission

Silverado Memory Care Community Hearing: November 7, 2024

My name is Scott Planting; I am a resident of the City of Alexandria. My wife Marsha, age 74, has been a resident of Silverado Memory Care Community for two years. She lives on the 2<sup>nd</sup> floor. Marsha suffers from late-stage Alzheimer's disease.

I visit my wife at Silverado every day. Overall, I have been well pleased with the level of care my wife receives from the caregiving and nursing staff.

I am speaking in **opposition** to Silverado's application to amend the "Development Special Use Permit" to allow for an increase in the number of beds because of my concern for the impact on **staffing**.

I understand the only mention of staffing in the Application is the number of personnel expected: 60 full-time employees and 30 part-time employees.

Let me express two staffing concerns:

1. Care for residents.

Let me describe life on the second floor at Silverado. Under current single occupancy, there are 22 rooms on the second floor. Of the 22 residents a quarter are ambulatory. The remaining residents are either wheelchair-bound or needing staff assistance.

The majority of second floor residents spend their day in the seating area (220) across from the dining room. They are supervised by the caregiving staff. This seating area is fully occupied by residents, caregivers and visitors. There is one bathroom (222) across the hallway from the sitting area. Caregiving staff spend most of their shifts assisting residents in 'toileting'. Several require mechanical lifts. It's convenient for the caregiving staff to have residents all in one seating room because of toileting needs.

The second seating area (240) adjacent to the "recreation room" typically is occupied by a few residents. There is no nearby bathroom near this sitting room and usually no caregiver assigned to watch over residents.

My concern about the addition of 10 residents to the second floor is increased congestion which will mean the need for greater staff attention. Resident toileting using the single bathroom will become an issue.

2. Overnight staffing.

Residents spend most of their day in the common seating areas (220). The only time residents spend time in their rooms is overnight. Many of the ambulatory residents wander around during the night; they are in and out of their rooms requiring staff attention.

It doesn't take much to set off troubling behavior with 2<sup>nd</sup> floor residents. During the day residents regularly need to be physically separated. They need space. If residents are confined to double occupancy rooms overnight, I am concerned about behaviors resulting in two unsupervised, mentally impaired people living in close proximity where paranoia, anxiety, confusion and the inability to communicate exist.

We learned about the tragic killing of a resident by his roommate at a Silverado facility in California.

Overnight double-occupancy will require increased staff supervision of Silverado residents to avoid increased risk to vulnerable people.

Conclusion:

You have heard tonight concerns expressed by Silverado residents' family members about the impact of increased occupancy on congestion, overcrowding, safety, emergency evacuation, and the overall quality of life for very vulnerable people. All of this is going to exponentially impact the demands on the nursing and caregiving staff.

I want the best quality of life possible for my wife and the Silverado resident community. I understand the need for memory care beds in the City of Alexandria and the Silverado business plan. But I believe the application to increase the number of beds will directly impact staffing needs, the quality of life for the residents and the working conditions of the staff.

Therefore, I encourage you to decline the Silverado application to increase occupancy.

Thank you.

Charles Scott Planting

## Alexandria Planning Commission

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Therefore, I encourage you to decline the Silverado application to increase occupancy.

Thank you.

Charles Scott Planting

Good Evening:

My name is Paul McFarland. I've lived in Springfield for 33 years. My wife Sara is a resident of Silverado Alexandria and has been a resident for over 1,000 days. During that time, her condition has steadily worsened, a situation which challenges my emotions every single day. At present she cannot communicate, ambulate, get in and out of bed by herself, stand or sit without assistance. Her disabilities are the result of Alzheimer's disease. She is one of 22 on the third floor who have similar problems. I would say that Sara's condition is not significantly different than most of the 44 residents on the second and third floor of the facility, unlike most of the first-floor residents whose dementia has not worsened to this state, yet.

I am opposed to any increase in resident capacity. Others have expressed their opposition due to crowding, lack of parking, and safety due to a potential increase of residents. I concur and support all of those rationales for not expanding capacity.

My opposition focuses on the near impossible task of evacuating these current residents.

Because of the large number of wheelchair-bound or Walking-impaired residents on the second and third floor, none of whom have demonstrated any capability to descend one or two flights of steps, their evacuation in an emergency will be extremely challenging.

Assisted Living communities, of which Silverado Alexandria is one, house over 800,000 older adults nationwide. While similar to nursing homes, Assisted Living facilities are less regulated than nursing homes in terms of emergency preparedness.



A Center for Gerontology and Healthcare Research study conducted five years ago states:

Evacuation problems in assisted living facilities primarily stem from the unique needs of elderly residents with potential mobility issues, cognitive impairments, and complex medical needs, which can make moving them quickly and safely during an emergency very challenging.

At Silverado Alexandria there is a single stairwell at each end of the building, and small elevators (which may not be operable in a fire emergency). The vast preponderance of the top-two floors will need to be evacuated via ‘fireman’s carry’ technique.

The golden rule of fire safety is “**Get out, stay out, and call for help.**” Individuals need to immediately, and safely, evacuate the building using the nearest safe exit. At Silverado Alexandria, there are no safe exits available for Sara. Increasing the capacity of the top two floors by nearly 50% will compound an already-challenging endeavor.

I ask you to NOT approve this request for expansion.

Thank you for your time.





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City of Alexandria Planning Commission

Prepared remarks of W. Thomas Reeder  
For Docket Item #7  
Rezoning #2024-00003  
Development Special Use Permit #2024-10015  
2807 King Street – Silverado Alexandria Memory Care

Meeting of December 3, 2024

My name is Tom Reeder. My spouse, Ruth Reeder, and I have lived in Alexandria for 37 years. Although I am a commissioner on the Alexandria Commission on Aging, I am writing in my private capacity and my views expressed here do not necessarily reflect those of the Commission or any other commissioner.

Until her death three weeks ago, my mother-in-law was a third-floor resident at Silverado. She had been at Silverado for more than four years and had generally received excellent care at that facility. However, my spouse and I are very disappointed with Silverado's attempt to add 24 beds to the facility, as we firmly believe that the additions will adversely affect the quality and safety of life there, particularly on the second and third floors. I believe others will be presenting convincing oral and written arguments regarding those points.

My main purpose in writing this letter is to clarify misleading language on pages 7 and 8 of the staff report and in its presentation to the Planning Commission that the "proposal aligns with the goals of the Housing Master Plan and Strategic Plan on Aging by providing a less expensive option for assisted living and increasing the available bed capacity in the community for this type of care." As support for their position, staff includes the following quote the Strategic Plan on Aging: "Alexandria needs to increase the availability of nursing home beds for the growing number of aging residents who are likely to need this level of care in later life."

Staff's citation of the Strategic Plan on Aging (the "Strategic Plan") is faulty. The Strategic Plan was created in 2012 and was in effect from 2013-2017. It was replaced by the Alexandria Age-Friendly plan for a Livable Community (the "Age-Friendly Plan"), which was in effect 2019-2023. The Commission on Aging is in the process of preparing an updated Age-Friendly Plan for the coming years.

Importantly, when the Strategic Plan was prepared in 2012, there were only five assisted living facilities in Alexandria providing 263 total beds. Now, according to the Virginia Department of Social Services, there are ten licensed assisted living facilities providing well over 1000 beds.

The Age-Friendly Plan does not contain the language cited by staff. The language in the Age-Friendly Plan relates to the quality and affordability of nursing homes and assisted living facilities, not just more beds. Specifically, page 8 of the Age-Friendly Plan includes the goal to "Develop public and private mechanisms to enhance availability of affordable assisted living in Alexandria."

**As noted in the Age-Friendly Plan, there is still a need for affordable assisted living arrangements in Alexandria. Nothing at Silverado – either current or proposed – would add any affordable units to the scarce few that exist in Alexandria. According to the Genworth 2023 Cost of Care Survey, the median cost for assisted living in the D.C. area is \$88,176 per year, or approximately 83% of the area median income (AMI). The cost of Silverado care at the level of most of its residents is \$193,080 per year (plus \$6,900 for incontinence care used by many if not most of the residents). That is 188% of AMI. Even the 12 percent lower cost of double occupancy would be far higher than the median cost of assisted living in the D.C. area.**



Silverado is agreeing to add one resident to its existing level of only two residents entitled to a 40% discount. But even at the discounted level, the cost is 113% of AMI and more than 136% of the median cost of assisted living care in Virginia. By contrast, there are four assisted living facilities in Alexandria that accept Auxiliary Grants from the state and local government of only \$28,356 per year (27% of AMI) for one or more of their residents. Although Silverado's discount is generous, well-intentioned, and certainly better than nothing, it is disingenuous to assert that providing only one additional discount that yields a price greater than AMI "supports the City's goals to equitably provide accommodations for residents of all abilities and socio-economic status."



Good Evening,

I'm Jeanne Solak. I live at 407 S. Henry Street. I've been a resident of Old Town Alexandria for almost 40 years. I have never spoken before a city commission and would never have dreamed that I would do so.

However, I think it is important that I share my story. My husband, Thomas Solak, is a resident at Silverado Memory Care Community. I would never have imagined that we would have set forth into such a facility. Tom is a Naval Academy graduate and a proud Marine, having retired after 30 years of service. He furthered his career as an administrator at a local law firm until his final retirement. We had a great retirement, traveling to US and foreign destinations, sharing in the joys of our growing families, socializing with Tom's military community and my Federal Aviation Administration companions.

We were hit with a diagnosis of Tom for Frontotemporal Dementia and Primary Progressive Aphasia, diagnosed from a lumbar puncture test by Mayo Clinic. The neurologist advised us that there is no treatment and no cure. Tom also is diagnosed with parkinsonism. He has other medical conditions: Arterial fibrillation, urinary problems creating need for a foley catheter, etc.

I searched the local area for a facility that could help me manage Tom's care. I thought that Silverado was the best choice because it could help me manage the complications of Tom's conditions. Tom visited Silverado with me and agreed that this was a place where he could be comfortable. Tom helped me select the effects from our house that he would like in his room and helped to pack his clothes.



Tom is now unable to swallow his food without encouragement and his mind does not tell his feet to move without encouragement. He is at risk for falling and choking. He wakes up at night and tries to get out of bed but isn't able to do so safely. Tom cannot speak. He is unable to indicate that he has pain. He cannot ask for a glass of water. He is unable to ask for help if he is in a dangerous situation. Tom is sensitive to interference and crowding. He is deeply sensitive to unwanted contact with others. It takes him time to process changes in his environment.

Moving from the first floor to the second floor was a challenge for Tom. His quality of life was significantly reduced. The residents on the second floor were much more likely to get in his personal space, touch him and try to access his possessions while he was in public areas. Dining was a challenge as the residents are in close proximity and the interactions are not always positive. Tom was marked with fork stab marks on his hand and up his arm on one occasion.

With almost 50 percent more population in the same interior space, as proposed, for the second and third floors, the situation would be compounded.

Tom is being cared for with supplemental help from an outside care organization because Silverado caregivers cannot provide the constant care Tom requires. It is at our significant expense that Tom has 24/7 care to be attentive to protecting him from the risks of falling and choking. The caregivers also shield Tom from unwanted encounters from too close contact with other residents. I shudder to think what would happen to Tom and his caregiver should there be necessary evacuation due to fire or other





unforeseen events. Tom is too big and too heavy to be taken down the stairs and outside by one person.

There is much lacking in our society for the care of people with mental diseases but, at this time, in this area, Silverado Alexandria probably best addresses these needs. Its staff is sympathetic, responsive and caring. It also is the most expensive of any facility in the area and leaves the care managers of its residents struggling as they look at the long-term situation for their loved ones.

I am deeply concerned about Silverado Alexandria's proposal to change its business model. It can no longer provide the type of care it is now providing. The public spaces would be more crowded. Moving residents from floor to floor would become more challenging. Safety would become more challenging. There is no good way to get all of the residents from the second and third floors out of the building expeditiously in case of an emergency

Silverado cannot maintain the current quality of life when it inserts 50 percent more population into the current space on the second and third floors. It cannot keep its residents safe from unanticipated events.

The proposal purports to cut the cost by 20 % for those that choose to accept a double room. While this is a modest reduction for those who are able to accept it, it offers nothing to the remaining residents who are affected by congestion and less quality of life and no reduction in cost.

Silverado Alexandria advertises and promotes its NEXUS program and the situation on the first floor of its facility. This is what the public sees. Please take a look at the life of residents on



the second and third floor. I will be happy to show you around Tom's environment.

Saturday, November 2, 2024

