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Government of the District of Columbia
Board of Zoning Adjustment
441 4th Street NW
Suite 200-S
Washington, DC 20001

RE: Letter in Opposition to Application Number 19751

Ladies and Gentlemen of the Zoning Board,

I'm writing to express my **OPPOSITION** to the proposed development referenced in Application 19751. As a neighbor with property immediately adjacent to lots 44 and 812, I share many of the same concerns as others in my community, which include but are not limited to:

- Increased density, parking, traffic, and other adverse impacts creating an undue burden on an R-1-B neighborhood,
- Encroachment of the proposed 52-ft tall building on my rights to light, privacy, and quiet enjoyment of my property,
- Potential harm to residents with a design that does not follow best-practices, and
- Potential harm to residents due to an inexperienced operator.

Others in my community have gone into great detail about some of these issues, so I'd like to focus on my concerns regarding the design and operation of this proposed institution.

I'm currently working on my master's degree in Interior Design with Marymount University and am planning on doing my thesis on Aging-In-Place design. While this by no means makes me an expert in the field, I've been in a position to conduct some research on best practices in facility design and operation. I'd like to share some of those findings here and discuss why I believe the facility proposed in Application 19751 is not in the best interests of its potential future residents.

After studying the sources attached to this letter, it's my conclusion that the most successful and award-winning facilities do (but are not limited to) the following:

1. FOCUS ON SUSTAINABILITY

- **This building has demonstrated no pursuit of LEED accreditation, and therefore a non-interest in environmental sustainability and long-term success of the building.**

- In August of 2017, Washington, DC was named the first LEED for Cities Platinum city in the world. Mayor Bowser has stated “It is in the best interest of Washington, DC’s safety, economy, and future to take sustainability and resiliency seriously, and as the nation’s capital, we have a special obligation to lead the way on environmental issues.” (Long, 2017)

2. FOSTER COLLABORATIVE DESIGNING WITH ALL STAKEHOLDERS, WHICH CAN INCLUDE THE SURROUNDING COMMUNITY

- **Thus far, to our knowledge, this project has not attempted to work with the expertise of another organization such as the Alzheimer’s Association, or the local community, to ensure the success of this proposed project.**
- “More than ever, working with collaborators (i.e. those outside the traditional architectural design team) has become a popular and effective way to improve project outcomes.” (Chmielewski & Perkins Eastman Strategies, 2015).

3. DESIGN THE BUILDING TO FIT INTO THE LOCAL CONTEXT

- **A good project will blend into the surroundings of the neighborhood and/or adopt the local vernacular architectural style.**
- The proposed building attempts to “fit in” by adopting the architecture of the tall apartment complexes located across Wisconsin Ave, which are zoned RA-4 in ANC3B. Meanwhile, this project would be situated in ANC3C land zoned for R-1-B homes in a neighborhood with mostly colonial revival or craftsman style houses.

4. PROVIDE MEDICAL CARE (PHYSICAL AND MENTAL) FOR LIFE IN THE SAME RESIDENCE, WHILE ALLOWING FOR INDEPENDENCE AND DIGNITY

- **The future of senior care is providing “[...]an option that gives them security for the remainder of their lives [...]” (Perkins, 2009)**
- In a hastily and ill-timed community meeting, the operator for this proposed institution, Guest Services, Inc (GSI), said that once these residents required more skilled nursing than they were able to provide, the residents would have to move out of the facility. **This would be extremely traumatizing not only for someone in a frail physical and mental condition, but also for the staff and family members involved.**
- Additionally, GSI stated to the community that the residents would be on a schedule, and that the goal would be to keep them out of their rooms and interacting with others. However, this strategy blatantly ignores the fact that “Remaining autonomous, among other factors, can contribute to successful aging [...and...] ‘the link between independence and the way caregivers and family treat residents, is central to providing residents with high-quality life despite their dementia,” according to John Zeisel, president and co-founder of the I’m Still Here Foundation, a dementia advocacy and research organization.” (Chmielewski, 2017)

5. UTILIZE A “HOUSEHOLD MODEL” WITH SMALL GROUPINGS OF INDIVIDUAL UNITS ARRANGED AROUND A CENTRAL COMMON SPACE

- “Households” are typically composed of up to 20 private bedrooms organized around a shared common space, such as a living/kitchen/dining area, support staff space, and outdoor space. This type of model provides person-centered care, and helps build relationships among residents, their families, and caregivers. (Chmielewski, 2017; Norton, 2014)
- “Such “small house” senior living revolves around the concept that **elderly people don't want to be in an institution; they want a much more homelike setting.** Here, skilled nursing care takes place in facilities that are essentially big houses of 8-10 bedrooms with common living rooms and dining rooms, staffed by 24-hour caregivers. [...] The reality is that when you get into the urban situation, the economies of scale to pay for a rehabilitation staff, or professional dietary staff, or really skilled nursing require that you have facilities with 400-600 beds.” (Perkins, 2009)
- **This would suggest that this plot of land will not be conducive to a household model facility, and clearly this model is not reflected in the design of this proposed institution.**
- Additionally, the proposed facility has a cafeteria-style dining area in the Cellar. “People don't go to a large dining hall at home, so why would they want that here?” [says Jennifer Roach, administrator of The Springs assisted living], referring to the traditional skilled nursing's cafeteria-style dining area.” (Dowell, 2015)

6. CONNECT TO NATURE BY PROVIDING VIEWS TO GARDENS, PLENTIFUL DAYLIGHT, AND ACCESS TO OUTDOOR SPACE

- Garden spaces, abundant daylight, and biophilic design/natural looking materials are crucial for dementia care patients: they help residents feel less trapped and help keep their bodies in tune with natural day-to-night cycles. (Askew, Calkins, & Zeisel, 2013; Chmielewski, 2017)
- Most importantly, a secure outdoor space is paramount. “Providing unrestricted access to secure outdoor spaces — even for persons with elopement issues — is vital because it can reduce agitation and frustration, relieve stress and improve physical fitness. By giving someone with dementia a secure place to go outside, it can even reduce elopement attempts because it lessens the feeling of being cooped up. **These outdoor spaces should be located in serene settings to minimize anxiety and disorientation. Walking paths should be continuous and loop back to building entrances;** and plantings should be nontoxic with no sharp edges or abrasive leaves. There should also be a perimeter fence at least 6-feet high, **ideally camouflaged** and with no ladderlike elements that could be used for climbing.” (Chmielewski, 2017)
- According to the plans of this proposed facility, **the garden space is incredibly small for a total of 36 residents.** They also state, under Tab A of Exhibit 41A of their BZA submission, that the “Majority of the community living and recreation space will be within the building [...]” This seems to be intentionally detrimental to

residents given the best-practices noted above. **Also of note is the fact that this garden is immediately adjacent to parking spaces, a loading dock, and a noisy alley, which could potentially increase disorientation and anxiety of residents.**

7. OTHER DESIGN CONCERNS

- **Entryway:** It's especially concerning to the community that the main entry/exit off of Wisconsin Ave is directly across from the Living Room for residents. This immediate adjacency is incredibly irresponsible.
 - “Many persons with dementia feel the need to wander or think they are supposed to be somewhere, which can lead to agitation or elopement attempts. In addition, seeing others come and go and not having the same freedom may cause some people to feel frustration or anxiety. Accordingly, there needs to be careful consideration of spatial adjacencies to limit residents’ exposure to active areas they cannot access as well as de-emphasizing entry or egress points and the visual access to them.” (Chmielewski, 2017)
- **Common Space:** The majority of the common space is in the Cellar with little to no access to natural light, which is essential for memory care patients. On levels 2 and 3 there is very little space to support relationships or interaction among residents, their families, or staff.
- **Corridors:** Hallways are straight with no variation and have dead ends with entry/exit points, which can entice patients to wander in a detrimental manner. Also, long, straight hallways have been shown to increase tunnel vision and agitation in memory care patients. (Study, 2014)

8. ADDITIONAL CONCERNS ABOUT THE OPERATOR

- **To allow an operator with little to no experience to run this facility is dangerous and irresponsible.**
- “The high-quality operators in the for-profit sector are increasingly dependent on the high end of the market. To attract private-pay residents, they have to offer all private rooms. In my opinion, however, the for-profits have been under a lot of pressure and are not where the innovation is taking place.” (Perkins, 2009)
- GSI was deliberately misleading to our community about how many **Memory Care Facilities** they operate. Only after continued questioning by residents did they finally admit there are only **TWO**. One is a 118-unit Retirement Community with a 14-suite [Assisted Living Facility](#) (no specific memory care listed). One is presently [under construction](#). Both are in Florida.
- When asked why they're interested in the DC market, and specifically this small building – when no other operator we spoke with considered a facility that has fewer than 50-80+ units economically viable – their answer was simply “Our headquarters is here, it's in our back yard.”

Bradford Perkins, Founder of Perkins Eastman, wrote in 2009:

“As I approach the end of nearly three decades of designing senior living facilities, I think I can safely say that there is no building type where you can see a more direct correlation between doing something right and its impact on people’s lives. You can build an environment for the aging that is confusing, imprisoning, and depressing, or you can build one that frees them, encourages them, and enhances their quality of life.”

There are few things in this plan that I truly feel Mr. Perkins would find freeing, encouraging, or enhancing of the quality of one’s life. This is a facility that needs to be done right, on the right land, with the right design. This proposed plan is, in my opinion, not being done right.

Thank you in advance for your careful consideration of this letter.

Sincerely,

Dana J. LePere

NOTES ON SOURCES:

Bradford Perkins, FAIA, MRAIC, AICP: Founder of Perkins Eastman Architects

Emily Chmielewski, EDAC: Senior Design Researcher and Senior Associate at Perkins Eastman; industry forerunner of practice-based environment-behavior research

John Zeisel: president and co-founder of Hearthstone Alzheimer Care, in Woburn, Massachusetts

LaVrene Norton: founder and president of Action Pact, a national consulting firm that specializes in staff training and facility design; since beginning work on the “household model” in 1984, Norton has helped design hundreds of these facilities

Lee Askew: representative from an architectural firm that designed a memory care home in Memphis, TN

Margaret Calkins: a leading designer of dementia care facilities

SOURCES:

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