

Catherine May, MD
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Washington, DC 20007
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September 25, 2018

Re: BZA 19751

Dear Chairman Hill and Members of the Board,

I write this letter in opposition to BZA application 19751, the request for a special exception to change the zoning at 2619 Wisconsin Avenue to accommodate a developer's proposal to build a Memory Care Facility.

I have practiced geriatric psychiatry for over 25 years in the District of Columbia, as well as at a continuing care community with a memory unit in Prince George's County. I reside at 2800 36th ST NW and served as Commissioner of ANC3C08 for over 10 years from 2005 until January 1, 2017.

I have reviewed the plans for the proposed Memory Care Facility at 2619 Wisconsin Ave NW submitted to the BZA as Application 17951 and attended the public meeting held on September 29th at the Cleveland Park Library. In my view there are serious design flaws which make it far less than the "high quality" facility described by the applicant.

The principal defect in the application pertinent to the request to be exempt from the parking requirement is that it does not realistically address the personnel and personal needs of a Memory Care Facility and it therefore imposes a very substantial burden both on the neighborhood, as well as on staff, family members and potential patients.

- The proposal of 18 daytime staff underestimates the number of personnel needed to provide the services required in the facility. The plan contemplates that all laundry, food prep, feeding, bathing, dressing, cleaning, transportation, nursing care, supportive care, security and administration will take place on site. The staff levels in the application are simply inadequate to provide responsible care. If the applicant anticipates having off-site food preparation, laundry, cleaning services or security, then the current estimate of two deliveries a week is not adequate to provide all food, supplies and linens.
- Even with adequate staffing, the family of many residents will opt to provide private duty nurses and aides so that their family members can have the highest degree of care and attention they can provide their aged parent. This has been my experience even at facilities that provide excellent nursing care with far better staffing ratios than those outlined in the current proposal. These caregivers will likely spend extended periods with the residents, placing additional demands on the residential parking areas.
- There will also be a need to accommodate visitors who may come for extended periods or who are able to come only at periods of peak parking demands and traffic. Some family members will want to spend extended periods with the residents. Others, pressed by time and other family commitments may need quick access on a daily basis to maintain contact and see to the daily needs of an aged parent. It is unrealistic to expect these individuals to search for blocks to find legal spaces, and even if they are successful, they will contribute to the overall congestion at peak hours.

- When viewed realistically, in light of the operational requirements and the needs of patients and family, the parking plan, providing for a mere nine spaces for both employees and visitors, is simply inadequate.

There are other design defects which raise substantial questions as to whether this facility embodies the best practices and provides the quality of care appropriate to the population it proposes to serve. The current plan falls short of best practices and is not worthy of a special exception to the zoning regulations. A few examples of such flaws include:

- The layout is simply too cramped. It does not employ a circular or figure of eight design which provides a continuous loop hallway. Persons with dementia are observed to be less agitated when they are able to walk in a continuous loop and do not encounter dead end hallways or have to make multiple turns to enter their rooms.
- There is poor visibility from rooms to the very small common rooms and the staff nooks do not have a line of sight which would permit better interaction with residents and improve resident safety.
- At the public meeting the provider acknowledged that they could not provide more intensive care required by progressive dementia and stated that those patients would simply be transferred. This is not in the interest of the patient. When transferred, patients experience a marked decrease in function, something a memory care program should be attempting to avoid. Transfer is also logistically difficult, requiring ambulances, substantial involvement of family members and others, which creates disruption for other residents. A memory care unit should provide a continuum of care.

In short, the facility does not appear to have been designed for either optimal care or comfort of the intended population. It seems to contemplate a very narrow spectrum of care in a dorm-like setting designed to maximize use of space at the expense of quality of care.

I have made this assessment based on the very limited information provided in the plans and at the public meeting. The applicant has failed to provide the more comprehensive information necessary to determine why this project should be granted a special exception to the parking requirement.

Thank you for your attention and your consideration,

A handwritten signature in cursive script, appearing to read "Catherine May".

Catherine May, MD