



DOCKET ITEM #13
Text Amendment #2018-0008
Continuum of Care Facility

Issue: A) Initiation of a text amendment and B) public hearing and consideration of a text amendment to the definitions; residential zones; commercial, office, and industrial zones; mixed use zones; special and overlay zones; and parking sections to define Continuum of care facility and allow it as a special use in various zones and establishing the regulations for such uses.	Planning Commission Hearing:	November 7, 2019
	City Council Hearing:	November 16, 2019
Staff: Rob Kerns, Development Division Chief, Planning & Zoning robert.kerns@alexandriava.gov Tony LaColla, Land Use Services Division Chief, Planning & Zoning tony.lacolla@alexandriava.gov Nathan Imm, Principal Planner, Planning & Zoning nathan.imm@alexandriava.gov Stephanie Free, Urban Planner III, Planning & Zoning stephanie.free@alexandriava.gov Shaun Smith, Urban Planner III, Planning & Zoning shaun.smith@alexandriava.gov		
Staff recommendation: Initiation and APPROVAL of the Text Amendment subject to compliance with all applicable codes and ordinances.		

I. Issue

The demand for senior housing in Alexandria is increasing as the population ages. Analyses of the American Community Survey (ACS) 5-year 2015 Estimates¹ show that the City's population aged 65 and older increased from 9.2% in 2010 to 9.8% in 2015. While the City's senior population is growing at a slower rate than in other areas of the country, this age group is expected to continue to grow in Alexandria over the next twenty years as the "baby boomer" generation enters this age group in greater numbers and Alexandria continues to be a desirable location for retirement and aging in place.

Currently, there are three uses defined in the Zoning Ordinance which relate to age-restricted senior housing. Such facilities that are located or plan to locate in Alexandria would be classified under the following Zoning Ordinance definitions:

2-142 - Elder care home.

A private family home which offers care, protection and supervision to no more than a total of nine adults over 55 years of age at any time during a 24 hour period and then only for part of the 24 hour day.

2-156 - Home for the elderly.

A building or group of buildings specifically designed for domiciliary use and/or care of persons 55 years of age or over, which home may include but is not limited to the following: infirmary, central dining room and kitchen, medical staff and facilities, safety features and accessory buildings and uses.

2-179 - Nursing or convalescent home or hospice.

An establishment which provides 24-hour convalescent or chronic care, or both, for three or more individuals who are not related by blood or marriage to the operator and who, by reason of advanced age, chronic illness or infirmity, are unable to care for themselves. No intensive medical care or surgical or obstetrical services shall be provided in such an establishment. This definition shall include an establishment or dwelling, also known as a "hospice," which provides full-time palliative and supportive care for terminally ill individuals and their families but shall not include a hospital. Nothing in this definition is intended to interfere with or restrict the use of a dwelling unit by a family as that term is defined in this ordinance wherever such use is allowed in the zones.

Although each use and definition are distinct and characterize differing levels of senior care, a definition does not currently exist for the continuum of care frequently provided by senior living facilities who offer a range of care options from independent living to assisted living, with or without memory care services, within one facility.

¹https://www.alexandriava.gov/uploadedFiles/planning/info/StatisticsDemographics/Demographic%20Update_Revised2015.pdf

A “continuum of care” facility does not currently fit within existing residential, commercial, and mixed use zones of the City and so it is not clear how to apply existing development standards, such as setbacks, open space, allowable density, and other standards, each of which vary considerably depending on whether the proposed development is residential or non-residential

To provide clear direction on the requirements and thereby encourage facilities that provide a full spectrum or continuum of care within the City, Staff proposes a text amendment that will replace the text and definition of “Home for the elderly” with the proposed text “Continuum of Care facility,” defined as:

A facility specifically designed for domiciliary use and/or care of 4 or more aged, infirm, or disabled adults, which may provide for housing progressing from independent living, with or without kitchen facilities, and culminating in assisted living with or without provisions for memory care services, where all related uses are located on the same lot. Such facility shall include services integral to the maintenance or care of residents and be regulated as an assisted living facility under Code of Virginia, title 63.2, as amended. The facility shall be administered in such a manner as to restrict occupancy of independent living units only to persons 55 years of age or older. When an independent living unit is occupied by a family, only one of such person must satisfy the 55 years of age or older requirement. This term excludes nursing or convalescent homes or hospice, and medical facilities.

Subsequently, replacement of the text “Home for the elderly” with “Continuum of care facility” will result in amendments to the following sections of text in the Zoning Ordinance:

- Deletion of Section 2-156,
- Addition of Sections 2-163, 3-608, 3-708, 3-808, 3-909 and
- Amendments to Sections 3-603, 3-703, 3-803, 3-903, 4-103, 4-105, 4-106, 4-203, 4-205, 4-206, 4-303, 4-305, 4-306, 4-403, 4-405, 4-406, 4-503, 4-505, 4-506, 4-603, 4-605, 4-606, 4-803, 4-805, 4-806, 4-903, 4-905, 4-1003, 4-1005, 4-1103, 4-1105, 4-1404, 4-1408, 5-103, 5-105, 5-107, 5-203, 5-205, 5-207, 5-303, 5-305, 5-307, 5-403, 5-406, 5-408, 5-503, 5-504, 5-508, 5-602, 6-702, 6-705, and 8-200.

II. Background

A. Current regulations

The Zoning Ordinance currently permits Home for the Elderly pursuant to a Special Use Permit in all zones that Home for the Elderly is allowed. Further, there are currently three Coordinated Development Districts (CDD) which allow Home for the Elderly as a use with a CDD Special Use Permit. These CDDs include: CDD-17a; Cameron Park, CDD-23; Fillmore/Beauregard, and CDD-24; Oakville Triangle and Route 1 Corridor.

As previously mentioned, the unit typology and level of care within senior housing facilities can vary. Typical forms of senior housing include independent living, assisted living, memory care, and also nursing and convalescent care. Under current City zoning regulations, the more intensive the resident care and medical-related services that are offered, the more likely the

facility will be determined a nursing or convalescent home or hospice, as opposed to a Home for the Elderly, and therefore classified as institutional for the purposes of applying bulk, area, and open space regulations of the zone.

Precedent shows that assisted living facilities (with or without memory care services) within the City have been determined to be Home for the Elderly. However, the facility's definition and classification (residential vs. nonresidential) becomes unclear when the facility also includes independent living units that meet the definition of a residential dwelling unit per the Zoning Ordinance. Precedent also shows that determinations for such classifications are generally made on an individual project basis during the Development Special Use Permit (DSUP) process. This determination is significant in that the residential or nonresidential treatment of the facility has implications on the application of floor area, bulk and open space requirements within the zone that the facility is located.

Previous determinations as to the classification of the use and the application of such regulations have considered the factors such as: 1) the number of independent living units proposed and whether those units include full kitchen facilities, 2) the number of employees anticipated to staff the facility, 3) the accessory uses within the facility (i.e. medical exam rooms, personal care services), and 4) the amount of communal space in comparison to domiciliary/housing space. The following table provides a summary of previous approvals for senior housing facilities in the City and their various classifications:

Table 1.

Project/Facility Name	Address	Approved Unit Typology	Zone	Approved Use	Classification	Case Number
Alexandria Memory Care	2805-09 King Street	66 Memory Care Units	RB	Nursing Home	Institutional	DSP2012-0015
Annie B Rose House	399 Pendleton Street	90 Independent Living Units (w/kitchen)	RC	Housing for the Elderly	Residential	SUP1448
Brandywine	430-450 Pickett Street	120 Independent Living Units (w/o kitchen)	CDD17a	Home for the Elderly	Per CDD Regulations	CDD2015-0002
Envoy of Alexandria	900 Virginia Avenue	113 Beds (maximum)	R8	Nursing Home	Institutional	SUP2008-0064

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Goodwin House	4800 Fillmore Avenue	271 Independent Living Units, 53 Assisted Living Units, 90 Nursing Beds	CDD23	Home for the Elderly	Per CDD Regulations	DSUP2014-0012
Sunrise Senior Living	3520 Duke Street	77 Assisted Living Units	CRMU-H w/proffers	Home for the Elderly	Residential	SUP95-0140
Sunrise Senior Living	400 N. Washington Street	64 Assisted Living Units & 36 Memory Care Units	CD	Home for the Elderly	Non-residential	DSUP2016-0041
Silverstone Senior Living	2602 Mainline Blvd.	146 Independent Living Units, 186 Assisted Living or Memory Care Units	CDD#10	Home for the Elderly	Per CDD Regulations	DSUP2018-0002

As shown in the table above, Home for the Elderly is the approved use for various types of senior living facilities in the City. Home for the Elderly has also been classified as residential and non-residential for the application of bulk, area, and open space regulations of the zone. Further, these previous approvals and the current zoning regulations do not address the treatment of senior housing facilities that offer various levels of care and wish to convert units from one typology to another in order to facilitate aging in place.

B. Outreach

Staff conducted a number of outreach sessions to present the changes proposed with the text amendment. On September 13, 2018 Staff presented to the Commission on Aging who shared concerns with the replacement of the Home for the Elderly and definition with the proposed Continuum of Care Facility, its definition, and its application. Staff also met with the Commission on Aging Housing Committee on September 17, 2018 who was agreeable with the text amendment; however, voiced some concern regarding use of the name “Life Care Facility.” Their concern stemmed from a former definition by the state which coined the term “Life Care Facility” which is no longer applied. These concerns were collectively shared by the Commission on Aging

in a memo to the Department of Planning & Zoning on October 19, 2018 (see attachment). As a result, the text amendment was deferred to allow additional time for staff to provide clarifications to the Commission's concerns.

Staff revisited the Commission on Aging Housing Committee on September 16, 2019 with a presentation that addressed each of the concerns presented in the October 2018 memo. The Commission was satisfied with the clarifications provided regarding the text amendment and offered only one comment regarding the name of the use, which was to add the word, "of" to the term for a title, "Continuum of Care Facility."

Further discussion was had regarding the relationship of this text amendment to the voluntary housing contributions associated with projects that may utilize this designation. Currently, the Affordable Housing Work Group is addressing voluntary housing contribution rates and will provide recommendations specific to this category of use.

Staff also presented to the development community representatives at two regular, monthly NAIOP meetings in September and October of 2018, and followed up in July 2019 to provide a summary of changes and clarifications per the input from the Commission on Aging Housing Committee. Staff provided the latest draft of the text amendment to NAIOP in September of 2019 for comments. Two comments were provided, related to the sewer tap fee calculation for Continuum of Care Facilities and the parking ratio of facilities with only independent living, which would be outside of the Continuum of Care Facilities regulation.

In regard to the sewer tap fee calculation, the current approach will be to classify Continuum of Care Facilities as commercial uses for the purpose of the fee. The Department of Transportation and Environmental Services is currently undertaking a Sanitary Sewer Master Plan Update which would examine whether these facilities require a separate category for the sewer tap fee calculations, and would address any regulatory changes necessary depending upon their findings.

The parking ratio for facilities that consist of only independent living units (or above the 70% allowed by SUP), such facilities would be regulated as multi-family residential and the parking ratios would apply based on that definition. The variety of establishments that are effectively age-restricted housing have diverse parking needs. Should a particular age-restricted facility require a lower parking ratio, they can pursue a reduction in required parking through a modification.

III. Discussion of Proposed Text Changes

A. Definition

The proposed definition for a Continuum of Care Facility is explained in further detail in the following paragraphs:

"A facility specifically designed for domiciliary use and/or care of 4 or more aged, infirm, or disabled adults, which may provide for transitional housing progressing from independent living, with or without kitchen facilities, and culminating in

assisted living with or without provisions for memory care services, where all related uses are located on the same lot...”

The proposed definition begins by setting forth the types of senior housing typologies which may operate within the facility. While the provision for independent living units is stated, such units are not a requirement; therefore, a solely assisted living facility may also operate as a Continuum of Care Facility under this definition. Additionally, memory care services may or may not be provided as an extension of the assisted living licensure/certification requirements.

“...Such facility shall include services integral to the maintenance or care of residents and be regulated as an assisted living facility under Code of Virginia, title 63.2, as amended....”

The proposed definition also references the State Code definition of Assisted Living. Reference to the State Code’s definition of Assisted Living is essential in the proposed definition to ensure consistency in the level of care across facilities. Additionally, this ensures that the facility is operated under the standards of care expected by state regulations.

“...The facility shall be administered in such a manner as to restrict occupancy of independent living units only to persons 55 years of age or older. When an independent living unit is occupied by a family, only one of such person must satisfy the 55 years of age or older requirement...”

The proposed definition restricts occupancy of the independent living units to an industry standard of 55 years of age or older and allows for a family to occupy the unit with only one such person to satisfy the age requirement. This age restriction applies only to the independent living units, if proposed, within the facility as the assisted living and/or memory care services will apply to any aged, infirm or disabled adults as defined by state regulations.

“...This term excludes nursing or convalescent homes or hospice, and medical facilities.”

Lastly, the definition concludes by stating that the current senior housing uses within the Zoning Ordinance that are excluded from operation within a Continuum of Care Facility. Nursing or convalescent homes or hospice, and medical facilities are stated as an exclusion from the definition of Continuum of Care Facility due to the intensive level of care required which exceeds the level of care provided by a licensed assisted living facility. Further, the proposed definition does not state the exclusion of an Elder Care Home, as the definition is of a small-scale level of care that limits the use in such a manner that it is not viable within a Continuum of Care Facility.

B. Effect on Zoning Regulations

Several of the proposed amendments to the Zoning Ordinance will directly replace the text “Home for the Elderly” with “Continuum of Care Facility.” This occurs in sections: 2-100, 3-603, 3-703, 3-803, 3-903, 4-103, 4-203, 4-303, 4-403, 4-503, 4-603, 4-803, 4-903, 4-1003, 4-1103, 4-1404, 5-103, 5-203, 5-303, 5-403, 5-406, 5-503, 5-508, 5-602, 6-702, and 8-200. As a direct replacement, a Continuum of Care Facility will only be permitted in zones that Home for the Elderly is currently

listed as a use. Furthermore, Home for the Elderly is permitted pursuant to approval of a Special Use Permit in all zones that it is allowed; therefore, the same regulation will apply to Continuum of Care Facility.

A primary goal of this text amendment is to create consistency in classification of the use and regulation of the bulk, area, density, and open space requirements as they are applied to a Continuum of Care Facility across various zones. Another goal of this amendment is to encourage Continuum of Care Facilities within the City and provide flexibility to convert independent living units to assisted living units and vice versa to address market demands and the changing needs of the aging population over time and promote aging in place. To achieve both of these goals, amendments to Article III. Residential Zone Regulations, Article IV. – Commercial, Office and Industrial Zones, Article V. – Mixed Use Zones, and Article VI. – Special and Overlay Zones are necessary to define and regulate the area, density, bulk and open space requirements associated with a Continuum of Care Facility within the zones which it will be allowed. The following paragraphs summarize the amendments to the text within each article and the classification and the regulation of a Continuum of Care Facility within these zones.

In all zones where the Continuum of Care Facility would apply, a Special Use Permit is required consistent with the current use standards for Home for the Elderly. Further, the quantity of the residential use (Independent Living) is limited to 50 percent of the total floor area of the facility, which may be increased to 70 percent of the total floor area with a Special Use Permit. These limitations have been placed on the independent living component of Continuum of Care Facilities as developments that are solely or primarily independent living are functionally multifamily developments with an age restriction. While some such developments may offer increased amenities, their core functionality is not dependent upon such amenities, whereas assisted living and memory care uses are dependent upon the provision of services. The amount of 50 percent was selected based on previous approvals and discussions with national development companies who specialize in senior facilities. These examples and discussions suggested that the requirements for communal facilities for the assisted living and memory care components necessitated a minimum amount of these uses which generally constituted half or more of the floor area. The greater amount of 70 percent allowed with a Special Use Permit was selected to represent a maximum amount where the communal facilities for the assisted living and memory care may be either infeasible to provide or represent such a small portion of the floor area to render it inconsequential.

Further, the percentage allowed for independent living (either 50 or 70 percent) is a maximum and allows flexibility of use below the maximum. This consideration is given so that residents of Continuum of Care Facilities may age in place, graduating from one level of care to the next as needed. For instance, a room that is occupied initially as independent living may be converted to assisted living or memory care to address the needs of the resident. Depending on the operation of the facility, the operator may convert other rooms to independent living to provide the desired level of a mix of uses - as long as the floor area of independent living units does not exceed the maximum, the individual room uses may change more or less continually.

Article III. – Residential Zone Regulations

Within Article III. - Residential Zone Regulations, the amended text will occur within Section 3-600 – RA/Multifamily Zone, Section 3-700 – RB/Townhouse zone, Section 3-800 – RCX/Medium density apartment zone, and Section 3-900 – RC/High density apartment zone. The amendments in this Article will be in the form of a new section added to the end of each of these zones.

In summary, this new section will describe the classification of Continuum of Care Facility (residential vs. nonresidential) based upon the amount of floor area dedicated to residential use; meaning the amount of floor area devoted to independent living units that meet the definition of a dwelling unit. Per this regulation, the maximum amount of floor area that may be devoted to residential use is 50 percent of the total floor area of the facility and may be increased to 70 percent with approval of a Special Use Permit.

Further, if less than 50 percent of the floor area is devoted to residential use, the non-residential density, lot, and bulk regulations will apply to the development. Conversely, the residential density, lot and bulk regulations will apply if the amount of residential floor area meets or exceeds 50 percent of the total floor area.

Article IV. – Commercial, Office and Industrial Zones

Within Article IV. – Commercial, Office and Industrial Zones, the amended text will occur within Section 4-100 – CL/Commercial low zone, Section 4-200 – CC/Commercial community zone, Section 4-300 – CSL/Commercial service low zone, Section 4-400 – CG/Commercial general zone, Section 4-500 – CD/Commercial downtown zone, Section 4-600 – CD-X/Commercial downtown zone (Old Town North), Section 4-800 – OC/Office commercial zone, Section 4-900 – OCM(50)/Office commercial medium (50) zone, Section 4-1000 OCM(100)/Office commercial medium (100) zone, Section 4-1100 – OCH/Office commercial high zone, and Section 4-1400 – NR/Neighborhood retail zone (Arlandria). These amendments will regulate the bulk and area regulations, including the floor area ratio, for a Continuum of Care Facility within these zones.

Overall, the amendments to the sections within Article IV will define the area and bulk regulations for a Continuum of Care Facility with the zones in which this use is permitted. The area regulations for each zone will be amended to define the lot and frontage requirements for a Continuum of Care Facility consistent with a nonresidential use. Additionally, the bulk regulations for these zones will be amended to define the yard requirements for a Continuum of Care Facility in the same manner as a nonresidential use and will also define the open space requirements. Finally, the floor area ratio subsection of the bulk regulations will be amended to be consistent with the maximum permitted floor area within each zone. The amended text also includes the provision that the maximum amount of floor area that may be devoted to residential use is 50 percent of the total floor area of the facility and may be increased to 70 percent with approval of a Special Use Permit.

Staff finds the approach to regulate the floor area ratio for Continuum of Care Facility consistent with the maximum floor area permitted within these zones and the area and bulk regulations consistent with the nonresidential regulations in acknowledgement that the higher floor area

permitted for is appropriate for a Continuum of Care Facility as these facilities often include common area amenities such as cafeterias, medical rooms, salons, and other personal services exclusive for use by the residents of the facility. Further, the regulations of the lot, frontage, and yard requirements consistent with the nonresidential uses is balanced by the proposed on-site open space requirements and acknowledges the nonresidential aspects of the facility.

The only section amended differently than the other amendments within Article IV is Section 4-1400 NR/Neighborhood retail zone (Arlandria) because the current structure of the NR zone differs from the other sections listed within Article IV. The greatest difference is that an open space requirement does not exist, regardless of use, and the floor area regulations apply to all buildings regardless of use. Therefore, for Continuum of Care Facility, the amendments to this section will define the floor area ratio consistent with the overall zone regulations and outline the maximum percentage of floor area within a Continuum of Care Facility that may be utilized for residential use alike the other zones within Article IV which are to be amended, but does not require a minimum amount of on-site open space.

Article V. – Mixed Use Zones

Article V. - Mixed Use Zones will be amended within Section 5-100 – CRMU-L/Commercial residential mixed use (low), Section 5-200 – CRMU-M/Commercial residential mixed use (medium), Section 5-300 – CRMU-H/Commercial residential mixed use (high), Section 5-400 – CRMU-X/Commercial residential mixed use (Old Town North) zone, Section 5-500 – W-1/Waterfront mixed use zone, and Section 5-600 – CD/Coordinated development district. These amendments will regulate the floor area ratio and open space requirements within the mixed use zones.

In summary, the amendments to Sections 5-100, -200, -300, -400, and -500 will define the floor area ratio for Continuum of Care Facility consistent with the mixed use floor area regulations of the zone. Further, the floor area regulations for Continuum of Care Facility will include the provision that the maximum amount of floor area that may be devoted to residential use is 50 percent of the total floor area of the facility and may be increased to 70 percent with approval of a Special Use Permit. Secondly, the open space requirements within these zones will be amended to list the open space requirements specific to a Continuum of Care Facility.

Table 1. Coordinated Development Districts will be amended in Section 5-602 to replace the text “Home for the Elderly” with “Continuum of Care Facility” in the 3 CDDs which list Home for the Elderly as a use. No changes are proposed to the regulations of the use within these CDDs.

Article VI. – Special and Overlay Zones

Section 6-702 – KR/King Street urban retail zone is the only section within Article VI that lists Home for the Elderly as a use. Therefore, Section 6-702 is the only section to be amended in this Article. This amendment will define the floor area ratio for Continuum of Care Facility consistent with the residential floor area regulations of the zone. This floor area regulation will also include the provision that the maximum amount of floor area that may be devoted to residential use is 50

percent of the total floor area of the facility and may be increased to 70 percent with approval of a Special Use Permit, consistent with the amendments to Articles II, III and IV.

Open Space

In all zones where Continuum of Care Facility is permitted, with the exception of KR/King Street urban retail zone and NR/Neighborhood retail zone (Arlandria), the open space requirement is designated as a minimum of 25 percent of land area provided as open and usable space, the location and shape of which shall be subject to the director's determination that it is functional and usable space for residents, visitors and other persons. Such open space may be located on landscaped roofs or other areas fully open to the sky which are not at ground level if the director determines that such space functions as open space for residents to the same extent that ground level open space would.

Staff finds a 25 percent open space requirement as outlined above a reasonable amount of open space for a Continuum of Care Facility in recognition the quasi residential/nonresidential nature of these facilities. The open space requirement does not apply to Continuum of Care Facility with the KR/King Street urban retail zone and NR/Neighborhood retail zone (Arlandria) for consistency with current open space regulations of the zone and the primarily urban, nonresidential nature of these zones. However, outdoor amenities are often common elements included with such facilities to enable those under the care of the facility to participate in outdoor activities on-site as it is often difficult for such residents to enjoy outdoor experiences off-site and it is anticipated that open space will be a component of Continuum of Care Facilities in all zones.

Article VIII - Off-Street Parking and Loading

In Section 8-200(A) of the Zoning Ordinance parking regulations for Home for the Elderly require one space per each two units plus one space for each two guest rooms, except for homes for the low income elderly, one space per each four units plus one space for each four guest rooms only with a special use permit. Staff proposes to only revise the text “Home for the Elderly” to “Continuum of Care Facility” within this section and no change to the regulation of the parking for this use.

Staff finds the current parking standards an appropriate regulation for Continuum of Care Facility. In review of these parking standards applied to previous projects designated a Home for the Elderly, issues such as staffing, and the amount of care/assistance needed for the residents was considered. In some cases, a Special Use Permit for a parking reduction was requested and approved; however, in these cases independent living units were the minority of units provided. Since the mix of unit typologies is expected to vary within each facility, Staff will continue to review these proposals in comparison to the existing regulations and consider requests for parking reductions as needed.

IV. Recommendation

Staff recommends initiation and approval of the text amendment.

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Attachment #1



**City of Alexandria, Virginia
Commission on Aging**

Division of Aging and Adult Services
Department of Community and Human Services
4401 Ford Avenue
Alexandria, Virginia 22302
703-746-5999



TO: Karl Moritz, Director, Department of Planning and Zoning
Nathan Imm, Urban Planner

FROM: Bob Eiffert, Chair, Alexandria Commission on Aging

SUBJECT: Commission on Aging Response to Proposed Zoning Text Amendment Regarding Life Care Communities

DATE: October 19, 2018

The Commission on Aging and its Housing Committee have considered the proposed zoning text amendment regarding Life Care Communities and have concluded that the amendment should not go forward at this time, for the following reasons.

1. The name of the amendment, Life Care Facility, is misleading. It is used as a term of art for communities that include independent living, assisted living and skilled nursing care. It implies that the full spectrum of care is available. That is not the case in the proposed amendment, which only includes independent and assisted living.
2. The distinction between residential and commercial uses is unclear and needs to be defined. In a normal assisted living facility (ALF) the entire building, apartments and area for meals, activities, care, etc., is considered residential.
3. The ratio of independent to assisted living units seems arbitrary.
4. The age limit of 55 also seems arbitrary and does not allow for housing for individuals with disabilities under the age of 55.
5. The amendment is too restrictive and does not allow for creative new service models and uses that developers might propose.
6. The process did not include sufficient input from a variety of stakeholders.
7. The proposed Silverstone development can move forward without this text amendment.

We hope that you will reconsider and withdraw the proposed amendment from the November Planning Commission meeting. Thank you for your consideration.

cc: Helen McIlvaine, Director, Office of Housing
Eric Keeler, Deputy Director, Office of Housing
Terri Lynch, Director, Division on Aging and Adult Services
Members of the Commission on Aging