

Attachment A
Request for Discretionary Approval of Conditional Use Permit
Site Address: 16052 W. Chase Street
North Hills, CA 91343
Reference Case: ZA-2016-3372-ZV

Request

The applicant requests the following discretionary approval:

- Pursuant to Los Angeles Municipal Code section 12.24 U.12, the applicant requests approval of a Conditional Use Permit to allow a Sanitarium/Congregate Living Health Facility of more than six beds in the “R1-1” Zone.

Site Location

The proposed project is located at 16052 W. Chase Street in the North Hills community of the City of Los Angeles 91343. Assessor’s Parcel Number 2673-019-074.

Legal Description: Lot - B,
 Block – None,
 Tract – PM 3273
 ARB – None

Chase Street is a collector street between Woodley Avenue and Gloria Avenue.

Zoning Information

The site is zoned RA-1 and is bounded by (Q)RD6-1 to the east, RA-1 to the west with RS-1 beyond and RS-1 zoning to the north.

The subject parcel is in the Low Residential, General Plan Land Use Category within the Mission Hills – Panorama City – North Hills Community Plan area of Council District 12.

The site consists of a currently under construction single-family home that conforms to all zoning constraints including but not limited to: height, floor area, setbacks and parking. Chase Street is comprised of a mix of larger RA-1 zoned lots and smaller RS-1 zoned lots and consists primarily of single-family homes. The very large adjacent (Q)RD6-1 & RA-1 zoned lot is approved for the construction of 73 small lot homes which are currently under construction.

Project Background

In 2016 the applicant attempted to file a Conditional Use Permit for the subject 18-bed Congregate Living Health Facility but was rejected by the Public Counter of the City Planning Department and directed to file a Zone Variance.

Zone Variances are not intended to approve “Uses” but rather are intended to grant parity to sites that cannot otherwise enjoy the same rights, uses and privileges as other properties in the same zone and vicinity and therefore is not the correct mechanism for requesting a use deviation.

A Variance hearing was held on December 20, 2016 where the applicant requested a postponement to continue community outreach efforts and to revise the proposed project. The record was kept open.

Project Description

The applicant is proposing a Congregate Living Health Facility and has revised the project to reduce the number of beds by more than 10% from the originally proposed 18 beds to 15 beds.

A Congregate Living Health Facility is a residential home that provides inpatient care, including: Medical Supervision, 24-hour skilled nursing, pharmacy, dietary social and recreational services for: Mentally alert, physically disabled persons, who may be ventilator dependent. Persons who have a diagnosis of terminal illness or a diagnosis of a life-threatening illness, or both. Persons who are catastrophically and severely disabled.

State law protects CLHFs of six or fewer beds in single-family residential zones. These protections are an extension of the Federal Fair Housing Act, Lanterman Developmental Disabilities Act, California Fair Employment and Housing Act and the American's with Disabilities Act.

The Federal Fair Housing Act promotes the integration of individuals with disabilities into the community.

In 1977, the Lanterman Developmental Disabilities Act established the right of Californians with developmental and physical disabilities to receive treatment and live in *"The least restrictive environment."* This means that, instead of being institutionalized, persons with special needs are entitled to live in normal residential surroundings where they can experience maximum independence and participate in community life while receiving services and care.

The California Fair Employment and Housing Act, like the Federal Housing Act, prohibit housing discrimination based on disability and familial status.

The Americans with Disabilities Act (ADA) prohibits discrimination against individuals with disabilities. The subsequent Supreme Court "Olmstead" decision clarified that the ADA requires States to place individuals in community settings rather than institutions.

The California Health and Safety Code clearly states: *"Any congregate living health facility of more than six beds for persons who are terminally ill and any congregate living health facility of more than six beds for persons who are catastrophically and severely disabled shall be subject to the conditional use permit requirements of the city or county in which it is located unless those requirements are waived by the city or county."*

Due to consistent neighborhood objection to these types of facilities, the State found it necessary to protect such uses. The State determined that CLHFs are necessary, beneficial and complementary residential uses and took action to protect facilities of 6 or fewer beds from local land use regulations. Furthermore, the State legislature has declared a policy on residential care facilities that states in part that ***"...each County and City shall permit and encourage the development of sufficient numbers and types of residential care facilities as are commensurate with local need"***

Why would someone choose a CLHF over a hospital, acute care or skilled nursing/ convalescence home?

- Healing is quicker in a home type environment rather than an institutional type of environment

- Patients are calmer when they feel like they are at home and will not rush to be transferred home where they do not receive the same level of service
- Some people feel that they are too young to be in a convalescence home
- Families prefer to have care provided close to where they live
- Significant cost savings when compared to an acute care hospital or skilled nursing facility

What is the demand for such facilities? The demand for such facilities is very high, due in part to aging baby boomers, a statistically larger generation. Additionally, automobile accidents including: pedestrian, bicycle and motorcycle continue to provide a steady stream of patients. Accidents including work related, industrial accidents provide some need for such facilities. Lastly, heart attack, stroke, and diabetes related illnesses continue to provide a high demand for such facilities.

Are there any CLHFs already in the neighborhood? No! State law requires that CLHFs be located at least 1,000 feet apart from one another in order to meet local demand. Currently, local needs are not being met in this community. This is a significant hardship for those in need who live in the immediate area. According to the census 9.4% of the population is living with a disability¹.

Is this a business? Yes, Congregate Care Health Facilities are businesses. It is a business use that is permitted to operate within residential zones because of its minimal impact and great social benefits. Similar to many other businesses that are permitted in residential zones like: Child Care Facilities, Adult Education, Plant Nurseries, Home Occupations, Rental Property, Shelters for the Homeless and other types of Residential Care Facilities like: Elder Care, Sober Living, Drug and Alcohol Detox Center and Group Homes.

Good Neighbor Policy – The applicant has agreed to neighborhood requests to implement a “Good Neighbor Policy” which includes the following guidelines and policies:

Noise

- Observe quiet hours after 10 p.m. every day. This includes deliveries, services, shift changes and patient intake/discharge which should generally be kept to normal business hours as much as possible.
- No amplified sound.

Upkeep and Beautification

- The house shall be kept clean and presentable.
- Trash cans shall be maintained out of view except for the night before and day of collection.

Traffic and Parking

- All employees, staff and deliveries must park on-site.
- No parking in or blocking of neighbors' driveways or sidewalks.
- No parking on lawns or other unsurfaced areas.

¹ Los Angeles Housing Element 2013-2021
16052 W. Chase Street

- Inform guests and deliveries where to park on-site.
- Advise guests to arrive and leave quietly.
- Advise guests to drive slowly and safely.
- Inform guests of visiting hours.

House Rules for Residents

- Alcohol is prohibited on-site
- Smoking is prohibited on-site
- Disruptive behavior will not be tolerated and will result in eviction

The house, currently under construction will be indistinct from any other house on the block. The objective is to have a “home” environment. The construction of the house is permitted “by right”. No deviation from any building standards are requested. The house will conform to height, setback, parking, grading, floor area, etc. and will not include any signage or disabled access ramps. The house will have a fire suppression (sprinkler) system installed, smoke alarms, carbon dioxide alarms, fire extinguishers and earthquake gas shut-off valves as required. Strict exiting requirements will be adhered to. No outdoor storage of tanks of oxygen, propane, etc. A back-up power generator is required by the State of California for this type of facility.

Parking

The Los Angeles Municipal Code does not require any additional parking for this type of facility beyond the two covered parking spaces required for any house. However, the applicant has demonstrated how the site can easily facilitate many more cars including parking for staff, deliveries and visitors.

Waste Management

- Standard household waste is handled as with any other house, through the Los Angeles Bureau of Sanitation collection services. The green, blue and black bins that you are familiar with.
- Medical waste or biohazard has very strict regulations for how it must be handled and disposed of. The applicant will have a contract with a licensed service provider to address these needs. It will be stored in appropriate secure bins inside the house.

Findings and Justifications

1. That the project will enhance the built environment in the surrounding neighborhood or will perform a function or provide a service that is essential or beneficial to the community, city, or region;

The house that was previously at this location was demolished. Demolition was necessary in order to make seismic, structural and electrical upgrades required for the proposed use. Additionally, the house had some moderate termite damage. Construction of a new home allows for a house that is level with no need for wheelchair access ramps or stairs and a layout that is better suited to the needs of a CLHF. The built environment and surrounding neighborhood is

being enhanced by the new house. The use will also provide an important social service that is beneficial to the community as it will serve local people with physical disabilities and provide jobs for the local populace.

2. That the project's location, size, height, operations and other significant features will be compatible with and will not adversely affect or further degrade adjacent properties, the surrounding neighborhood, or the public health, welfare, and safety; and

Care was taken to design an attractive house that complies with all zoning standards. No deviations have been requested to height, floor area, parking, setbacks or other design standards. Parking is provided on site and the difference in traffic trip generation is negligible.

3. That the project substantially conforms with the purpose, intent and provisions of the General Plan, the applicable community plan, and any applicable specific plan.

The following Policies, Goals, Objectives and Programs are identified in various elements of the City's General Plan:

The Vision Statement for the Health Element of the General Plan identifies the following:

"A vision of a healthy Los Angeles includes:

...Access for individuals with disabilities and across the age spectrum."

"2.3 Access for individuals with disabilities

Strive to eliminate barriers for individuals with permanent and temporary disabilities to access health care and health resources.

Access to health care facilities and resources are essential to individuals with disabilities. Studies have found that individuals with disabilities are less likely to obtain routine medical care than individuals without disabilities. Accessibility for people with disabilities is legally required, and is essential to ensure that all residents have access to the resources needed for good health.

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination against individuals with disabilities in everyday activities such as receiving medical services. The ADA requires that health care providers make their services available in an accessible manner, and sets requirements for new construction and alterations of buildings and facilities.

This policy elevates the need to proactively consider and plan for individuals with temporary and permanent disabilities when contemplating the location of health services and health-promoting resources. By working with transit agencies, the City can encourage services to connect people with disabilities to medical services. Planning for communities in which all Angelenos, regardless of age, income, ability, or zip code, have readily available goods and services that support healthy living is a fundamental tenet of the Plan for a Healthy Los Angeles."

"In Los Angeles, the inequitable distribution of poor health outcomes is concentrated in low-income communities that have higher rates of vulnerable populations such as children, seniors, immigrants, people with disabilities, linguistically-isolated households, and communities of color."

The Housing Element 2013-2021 of the General Plan states: “A disability is defined by the Federal Government as “a physical or mental impairment that substantially limits one or more major life activities of such individual.” (42 U.S.C. § 12102). Encompassing, but not limited to physical, sensory or mental health disabilities, people with disabilities often require special housing considerations in order to accommodate their unique conditions. According to the U.S. Census definition, at least 350,000 City residents (or 9.4%) are considered to have a disability. The largest numbers of persons with disabilities are adults aged 18 – 64 (172,936); however, the percentage of seniors with disabilities (40%) is far greater than the percentage of non-senior adults with disabilities (7%). The percentage of seniors with disabilities has remained fairly consistent since 2005, with 40.1% of those aged over 65 having a disability.”

Goal 9. “Facilitate Housing for Senior and Disabled Persons Give senior and disabled housing projects preferential access to Development Services Case Management (development review service). Assist developers in developing housing for seniors and for disabled persons through streamlined land use entitlement procedures for a variety of housing types, including: Independent Senior Housing, Assisted Living Care Housing, Skilled Nursing Care Housing and Alzheimer’s/Dementia Care Housing, pursuant to the Eldercare Facilities Ordinance. Explore options to introduce greater accessibility and affordability into the Eldercare process, given the significant zoning benefits provided. Provide expedited permitting services for senior developments through the Development Services Case Management (DSCM) program as well as the Parallel Design Permitting Program (PDPP). Also see the support of accessible design in housing unit design (Program 11), the development of supportive housing options that serve persons with special needs (5, 6, 119, and 121) and the removal of zoning barriers to health and health facilities (133).”

“The prevalence of homelessness amongst the disabled makes the need for increased affordable and accessible options for this population evident, including emergency shelters and supportive housing.”

“Persons with self-care limitations also have unique housing needs because they need the assistance of a companion or family member in order to accomplish daily activities, such as dressing, bathing, or getting around inside the home.”

“Twenty-four percent of disabled adults aged 18-64, and almost one-third of adults over the age of 65, have some sort of self-care difficulty. Resources that could be devoted to housing often need to be diverted to cover personal care assistance.”

Goal 10 – Objective 10-1 of the Mission Hills – Panorama City – North Hills Community Plan

10-1.3 Encourage the expansion, wherever feasible, of programs aimed at enhancing the mobility of senior citizens, disabled persons, and the transit-dependent population.

Program: Implementation of the “Restructuring Public Transit Service” (RPTS) study proposals to create limited stop service.

Additional Findings Per Special Instructions

1. Type of facility: What are the special needs of the particular type of client groups to be served (e.g., persons with mental disorders, developmental disabilities, wards of the Juvenile Court, persons recovering from alcoholism or drug abuse)?

Congregate Living Health Facilities are residential homes that provide inpatient care including: Medical Supervision, 24-hour skilled nursing and supportive care, to people who have a life-threatening illness or are catastrophically and severely disabled. This facility will primarily serve bedbound patients who might have tracheostomy or are ventilator dependent.

2. How does the State propose to license the facility? (Include copy of the license if already issued.)

The California Department of Public Health conducts initial licensing survey and if the facility is in compliance with all regulations a license is issued. The Fire Department must also give clearance as there are more stringent fire prevention and exiting requirements.

3. Number of clients to be residing on the premises. Will there be both men and women? What is the anticipated age range? Are there to be families? What is the average term period of the program?

6 beds are permitted "by-right" and 18 beds is the maximum permitted under State regulations. The applicant is requesting a 15-bed facility. The facility will serve both men and women and serves only adults 18 years or older. Patients can stay as long as they qualify under the program guidelines set by the State. Some patients may be there only for a short period of time while they recover and others may stay for an extended period of time and still others may stay and then leave for other treatment and return later.

4. Total number of staff and facility operators to be residing on the premises.

No staff will be residing on the premises but the facility is staffed 24 hours per day.

5. Are there to be nurses and/or doctors residing at/visiting the premises? If so, how many, how often?

One nurse and one Certified Nurse Assistant will be providing care at all times. Medical Doctors usually make visits once per month or more often as needed.

6. Will the living units have kitchens, a central dining area, or both (specify number of dwelling units and/or number of guest rooms)?

The house has 9 bedrooms (6 bedrooms with 2 beds per room and 3 bedrooms with single beds) a central kitchen and living room.

7. Will the clients be allowed to drive an automobile? Are buses/vans to be used for transportation and if so, where will they be stored or parked?

Residents are not able to drive due to their bedbound status, no vans or buses will be owned by the facility or parked at the facility. In rare instances where patients need to leave the facility, non-emergency transportation will pick-up the patient.

8. Size and location of all proposed signs. Are there to be any outdoor recreational facilities?

There will be no signage as the facility needs to look and feel like home to the residents. There will be no outdoor recreational facilities.

9. Is there to be a multi-purpose room or a main place of assembly and if so how many square feet of area and how many people could be accommodated? To what uses would such areas be devoted?

The house will have a multi-purpose room which can accommodate several people. It will primarily be used to watch TV, arts and crafts, book reading, game nights and other similar indoor activities.

10. What are the required number of parking spaces for your proposed development as determined by the Department of Building and Safety?

The intent of Congregate Living Health Facilities is for residents to recover in a single-family home in a single-family home environment. For facilities of 6 or fewer beds the State prohibits local jurisdictions from any restrictions that are not identical to those applied to single-family residences, therefore requiring 2 covered parking spaces. Facilities of more than 6 beds fall into a grey area of regulations. This application is being processed as a "Sanitarium" which per Los Angeles Municipal Code Section 12.21A.4(d)(2) would require either 0.2 automobile parking spaces per patient bed (2.4 parking spaces) or one automobile parking space for each 500 square feet of floor area (6.7 parking spaces) whichever is greater. The 15 bed facility is proposing to provide 2 covered parking spaces in the garage. The driveway and rear parking lot can easily accommodate several vehicles. It is important to note that none of the patients can drive.

11. How many parking spaces do you propose to provide? (Please be sure these are specifically delineated on your accompanying plot plan.)

2 covered parking spaces are provided in the garage. Additional parking is provided in the rear parking area and on the circular driveway.

12. Be sure that your plot plan shows all buildings or other structures, fences/walls (and their height), play or recreation area(s), landscaping or other physical features of your proposed facility, and indicate whether an improvement is existing or proposed (as well as its size and proximity to other buildings/structures and to respective property lines).

See accompanying plans.

13. Be sure to submit two floor plans which include the layout, dimensions and proposed use of each room area, the types of units and floors.

See accompanying plans.

14. Are there to be any buildings/structures demolished/remodeled?

No demolition and no remodel.

15. Is there an elementary or high school within 600 feet of the proposed facility? If so where?

There is no elementary school or high school within 600 feet.

16. For applicable standards (e.g., number of parking stalls required, parking stall dimensions, required distances between buildings and property lines or maximum height of fences/walls),

please go to the Department of Building and Safety Zoning Engineer, 4th Floor, 201 North Figueroa Street, or a District Office.

Conclusion

The proposed facility would provide much needed supportive services to those who are otherwise unable to care for themselves, will maintain the character of the neighborhood through excellent home design and with proven experience will not impact noise, traffic or parking.

The applicant respectfully requests your approval.