

## Alexandria City Council

Silverado Memory Care Community Hearing: December 14, 2024

My name is Scott Planting; I am a resident of the City of Alexandria. My wife Marsha suffers from late-stage Alzheimer's disease. She has lived at Silverado Memory Care Community for two years.

I am speaking in **opposition** to Silverado's application to amend the "Development Special Use Permit" because of the impact on **staffing**.

1. At the December Planning Commission Meeting, Silverado senior management asserted that double occupancy 'companion rooms' reduce anxiety and depression for both occupants. From my daily direct observation of residents living on the 2<sup>nd</sup> and 3<sup>rd</sup> floors I do not believe this to be true, nor do I think the literature they site supports this claim.
2. Silverado – Intends to Increase density from 66-90 residents by converting 24 private rooms to double occupancy. Silverado has double occupancy rooms in 80% of their facilities and aside from a recent murder in a double occupancy room in California, say they are successful.
3. Let me give you Silverado families' perspective: judging from the Silverado websites, those double occupancy rooms are larger in every case and judging by the testimonials Silverado provided, those residents were higher functioning, able to communicate and care for themselves, and might appreciate the company of others. Double occupancy rooms might be appropriate in the facilities that have larger rooms for earlier stages of dementia but in our case, Alexandria rooms don't provide the space and safety for two mentally impaired residents when unsupervised for hours at a time.
4. I have not heard a good explanation why 20 of the 24 additional residents are being placed on the 2nd and 3rd floors where dementia is most severe and incapacitating, while only 4 are being placed on the 1st floor where residents have a much higher functioning cognitive and communicative level and may appreciate nighttime companionship.
5. 2nd and 3rd floor residents suffer with advanced stage severe dementia. They spend their days from 7:00 am to 8:00 pm together in the common seating area or dining room where most socialization and engagement activities take place.

6. For 2<sup>nd</sup> and 3<sup>rd</sup> floor residents' communication is incoherent or non-existent; they struggle with paranoia, anxiety, confusion, agitation and anger. They require assistance in every aspect of their lives: dressing, eating, showering and toileting. Most residents are non-ambulatory, wheel-chair bound, needing staff assistance. Altercations are a daily occurrence.
7. In the context of Silverado-Alexandria, it is hard for me to understand how placing two highly vulnerable, non-verbal, often combative dementia patients overnight in a small room will "reduce anxiety and depression" for both occupants. In fact, I see the opposite happening.
8. Silverado caregiving staff have high demand, physical and stressful jobs. The current ratio of caregivers to residents on each floor is 2/3 staff for 22 residents. On the 2<sup>nd</sup> and 3<sup>rd</sup> floors caregivers spend much of their time toileting residents and setting meals. (There is one common bathroom for 22 people.) So, in essence at any one time, there is only one aid on the floor. That's today. Adding 10 more residents to each floor, looked after by 1 more staff person (that means 32 people sharing the common bathroom) will only increase the likelihood of friction among residents and place more burdens on staff for toileting needs and setting meals. It does not improve life for our loved ones.
9. Silverado management believes that more social engagement is a benefit at bedtime. Having two severely mentally compromised residents in a small room out of the sight of supervisory staff will inevitably increase conflict and temper flare-ups. These disturbances impact everyone on the floor, not only those living in the double occupancy rooms. Overnight double-occupancy will require increased staff supervision of Silverado residents to avoid risk to vulnerable people.

I am honored to stand among family members of Silverado residents who want only their best for our beloved, and the staff who care for them. It takes courage for us to give testimony before you. It is no small thing we do. We 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. Scott Planting

## Alexandria City Council

Silverado Memory Care Community Hearing: December 14, 2024

My name is Scott Planting; I am a resident of the City of Alexandria. My wife Marsha suffers from late-stage Alzheimer's disease. She has lived at Silverado Memory Care Community for two years.

I am speaking in **opposition** to Silverado's application to amend the "Development Special Use Permit" because of the impact on **staffing**.

1. At the December Planning Commission Meeting, Silverado senior management asserted that double occupancy 'companion rooms' reduce anxiety and depression for both occupants. From my daily direct observation of residents living on the 2<sup>nd</sup> and 3<sup>rd</sup> floors I do not believe this to be true, nor do I think the literature they site supports this claim.
2. Silverado – Intends to Increase density from 66-90 residents by converting 24 private rooms to double occupancy. Silverado has double occupancy rooms in 80% of their facilities and aside from a recent murder in a double occupancy room in California, say they are successful.
3. Let me give you Silverado families' perspective: judging from the Silverado websites, those double occupancy rooms are larger in every case and judging by the testimonials Silverado provided, those residents were higher functioning, able to communicate and care for themselves, and might appreciate the company of others. Double occupancy rooms might be appropriate in the facilities that have larger rooms for earlier stages of dementia but in our case, Alexandria rooms don't provide the space and safety for two mentally impaired residents when unsupervised for hours at a time.
4. I have not heard a good explanation why 20 of the 24 additional residents are being placed on the 2nd and 3rd floors where dementia is most severe and incapacitating, while only 4 are being placed on the 1st floor where residents have a much higher functioning cognitive and communicative level and may appreciate nighttime companionship.
5. 2nd and 3rd floor residents suffer with advanced stage severe dementia. They spend their days from 7:00 am to 8:00 pm together in the common seating area or dining room where most socialization and engagement activities take place.

6. For 2<sup>nd</sup> and 3<sup>rd</sup> floor residents' communication is incoherent or non-existent; they struggle with paranoia, anxiety, confusion, agitation and anger. They require assistance in every aspect of their lives: dressing, eating, showering and toileting. Most residents are non-ambulatory, wheel-chair bound, needing staff assistance. Altercations are a daily occurrence.
7. In the context of Silverado-Alexandria, it is hard for me to understand how placing two highly vulnerable, non-verbal, often combative dementia patients overnight in a small room will "reduce anxiety and depression" for both occupants. In fact, I see the opposite happening.
8. Silverado caregiving staff have high demand, physical and stressful jobs. The current ratio of caregivers to residents on each floor is 2/3 staff for 22 residents. On the 2<sup>nd</sup> and 3<sup>rd</sup> floors caregivers spend much of their time toileting residents and setting meals. (There is one common bathroom for 22 people.) So, in essence at any one time, there is only one aid on the floor. That's today. Adding 10 more residents to each floor, looked after by 1 more staff person (that means 32 people sharing the common bathroom) will only increase the likelihood of friction among residents and place more burdens on staff for toileting needs and setting meals. It does not improve life for our loved ones.
9. Silverado management believes that more social engagement is a benefit at bedtime. Having two severely mentally compromised residents in a small room out of the sight of supervisory staff will inevitably increase conflict and temper flare-ups. These disturbances impact everyone on the floor, not only those living in the double occupancy rooms. Overnight double-occupancy will require increased staff supervision of Silverado residents to avoid risk to vulnerable people.

I am honored to stand among family members of Silverado residents who want only their best for our beloved, and the staff who care for them. It takes courage for us to give testimony before you. It is no small thing we do. We 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. Scott Planting

## Alexandria City Council

Silverado Memory Care Community Hearing: December 14, 2024

My name is Scott Planting; I am a resident of the City of Alexandria. My wife Marsha suffers from late-stage Alzheimer's disease. She has lived at Silverado Memory Care Community for two years.

I am speaking in **opposition** to Silverado's application to amend the "Development Special Use Permit" because of the impact on **staffing**.

1. At the December Planning Commission Meeting, Silverado senior management asserted that double occupancy 'companion rooms' reduce anxiety and depression for both occupants. From my daily direct observation of residents living on the 2<sup>nd</sup> and 3<sup>rd</sup> floors I do not believe this to be true, nor do I think the literature they site supports this claim.
2. Silverado – Intends to Increase density from 66-90 residents by converting 24 private rooms to double occupancy. Silverado has double occupancy rooms in 80% of their facilities and aside from a recent murder in a double occupancy room in California, say they are successful.
3. Let me give you Silverado families' perspective: judging from the Silverado websites, those double occupancy rooms are larger in every case and judging by the testimonials Silverado provided, those residents were higher functioning, able to communicate and care for themselves, and might appreciate the company of others. Double occupancy rooms might be appropriate in the facilities that have larger rooms for earlier stages of dementia but in our case, Alexandria rooms don't provide the space and safety for two mentally impaired residents when unsupervised for hours at a time.
4. I have not heard a good explanation why 20 of the 24 additional residents are being placed on the 2nd and 3rd floors where dementia is most severe and incapacitating, while only 4 are being placed on the 1st floor where residents have a much higher functioning cognitive and communicative level and may appreciate nighttime companionship.
5. 2nd and 3rd floor residents suffer with advanced stage severe dementia. They spend their days from 7:00 am to 8:00 pm together in the common seating area or dining room where most socialization and engagement activities take place.

6. For 2<sup>nd</sup> and 3<sup>rd</sup> floor residents' communication is incoherent or non-existent; they struggle with paranoia, anxiety, confusion, agitation and anger. They require assistance in every aspect of their lives: dressing, eating, showering and toileting. Most residents are non-ambulatory, wheel-chair bound, needing staff assistance. Altercations are a daily occurrence.
7. In the context of Silverado-Alexandria, it is hard for me to understand how placing two highly vulnerable, non-verbal, often combative dementia patients overnight in a small room will "reduce anxiety and depression" for both occupants. In fact, I see the opposite happening.
8. Silverado caregiving staff have high demand, physical and stressful jobs. The current ratio of caregivers to residents on each floor is 2/3 staff for 22 residents. On the 2<sup>nd</sup> and 3<sup>rd</sup> floors caregivers spend much of their time toileting residents and setting meals. (There is one common bathroom for 22 people.) So, in essence at any one time, there is only one aid on the floor. That's today. Adding 10 more residents to each floor, looked after by 1 more staff person (that means 32 people sharing the common bathroom) will only increase the likelihood of friction among residents and place more burdens on staff for toileting needs and setting meals. It does not improve like for our loved ones.
9. Silverado management believes that more social engagement is a benefit at bedtime. Having two severely mentally compromised residents in a small room out of the sight of supervisory staff will inevitably increase conflict and temper flare-ups. These disturbances impact everyone on the floor, not only those living in the double occupancy rooms. Overnight double-occupancy will require increased staff supervision of Silverado residents to avoid risk to vulnerable people.

I am honored to stand among family members of Silverado residents who want only their best for our beloved, and the staff who care for them. It takes courage for us to give testimony before you. It is no small thing we do. We 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. Scott Planting

## Alexandria City Council

Silverado Memory Care Community Hearing: December 14, 2024

My name is Scott Planting; I am a resident of the City of Alexandria. My wife Marsha suffers from late-stage Alzheimer's disease. She has lived at Silverado Memory Care Community for two years.

I am speaking in **opposition** to Silverado's application to amend the "Development Special Use Permit" because of the impact on **staffing**.

1. At the December Planning Commission Meeting, Silverado senior management asserted that double occupancy 'companion rooms' reduce anxiety and depression for both occupants. From my daily direct observation of residents living on the 2<sup>nd</sup> and 3<sup>rd</sup> floors I do not believe this to be true, nor do I think the literature they site supports this claim.
2. Silverado – Intends to Increase density from 66-90 residents by converting 24 private rooms to double occupancy. Silverado has double occupancy rooms in 80% of their facilities and aside from a recent murder in a double occupancy room in California, say they are successful.
3. Let me give you Silverado families' perspective: judging from the Silverado websites, those double occupancy rooms are larger in every case and judging by the testimonials Silverado provided, those residents were higher functioning, able to communicate and care for themselves, and might appreciate the company of others. Double occupancy rooms might be appropriate in the facilities that have larger rooms for earlier stages of dementia but in our case, Alexandria rooms don't provide the space and safety for two mentally impaired residents when unsupervised for hours at a time.
4. I have not heard a good explanation why 20 of the 24 additional residents are being placed on the 2nd and 3rd floors where dementia is most severe and incapacitating, while only 4 are being placed on the 1st floor where residents have a much higher functioning cognitive and communicative level and may appreciate nighttime companionship.
5. 2nd and 3rd floor residents suffer with advanced stage severe dementia. They spend their days from 7:00 am to 8:00 pm together in the common seating area or dining room where most socialization and engagement activities take place.

6. For 2<sup>nd</sup> and 3<sup>rd</sup> floor residents' communication is incoherent or non-existent; they struggle with paranoia, anxiety, confusion, agitation and anger. They require assistance in every aspect of their lives: dressing, eating, showering and toileting. Most residents are non-ambulatory, wheel-chair bound, needing staff assistance. Altercations are a daily occurrence.
7. In the context of Silverado-Alexandria, it is hard for me to understand how placing two highly vulnerable, non-verbal, often combative dementia patients overnight in a small room will "reduce anxiety and depression" for both occupants. In fact, I see the opposite happening.
8. Silverado caregiving staff have high demand, physical and stressful jobs. The current ratio of caregivers to residents on each floor is 2/3 staff for 22 residents. On the 2<sup>nd</sup> and 3<sup>rd</sup> floors caregivers spend much of their time toileting residents and setting meals. (There is one common bathroom for 22 people.) So, in essence at any one time, there is only one aid on the floor. That's today. Adding 10 more residents to each floor, looked after by 1 more staff person (that means 32 people sharing the common bathroom) will only increase the likelihood of friction among residents and place more burdens on staff for toileting needs and setting meals. It does not improve like for our loved ones.
9. Silverado management believes that more social engagement is a benefit at bedtime. Having two severely mentally compromised residents in a small room out of the sight of supervisory staff will inevitably increase conflict and temper flare-ups. These disturbances impact everyone on the floor, not only those living in the double occupancy rooms. Overnight double-occupancy will require increased staff supervision of Silverado residents to avoid risk to vulnerable people.

I am honored to stand among family members of Silverado residents who want only their best for our beloved, and the staff who care for them. It takes courage for us to give testimony before you. It is no small thing we do. We 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. Scott Planting



## Alexandria City Council

Silverado Memory Care Community Hearing: December 14, 2024

My name is Scott Planting; I am a resident of the City of Alexandria. My wife Marsha suffers from late-stage Alzheimer's disease. She has lived at Silverado Memory Care Community for two years.

I am speaking in **opposition** to Silverado's application to amend the "Development Special Use Permit" because of the impact on **staffing**.

1. At the December Planning Commission Meeting, Silverado senior management asserted that double occupancy 'companion rooms' reduce anxiety and depression for both occupants. From my daily direct observation of residents living on the 2<sup>nd</sup> and 3<sup>rd</sup> floors I do not believe this to be true, nor do I think the literature they site supports this claim.
2. Silverado – Intends to Increase density from 66-90 residents by converting 24 private rooms to double occupancy. Silverado has double occupancy rooms in 80% of their facilities and aside from a recent murder in a double occupancy room in California, say they are successful.
3. Let me give you Silverado families' perspective: judging from the Silverado websites, those double occupancy rooms are larger in every case and judging by the testimonials Silverado provided, those residents were higher functioning, able to communicate and care for themselves, and might appreciate the company of others. Double occupancy rooms might be appropriate in the facilities that have larger rooms for earlier stages of dementia but in our case, Alexandria rooms don't provide the space and safety for two mentally impaired residents when unsupervised for hours at a time.
4. I have not heard a good explanation why 20 of the 24 additional residents are being placed on the 2nd and 3rd floors where dementia is most severe and incapacitating, while only 4 are being placed on the 1st floor where residents have a much higher functioning cognitive and communicative level and may appreciate nighttime companionship.
5. 2nd and 3rd floor residents suffer with advanced stage severe dementia. They spend their days from 7:00 am to 8:00 pm together in the common seating area or dining room where most socialization and engagement activities take place.

6. For 2<sup>nd</sup> and 3<sup>rd</sup> floor residents' communication is incoherent or non-existent; they struggle with paranoia, anxiety, confusion, agitation and anger. They require assistance in every aspect of their lives: dressing, eating, showering and toileting. Most residents are non-ambulatory, wheel-chair bound, needing staff assistance. Altercations are a daily occurrence.
7. In the context of Silverado-Alexandria, it is hard for me to understand how placing two highly vulnerable, non-verbal, often combative dementia patients overnight in a small room will "reduce anxiety and depression" for both occupants. In fact, I see the opposite happening.
8. Silverado caregiving staff have high demand, physical and stressful jobs. The current ratio of caregivers to residents on each floor is 2/3 staff for 22 residents. On the 2<sup>nd</sup> and 3<sup>rd</sup> floors caregivers spend much of their time toileting residents and setting meals. (There is one common bathroom for 22 people.) So, in essence at any one time, there is only one aid on the floor. That's today. Adding 10 more residents to each floor, looked after by 1 more staff person (that means 32 people sharing the common bathroom) will only increase the likelihood of friction among residents and place more burdens on staff for toileting needs and setting meals. It does not improve like for our loved ones.
9. Silverado management believes that more social engagement is a benefit at bedtime. Having two severely mentally compromised residents in a small room out of the sight of supervisory staff will inevitably increase conflict and temper flare-ups. These disturbances impact everyone on the floor, not only those living in the double occupancy rooms. Overnight double-occupancy will require increased staff supervision of Silverado residents to avoid risk to vulnerable people.

I am honored to stand among family members of Silverado residents who want only their best for our beloved, and the staff who care for them. It takes courage for us to give testimony before you. It is no small thing we do. We 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. Scott Planting

W. Thomas Reeder  
2 West Glendale Avenue  
Alexandria, Virginia 22301

16  
12-14-24

December 11, 2024

To the Alexandria City Council

RE: Rezoning #2024-00003  
Development Special Use Permit #2024-10015  
2807 King Street – Silverado Alexandria Memory Care  
Item 16 on the Docket of December 14, 2024

Dear Councilmembers:

My spouse 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. Nevertheless, the second issue addressed in this letter arises from my experiences on the Commission on Aging, in addition to the fact that my mother-in-law was a resident of Silverado for over four years until her death a few weeks ago.

My main interest in writing this letter is to address the misleading treatment of two issues raised by staff as well as members of the Planning Commission regarding the application of Silverado Alexandria Propco LLC to change its zoning in order to add 24 more residents to its memory care facility on King Street – a 36% increase in the number of residents for which the facility was designed and on which the City approved the facility.

Parking Inadequacy:

The first issue regards staff's and the applicant's baffling interpretation of the parking requirements. The staff report points out in its report that the residents at the facility do not drive, but that completely ignores a key element of caregiving at Silverado – daily visits from family, friends, outside caregivers, and medical personnel. The available parking space at Silverado is already insufficient, so visitors and caregivers must use the LDS Church parking lot across the street and cross King Street, a major Alexandria arterial, currently without a crosswalk or any traffic control. I believe the Church tolerates this, but there is no formal agreement between Silverado and the Church. Moreover, there are church services during much of the day on Sunday, adversely affecting Silverado visitors that day. At the last minute, the proposal was amended to provide for a contribution to the city to install a crosswalk and traffic control, but the details have not yet been worked out with T&ES and it would not guarantee the availability of parking at the church.

The most misleading statement in the staff report regarding parking is that because Silverado is proposing to retain the same number of "units," the existing parking requirement is met with the existing 33 parking spaces. Staff seems to be equating "rooms" with "units." The City ordinance does not appear to define "unit" and certainly does indicate that beds are not "units." In reality, a room with two residents is equivalent to two units. In every respect the two residents are treated separately. They are unrelated and have different needs as well as separate families and separate caregivers. And they are charged separately. An additional 24 residents crammed into existing rooms would put the same burden on existing parking facilities as an additional 24 single-resident rooms. To equate "rooms" to "units" would render meaningless the parking requirements in a facility that had multiple residents in a room as compared to single-resident rooms.



#### Affordability of Memory Care at Silverado:

The second issue relates to the faulty language in the staff report regarding Alexandria's "Strategic Plan on Aging". Page 11 of the report indicates 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 from 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."

The Strategic Plan on Aging 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."

Please do not hesitate to contact me if you have any questions.

Sincerely,



W. Thomas Reeder



16  
12-14-24

I am speaking with you today in support of the bed expansion proposal for Silverado Alexandria!

My wife, Pat, currently resides at Silverado Escondido, here in California. Prior to Silverado, Pat resided in other facilities with only private room configurations, so Pat had little, if any, interactions with other residents and staff at those locations. My family and I witnessed the decline of Pat's physical and mental health, along with the loss of her basic life skills.

At Silverado Escondido, Pat initially resided in a private room configuration. At the conclusion of her acclimation period, Silverado staff offered me the choice of conversion to a shared room occupancy. At first, I was very hesitant, then I asked myself, "what is wrong with me, this is not about me, it is about Pat." I knew where she had been and the results. I then agreed and was allowed to participate with staff in the selection of a roommate for Pat. The results have been overwhelmingly positive! I believe the shared room and companionship it has provided Pat has contributed to her improved physical and mental health. She is now more connected to her community and the people where she resides. Pat has now regained a weight level she possessed 6 years ago, yet unable to reacquire since. My family and I can tell Pat feels less isolated, is happier and enjoys a higher quality of life. The companionship of having a roommate has provided Pat comfort and fosters a sense of familiarity and normality. That is exactly the Silverado model and story, i.e., allowing people with dementia to live as normal a life as possible!

Roommates form connecting relationships, both verbal and non-verbal. However, the families of Silverado's roommates form such relationships as well. The positive benefits experienced by the "roommates" are also experienced by the roommates' families, i.e., reduced loneliness and isolation, strengthen family connections, joint emotional support to maintain a quality of life for us, together, as we help navigate this journey for our loved ones.

I respectfully request your approval of the bed expansion proposal submitted by Silverado Alexandria! Please allow other families the opportunity for residency at this wonderful community as they attempt to acquire the absolute best for their loved ones due to this terrible disease.

Thank you.

Richard Shope

13039 Decant Drive

Poway, CA 92064





City Council Members, My name is Jeff Frum. I am employed by Silverado and am also a family member of a Silverado resident. I am here in support of the proposal to expand the bed count at Silverado Alexandria.

Six months ago, my siblings and I made the decision to move our dad into Silverado Memory Care in Thousand Oaks, California. This decision was life-changing—not just for him, but for our entire family.

Before Silverado, my father's health was deteriorating as he lived in isolation at home. Over nine months, he made 10 trips to the emergency room. His last fall resulted in a 12-day hospital stay due to a brain bleed and inadequate daily care. When we discharged him, he was frail and disoriented. However, within just three days of moving to Silverado, he was cleaned up, engaged, and even went on a trip with fellow residents on the Silverado bus to enjoy tacos at a local restaurant—a transformation my family now calls the “Silverado Magic.”

Last week, I visited Silverado Alexandria, and experienced the same magic here in Alexandria that I saw in California. Silverado's model of care is centered on meaningful connections, supported by a research-based understanding of dementia. Since moving to Silverado, my dad has reengaged with life—benefiting from daily interactions with staff and residents and participating in physical therapy five days a week.

Companion rooms, in particular, offer unique advantages. For my father, who was married to my mom for 60 years before she passed, a companion room provides a sense of continuity and comfort. Silverado's team has built trust with our family, ensuring that each decision—such as his transition to a shared room—is in his best interest. For many families, companion rooms also provide a more affordable option while still maintaining access to the same high-quality care.

It's worth noting that Silverado Alexandria has been at 100% occupancy for over 18 months, highlighting the significant demand for their services. Expanding the bed count would allow many more families to access this critical care and experience the hope and support that Silverado provides.

While there was a tragic, isolated incident at Silverado Thousand Oaks, families in our community have never doubted the quality of care. This past Thanksgiving, we came together to express our gratitude for the staff's dedication and the profound difference they make in our loved ones' lives. In fact, Thousand Oaks recently welcomed a new resident into a companion room just last week.

I firmly believe the benefits of companion rooms far outweigh any remote risks. My father is currently awaiting a roommate, and my family has full confidence that Silverado's team will carefully match him with someone who will enrich his quality of life.

By approving this bed expansion, you will give more families the opportunity to access the support and care they so desperately need. Thank you for considering this proposal.





16  
12-14-24

City of Alexandria Planning Commission

Prepared remarks of Mr Adam Kamran

For Docket Item #7

Rezoning #2024-00003

Development Special Use Permit #2024-10015

2807 King Street – Silverado Alexandria Memory Care

Post Meeting of December 3, 2024

I am submitting my statement for the record in reference to the application of Silverado.

My statement is intended not necessarily for or against the petition, but it is more targeted to providing an informed perspective to the committee or panel that is considering this application in the city government. I also hope that the principals at Silverado and their hired supporters will consider this statement. I know that it will take you 15 minutes to read my statement. But in the interest of the very vulnerable residents of Silverado, I submit that you will benefit from investing the time to review my statement.

I have had the privilege of being a family and friend Caregiver to several people over the past dozen years. More specifically, I was the sole caregiver for a close relative who suffered from dementia and Alzheimer's for a period of 10 years. In the last five years of my relative's life, I organized a complete care organization geared towards his care at his home. This included around the clock companionship care, and all other aspects of home life intended to support the quality of life of my relative. I had four full-time employees hired with competitive salaries and full benefits. I had several part-time staff and organizations on call in case the full-time employees could not make it for duty, to ensure that my relative was not alone for a moment. I also had video surveillance and other fall detecting and movement detecting sensors in areas where he had the most likelihood of falling. I was also responsible for ensuring medical care regular visits to specialist as well as managing his evolving needs and deteriorating condition at home.

In the last year of his life, when care for him at home had become untenable, I arranged for him to be moved to what I regard, based on my research, both in the US and the United Kingdom, the best care facility that exists today. Granted, this was very costly, but fortunately my relative had the resources to afford it. While at home, the cost of care was about what Silverado charges but the level of care was far superior with dedicated one on one care 24/7.

I have also been very involved in supporting my family friends in managing the care of a resident at Silverado suffering from FTD, from the first early days of her illness being



detected to her being moved into Silverado and up to the current day. I have visited and researched the various care facilities in northern Virginia as part of the assistance I provided to my family friends in selecting Silverado. Previously, I also conducted extensive research in the city of London, England, for my relative who was a resident there. Based on my hands on management and involvement in his care over many years I would like to share my observations. I have also read a lot of of the literature published currently on the illness of dementia, the various forms of it, and the experience of hands-on care for people, afflicted by dementia. Please keep in mind that each dementia afflicted person is different from the next and proper care requires a deep familiarity with each persons circumstances. Dementia care givers have to be very well trained and experienced and in continuous learning and improvement programs.

I was present at the recent hearing by the zoning commission of Silverado's application. I saw the merit of the arguments, presented both for and against, by the residents' relatives, as well as the high-powered team of Silverado and their several out-of-town supporters and of professionals, most of whom clearly had had a conflict of interest. Nevertheless, some of their arguments had merit and it was evident that getting the city to approve doubling up residents was very important for Silverado's business.

With that introduction, here are my summarized observations that I would hope you, the decision makers, would keep in mind as you consider this application. I know that I could make this much shorter but I felt saying any less would make it less useful to you.

My overall impression from the hearing I attended, was that approval of Silverado's application was a forgone conclusion because as I heard from the panel, and from the very well prepared attorneys and supporters of the Silverado application, the only factors that had a material relevance were from a planning commission basis and a zoning commission basis. Silverado's application was apparently in compliance with the city zoning and planning laws. I can understand why from a public relation standpoint Silverado had to focus and present several arguments regarding the quality of the facility how they match up with other facilities, that they desire to reduce cost for residents, that these changes are intended to improve quality of life and create more employment. Many of these arguments from an objective standpoint seem disingenuous, not to mention unconvincing, because they were largely irrelevant to this application review, except for the public relations aspect of it which it seems make it palatable for both Silverado and the city to adopt these changes.

There are several perspectives to look at these issues, and to be useful to my intended audience, I will be a little more categorical, less nuanced, and perhaps less politically correct.



From an entrepreneur and business person's point of view, it is a simple proposition. There is an opportunity to provide a service and generate profits. It is a required service. It is a needed service, and Silverado has found its niche in this market, where there is a demand, and it intends to make as much profit as it can while complying with the relevant regulations. The entrepreneur can clearly think like that and I'm sure they do in private. Silverado's unsaid position, put bluntly, in conversational form goes like: "hey, if you don't like our service don't use it. Doubling up residents is how we can justify to provide our service and if we can make more money while being compliant we will, and we're sorry if some people may think that this service does not meet their needs or the changes don't get their approval; they are welcome to terminate the use of our services and go elsewhere." That's the purely blunt business point of view and I see a place for it.

From the city's point of view. Every city needs to be business friendly. If a business is providing a necessary service to the community the city should and must be friendly to that and allow the business to function with as little impediments and bureaucracy as possible. Silverado certainly provides a good service, the community needs dementia care (and across the nation); it is an ever increasing need and more facilities are required for dementia care. If Silverado want to double up residents, as long as there is not overwhelming evidence of direct harm to the residents, even if some things are bothersome for the community, the city must support them and allow them to do it. That is how the city looks at it, I believe.

The city certainly has some obligations to the individuals who are affected by that service, but typically in a business friendly community there has to be egregious harm to people for the government to step in, and there is no evidence to suggest that the threshold of harm has been documented for the city to take any action.

Now let's look at it from the perspective of individuals who are afflicted by this disease and their families. Based on my personal experience, I want to assure you that unless you have had the opportunity to be physically present for an extended period of time in multiple facilities day and night, and you understand in detail how difficult it is to care for these dementia afflicted individuals, how deteriorated is their quality of life and how easy it is to cause these vulnerable people harm, you are unqualified to make any informed decisions regarding these matters or to really understand what worries the families of the residents.

Therefore, I suggest that if the city wants to protect people in this environment, you must have people helping you in your decision-making who actually are truly independent of this applicant or any applicant, independent of any other organization that has a vested interest in this, and who should be able to have inside knowledge of what goes on in such facilities.



That's when you will have the true knowledge to carefully consider these matters about proper care of dementia patients and risks to their lives and their continued well being.

Let me get specific about about these factors. There's a lot of talk about cost and about cutting cost by \$2000 or \$3000 a month in the hearing and saying that that is intended to make care more affordable. Let there be no doubt that the vast majority of American families today do not have the resources and monies to afford the best quality of dementia care whether it is at the current Silverado prices or at the proposed slightly less coat, especially if it is achieved by doubling up people. I can understand that Silverado brought in experts to say doubling can be beneficial. All these experts are compromised in terms of conflict of interest or maybe they are relying on anecdotal data and untested theories, to justify Silverado's business decision.

There was a member on the panel who read the letter of his doctor friend who manages such care facilities. This letter was amazingly on target by someone who really understood this. This letter stated that doubling up residents is the worst thing you can do to dementia afflicted people. **Based on my extensive hands-on experience, there are no circumstances in which doubling up can be beneficial to the patient.**

I have experienced and studied and observed the Cadillac of such care facilities that exist in the western world. Let me assure you that even that facility was extremely short of staff in terms of the ratio of staff necessary to look after such people. Unless you have one on one care, everything else in staffing is deficient. This is true for all individuals who are on floor two and floor three of Silverado, but it also applies to people who are on the first floor, because even though they may have a certain level of awareness, yet they have many other traits that require heightened attention. There is more aggressiveness, there is more resistance, there more difficulties in managing and controlling them. I can't go here to every little thing that happens, but take my word for it. I have no axe to grind here. I want to make sure that you the decision makers have truth and facts available to you as your decision will directly affect the well being of the very vulnerable people resident at Silverado and similar facilities.

The fact that Silverado may be meeting the standard set by the government or industry, such standards only speak to how awfully inadequate standards are to look after such people in this illness. There are numerous times when these patients require more than one person looking after them and controlling them and any time a dementia care facility has a staff ration like what Silverado has, puts the patient at risk. Whether currently that's an acceptable risk or not is a different issue, but let there be no mistake about it, residents at Silverado even without doubling up are at risk.





Unfortunately, today if you have any form of dementia and you need to be committed to a dementia care facility, you are in deep trouble. There is no facility that gives you proper care. The moment you go into this facility your decline is imminent and you are there only because there is no other option left to your family. If you go into a facility, be sure the only outcome is death and usually it results faster because there is inadequate care. Let there be no illusions almost all these facilities are inadequate, and there are multiple risks and residents are neglected and diseases will happen and falls will happen and other harm will come to the patient whether it is missing medications or exposing themselves to other risks simply because there is inadequate staffing and inadequate level of training, and not enough of the right people there to support them.

Given another scenario, may be in a book, I will elaborate and present a more compelling justification of why I'm so categorical against doubling up, but that will not be too late for this particular hearing.

There are numerous risks to a patient who lives with dementia in current care facilities. It is currently not affordable for people to afford the cost of the required amount of monitoring and specialized care required. These risks exist, whether they are at home or whether they are in this facility - it just goes hand-in-hand with this terrible disease that they are afflicted with. Dementia patients are paranoid. They are aggressive. They confuse friends with enemies. They do things to harm themselves, and it requires an immense amount of wisdom experience and patience to look after them and to protect them. And there are numerous concurrent patterns of behavior. If they are in a facility with these kinds of symptoms and still mobile and still able to actively harm themselves and others, it requires sometimes more than one person to be looking after a person like that. Just be aware of this.

At another stage in this disease, people are no longer able to convey what they are suffering with. They may have a serious illness. They may have serious pain. They may have other issues they cannot convey, their actions or their expressions are misunderstood, even by their carers. Many times staff at the care facility will ask them questions and rely on their answers to take action. This is a big mistake. Most of these people don't know what's happening to them, don't give reliable answers and and to really protect them from pain and suffering and cure them or illnesses in time, the staff, specially the medical staff, often specialized medical staff that can check them and correctly identify the problems, has to be present. I have numerous examples of illnesses that come about and how they are easily misdiagnosed, and the patient put in great harm because of those misdiagnoses.

Feeding is another major issue many of these people they cannot feed themselves. They take hours to feed themselves which normal people can do in 15 minutes. They require a



huge amount of effort to feed them. If there's inadequate staff at the feeding, you will see many of these patients not finish their meals, not swallow their meals. What facilities do in order to maintain the weight, they give them excessive desserts and sweets, and this maintains the weight, but they are no longer getting that balanced diet that facilities advertise, because that balanced diet has to be fed to them individually. The time allotted for feeding is grossly inadequate. It is a need of the facility to get the meals over with, but they just don't have the staff to do it within the allowed time.

Regular blood work and other diagnostic tests are required for these patients very regularly, sometimes six months is not enough. Sometimes you have to do them once in three months and sometimes immediately upon certain symptoms coming. This is not practiced because the medical staff that is available as primary care to these facilities is highly inadequate, and you will get the institutional people to oppose what I'm saying, but I am telling you the reality from a practical perspective, even at the best of the facilities.

If you are a jurisdiction focused on ensuring adequate patient care, you will lose dementia care businesses from your jurisdiction who will go to some other jurisdiction that is less demanding. So, I understand the business aspect of it but let there be no illusions the care across-the-board in these facilities, even at the high prices that they offer is highly inadequate. It is a fact of life that these patients, whether at home or in these facilities cannot get the care their condition requires. Society currently is forced to accept inadequate standards of care today. Perhaps technological innovations will change this reality in the future. However, Silverado can improve care and minimize risks by installing the state of the art in monitoring technologies. I will be happy to assist with this if they claim they are not aware of facilities that currently offer improved care using state of the art technologies for dementia care facilities. Unfortunately, Silverado in its presentation and in its positions, chooses for now to come up with justifications to not have to adopt the best technologies and processes.

Finally, in many of these cases, certainly in the case of my family friend who is at Silverado, the relatives are an integral part of their care. When when I was looking after my cousin, in addition to giving him the best care that money could buy in a facility that has no parallels, I still had to have one person being paid for by us to stay with him 24/7 even though their role was then more of a companion who would make sure that they are cleaned properly, their oral hygiene is maintained, the sleep patterns protected, the feeding done properly, assisting in physically moving my relative (which requires carers to be physically fit and strong), the required medical care and tests being done regularly. They were an extension of me as a relative and they were there 24/7 that is why my relative received the best care.



My family friend's sister is there every at least five days a week, she takes special foods for her sister, she takes her sister for regular walks and drives her to medical appointments and to family gatherings. She also works full time and has a commuted time to work two hours one way. I can see the cost of that sacrifice to her life, her health and her personal life because of the level of effort it requires to supplement the care that Silverado can offer. My friend also has taken on the role of a mother for the children of her sister. Every family member that has the time and who comes and supports their relative, also frees up the facilities staff to look after the other people. None of these facilities would be able to even work at the level they claim, if the family members were not an integral part of the care. These family members must be celebrated must be encouraged, must be allowed to do whatever it takes to provide the required care for their relatives. This undocumented and unrecognized contribution by families fills in the gaps in the care that facilities like Silverado can give. It is not an indictment of Silverado. It is the indictment of every other facility that exists today that cares for people afflicted with dementia. Be sure your relative is at risk in such facilities but it's a risk acceptable today by society. Those were the points I wanted to bring to your attention.

Thank you

Adam Kamran

[Cheeneeusa@gmail.com](mailto:Cheeneeusa@gmail.com)

703-608-1678



Good morning. My name is Alicia McGuigan and my husband Philip McGuigan is a resident of Silverado on the second floor.

Just so you know, Silverado is segregated by floors indicating the level of disease progression. The first floor has residents with mild to moderate symptoms. On the second floor where my husband is, the disease is much more advanced and you will see evidence of paranoia, confusion, aggression, and anxiety. The third floor is where residents have the most advanced symptoms like increased anxiety, paranoia, delusions, changing personalities, and loss of communication capability. Most are wheelchair bound.

My husband and I are residents of Alexandria as is our daughter who has lived in Old Town for 10 years. Philip was a partner with McGuire Woods and was known for his outgoing and gregarious personality as well as his take no prisoners approach to law. He has been at Silverado for about 10 months.

Philip does not do well with new people or experiences and I fear to think of how he would be in a room with someone unknown to him – and by unknown, I mean just about anyone who is not me. It would be, as one of the committee members put it last week, like being in a hotel and discovering you have a strange new roommate every night; that is neither comforting to the resident nor reassuring to me as a spouse and caregiver.





I, like the other speakers and families who are here today, am very much against the population increase proposed by Silverado.

**We are concerned about the residents' Personal Safety** with the plan of adding 10 more residents with advanced disease symptoms to the facility, especially those on the second and third floors. We are concerned about the additional stress that will be placed on the staff who have to safeguard the wellbeing of the residents while looking out for their own personal safety. We are especially concerned about putting two of these residents in the same room for long periods at night without constant oversight. Even random checks at two hour intervals at night can't ensure protection from the roommates' unpredictable behavior.

I would like to rebut some of the arguments posed by the Silverado Plan proponents:

- **Quality Over Quantity:** While cost efficiency is important, the primary focus should be on providing quality care that meets the specific needs of residents with dementia.
- **Forced Companionship vs. Meaningful Interaction:** Placing residents together does not guarantee positive social interaction; it often leads to increased anxiety and agitation.
- **Individualized Social Activities:** Social needs are better met through structured activities and

communal spaces designed for interaction, rather than shared personal spaces.

- **Family Peace of Mind:** Families often prefer private rooms to ensure their loved ones have dignity, privacy, and personalized care.
- **Reduced Risk of Disease:** Private rooms decrease the likelihood of cross-infection, protecting residents who often have compromised immune systems.

## **Conclusion**

Maintaining single occupancy living arrangements is vital for providing high-quality, person-centered care to individuals with dementia. The benefits of private rooms—including enhanced dignity, reduced behavioral issues, better sleep, improved infection control, and the ability to personalize spaces—are well-documented in current research.

While operational costs and resource allocation are legitimate concerns, they should not supersede the imperative to offer care environments that prioritize the well-being and dignity of residents.

Thank you for your time.

16  
12-14-24

City of Alexandria Planning Commission

Prepared remarks of Mr Adam Kamran

For Docket Item #7

Rezoning #2024-00003

Development Special Use Permit #2024-10015

2807 King Street – Silverado Alexandria Memory Care

Post Meeting of December 3, 2024

I am submitting my statement for the record in reference to the application of Silverado.

My statement is intended not necessarily for or against the petition, but it is more targeted to providing an informed perspective to the committee or panel that is considering this application in the city government. I also hope that the principals at Silverado and their hired supporters will consider this statement. I know that it will take you 15 minutes to read my statement. But in the interest of the very vulnerable residents of Silverado, I submit that you will benefit from investing the time to review my statement.

I have had the privilege of being a family and friend Caregiver to several people over the past dozen years. More specifically, I was the sole caregiver for a close relative who suffered from dementia and Alzheimer's for a period of 10 years. In the last five years of my relative's life, I organized a complete care organization geared towards his care at his home. This included around the clock companionship care, and all other aspects of home life intended to support the quality of life of my relative. I had four full-time employees hired with competitive salaries and full benefits. I had several part-time staff and organizations on call in case the full-time employees could not make it for duty, to ensure that my relative was not alone for a moment. I also had video surveillance and other fall detecting and movement detecting sensors in areas where he had the most likelihood of falling. I was also responsible for ensuring medical care regular visits to specialist as well as managing his evolving needs and deteriorating condition at home.

In the last year of his life, when care for him at home had become untenable, I arranged for him to be moved to what I regard, based on my research, both in the US and the United Kingdom, the best care facility that exists today. Granted, this was very costly, but fortunately my relative had the resources to afford it. While at home, the cost of care was about what Silverado charges but the level of care was far superior with dedicated one on one care 24/7.

I have also been very involved in supporting my family friends in managing the care of a resident at Silverado suffering from FTD, from the first early days of her illness being

detected to her being moved into Silverado and up to the current day. I have visited and researched the various care facilities in northern Virginia as part of the assistance I provided to my family friends in selecting Silverado. Previously, I also conducted extensive research in the city of London, England, for my relative who was a resident there. Based on my hands on management and involvement in his care over many years I would like to share my observations. I have also read a lot of the literature published currently on the illness of dementia, the various forms of it, and the experience of hands-on care for people, afflicted by dementia. Please keep in mind that each dementia afflicted person is different from the next and proper care requires a deep familiarity with each person's circumstances. Dementia care givers must be very well trained and experienced and in continuous learning and improvement programs.

I was present at the recent hearing by the zoning commission of Silverado's application. I saw the merit of the arguments, presented both for and against, by the residents' relatives, as well as the high-powered team of Silverado and their several out-of-town supporters and of professionals, most of whom clearly had had a conflict of interest. Nevertheless, some of their arguments had merit and it was evident that getting the city to approve doubling up residents was very important for Silverado's business.

With that introduction, here are my summarized observations that I would hope you, the decision makers, would keep in mind as you consider this application. I know that I could make this much shorter but I felt saying any less would make it less useful to you.

My overall impression from the hearing I attended, was that approval of Silverado's application was a forgone conclusion because as I heard from the panel, and from the very well prepared attorneys and supporters of the Silverado application, the only factors that had a material relevance were from a planning commission basis and a zoning commission basis. Silverado's application was apparently in compliance with the city zoning and planning laws. I can understand why from a public relation standpoint Silverado had to focus and present several arguments regarding the quality of the facility how they match up with other facilities, that they desire to reduce cost for residents, that these changes are intended to improve quality of life and create more employment. Many of these arguments from an objective standpoint seem disingenuous, not to mention unconvincing, because they were largely irrelevant to this application review, except for the public relations aspect of it which it seems make it palatable for both Silverado and the city to adopt these changes.

There are several perspectives to look at these issues, and to be useful to my intended audience, I will be a little more categorical, less nuanced, and perhaps less politically correct.

From an entrepreneur and business person's point of view, it is a simple proposition. There is an opportunity to provide a service and generate profits. It is a required service. It is a needed service, and Silverado has found its niche in this market, where there is a demand, and it intends to make as much profit as it can while complying with the relevant regulations. The entrepreneur can clearly think like that and I'm sure they do in private. Silverado's unsaid position, put bluntly, in conversational form goes like: "hey, if you don't like our service don't use it. Doubling up residents is how we can justify to provide our service and if we can make more money while being compliant we will, and we're sorry if some people may think that this service does not meet their needs or the changes don't get their approval; they are welcome to terminate the use of our services and go elsewhere." That's the purely blunt business point of view and I see a place for it.

From the city's point of view. Every city needs to be business friendly. If a business is providing a necessary service to the community the city should and must be friendly to that and allow the business to function with as little impediments and bureaucracy as possible. Silverado certainly provides a good service, the community needs dementia care (and across the nation); it is an ever increasing need and more facilities are required for dementia care. If Silverado want to double up residents, as long as there is not overwhelming evidence of direct harm to the residents, even if some things are bothersome for the community, the city must support them and allow them to do it. That is how the city looks at it, I believe.

The city certainly has some obligations to the individuals who are affected by that service, but typically in a business friendly community there has to be egregious harm to people for the government to step in, and there is no evidence to suggest that the threshold of harm has been documented for the city to take any action.

Now let's look at it from the perspective of individuals who are afflicted by this disease and their families. Based on my personal experience, I want to assure you that unless you have had the opportunity to be physically present for an extended period of time in multiple facilities day and night, and you understand in detail how difficult it is to care for these dementia afflicted individuals, how deteriorated is their quality of life and how easy it is to cause these vulnerable people harm, you are unqualified to make any informed decisions regarding these matters or to really understand what worries the families of the residents.

Therefore, I suggest that if the city wants to protect people in this environment, you must have people helping you in your decision-making who actually are truly independent of this applicant or any applicant, independent of any other organization that has a vested interest in this, and who should be able to have inside knowledge of what goes on in such facilities.

That's when you will have the true knowledge to carefully consider these matters about proper care of dementia patients and risks to their lives and their continued well being.

Let me get specific about about these factors. There is a lot of talk about cost and about cutting cost by \$2000 or \$3000 a month in the hearing and saying that that is intended to make care more affordable. Let there be no doubt that the vast majority of American families today do not have the resources and monies to afford the best quality of dementia care whether it is at the current Silverado prices or at the proposed slightly less coat, especially if it is achieved by doubling up people. I can understand that Silverado brought in experts to say doubling can be beneficial. All these experts are compromised in terms of conflict of interest or maybe they are relying on anecdotal data and untested theories, to justify Silverado's business decision.

There was a member on the panel who read the letter of his doctor friend who manages such care facilities. This letter was amazingly on target by someone who really understood this. This letter stated that doubling up residents is the worst thing you can do to dementia afflicted people. **Based on my extensive hands-on experience, there are no circumstances in which doubling up can be beneficial to the patient.**

I have experienced and studied and observed the Cadillac of such care facilities that exist in the western world. Let me assure you that even that facility was extremely short of staff in terms of the ratio of staff necessary to look after such people. Unless you have one on one care, everything else in staffing is deficient. This is true for all individuals who are on floor two and floor three of Silverado, but it also applies to people who are on the first floor, because even though they may have a certain level of awareness, yet they have many other traits that require heightened attention. There is more aggressiveness, there is more resistance, there more difficulties in managing and controlling them. I can't go here to every little thing that happens but take my word for it. I have no axe to grind here. I want to make sure that you the decision makers have truth and facts available to you as your decision will directly affect the well being of the very vulnerable people resident at Silverado and similar facilities.

The fact that Silverado may be meeting the standard set by the government or industry, such standards only speak to how inadequate standards are to look after such people in this illness. There are numerous times when these patients require more than one person looking after them and controlling them and any time a dementia care facility has a staff ration like what Silverado has, puts the patient at risk. Whether currently that is an acceptable risk or not is a different issue, but let there be no mistake about it, residents at Silverado even without doubling up are at risk.

Unfortunately, today if you have any form of dementia and you need to be committed to a dementia care facility, you are in deep trouble. There is no facility that gives you proper care. The moment you go into this facility your decline is imminent, and you are there only because there is no other choice left to your family. If you go into a facility, be sure the only outcome is death and usually it results faster because there is inadequate care. Let there be no illusions almost all these facilities are inadequate, and there are multiple risks and residents are neglected and diseases will happen and falls will happen and other harm will come to the patient whether it is missing medications or exposing themselves to other risks simply because there is inadequate staffing and inadequate level of training, and not enough of the right people there to support them.

Given another scenario, may be in a book, I will elaborate and present a more compelling justification of why I'm so categorical against doubling up, but that will not be too late for this particular hearing.

There are numerous risks to a patient who lives with dementia in current care facilities. It is currently not affordable for people to afford the cost of the required amount of monitoring and specialized care required. These risks exist, whether they are at home or whether they are in this facility - it is just goes hand-in-hand with this terrible disease that they are afflicted with. Dementia patients are paranoid. They are aggressive. They confuse friends with enemies. They do things to harm themselves, and it requires an immense amount of wisdom experience and patience to look after them and to protect them. And there are numerous concurrent patterns of behavior. If they are in a facility with these kinds of symptoms and still mobile and still able to actively harm themselves and others, it requires sometimes more than one person to be looking after a person like that. Just be aware of this.

At another stage in this disease, people are no longer able to convey what they are suffering with. They may have a serious illness. They may have serious pain. They may have other issues they cannot convey, their actions or their expressions are misunderstood, even by their carers. Many times, staff at the care facility will ask them questions and rely on their answers to take action. This is a big mistake. Most of these people don't know what's happening to them, don't give reliable answers and and to really protect them from pain and suffering and cure them or illnesses in time, the staff, specially the medical staff, often specialized medical staff that can check them and correctly identify the problems, has to be present. I have many examples of illnesses that come about and how they are easily misdiagnosed, and the patient put in great harm because of those misdiagnoses.

Feeding is another major issue many of these people they cannot feed themselves. They take hours to feed themselves which normal people can do in 15 minutes. They require a



huge amount of effort to feed them. If there's inadequate staff at the feeding, you will see many of these patients not finish their meals, not swallow their meals. What facilities do in order to maintain the weight, they give them excessive desserts and sweets, and this maintains the weight, but they are no longer getting that balanced diet that facilities advertise, because that balanced diet has to be fed to them individually. The time allotted for feeding is grossly inadequate. It is a need of the facility to get the meals over with, but they just don't have the staff to do it within the allowed time.

Regular blood work and other diagnostic tests are required for these patients very regularly, sometimes six months is not enough. Sometimes you have to do them once in three months and sometimes immediately upon certain symptoms coming. This is not practiced because the medical staff that is available as primary care to these facilities is highly inadequate, and you will get the institutional people to oppose what I'm saying, but I am telling you the reality from a practical perspective, even at the best of the facilities.

If you are a jurisdiction focused on ensuring adequate patient care, you will lose dementia care businesses from your jurisdiction who will go to some other jurisdiction that is less demanding. So, I understand the business aspect of it but let there be no illusions the care across-the-board in these facilities, even at the high prices that they offer is highly inadequate. It is a fact of life that these patients, whether at home or in these facilities cannot get the care their condition requires, except in rare exceptions. Society currently is forced to accept inadequate standards of care today. Perhaps technological innovations will change this reality in the future. However, Silverado can improve care and minimize risks by installing the state of the art in monitoring technologies. I will be happy to assist with this if they claim they are not aware of facilities that currently offer improved care using state of the art technologies for dementia care facilities. Unfortunately, Silverado in its presentation and in its positions, chooses for now to come up with justifications to not have to adopt the best technologies and processes.

Finally, in many of these cases, certainly in the case of my family friend who is at Silverado, the relatives are an integral part of their care. When when I was looking after my cousin, in addition to giving him the best care that money could buy in a facility that has no parallels, I still had to have one person being paid for by us to stay with him 24/7 even though their role was then more of a companion who would make sure that they are cleaned properly, their oral hygiene is maintained, the sleep patterns protected, the feeding done properly, assisting in physically moving my relative (which requires carers to be physically fit and strong), the required medical care and tests being done regularly. They were an extension of me as a relative and they were there 24/7 that is why my relative received the best care.

My family friend's sister is there every at least five days a week, she takes special foods for her sister, she takes her sister for regular walks and drives her to medical appointments and to family gatherings. She also works full time and has a commute time to work of two hours one way. I can see the cost of that sacrifice to her life, her health, and her personal life because of the level of effort it requires to supplement the care that Silverado can offer. My friend also has taken on the role of a mother for the children of her sister. Every family member that has the time and who comes and supports their relative, also frees up the facilities staff to look after the other people. None of these facilities would be able to even work at the level they claim if the family members were not an integral part of the care. These family members must be celebrated, must be encouraged, must be allowed to do whatever it takes to provide the required care for their relatives. This undocumented and unrecognized contribution by families fills in the gaps in the care that facilities like Silverado can give. It is not an indictment of Silverado. It is the indictment of every other facility that exists today that cares for people afflicted with dementia. Be sure your relative is at risk in such facilities but it's a risk acceptable today by society. Those were the points I wanted to bring to your attention.

Thank you

Adam Kamran

[Cheeneeusa@gmail.com](mailto:Cheeneeusa@gmail.com)

703-608-1678

## Comments on the Silverado Staff Information Paper titled "The Power of Companionship"

1. Background. Among the spouses of Silverado residents in Alexandria, the origins of the Information Paper titled "The Power of Companionship" are hazy. It appeared last Fall during a visit to our facility by Mr. Loren Shook and a group of key staff members from the Silverado home office. Mr. Shook is the President, CEO, Chairman of the Board, and co-founder of the Silverado network of memory care facilities nationwide. Mr. Shook and the cadre of key employees were in Alexandria to orient the Alexandria staff to significant changes that would soon be unfolding. Key among the changes was the implementation of a two-person room assignment as an option for new residents.

1.1. Understanding that change is challenging, the home office staff may have brought along copies of "The Power of Companionship." The paper's purpose is to put the transition to two-person rooms in an interesting and positive light.

1.2. Very soon, virtually all of the spouses of residents on all three floors were aware of the paper.

1.3. Except for one flaw, The Power of Companionship Information Paper could have been an outstanding example of a high concept, concise format paper. The one flaw is certainly correctable.

2.0. Referring to the first and second pages of "The Power of Companionship" Information Paper (A copy is on pages 3 and 4 of this paper), you can see the simple organization into the four Tenets of the Concept

First Tenet: enhanced social interaction.

Second Tenet: reduced feelings of isolation and loneliness

Third Tenet: shared daily experiences

Fourth Tenet: economical considerations

2.1. Each tenet is supported by 2, 3 or 4 descriptive sentences, one or two of which contain the citation.

3.0. At this point the author encountered a possible proofreading error in each tenet. The problem is the subject matter in the cited documents do not align with the statements of the tenets. The issue here is that each tenet is tied to the two-persons per room concept. It is reasonable that the document cited as supporting two-person rooms, would in fact have one or more uses of the words, and thus the document might surface in a query about "economic considerations, etc." The analyst weighed the challenge of getting actual copies of the

documents (with copyright dates of 2006, 2010, 2011, and 2016) against the time we had to prepare for the City Council Meeting. We did not have time enough to request and receive paper copies of each source document. We did the next best thing. We tailored "AI" queries to organize the search for to look for specific information

3.1. Then it occurred to the analyst that artificial intelligence (A.I) might be used to scan the references without having to have the actual book in hand.

3.2. The analyst drafted queries for each tenet. The four clusters on pages 5 and 6 have the queries used and the responses received from "A.I."

Go to page 5

---

**silverado communities**  
enriching lives through  
exceptional care and  
unmatched service



## The Power of Companionship

### why shared rooms in memory care communities are beneficial

When making the transition to a memory care community, families and their loved ones are often faced with the choice between a private room or a shared room. While the thought of having one's own space may seem appealing initially, studies indicate there are numerous benefits associated with sharing a room. Let's explore these advantages.

#### enhanced social interaction

Living with a roommate naturally leads to more opportunities for social interaction. The Journal of Gerontology notes that social engagement, even in the form of daily casual conversation, is associated with better cognitive functioning among older adults (James, Wilson, Barnes, & Bennett, 2011). Regular social stimulation could therefore contribute to slowing cognitive decline, which is of particular importance in a memory care context.

#### reduced feelings of isolation and loneliness

Memory care residents can often feel isolated due to communication difficulties resulting from dementia or Alzheimer's. A study published in the International Journal of Geriatric Psychiatry found that increased social interaction can reduce feelings of loneliness (Dröes, Boelens-Van Der Knoop, Bos, Meihuizen, Ettema, Gerritsen, & Schölzel-Dorenbos, 2006). Roommates can provide company and emotional support, creating a comforting and familiar environment.

Visit our website for a location near you  
**[silverado.com/locations](http://silverado.com/locations)**

continues on the other side ➔

(866) 522-8125 | [silverado.com](http://silverado.com)



### **shared daily experiences**

Sharing daily experiences, such as meals and recreational activities, could help to establish a routine, something that is particularly beneficial for individuals with dementia. According to research published in the International Journal of Geriatric Psychiatry, structured routines can reduce anxiety and confusion in dementia patients (Cohen-Mansfield, Marx, Thein, & Dakheel-Ali, 2010). Roommates can support one another in adhering to these routines, creating a sense of stability and security.

### **economical considerations**

Shared rooms are typically more affordable than private ones, which can make memory care communities more accessible for many families. According to the National Survey of Residential Care Facilities, shared rooms can cost up to 20% less than private rooms, making them a more budget-friendly option (Park-Lee, Sengupta, & Harris-Kojetin, 2013).

In conclusion, shared rooms in memory care communities can offer valuable opportunities for social interaction, support, and companionship. They can help reduce feelings of loneliness, foster cognitive engagement and promote a comforting routine, all within a more affordable pricing structure. However, it's essential to consider the unique needs and personality of each individual when making this important decision.

### **references**

- James, B. D., Wilson, R. S., Barnes, L. L., & Bennett, D. A. (2011). Late-life social activity and cognitive decline in old age. *Journal of the International Neuropsychological Society*, 17(6), 998-1005.
- Dröes, R. M., Boelens-Van Der Knoop, E. C., Bos, J., Meihuizen, L., Ettema, T. P., Gerritsen, D. L., & Schölzel-Dorenbos, C. J. (2006). Quality of life in dementia in perspective: An explorative study of variations in opinions among people with dementia and their professional caregivers, and in literature. *Dementia*, 5(4), 533-558.
- Cohen-Mansfield, J., Marx, M. S., Thein, K., & Dakheel Ali, M. (2010). The impact of past and present preferences on stimulus engagement in nursing home residents with dementia. *Aging & Mental Health*, 14(1), 67-73.
- Park-Lee, E., Sengupta, M., & Harris-Kojetin, L. D. (2013). Dementia special care units in residential care communities: United States, 2010. *NCHS data brief*, (134), 1-8.

### 3.3. Queries and Responses

---

1. Silverado Topic: **Enhanced Social interaction**

In a 2011 **Journal of Gerontology** article by James, Wilson, Barnes, and Bennett, do the authors discuss situations where two dementia patients are sharing a two-person room? Does article describe behaviors between the roommates?

**AI Answer.** The 2011 article by James, Wilson, Barnes, and Bennett in the Journal of Gerontology, titled "**Late-Life Social Activity and Cognitive Decline in Old Age,**" does not specifically discuss situations where two dementia patients are sharing a two-person room, nor does it describe behaviors between roommates. The focus of the study is on the association between social activity and cognitive decline in older adults.

2. Silverado Topic: **Reduced Feelings of Isolation and Loneliness**

In a 2006 study in the **International Journal of Geriatric Psychiatry** written by Dröes, Boelens-Van Der Knoop, Bos, Meihuizen, Ettema, Gerritsen, and Schölzel-Dorenbos, do any of the opinions expressed by people with dementia discuss the advantages or disadvantages of two persons with dementia sharing a room within a memory care facility?

**AI Answer.** The 2006 study by Dröes and colleagues in the International Journal of Geriatric Psychiatry, titled "**Suffering from dementia – the patient's perspective: a review of the literature,**" explores the experiences of people with dementia from their own perspective. However, it does not specifically address the advantages or disadvantages of two persons with dementia sharing a room within a memory care facility.

3. Silverado Topic: **Shared Daily Experiences**

In 2010, Cohen-Mansfield, J., Marx, M. S., Thein, K., & Dakheel-Ali, published an article in **Ageing and Mental Health** titled "The impact of past and present preferences on stimulus engagement in nursing home residents with dementia." Does the article include specific mention of two residents living in a two-person room? If so, does the article mention of benefits to the residents from living together, particularly because of their daily shared experiences in the room and their conversations while in the room?

**AI Answer:** The 2010 article by Cohen-Mansfield, Marx, Thein, and Dakheel-Ali in Ageing and Mental Health, titled "**The impact of past and present preferences on stimulus engagement in nursing home residents with dementia,**" does not specifically mention two residents living in a two-person room. The focus of the study is more on how past and present preferences influence engagement in activities among nursing home residents with dementia.

---

#### 4. Silverado Topic: **Economical Considerations**

In 2013, Park-Lee, Sengupta, M., & Harris-Kojetin, L. D. published a data-oriented article in the **NCHS data brief**, (134), 1-8 titled "Dementia special care units in residential care communities: United States, 2010." Did the data include residents of the special care units living with another person in a two-person room? If so, did the data reflect on any of the following four criteria: 1- the reduced feelings of isolation the shared daily experiences, and loneliness, 2- information reflecting on Shared Daily Experiences, 3- enhance social interaction, and 4-economic considerations (of sharing a room vice paying for a single room).

**AI Answer.** The 2013 NCHS Data Brief titled "**Dementia Special Care Units in Residential Care Communities: United States, 2010**" by Park-Lee, Sengupta, and Harris-Kojetin does not specifically mention whether residents of dementia special care units were living with another person in a two-person room. The focus of the data brief is more on the characteristics and prevalence of dementia special care units rather than the specific living arrangements of residents.

---

**4.0. The Next Query.** Limiting the search to peer-reviewed journals that focus principally on the welfare of the residents of memory care units or facilities, please list the articles that address specifically two persons with dementia sharing a single room. Please organize the list by the articles that address one or more of the following management concerns: 1-enhanced social interaction, 2-reduced feelings of isolation and loneliness, 3-shared daily experiences, and 4-economic considerations.

**AI Answer:** "I found a few peer-reviewed articles that address the topic of two persons with dementia sharing a room. Here's a list organized by the management concerns you mentioned:

##### Enhanced Social Interaction

"Shared decision-making for people living with dementia in extended care settings: a systematic review" by Rachel Louise Daly, Frances Bunn, and Claire Goodman (BMJ Open, 2018). This review explores how shared decision-making can improve social interactions among people with dementia in extended care settings.

##### Reduced Feelings of Isolation and Loneliness

"Peer support meeting of people with dementia: a qualitative descriptive study" (BMC Geriatrics, 2023). This study explores the benefits of peer support meetings for people with dementia, which can help reduce feelings of isolation and loneliness.

##### Shared Daily Experiences



"Technology-driven solutions to prompt conversation, aid communication, and facilitate positive social interactions in people with dementia" (BMC Geriatrics, 2021). This literature review discusses how technology can facilitate shared daily experiences and positive social interactions among residents with dementia.

#### Economic Considerations

"Dementia special care units in residential care communities: United States, 2010" by Park-Lee, Sengupta, and Harris-Kojetin (NCHS Data Brief, 2013). While this article does not specifically mention two-person rooms, it provides data on the financial aspects of dementia special care units.

Would you like more details on any of these articles or help with another topic?"

---

**5.0. The Final Query**. Limiting the search to peer-reviewed journals that focus principally on the welfare of the residents of memory care units or facilities, please list the articles that address specifically two persons with dementia sharing a single room. Please organize the list by the articles that address one or more of the following management concerns: 1-enhanced social interaction, 2-reduced feelings of isolation and loneliness, 3-shared daily experiences, and 4-economical considerations.

**AI Answer.** "I found a few peer-reviewed articles that address the concerns you mentioned. Here's a list organized by the management concerns:

**Enhanced Social Interaction** This article met the search criteria for two management concerns; see next example.

"Peer support for family carers of people with dementia, alone or in combination with group reminiscence in a factorial design: study protocol for a randomized controlled trial"

Authors: Georgina Charlesworth, Karen Burnell, Jennifer Beecham, Zoë Hoare, Juanita Hoe, Jennifer Wenborn, Martin Knapp, Ian Russell, Bob Woods & Martin Orrell

Journal: Trials

Summary: This study evaluates the effectiveness of peer support and group reminiscence interventions for family carers and people with dementia, focusing on enhancing social interaction.

#### **Reduced Feelings of Isolation and Loneliness**

"Peer support for family carers of people with dementia, alone or in combination with group reminiscence in a factorial design: study protocol for a randomized controlled trial"

Authors: Georgina Charlesworth, Karen Burnell, Jennifer Beecham, Zoë Hoare, Juanita Hoe, Jennifer Wenborn, Martin Knapp, Ian Russell, Bob Woods & Martin Orrell

Journal: Trials

Summary: This study also addresses reducing feelings of isolation and loneliness through peer support and group reminiscence interventions.

**Shared Daily Experiences    This article met the search criteria for two management concerns**

"Shared decision-making for people living with dementia in extended care settings: a systematic review"

Authors: Rachel Louise Daly, Frances Bunn, Claire Goodman

Journal: BMJ Open

Summary: This systematic review explores how shared decision-making can improve the quality of life for people living with dementia in extended care settings, including shared daily experiences.

**Economic Considerations**

"Shared decision-making for people living with dementia in extended care settings: a systematic review"

Authors: Rachel Louise Daly, Frances Bunn, Claire Goodman

Journal: BMJ Open

Summary: This review also touches on economic considerations by evaluating the implementation of shared decision-making in extended care settings.

Would you like more details on any of these articles or assistance with anything else?"

## **6.0 Final Thoughts**

6.1. We used Microsoft Copilot for our queries.