

TOWNSHIP OF SADDLE BROOK

ZONING BOARD OF ADJUSTMENT MINUTES

November 16, 2020

The Saddle Brook Zoning Board of Adjustment will hold a regular meeting on Monday, **November 16, 2020 at 7:00 p.m. at (The Saddle Brook Senior Center)**

1. CALL THE MEETING TO ORDER.

2. FLAG SALUTE

3. OPEN PUBLIC MEETING ACT: adequate notice of this meeting has been sent to all members of the Zoning Board and to all legal newspapers in Accordance with all the Provisions of the "Open Meetings Act", Chapter 231, P.L. 1975.

4. ROLL CALL Mr. Duffy, Mr. Mazzer, Mr. Schilp, Mr. Marz, Mr. Burbano, Ms. Murray – PRESENT, Board Attorney Stephen Pellino, Board Planner Gary Paparozzi and Board Engineer Anthony Kurus also in attendance.

5. NEW BUSINESS

A.) Carol Buchichio, 272 Oxford Avenue, Block 1410, Lot 1

Applicant requests a rear deck, side addition, second floor addition and carport in noncompliance with Municipal Code #898, Section 206.

Allyson Kasetta the applicant's attorney gets Mr. Chudzinski the applicant's architect on the phone for testimony.

Ms. Kasetta – Mr. Pellino is he still under oath or does he need to be sworn in?

Mr. Pellino – Mr. Chudzinski you were previously sworn in at the October meeting do you recall that?

Mr. Chudzinski – Yes I do.

Mr. Pellino – You will continue to be under oath and you were previously recognized as an expert in the field of architecture by this Board so you can proceed Ms. Kasetta.

Ms. Kasetta – Thank you Mr. Pellino. So we after hearing the Board's concerns at the last meeting submitted revised plans on November 5th and what I would like to start with is to have Mr. Chudzinski go through the revisions that were reflected on those plans.

Mr. Chudzinski – There was a request to put all measurements on the site plan. The question was the new carport on the left side which I made a drawing of a floor plan and an elevation showing the carport which has been reduced down from the existing building to the gutter so the setback from the property line is now a 2 feet 2 inches. Along with that noted under the carport is going to be macadam and along the edge will be one course of Belgian block.

Ms. Kasetta – A couple of other things you amended the plan to show the garage within the footprint of the house correct?

Mr. Chudzinski – Yes I did.

Ms. Kasetta – On the side of the bulk table you added an asterisk to indicate the variance that's required for accessory coverage.

Mr. Chudzinski – Yes.

Ms. Kasetta – Thank you. Chairwoman Murray there was one other question about the new awning over the front porch and whether that would trigger a new variance. I didn't have any photos with me at

the time but I had indicated that it is currently covered with an awning and the applicant is simply proposing to replace that. I can hand these out if you like and mark them however you like.

Mr. Pellino – Why don't you mark the photo as A1.

Ms. Kasetta – So I think that covers the revisions to the plans unless I'm missing anything and I don't think I am.

Mr. Chudzinski – No that was it.

Ms. Kasetta – As he mentioned the variance request for the setback to the carport where the proposed was originally .7 feet it's now 2 feet 2 inches and the only other variance that we are requesting is for the accessory coverage which I forgot to add. I did have an unaltered .pdf of the survey sent to Mr. Kurus so that he could verify the scale as was also requested at the last hearing. Those are the only 2 variances because as I mentioned last time the applicant eliminated the first floor addition that was originally proposed. That would have required an additional variance but that is no longer proposed. The addition is fully compliant it is just the carport that requires variance relief.

Ms. Murray – Mr. Kurus do you have any comments?

Mr. Kurus – No.

Ms. Murray – Are you good with everything you received? You received the correct plan?

Mr. Kurus – All I received was the survey and I am okay with everything I heard.

Ms. Murray – Mr. Paparozzi?

Mr. Paparozzi – There are 2 variances?

Ms. Kasetta – Yes the setback to the carport and then the accessory coverage.

Mr. Paparozzi – I didn't get the survey I am assuming that Mr. Kurus did check it. This survey was not scaled it was possibly reduced. Mr. Chudzinski put an offset on the shed of 5 feet now it's not on the survey and Mr. Chudzinski is not a licensed surveyor so I just want to verify that number. I know it's existing but I just want to verify that number.

Mr. Kurus – It's 5 feet plus or minus.

Mr. Paparozzi – Okay.

Ms. Murray - Board Members any questions?

None of the Board had any further questions.

Ms. Kasetta – That was all the testimony that I had to present. I think that we have done the best we could based on the comments that the Board had last time. We heard you loud and clear we made the changes we were able to make. We were able to pull the carport off of the property line which felt to me like it was the Board's biggest concern. With that said I respectfully request that the Board approve this application.

Ms. Murray – I don't think we need any more testimony from Mr. Chudzinski.

Ms. Kasetta hangs up the phone with Mr. Chudzinski.

Ms. Murray – Board Members?

Mr. Duffy makes a motion to open to the public seconded by Mr. Schilp. All in favor – YES.

Ms. Murray – Seeing none.

Mr. Schilp makes a motion to close to the public seconded by Mr. Duffy. All in favor – YES.

Mr. Mazzer makes a motion to approve the application with the specified changes seconded by Mr. Marz.

Roll Call - Mr. Duffy, Mr. Mazzer, Mr. Schilp, Mr. Marz, Mr. Burbano, Ms. Murray – YES.

B.) Giovanni Spinella, 306 Nedellec Drive, Block 1408, Lot 1

Applicant requests a driveway expansion, additional walks and a 6-foot solid fence in noncompliance with Municipal Code #898, Section 206.

Mr. Pellino swears in Giovanni Spinella he states his name spells his last and gives his address as 306 Nedellec Drive Saddle Brook, NJ.

Ms. Murray – Mr. Spinella tell the Board what it is you want to do.

Mr. Spinella – Basically we want to widen the front driveway in order to fit 2 cars side by side, replace all the existing driveway, expand the driveway apron, add an additional walkway coming down out of the front steps down the middle to the front sidewalk. I have an existing fence that's around the back of the house we want to replace the chain-link fence with a vinyl PVC fence and also extend it along both sides of the house along the property line. There is a small grassy area along the left side of the house that we would like to finish with concrete or pavers.

Ms. Murray – Mr. Paparozzi would you like to start?

Mr. Paparozzi – The applicant has 3 variance requests one is for accessory coverage. One is for maximum lot coverage and one is for a 6 foot fence in the front yard. The fence is solid and 6 feet so there are 2 variances for the fence in the front yard.

Ms. Murray – Gary while we're doing the variances you also have to have a minimum side yard because the side yard off the woodshed is 3.1 and it's 10 foot on the other side so it's not 15.

Mr. Paparozzi – That would be pre-existing. From testimony all he is doing is the fence, the sidewalk, curb cut and the driveway surface. That would be pre-existing I guess the survey is from 2019. So when did you own the house?

Mr. Spinella – From when the survey was done. I bought it I think July of 2019.

Mr. Paparozzi – Obviously the shed was there right.

Mr. Spinella – The shed was there but it has actually been eliminated. It's not there anymore it was falling apart when we bought the house so it's actually not there anymore.

Mr. Paparozzi – Are there any other changes to the survey?

Mr. Spinella – No.

Mr. Paparozzi – That's all I have Madame Chairwoman.

Ms. Murray – Mr. Schilp?

Mr. Schilp – I know the parking around there is terrible so if you want to put extra driveway in and it gets a car off the street. As far as the fence is concerned it looks like you just replaced it and I know because it's a front yard facing Woodcrest that's fine it's a dead end. It will improve the sight when you make the turn and you look down the street. The only thing I ask is you talked about putting pavers in if you put the pavers in it doesn't count as much on lot coverage. That's my comment it would be nice to put pavers rather than macadam or cement.

Mr. Mazzer – He expanded the driveway but the steps go out and they come down and you walk on the driveway. He added this walkway which is more coverage why didn't you just leave it the way it was and walk down the driveway?

Mr. Spinella – It's an option we went over we thought it would look nice to have a walkway you know my house is a 2 family house so instead of my tenants having to walk thru the driveway to go out to the sidewalk they have their own walkway to go out.

Mr. Mazzer – in between there do you have grass?

Mr. Spinella – A little separation so we can plant something. We are losing a lot of grass in the front so we'll have something there to dress it up as far as landscaping.

Mr. Mazzer – Good.

Ms. Murray – My only comment is that when I went to inspect it you can't legally make a right to go into your driveway in the back.

Mr. Spinella – You can't make a right?

Ms. Murray – There is a no right turn sign at the corner.

Mr. Spinella – I never even noticed it. The guy that lives next to me has to make a right to pull in his driveway.

Ms. Murray – That's the access to your garage right?

Mr. Spinella – It is.

Mr. Schilp makes a motion to open to the public seconded by Mr. Duffy. All in favor – YES.

Ms. Murray – Any comments from the audience on this application. None.

Mr. Schilp makes a motion to close to the public seconded by Mr. Duffy. All in favor – YES.

Mr. Schilp makes a motion to approve the application seconded by Mr. Duffy.

Roll Call - Mr. Duffy, Mr. Mazzer, Mr. Schilp, Mr. Marz, Mr. Burbano, Ms. Murray – YES.
Ms. Murray – The application is approved.

C.) RPM Hospitality Group, LLC, 129 Pehle Avenue, Block 1311, Lot 36

Applicant requests the conversion of an existing hotel & associated amenities to an assisted living facility as well as constructing a new building for further expansion with use & bulk variances.

Ms. Murray – I just want to put on the record that we have only 6 members present and you will need 5 out of 6 for a use variance.

Carmine Alampi introduces himself as the attorney for the applicant who is Jay Patel. He also lets the Board know that he has provided adequate notice to be heard.

Mr. Alampi – There are several variances that we are asking for but the most significant is the use variance. Our planning consultant will be dealing with that later in the presentation Mr. Paparozzi will do the same thing. This zone does allow for high density high rise development for different commercial uses but not hotels or assisted care. It's my understanding that this property has been occupied for many years by this 8 story hotel and I want to dispel any confusion in the application, in the forms, in the hearing there was a discussion about being a 9 story building. The building is 8 stories but on each end the stairwell goes up to the roof so on each end of the existing building it's actually 9 stories. We made sure we were clear that it has 9 levels but that is not the hotel itself. What we plan to do is convert this building from the type of operation it was not just a hotel but it was a hotel with a checkered past if I understand it. The community and I spoke with neighbors and officials. This is a hotel that has a background where they hosted various people that had some problems and had high police incidents. It's been closed for quite some time. My client purchased this property by taking control of the long term ground lease which has 50 years left on it. He understood that it would be a mistake to reopen the hotel. He bought this property more than a year ago. He's been carrying it empty at my suggestion not to reactivate the hotel because it sent the wrong message to the community. He did repave the parking lot and he put a new façade and new skin and paint to clean up the look of the building but it remains empty because he has no desire to go into the hotel business. His background in programming is it's for age restricted senior housing. This will be assisted living. We have a witness today who is going to be in charge of the operations themselves. A woman that has a tremendous credentials with the state of New Jersey who assisted us in securing the Certificate of Need and she will testify tonight. When you hear her you know that if you have a loved one in need you will want to go to this facility. The professionalism is unmatched the experience level is spectacular. We are going to present what you are used to seeing and hearing the architect and the engineer but what I think you really want to hear about is who is going to run this place, how is it going to be run, would I put my mother there and the answer is unequivocally yes. I think that there is a great need. We spared no cost in assembling the A level team of professionals, healthcare providers, nurses, staffing, better suited people, more experienced people, better paid people. With that we are going to take the existing tower renovate it and convert it to assisted care rooms to dining rooms and such. You are going to hear from Jose Carballo our architect who detailed what we are going to do inside the building. We are adding a 2 story building that's going to be a physical therapy facility. There will be people that we have housed there. We have a swimming pool that's in existence. The swimming pool varies from 4 to 6 feet in depth. This is going to be converted to a therapy pool. It will be used for therapy for our residents something that very few places have. This is not just going to be an assisted care or a nursing home we are going to help to rehabilitate people. The facility will have a daycare for seniors. I am sure you have seen the buses all over Bergen County. This is where people have a relative at home they have to take care of that relative but they are exhausted. They want to be able to take them on a secure bus for a short ride to the facility 5 hour sessions no longer than that because they can't stay out for longer they get tired and want to go home go to bed. I think 2 sessions no longer than 5 hours each. We will transport them

on and off the site. That's an adult daycare there's no overnight activity. Finally besides the physical therapy and adult daycare we intend to build another 8 story building adjacent to the hotel itself to accommodate this 300 and some odd bed facility. We can't do it in one shot because of financing. The way it's done is you finance the renovation under construction of the existing tower and the physical therapy and the daycare and when that is stabilized and occupied with the financing we then will construct the second tower. It will probably be 2 years between operating the first end of it and building and completing the second part. I think it's going to be a beautiful facility. Our architect has some visuals and details but more importantly than the appearance is the service that's going to be provided to the community at large not just Saddle Brook but the Saddle Brook area. With that we can start with Jose Carballo our architect. We have 4 witnesses Madame Chair we have an architect, an engineer, the engineer also has a traffic review. We have a planning consultant but before I bring the planner on to talk about the variance we are going to have the operations expert who has been with the state of New Jersey and when she details the facility and what it's going to do I think you will be impressed. With that let's call Jose Carballo.

Mr. Pellino swears in Jose Carballo he states his name spells his last and gives his address as 171 Main Street Hackensack, NJ.

Mr. Alampi questions Mr. Carballo in order to establish his qualifications to be testifying as an expert in the field of Architecture. He graduated NJIT licensed since 1986 testified in front of many Boards in NJ. Mr. Pellino recognizes Mr. Carballo as an expert witness.

Mr. Alampi – Jose we filed a comprehensive set of plans both architectural and engineering on August 31 I believe and revised some elements of those plans after we received the comprehensive review letter from the Board Engineer Mr. Kurus and after it was reviewed for completeness we had an engineering comment and we responded it to it. We filed back in August we got the review letter we responded September 30th. We got a follow up review letter on November 10th because we read the comments and revamped the plans. Some of the items requested are in progress. Most of the items raised were addressed already. As I said for the record this property is owned by a family that's known to the community and there is 50 years left on the ground lease. We have purchased the lease and we intend to operate for at least the next 50 years. With that Jose can you tell us about the plans?

Mr. Carballo – Its 11 sheets the last submission date was 10/30/2020.

There is a discussion about the revision dates on the drawings and whether or not everyone was looking at the correct drawings.

Mr. Alampi – Jose take us through your exhibit.

Mr. Carballo – The only difference between these drawings and the ones you have are they are in color. The first sheet shows the hotel as it is the entrance to the hotel as well as the restaurant. As you can see it is a set of buildings in a sea of parking bounded by the Parkway and Pehle Avenue. The existing building has 156 rooms and the restaurant has a capacity of just under 300 seats. This is the proposal we have in front of you tonight. You can see the hotel the entrance the restaurant and this portion here is the swimming pool. You can see we removed parking we won't need as much parking for the residents. Basically the hotel will serve as the assisted living with 156 rooms. The restaurant will be the dining area for the assisted living. Phase 2 would be another 8 story building adjacent to the existing building. It will have 105 rooms. There will be a 2 story building attached to the swimming pool so that the pool can be used by the residents.

Mr. Carballo continues to describe the drawings to the Board.

Mr. Schilp – Right now I don't see any plantings here. There's a bunch of trees there between the new building.

Mr. Carballo – Yes there are a number of trees there.

Mr. Schilp – It didn't show anywhere. The swimming pool is it going to stay the same or are you changing it?

Mr. Carballo – If it's in good shape it will remain if not we will have to replace it.

Mr. Paparozzi – The new proposed 8 story building you are calling a 112 residents and the site plan says it's 125. Is it 112?

Mr. Carballo – The number of residents is something that was through the Department of Health. They tell how many residents we can have in there. The numbers we have 112 or 125 it's an approximate number at this point. Once you get the application approved they will tell us how many residents we can have.

Mr. Paparozzi – If the number increases will the number of beds increase because if the number of beds increase the parking demand increases.

Mr. Alampi – Gary if I can the witness who will give the details of the operation will refine that testimony. The architect is unprepared for that testimony because it may be more than one person in a room. We are going to wait for her testimony because the number of beds is really what's driving that. I think she will make it very clear in her testimony.

Ms. Murray – I was going to say the same thing the number of Alzheimer's rooms has a total of 17 rooms that's 25 residents. They should follow.

Mr. Alampi – We are going to let that witness clarify it.

Ms. Murray – I understand but we are getting to the architectural drawings and they have discrepancies that we are trying to figure out. We see different numbers from what we count on the plans it makes it a discrepancy they are his plans that's why we are asking your architect where did he get his numbers.

Mr. Paparozzi – The numbers should coincide.

Mr. Alampi – I have been trying to get that referenced out for the past 3 weeks but I do have a witness that will clarify it.

Mr. Paparozzi – Okay.

Mr. Carballo – Let me go over the number of rooms again. The existing hotel has 157 rooms 17 of those will be Alzheimer's rooms they will be on the first floor and I'll show you when you get to it the first drawing you're going to see where they are. So 157 rooms 17 for Alzheimer's leave 140 regular assisted care rooms. Is that a little clearer?

Mr. Paparozzi – Not really but we will wait because that's not the question we needed answered.

Mr. Duffy – You have me a little confused with what you are calling assisted living and daycare. You pointed to a spot on the buildings and kind of corrected yourself in mid-sentence. What are we talking about are all of those rooms assisted living is part of this adult daycare and what part? I've heard it twice now and it's been alluded to but not defined.

Mr. Carballo – Let me clear it up its 157 rooms that will be the assisted living component this is for people to live. This portion here this is the adult daycare center.

Mr. Duffy – But this is the restaurant dining area.

Mr. Carballo – In phase 2 this will be the adult daycare center right now this is assisted living and this is the dining area for the assisted living component. Phase 2 when we build the building then this dining area will go to this building and this building will become an adult daycare center. The adult daycare center is a 5 or 6 hour shift these people come in and leave the same day.

Mr. Duffy – I know what adult daycare is.

Ms. Murray – You might have us confused because in the new building there's a big activity area and you still show the dining area in the existing restaurant. You see where we are saying we have questions because there seems to be some discrepancies. Is the activity area in the new building going to be the adult daycare and you're still going to keep the dining here you're not showing dining in the new building.

Mr. Carballo – No you are right.

Ms. Murray – It shows on page A3 four of eleven.

Mr. Carballo – So this is a new building this is the existing building the first floor is dementia Alzheimer's we show here. This is the restaurant. Phase 2 will have the new dining area for the assisted living residents and the existing dining area will become the adult daycare center.

Ms. Murray – Where is the kitchen for the dining area.

Mr. Paparozzi – He's not showing any restaurant on the proposed 8 story.

Mr. Carballo – No I'm not but there will be a kitchen whether it's there or in the basement area. There will be a kitchen for the adult daycare center in phase 2.

Ms. Murray – Shouldn't you show it?

Mr. Paparozzi – What's going to happen to the activity areas?

Mr. Carballo – The activity area won't be the dining area.

Mr. Paparozzi – You're going to eliminate the activity area.

Mr. Carballo – I'm going to eliminate the activity area and put a kitchen dining area in its place.

Mr. Paparozzi – So what you're saying there will be no activity area.

Mr. Carballo – The activity area will remain in this building.

Ms. Murray - They are extremely small.

Mr. Paparozzi – In the existing building?

Mr. Carballo – In the existing building.

Ms. Murray – They have a tiny room in the basement level showing for an activity room. That's the only activity room you show on the existing building.

Mr. Carballo – If you look at 5 of 11 you are going to see an activity area.

Ms. Murray – Is that a mezzanine in the lobby area?

Mr. Carballo – It's actually a full floor above that.

Ms. Murray – Because you call out that it's a one story lobby where did you get the second floor.

Mr. Carballo – The lobby itself is one story the building is two stories it happens above that level. The lobbies back in here you enter the building at this point and you have the second activity area.

Ms. Murray – It's an existing floor now?

Mr. Carballo – It is an existing floor yes. It used to be an event space for the hotel.

Mr. Schilp – I'm not sure if you're the one to ask or the attorney are you going to have this daycare prior to building the second building?

Mr. Carballo – That will be part of phase 2.

Mr. Schilp – There won't be any daycare until you build the second building?

Mr. Carballo – That's correct.

Mr. Schilp – I just want to make sure.

Mr. Carballo – That will be phase 2 we are taking the kitchen from here and we are putting it here kitchen and dining area. This becomes now your adult daycare center.

Mr. Paparozzi – Is that really going to work one story?

Mr. Carballo – It's going to have to be that floor and the basement.

Mr. Paparozzi – I'm talking about the restaurant you are going to convert. Is that going to remain one story?

Mr. Carballo – It will remain one story.

Mr. Paparozzi – The height will not be increased

Mr. Carballo - It is not going to be extended. Also the two story building it's the first story physical therapy building it's attached to the swimming pool and again this is for the residents of the building. On the second floor of the building you see the rooms, the elevator, stairs. It's connected to the kitchen building right before.

Mr. Schilp – When you build the second building is every floor going to be attached to the building all the way up?

Mr. Carballo – Yes.

Mr. Schilp – I assume that there is fire doors and automatic locking.

Mr. Carballo – It will all be to code. The building is going to have sprinklers. The new addition is going to be accessible the doorways the halls and the room size.

Mr. Schilp – You mentioned elevators the elevators that are currently in the building are in very poor shape. The fire department is there on a regular basis. They are out of service more than they are in and the other thing is that when the ambulance corps goes there the stretcher does not fit laid out in the elevators that are currently in the old building.

Mr. Carballo – Right.

Mr. Schilp – You got assisted living here which means that they will possibly be stretcher cases before you build the second building how are you going to get the people up and down on the elevator?

Mr. Carballo – They will have to be brought down in chair like stretchers they don't have the full capacity for a fully reclined stretcher. It would be very difficult to try and add larger elevators in the existing building.

Mr. Mazzer – You want to put assisted living in an old hotel it's not working right now.

Mr. Carballo – We have to follow the rehab code so BOH and the other departments.

Mr. Mazzer – you have to come here first.

Mr. Carballo – I understand we'll have to do whatever we need to do obviously.

Mr. Schilp – Is the new building going to have the proper size elevators to allow for the stretchers to fit?

Mr. Carballo – We will have the proper size to fit the stretchers fully reclined.

Mr. Schilp – Has anybody been up on the roof lately? The roof does not drain properly and you can't open the hatches when it rains because it's full of water.

Mr. Alampi – I want to just say that we are going to be spending tens of millions of dollars to renovate this building. We are aware of the problems the Fire Department had in its response to this hotel. The maintenance and neglect we will be doing a lot of repairs and renovations. This is just an overview of our presentation but we intend to interface with the Fire Department and with the Ambulance Corps and Health Department. When we get through this process we will be meeting with the department heads because we know that you have had a lot of bad experience with this hotel. We understand that the Board is concerned about the condition of this building the Fire Department in responding as first responders that accessing the roof the gutters are jammed and loaded and such. We are going to be spending tens of millions of dollars in structural repairs not just cosmetic repairs and renovations. We have to do a whole mechanical system its garbage what's there now. People will not have fresh air so we have to do everything from scratch. The only thing that is going to remain is basically the concrete walls. There is a lot of work to be done here. Jose you were asked about the elevators in the new building you are going to need the new ADA codes that the stretchers can fit in the larger cab correct.

Mr. Carballo – That's correct.

Mr. Alampi - The shaft is going to be larger and the cab itself will be larger. In the existing building we can't make the shaft any bigger.

Mr. Carballo – We would have to destroy a whole wall in order to be able to do something like that.

Mr. Alampi – We ran into this in Hackensack right.

Mr. Carballo – Yes we did.

Mr. Alampi – I'm sorry I didn't mean to interrupt you.

Mr. Carballo – This building is going to be gutted to the structure. Everything has to be refurbished.

Mr. Carballo continues to describe the elements of his drawings in regard to the renovation of the existing building and the location of each different facility to be renovated.

Mr. Kurus – Can you just quickly clarify phase 1 and phase 2 I followed for a while and you were going back and forth on the phase 1 and phase 2 can you spell it out phase 1 and phase 2 so we are clear.

Mr. Carballo – Absolutely.

Mr. Kurus – I guess what we need to change on the architectural plans so that it matches your testimony.

Mr. Carballo – Phase 1 is the existing facility. It is the hotel and the restaurant building. The hotel will be converted to assisted living facility. Then you have the restaurant that will be the dining area for the assisted living residents. Phase 1 will also include a physical therapy building that will be attached to the swimming pool. Phase 2 will include the new 8 story building with a new dining area for the assisted living residents. The existing dining area will be converted into an adult daycare center.

Mr. Kurus – So really the only change you are missing is the existing 1 story former restaurant for participants that's for phase 1 and then that has to say adult daycare for phase 2. Then over on the right you have the 8 story building with 105 rooms proposed assisted living facility and activity area with kitchen and cooking.

Mr. Carballo – We will make those changes. I think we are actually going to split the phase 1 and phase 2.

Mr. Kurus – I think that would help. That's all I have right now for the architect.

Mr. Paparozzi – When will we know the bed count or we won't know the bed count until after everything is approved through the state.

Mr. Alampi – My next witness I will call her out of turn she will qualify that. By the way when she qualifies it she will give a full testimony.

Mr. Paparozzi – Then Mr. Carballo will have to adjust his numbers to her testimony so that's another adjustment you have. Then the 8 story building I am going to assume as your definition for your 9 story it's going to be 9 story as well right because your elevator shaft has to go a floor above the last floor doesn't it?

Mr. Carballo – The elevator shaft only.

Mr. Paparozzi carries on a conversation with Mr. Carballo as to whether or not the elevator shaft makes the building 8 stories or 9 stories and that he and the engineer need to be on the same page in regards to that issue.

Mr. Burbano – The existing restaurant you're going to be fully renovating that out for the kitchen area and the dining area?

Mr. Carballo – The kitchen is there and the rest of the restaurant will just be renovated and made accessible but everything else will remain the same.

Mr. Burbano – I assume you are going to build out most of the floor for kitchen and dining for 300 residents. Is the existing going to remain a restaurant for the daycare or is the new kitchen on the other side going to be for the daycare as well?

Mr. Carballo – The kitchen will remain the same for the daycare and the new kitchen will be for the assisted living.

Mr. Duffy – On 2 of 11 by the kitchen on the left side we have drop off pick up. I'm having a problem with this adult daycare and finding out about it now and not seeing it in anything I've read anywhere in here. This is troubling to me you have this is a drop off pick up area and you have the existing main lobby and entrance so that's not going to be that. When is this daycare going to start because this is telling me there is no delineation between phase 1 and phase 2? You don't put anything on phase 1 for the restaurant. There is noon phase 2 on the new building there's no mention of it having a kitchen area.

Mr. Carballo – The hotel building is going to be converted to assisted living. The main entrance for that facility is that's there now. That is your entrance to assisted living. What was before a restaurant that is going to remain a restaurant for the assisted living facility and that's phase 1.

Mr. Duffy – Okay.

Mr. Carballo – Phase 2 comes along the existing restaurant and kitchen becomes the adult daycare center. That's what the drop off is for and they have different entrances at that point.

Mr. Duffy – The adult daycare is phase 2?

Mr. Carballo – Correct.

Mr. Duffy – In phase 1 the physical therapy building next to the pool?

Mr. Carballo – That is part of phase 1.

Mr. Duffy – So this is only for the residents of the assisted living?

Mr. Carballo – As far as I know now yes it is.

Mr. Duffy – So in phase 2 are the people who are adult daycare that are now being transported will they be afforded or be able to use physical therapy and now the physical therapy becomes open not relegated to assisted living.

Mr. Carballo – When you say open it's not open to the public.

Mr. Duffy – Not public.

Mr. Carballo – Not public.

Mr. Duffy – Except for somebody that we transport on the jiffy that's open to the public then because those people are not full time residents they are not Monday thru Friday for 5 hours at a time. They may only be coming in at 1 or 2 days a week whenever their schedule is. They are not permanent.

Mr. Carballo – I believe once you arrange for here then you have access to those facilities.

Mr. Duffy – I'm just seeing the traffic starting to go into climb in phase 2.

Mr. Carballo – No not really she will explain exactly how that is done they have short buses and things like that so it's not this routine traffic such as you would see in a childcare facility. It's completely different.

Mr. Duffy – I'd be interested to know how because it's 5 hours you had said in the beginning of your testimony so is there a particular drop off time and then it's only 5 hours or do we have shifts? Do we have the 9 to 1 the 9 to 2 and then we got the 3 to 8 or 3 to 9 because we have to take care of Mom and Pop.

Ms. Murray – Mr. Carballo you and the engineer have to get your drawings set because the physical therapy his drawing says phase 2. We really need the drawings to match each other in order for them to be consistent so that we can read these and understand them and give you a proper review.

Mr. Carballo – I do understand and my apologies to the Board.

Ms. Murray – The other thing that is bothering me is the numbers. You show them very consistent from floor to floor on the drawings and you show the detail of a double room in the existing hotel building on your detail. On page 7 of 11 you said the top rows are all in the existing hotel. When I look at a floor plan of the existing hotel you only show the dimension floor which only has single bedrooms. That to me is a little confusing because I can't find which floors have this number 3 room with the double. If there is a way to show a different floor so we can see the layouts that might be different. If every floor is the same I understand the typical floor layout however when you are going to show there's 2 types of rooms and I look at floor number 1 and there is only 1 type of room. I did see it in the new building the new building does have the double bed I just could not find anything on the first floor. It could be the rooms are a little different on floor number 2 and if that's the case maybe we just need to see floor number 2.

Mr. Carballo – I will address that.

Mr. Duffy – On 4 of 11 the proposed physical therapy we have an outside entrance there is a vestibule so if it's for the residents that live in the building how do they get there?

Mr. Carballo – They will have to walk there. There is no direct connection to that room.

Mr. Duffy – Don't you think that's a problem?

Mr. Carballo – Why do you think that it's a problem?

Mr. Duffy – I don't know I look at it like if I'm on the third floor of the assisted living and I have to go to physical therapy I have to enter the building to go all the way around unless you are going to have some kind of pathway though by the gazebo that makes it a little easier to get there. Then again the entrance is on the Pehle Avenue side.

Mr. Schilp – What happens when it snows and you got a couple of feet of snow rain ice inclement weather.

Mr. Duffy – You put parking spaces conveniently on the right side by the entrance.

Mr. Carballo – I'm not sure where you think I can be I mean that's parking that we had there. This is parking for the employees that will be working there.

Mr. Duffy – That's phase 2?

Mr. Carballo – My understanding is this area is for the residents of the facility.

Mr. Schilp – Are you involved in the trash enclosure area?

Mr. Carballo – That would be for the engineer.

Mr. Mazzer – I just have a little problem it's a hotel and they want to make it assisted living and for at least the first 2 years they are going to use existing elevators. How are you going to move people around? I don't think the planning was really thought out that well. I'm not a big proponent of phase 1 phase 2 you really don't know what is going to happen suppose they don't get the financing. Now you don't do phase 2.

Mr. Duffy makes a motion to open to the public seconded by Mr. Schilp. All in favor – YES.

Ms. Murray – The meeting is open to the public for this witness and this witness only does anyone care to speak?

Arlene Algee 137 East Avenue we are the street behind Pehle. I'm speaking for a bunch of other residents on Pehle. We are very concerned about landscaping. Is it really going to be landscaping not

just grass and some bushes like other institutions put up. Right now we are looking at white painted cement walls.

Mr. Carballo – I really think that is a question for the engineer.

Ms. Murray – Do you have anything else for the architect for the plans the rooms?

Ms. Algee – No just about the traffic.

Ms. Murray – That would be for the traffic engineer. Is there anyone else from the public that would like to question the architect on the floor plans and the layout? Take the mic and state your name and address please.

My name is George Cedeno 264 South Lanza one of my issues and people I've spoken to is they are concerned when it comes to what it is an assisted living. All the ambulances emergency services and residents on Pehle Ave don't want to be bothered with lights sirens and things of that nature. In your plan do you have specific zoned area for pick up and drop off of emergency vehicles?

Mr. Carballo – These vehicles will actually stop right where the entrance that faces the Parkway that's the area where emergency vehicles will be circulating.

Ms. Murray – Does anyone have anything for this witness? Seeing none.

Mr. Duffy makes a motion to close to the public seconded by Mr. Schilp. All in favor – YES.

Mr. Schilp – In the traffic plan they show the trucks and stuff going underneath that overhang on the Pehle Avenue side. You do drop off and pick up and stuff like that?

Mr. Carballo – That is correct.

Mr. Schilp – The height of that is 12 feet we have a couple of fire trucks 13 feet 11 inches 13 feet 8 inches 13 feet 2 inches. You can't use that area to bring trucks through. I measured everything and you can probably get 12 foot 8 inches through there.

Mr. Carballo – I'm not sure that any Fire Department would actually drive a truck underneath a building if they are responding to a fire. The fire truck would park outside that area.

Mr. Schilp – That's fine but one of the sheets shows the traffic area and shows everybody driving underneath that.

Mr. Carballo – I will let the traffic consultant address that.

Ms. Murray – Any other Board Members have any questions for Mr. Carballo?

Mr. Alampi – Madame Chair, Board Members instead of going to the traffic engineer we can see that the plans need to be reconciled between the architect and engineer. What I'd rather do is call Miss Karen Stratoti who is a healthcare professional she will be involved with the overall administration of the facility and the healthcare aspects of it. She is sitting right here she was getting nervous wanting to answer these questions for the architect and maybe I made a mistake in not presenting her first. Given the questions of the Board and other issues I think that Karen is going to clarify all of the items regarding this operation. The number of rooms the number of beds the hours of the operation. With that we have Karen Stratoti RN, VSN, CNHA, NJCLA all of these degrees and titles she will explain it to us.

Mr. Pellino swears in Karen Stratoti she states her name spells her last and gives her address as Excellence in Care 20 Beaver Drive Egg Harbor Township, NJ 08234.

Mr. Alampi – I introduced you with these various degrees would you just give us the benefit of your extensive professional education and background.

Ms. Stratoti – Forty years ago I became an RN. I worked in the burn unit, ICU, CCU I've worked in all aspects of nursing. I became a long term care administrator for nursing homes and at that time I was asked to join a task force on assisted living for the development of assisted living in the state of New Jersey by the Department of Health.

Mr. Alampi – This is a state agency?

Ms. Stratoti – Yes. I love the concept of assisted living because the concepts in the state of New Jersey is aging in place until death not having to put somebody into a nursing home. Quite frankly being an administrator in several nursing homes I didn't like the way nursing homes were being run and I didn't care for what was happening. So assisted living about 25 years ago became a whole new concept. I had an RN, BSN, LNHA, CNHA certified nursing home administrator. I'm a New Jersey certified assisted living administrator. I teach the course in the state of New Jersey since 1995 on assisted living

administration so I've taught about 600 and some people. I've been doing my own consulting business with Excellence in Care since 1995. I've actually been in a multitude of facilities up and down New Jersey and Pennsylvania as well as Florida for assisted living to do consulting for the last 25, 35 years.

Mr. Alampi – Madame Chair will you accept this witness as an expert witness in the administration of assisted living facilities general health and nursing?

Mr. Pellino – My opinion her experience qualifies her.

Mr. Alampi – Karen you heard the witness testify but he's just an architect correct?

Ms. Stratoti – I'm married to an engineer so.

Mr. Alampi – Have you visited the site?

Ms. Stratoti - Yes at least 5 times.

Mr. Alampi – You are associated with Mr. Patel and his company?

Ms. Stratoti - Yes.

Mr. Alampi – You are committed to securing for him the necessary approvals from the state of New Jersey?

Ms. Stratoti - Yes.

Mr. Alampi – You have in fact ushered through the application process.

Ms. Stratoti – The certificate of need has been submitted to the Department of Health. We don't have an answer yet I spoke to the gentleman who is in charge of this case and he explained to me a lot of the department health inspectors and surveyors are out because of COVID-19. They are all working from home. We should be getting the letter shortly and he did see if there was any problem with the application as far as the certificate and the approval.

Mr. Alampi – So obviously with COVID-19 people working remotely how complicated is the process?

Ms. Stratoti – Well I have to explain everything I'm going to do with the entire building. We do have to submit the complete plans once they're all put together. We also have to tell them it's a conversion building it's not a brand new building. What we initially proposed was 200 as far as the number of assisted living beds. Just to explain a conversion building falls under what they call comprehensive personal care conversion regulations. That means when converting an older building they will accept lesser square footage per resident in a room.

Mr. Alampi – I'm going to interrupt you. There are rules and they are residents or beds.

Ms. Stratoti - Yes.

Mr. Alampi – Break down for us whether or not there is a one occupant to a room or how does this work?

Ms. Stratoti - It is confusing. What the Department of Health looks for in a converted building is believe it or not just 80 square feet per person and along with that an additional 50 square feet if it's in comprehensive personal care conversion.

Mr. Paparozzi – Fifty square feet is for the initial bed.

Ms. Stratoti – The initial bed.

Ms. Stratoti – The room sizes we have are 290 which is the smallest. We could legitimately fit 2 people in every single room. That's not our intention. The reason why there is confusion is when we have for instance an admission of a person with Alzheimer's or dementia we're trying to keep all of them in single rooms because we don't want to confuse a roommate. We don't want cause a problem between the residents. If a husband and wife move in together naturally they want to room together. We want them to be able to live together so all of our rooms fit that criteria that they could. If 2 sisters move in together and they decide they want to be in that room together we'll allow them to rent that room together as long it's alright with the 2 sisters and they get along.

Mr. Alampi – At an assisted care you actually rent the rooms?

Ms. Stratoti – Yes.

Mr. Alampi – The room the studio apartment is a one bedroom.

Ms. Stratoti - Yes.

Mr. Alampi – And so when there are family members sisters as you say they usually want to be together.

Ms. Stratoti – Yes they do. We actually had 2 sisters and a brother they were all in their 80's and they could not afford to live in separate rooms so we had to get permission from the state to have 3 in a two bedroom that was over 560 square feet. Our goal our original proposal is 200 units it really depends on the type of residents that are coming in and what their needs are as to whether or not they have the money. We're going to have in this building at least 10% Medicaid which is what we are requested to have by the Department of Health and we are also going to have 20% Medicaid veterans in the area because from what our site showed us there is a need for veterans housing. We want to bring those veterans in and that's 30% already that's pretty much going to be on Medicaid. The veterans doesn't pay much more than Medicaid does.

Mr. Alampi – Medicaid so that's a lower income?

Ms. Stratoti - Yes. Those people have to qualify through Medicaid for needs like grooming, dressing, toileting, transferring that type of thing. Transportation to and from doctors' offices.

Mr. Alampi – So that's 10%?

Ms. Stratoti - Ten percent is mandated by regulations.

Mr. Alampi – We will meet that.

Ms. Stratoti – We will more than meet that because as people age in place in assisted living the usual time as people from private pay to possibly Medicaid is 3 years. So people are going to move in and then more private pay people will move in. As people age we're dedicated to what the state wants which is aging in place until death. What we would do is we would also supplement some of their needs if they have a need for PT or OT or speech therapy or wound care even hospice care. We're talking about having people with all those venues in the one building.

Mr. Alampi – This concept of aging in place is that people initially come and they are somewhat independent.

Ms. Stratoti – They're walking they're talking very few drive their own car there's very few cars.

Mr. Alampi – That citizen or couple will be in there in their rental unit but as they get older they have greater needs.

Ms. Stratoti - Yes.

Mr. Alampi – They dissipated their savings.

Ms. Stratoti – Correct.

Mr. Alampi – Then they move to Medicaid.

Ms. Stratoti – Yes and then they still remain in that place.

Mr. Alampi – They will not be displaced.

Ms. Stratoti - They will not be displaced. Unless it is by their request. They will have a home until they die. What happens in a good assisted living community in my opinion the residents adopt the staff as their extended family. They don't have extended family members coming in and the staff treats them like their extended family. We try to keep people aging in place so that we can help meet their needs and very few people have to be sent to the hospital. We are going to have an orderly around the clock twenty four seven. That's very rare for an assisted living most of them have an RN on day shifts but they don't have an RN on night shift. There is someone on call. We are actually going to have a doctor prepared RN. She helped me put together Villa Marie Claire in Bergen County that's a hospice. So I worked with this young woman and she is currently running a continuing care retirement community but has agreed to come up to be the administrator and the executive director of this building. She works with my company.

Mr. Alampi – Can you identify her for us?

Ms. Stratoti - Jean Leone is her name.

Mr. Alampi – She assisted you in organizing Villa Marie Claire.

Ms. Stratoti - She did I was hired by Holy Name Hospital to do that. Villa Marie Claire is an example also of aging in place until death. People are brought in there but its short term because it's a hospice. They try not to send anybody into the nursing home or to the hospital as they are dying. A community such as this becomes very connected. It's not just healthcare it's not a hospital it's not for short term stay. We do respite care though if family members feel they just can't deal with Aunt Sally for another

minute and they need to go on a 2 week vacation we take people in temporarily part time. Most people who will be moving into this facility will also have the option of moving in their own bedroom sets their own special items and furniture that they might want. They can hang their own curtains and hopefully participate in a lot of the activity programming that we'll have. We are going to have security systems around the clock a security monitor. We will have nurses' aides all of our people have to be certified home health aides or certified nurses' aides. We will also have LPN's on each of the shifts. We are going to have in the areas that you were discussing about the recreation element. Where are they going to have a recreation element? I think he referred to it as the mezzanine area where we have the grand ballroom at the other end of the building it's very big. You could probably fit a good 300 to 400 people in there with no problem. We are going to divide that up into areas so we can have activity programming going on. One of the things we are going to have is we will have a chapel on site that will be interdenominational chapel. Hopefully we are going to ask the area churches and synagogues and whoever would like to come in and have a service for these people. We're going to have a hair dresser most likely on the bottom floor because nobody wants to smell perm and that kind of smell when they come in. We will have when you come in through the lobby we're going to have a bistro area with a convenience shop so that some of the residents can make their own cereal in the morning or coffee or tea and they just want to chit chat with each other watch the news or read the area newspaper. We're planning on a library and a community center. We are going to have lounges on the ends of each of the halls exercise and fitness room with senior friendly equipment.

Mr. Alampi – The exercise rooms are separate from physical therapy.

Ms. Stratoti – They will be separate. We have meeting rooms because it was I think a Marriott I'm not sure.

Mr. Alampi – Holiday Inn.

Ms. Stratoti - Was it? Okay. So we do have meeting rooms and outside courtyard with a patio and seating. We do want to have a beautiful garden area with a green space for the residents. We talked about how you're walking past because that will be part of their therapeutic intervention is to get them outside and to walk on a clean smooth path. There is ample parking I think probably too much. Several large activity spaces for music, art, theater a drop down screen and most likely show movies from the 50's and 60's. We are going to have the physical, occupational and speech therapy on the premise. We are going to have a physician office most likely it will be where the wellness center is. Our doctors that will be coming in will be the same doctors that the resident has on the outside. That way they can keep their own doctor or we can bring in a medical doctor for them if they need it. The doctors will be visiting the residents in their apartments and if they need to have an exam they can come down and do an examination. We're hoping to bring in different types of doctors endocrinologists, cardiologists, foot doctor just regular doctors people might want to see. The girl Jean Leone that I told you about also ran the home health services for both Holy Name Hospital and Hackensack Hospital. She has a lot of connections with physicians that services maybe will come in.

Mr. Alampi – So everything you have been talking about will this occur in phase 1?

Ms. Stratoti - It will all occur in phase 1.

Mr. Alampi – The question is all these things you've been addressing for the residents will occur in the first structure and that will be extended for phase 2

Ms. Stratoti – Correct.

Mr. Alampi – The number of rooms combined for the entire complex would you break it down for us as to rooms, Alzheimer's rooms, the total of the 2 buildings.

Ms. Stratoti – That I have to check I didn't see the second phase. In the first phase the first certificate of need I put in for the conversion of the first phase 200 rooms.

Mr. Alampi – So that's phase in 1?

Ms. Stratoti – That's phase 1. The rooms range from 290 to 390 square feet. I believe we were hoping to have 20 Alzheimer's dementia people in those 17 rooms. It depends we have to wait to see what type of client we have and what phase of Alzheimer's or dementia they are in.

Mr. Paparozzi – You said with this hotel you're going to go for 200 rooms I thought there was testimony with the architect it was 157?

Ms. Stratoti – There is what I'm saying is there are 200 slots. I stand corrected.

Ms. Murray – 200 beds.

Ms. Stratoti – 200 beds. We have the square footage to do more than that. We don't want to go over that. We want husbands and wives to live in 1 room. We want brothers or sisters or whoever comes in.

Mr. Paparozzi – What happens if there are more than 25 applicants that are either husband and wife or brother and brother or sister and sister. If there are 157 rooms and you're only having 200 beds what if 100 rooms were for couples?

Ms. Stratoti – The certificate of need is for 200 spots. We have people on a waiting list until phase 2 is built and at that point you may be able to put them in phase 2 or phase 1 whichever has an opening. In an average facility you have deaths as things happen and things will open up. You might have a husband or you might have a brother and another brother in two separate rooms and then 3 people die that month and you may be able to put them both into 1 room.

Mr. Paparozzi – The square footage you alluded to earlier on the room for the assisted living that's just a general number from the state because isn't that the same square footage for a boarding house.

Ms. Stratoti – No a boarding house is much smaller it's 80 square feet but I think it's 30 for additional because I've been to boarding houses where they have 5 people in 1 room.

Mr. Paparozzi – its 80 50 now.

Ms. Stratoti – Oh wow that's changed.

Mr. Paparozzi – It's 80 for 1 bed and 50 for another on the square footage.

Ms. Stratoti – That's probably changed. When I was there 20 years ago they had 4 or 5 people in an 80 square foot room it was horrible.

Mr. Paparozzi – They have people shoved in beds because it's not code anyway.

Ms. Stratoti – It's a shame it's true.

Mr. Alampi – In your experience you have 157 rooms allocated some of them are husband and wife can you tell us with 200 spots and 157 rooms what you anticipate.

Ms. Stratoti - When we did our budget which we put together for the state. We budgeted for 85% of that doesn't mean we are going to have 200 people in there.

Mr. Paparozzi – It also means you can.

Ms. Stratoti - We can it doesn't mean we are. You are correct and that's why I'm saying there are 200 spots.

Mr. Paparozzi – Everything should be accounted for at its max in case that is the case. That's why we are concerned about it for parking.

Ms. Stratoti – I understand like I said there will be very little. I had a contract at one point with all 35 Sunrise assisted livings in the state of New Jersey and in Pennsylvania. I had to go in quarterly to each one of the buildings and when I and look I'm not saying anything negative about them but some of their buildings were put on such a small little area there was no parking. When you go in and see the way the building is laid out yes you're right it's an old hotel but we are going to try and make it into a community. This is very different than what's out there. There is no other assisted living in the state that has a pool that's going to be offering PTOT or speech therapy or wound care and hospice on the premise. This is going to be very different. It's going to have an outside area where people can truly have a good time while they are walking. We are talking about having a bocce ball area or a shuffle board area and those make it resort like anything to make people move and feel better about themselves. In the grand ballroom we are going to have a movie theater. We have medication administration now that doesn't mean you give meds to everybody it means if the residents are capable of getting their own medications we advocate for keeping their own medications in their room and we will not baby them. If they are capable we do not just take it over. Personal care we are giving bathing, grooming, dressing, toileting, physician visits. We will have their activity programming. We are talking having a voice activated assistance like Alexa and Google communications having a remote for blinds and lighting and potentially just a small kitchenette in each of the rooms.

Mr. Paparozzi – I think those outdoor amenities should also be shown on the plans to see where they are and make sure they are not near traffic. That's another thing that should be shown on the plans so you know we are getting different information from different testimony and none of the plans match that. It's a little hard for the Board because a lot of what they are going on is based on the engineer's remarks and my remarks and if it's different you know.

Ms. Stratoti – It should all be reflected I agree and it will be by the time we get done.

Ms. Murray – I just had another question because in your statement here it says consists of 200 assisted living beds with 20 is that 200 minus the 20?

Ms. Stratoti – Minus the 20. In my certificate of need I think I put the 20 out of the 200 would be.

Ms. Murray – That's all I wanted to know if it was 200 plus 20 or 200 and that included.

Ms. Stratoti – Yes. Now that doesn't mean we not have people with mild dementia that's in there and they're not going to have the severe dementia. The people that need to be in a dementia unit are going to have more severe dementia.

Mr. Schilp – So there's 157 rooms is what you're going to have.

Ms. Stratoti – Yes.

Mr. Schilp – With a maximum of 200 residents.

Ms. Stratoti – Correct. It's a little confusing that's the way the state does it. It's different than a nursing home. Okay just so you know what we have to put our employees through is we hire everybody. Everybody has to have a contract everybody will have their orientation which is consisting of about 15 different topics and it's all regarding how they are going to be approaching people with the concept of assisted living. It basically involves giving people a choice giving them the dignity they deserve making sure that they have accommodations that they're pleased with. Making sure that they realize that this is a home this is not going to be like a nursing home. We are actually having design plans that we have if someone wants to turn off a spigot or in the bathrooms we have lever type designs rather than round spigots so they are able to do as much as they can do for themselves. We are going to have a little laundry room area at the end of each of the halls. If the residents want to do their laundry they will if they do not want to do it they don't have to do it. That's all encompassed in the way they acquire our services. The medication administration is going to be by both nurses and by what we refer to as a certified medication aid. That's an aid that has training as an HHA or CNA which is usually trained for a nursing home and then they have to take an additional 70 hours to be a certified medication aid. They fall under the RN's license in the state of New Jersey so the RN has to continuously give them education every single month on various different medications what to look for for side effects things like that.

Mr. Alampi – Let me ask you some questions about the costs associated with a resident. I'm sure the Board Members want to know how cost prohibitive is this. How expensive is it can the average person afford to come here. So compare for us with the Medicaid and the Veterans and such. What would we be looking at with all these different features are additional costs like laundry?

Ms. Stratoti – We are not having laundry be an additional cost. Medication administration is not an additional cost. When we have Medicaid or we have veterans coming in 30% of our population already on average we may get around \$2000 or \$2300 per month depending what veterans get for monthly rates. Those residents are given a personal needs allowance that the state allows them to have usually it's \$50 for the Medicaid people for anything additional because everything soup to nuts is paid for.

Mr. Alampi – Fifty dollars a month?

Ms. Stratoti – That's it. Of course the veterans may have a little bit more money that comes in monthly and they will pay a portion of that and keep the rest of it to spend any way they want. If we have a trip to a mall or something then they could do that. We are going to have buses and our buses sometimes may take a trip to nowhere. We take them out to get ice cream or we drive around and look at Christmas lights and things like that. It depends on what the residents want. The residents have input into their activity programming and eventually we have a resident president a council and a secretary just like a lot of other organizations and they will give us feedback as to what they want and we can change the programming based on what their needs are. Private pay individuals it depends on who is

what area. We have them starting at about \$4390 a month. If you look at that compared to rates that are out there on other buildings it's relatively less because we feel that we are in a middle class neighborhood we want to be able to meet the needs of the people. A lot of the residents have gotten their insurance plans and their not realizing that long term care insurance sometimes in a tiny line at the bottom covers for assisted living. What happens is the resident will pay it and once a month they get the money back from their insurance company.

Mr. Alampi – The private pay people that are not on Medicaid pay roughly \$4500 a month.

Ms. Stratoti – Maybe less it depends on the size of the room.

Mr. Alampi – The \$4500 would be for the smaller rooms?

Ms. Stratoti – The smaller rooms yes.

Mr. Alampi – What about the larger room?

Ms. Stratoti – It will go up to about \$5500. It really is going to depend on population and who we are servicing. People will tell you that they can afford something if they can't afford what they are looking at we can get them into a smaller room because the whole one side of the building has smaller rooms on one side large rooms on the other. There are some people that will come in and will ask to have 2 rooms put together where they're going to have their parlor and dining room and the doors that attached the rooms I don't believe they are all being taken out. So if they want to open it up and have a bedroom in one area and a parlor in another area that's acceptable too. We have had that happen. There's no extra dietary expense by law we have to give people 3 meals a day. We have to have specific consultants come in. I have to have a pharmacy consultant come in and once a month he reviews everybody's pharmacy situation over and above the doctor's orders because he has to let me know if anything is coinciding which will cause a problem with a patient. We have dieticians come in and they will give us a dietary menu and the residents will have a selection from the menu. You also have to have a small in between meal snacks. That's one of the reasons we are going to have a bistro in the mezzanine where we have all of the activities we'll have some time of nutritious snack items. We're planning on the residents helping us with deciding what they want to eat.

Mr. Paparozzi – The bistro will be additional to the restaurant?

Ms. Stratoti – Yeah what it is as you come in you have your front lobby we're going to have a person sitting at a desk and behind that area it is going to be open and we are going to turn that into snack areas where people can pick up snacks everything will be individually wrapped and they can sit back there and have their morning coffee, tea, juice things like that. We'll get it from dining services. We will replenish as the day goes on.

Mr. Paparozzi – Is there a time limit on the hours that the restaurant or the snack area are open?

Ms. Stratoti – No by law we have to feed people within a 16 hour time period based on sub chapter 12. We will try to make that happen with our dining services and try to get people to eat at certain times. The dining room might open up at 4 and then it closes at 6:30 or 7:00. Some people when you are in your 80's and are used to eating dinner at 7:00 at night you don't want to come down at 4:00 for the early bird special. We try to accommodate whatever they want. If they would go in the middle of the night we have had people in other facilities that were truck drivers and were used to eating their main meal at 4:00 in the morning. We do what we call an activities assessment on people and we look into their background and we ask them what is comfortable for them and we will provide food at that time however they want it.

Mr. Paparozzi – As long as it's available because some people may be let's say dinner time is 4 to 8 some people may be in therapy or sick or maybe have a doctor or somebody visiting them.

Ms. Stratoti – We always have stuff available and they are going to have refrigerators and freezers in each of their rooms with microwaves too.

Mr. Paparozzi – Yes I saw there was a kitchenette on the plan.

Ms. Stratoti – We don't have microwaves in the dementia area because we're going to be evaluating their cognitive abilities we don't want a fire. Everybody has to be assessed for that type of a situation because some people like to take food back their wrapped in tin foil and they throw it in the microwave and that's a problem.

Mr. Alampi – The people will have their own kitchenette facilities.

Ms. Stratoti – Yes and they can go out and but their Corn Flakes for the morning or whatever.

Mr. Alampi – There are no ovens.

Ms. Stratoti – No we don't let people cook.

Mr. Alampi – You still have the main dining area and the bistro?

Ms. Stratoti – Yes and if anybody ever tells anybody that they can't have something I don't tolerate it because this is a twenty four seven operation and it's got to be like home.

Mr. Alampi – Your organization presently consults and services other facilities in New Jersey?

Ms. Stratoti – Yes.

Mr. Alampi – How many?

Ms. Stratoti – Two new developing facilities one is Dunellen New Jersey near Ocean City. There is a set of priests putting up an assisted living. We did also do Villa Raphael which was set of nuns. The nuns have been in operation for over 20 years. Up here we did Villa Marie Claire which is now a hospice care. I'm working with Rutgers University for an assisted living program in Camden and I just spoke with Jay the gentleman that brought us here.

Mr. Alampi – You mean teaching?

Ms. Stratoti – No it's to bring in student nurses and student physicians to work the facility here. We are tapping into that and trying to develop a contract so we can bring the students in and they may even have students that are in physical and occupational therapy. They do a practicum experience and what we are hoping that will do is give us a physician around the clock. Our goal just like any other goal even in the hospitals today is aging in place but staying in place. If I have an RN that does assessments which she or he has got to be able to do my goal is to if I have to pick up the phone and call the doctor and get the medication the person needs instead of shipping them off to a hospital. I'm not a great believer in costing a resident \$900 for a round trip to a hospital where they are going to be turned away 3 hours later. Our goal is to have people in place that can prescribe what they need.

Mr. Alampi – So staying with the aging in place situation so people as they age in their 80's maybe 90's what's the break point where they can no longer survive here safely. Would it be someone who is bedridden at that point?

Ms. Stratoti – No because at that point I would bring in hospice services.

Mr. Alampi – You bring it in.

Ms. Stratoti – I bring it in. So Medicare pays for hospice so they will pay for an additional nurse aide to come in several times a week on top of our staff helping them. We invite the families to come in to be able to be right next to their mother and father while they are progressively dying and we try to make it be a comfortable environment. Like I said the staff becomes their family. You try to keep the same people the same care givers with the same person because it makes them more comfortable. Pain management can be managed through this and it's all through hospice services so our staff will also have nurses there.

Mr. Alampi – What would be the difference between your facility and the people who are more advanced in their age versus a skilled care what you call a nursing home.

Ms. Stratoti – The difference may be in price. We probably would be cheaper because we are using private monies and Medicaid monies as well as Medicare in a nursing home the price may be higher. The difference may also be staffing although we are talking about using nurses by the staffing levels our staffing will be based on the staffing levels of care that our residents need.

Mr. Alampi – You explained to me that the quality of your staffing may not have the certificate from the state but will be equal to the kind of care you would see in a nursing home.

Ms. Stratoti – Correct.

Mr. Alampi – I imagine in a nursing home people get more care because of their need then in assisted care facility.

Ms. Stratoti – I disagree. I think that people that take care of the same people every day if they are caring individuals and that's who we want to hire are the people that are really going to care of them. In a nursing home you don't always have the same staff every day.

Mr. Alampi – More turnover.

Ms. Stratoti – More turnover and they don't always do the right thing.

Mr. Alampi – When I was talking about not personal care emotional care but the need that people have is there a type of condition where you could not take them and they would go into a nursing home?

Ms. Stratoti – That may happen for instance COVID-19. We may not be able to handle someone that's gotten to the point where they are short of breath and they are going to need hospitalization. Post hospitalization with a COVID patient could mean they are going to be transferred to a nursing home when they are bedridden. We don't handle ventilators. We don't do people that have been in a car accident or something like that and they are completely comatose. We most likely would not take that person because they would need 24 hour service. They would need turning and changing and they have wounds and things like that. That's the kind of person we might not take.

Mr. Alampi – That's very intense care.

Ms. Stratoti – Yes so unless the family's got insurance money and they can bring a private duty nurse aide in or nurse to deal with this person twenty four seven we would not do it. Many families would rather not put their mother or father in a nursing home versus an assisted living.

Mr. Alampi – The family can always opt to bring in a healthcare professional to supplement what's going on. If they want someone to be there overnight.

Ms. Stratoti – It may be that overnight mom gets very confused and she is trying to get out of the room and crying or screaming that kind of thing. If it helps that person to have somebody sitting in the room with them we try all different venues.

Mr. Alampi – You do allow that.

Ms. Stratoti – Yes we do.

Mr. Paparozzi – If the healthcare worker is staying twenty four seven with one patient where are they going to sleep?

Ms. Stratoti – It wouldn't be the same worker twenty four seven. It would be different people different shifts. They would not be sleeping on the job. If I'm hiring someone 4 to 11 or 11 to 7 they are awake.

Mr. Alampi – So they are working.

Ms. Stratoti – they will be working.

Mr. Alampi – They are not living there.

Ms. Stratoti – No.

Mr. Alampi – I want to ask you a few questions that came up. You have been inside the building?

Ms. Stratoti – Yes.

Mr. Alampi – You have your own ideas about the adaptation of the building.

Ms. Stratoti – Yes the interior design.

Mr. Alampi – You're working on that with the architect?

Ms. Stratoti – Yes.

Mr. Alampi – Some questions came up about the existing elevators do you see that as a challenge. The size of the cabs in the new facility the stretcher can be laid out and it fits. How do you address that because it seems to be a concern?

Ms. Stratoti – There are some assisted livings that were put up that do not have that large of an elevator. Not the newest ones but the ones in the beginning that were put up they have similar type elevators. You are right you have to sit them up to bring them down it's not the best. It will do the job but when they build the second phase in my opinion you have to put in the size of a hospital elevator. You have to be able to furniture up and down and different things that would help. I understand that it's going to be almost impossible to build an elevator shaft in the middle of a building like that going 8 stories to change the elevator. One of the things we talked about was making sure that it's up to code and making sure it's all going to work right.

Mr. Alampi – The width of the existing hallways do they need to be modified.

Ms. Stratoti – No 36 inches is the width that the code calls for in the regulations for assisted living.

Mr. Alampi – the doors into the apartments are they ADA accessible?

Ms. Stratoti – They are fine you can get in those doors with a wheelchair or a walker. They are going to

convert some of the bathrooms into ADA compliant bathrooms and all the bathroom tubs are being taken out and replaced with shower stalls.

Mr. Alampi – You made an assessment that the conversion of this hotel can be done and meet the standards that you would want for the public?

Ms. Stratoti – Yes and I believe it would be a great fit for this building especially considering it's there and it's empty. You have a lot of veterans in this area that are in need of placement. When COVID-19 hit we were going through a whole different tier of things with the Department of Health and trying to figure out where we can put people. What we found out was there are a lot of people that were out on the streets or they were not able to be contained off the streets. It's a need and it's only going to get worse. You're population is growing with 65 and older in this area and within a year and a half COVID will be somewhat under control but we are still going to have people that will need placement.

Mr. Alampi – I want to ask you a few questions about the staffing numbers. In all I think you sent something to me but I'm going to give it to you because my glasses fogged up. You provided a memorandum to me with regard to the overall staffing and this is going to relate maybe to parking and ingress egress and how many cars come in and out. Forget about the residents because I don't believe many of the octogenarians are driving.

Ms. Stratoti – Some of them bring their own cars because they like to work on them. If they have dementia at times I had maintenance guys pull the spark plugs so they are not really driving them. They polish them up and talk about the good old days with the car.

Mr. Alampi – Generally the residents are brought by family or the bus and then they are there.

Ms. Stratoti – They might take a bus ride to go to the grocery store or something.

Mr. Alampi – In those instances they are escorted right?

Ms. Stratoti – Yes.

Mr. Paparozzi – When you get those numbers for the employees is that for phase 2 complete project or just phase 1.

Ms. Stratoti – I separated it out. Phase 2 has the same 100 and something beds probably a little less but I also took in the days off and things like that. So I can give you the amount of employees.

Mr. Alampi – So we went through your memos and you can let us know some of the numbers.

Ms. Stratoti – Parking spaces for the day shift for both phase 1 and phase 2. I anticipate 70 employees that includes your activities and maintenance. The number of parking spaces for both would be 35 approximately. I anticipate people coming in on buses and being dropped off things like that.

Mr. Alampi – You're talking about staff?

Ms. Stratoti – Yes staff. On the evening shift for both phase 1 and phase 2 would be 42 employees. Phase 1 only would be 25, phase 1 only day shift would be 35 parking spaces. The combination of both phases you would have 42 employees on the evening shift, night shift that's 12 the number of parking spaces for employees. That would be from 8 to 12 for phase 1 and phase 2 would be the same. Visitor parking I anticipated 50. You don't get a lot of visitors during the day shift most visitors will come in the evening shift.

Mr. Alampi – Family members and visitors are probably working.

Ms. Stratoti – Yes they work during the day and they come in and check on mom they might have dinner and lunch if they can come for lunch Very few visitors come for the day shift.

Ms. Murray – Do you have a number for the weekend?

Ms. Stratoti – We are doing a traffic study on that so we have to check that out. I know we just did a traffic study at another facility and it depends if it's Christmas, if it's New Year's, if it's a holiday that's a higher number of people. It depends also on the residents and their families it's very hard to say until we get our clientele in place. The restaurant we have seats 300 and it currently has 277 parking spaces and that's more than a hospital. We would really like to cut down on all these parking spaces. I think we need to get rid of some of it and make sure that we have the outdoor areas for the residents nicely landscaped with flowers and trees and things like that. That's about all I have here any other questions?

Mr. Alampi – We covered the services you provide. Who is the Director?

Ms. Stratoti – Jean Leone.

Mr. Alampi – You selected her?

Ms. Stratoti – Yes I did.

Mr. Alampi – What will your involvement be?

Ms. Stratoti – I will be oversight management. I'm going to pre-hire everyone and do all the orientation and then I will be visiting once a week in the beginning for a couple of months and then after that maybe once every 2 weeks. I will eventually get to the point where I'm once every 2 months. What I do when I come in is I will audit every department to determine if they are in compliance with the Department of Health.

Mr. Alampi – Madame Chair I don't have too many more questions about the facility but I hope this was informative in clarifying the confusion in the prior testimony as far as the breakdown of the bedrooms the beds and rooms. I think we cleared up some of the discrepancies.

Mr. Paparozzi – On the phase 2 the eight story proposed or nine stories we didn't clear that up yet.

Mr. Alampi – We got to call it 9 stories.

Mr. Paparozzi – What are the amount of residents that you have?

Ms. Stratoti – 100. We haven't submitted that certificate of need yet they wanted to wait and do phase 1 first to make sure it's steady for 2 years then we'll submit the paperwork.

Mr. Paparozzi – How many?

Ms. Stratoti – About 100 units those units are going to be much larger than the units over there.

Mr. Paparozzi – How many residents because the engineer has phase 2 as 125. The architect on 1 of 11 has phase 2 at 112 then on 2 of 11 he has 105 rooms that means only 3 rooms are going to be 2 bedroom. If you're going to have 112 so none of those numbers match each other that's why I'm asking you.

Ms. Stratoti – I'll be honest with you I need get those numbers together before I do a certificate of need.

Mr. Alampi – There will be 100 rooms.

Ms. Stratoti – I thought there would be 100 rooms but I'm not an architect or an engineer. I don't know how many rooms will fit into that 8 story restored space. We haven't been able to talk about that but like I said those rooms will be larger. Those rooms will be more probably private pay.

Mr. Paparozzi – Using those 2 buildings 315 or 312 whatever the residents are. The new restaurant the physical therapy the pool, maintenance, doctors, nurses, administrators, people who are qualified to hand out medication bus drivers. Does that number 70 also include if I want to pay for twenty four seven additional watching or healthcare?

Ms. Stratoti – I've only included ours so if some extra healthcare person is going to be coming and going that does not get included.

Mr. Paparozzi – So that number can go up to.

Ms. Stratoti – it could go up to maybe 80. I don't think it will go much higher than that what happens is you have your interior pool of people so we would use our own staff to try staff with the same people so they would already be there.

Mr. Alampi – Based on your experience if you use your pool there would be a finite number

Ms. Stratoti – It would be a minimal number.

Ms. Murray – Will you be using the architect's plans to put in your application of need for phase two?

Ms. Stratoti – I will yes for the certificate of need I use the generic plans that you had for phase 1 to put in my first certificate of need. We decided to do it in 2 phases because of the lack of funding at the time but yes and I will actually be more involved with the architect and engineers in doing the phase two.

Ms. Murray – What they presented to us is actually 15 rooms on each floor one of those rooms has 2 beds. That's 16 residents 16 beds on the proposal and I guess what we are trying to get at is, is that the proposal for 15 rooms and 16 beds that will be the need. You need to understand and I want to explain to you why I'm saying this. The residents are looking for occupancy. We know what the hotel has we know that it's an existing building. We know that you're renovating it and we'll go with that. We see this proposal but we need to know that that's 112 more rooms or beds not rooms but beds actually because

it's only 15 rooms on this. What's to say you go and make the room smaller and you put more rooms on it so that's why I'm asking if you're using his schematics for your application of need?

Ms. Stratoti – Yes I will do that absolutely.

Ms. Murray – Then that's the numbers that will be used.

Ms. Stratoti – Yes.

Mr. Alampi – Hopefully my architect and engineer did not fall asleep that they listened to this testimony. They understood how a certificate of need works. They understood the parameters of the building and they'll reconcile these numbers. I don't think we'll do it tonight but again I think we had a lot of clarification with this witness and I think the architect and engineer can reconcile the overall number of rooms and beds and applicants. We know what we are talking about with staffing and healthcare aides and we'll get to a true number. I don't think they were far off just that they were inconsistent. We do have a landscape engineer in the package. I don't think it's as complete as it could be because the truth of the matter is we plan to eliminate a lot of macadam. We felt we had an abundance of parking for what we need and we're adding good buffering and we're creating walking paths and things like that. I don't think the landscaping plans are detailed. I know this meetings going to be continued and we're going to supplement. Number one the landscape plan is going to be updated. Number two the reconciliation of rooms and numbers will be completely done before the next hearing. With that I know you need to open to the public. I don't think I will call the engineer tonight. I think we'll call it a day and regroup.

Mr. Paparozzi – The required number of parking by code is 158 and you're proposing 172 so you're only 14 over the amount that is required so if you were to eliminate parking you may need a variance.

Mr. Alampi – We eliminated them with 270 we have.

Mr. Paparozzi – Yeah but that's not what's on the plan.

Mr. Alampi – I think the property is fine and the height of the building is fine and the use is fine. The numbers would be coordinated.

Mr. Duffy – In your experience what would the impact be on our first responders? Would we have a difference in emergency calls?

Ms. Stratoti – What I like to do with buildings we had run in the past is I don't like a lot of sirens going off either that's what I'm saying we're going to have an RN on around the clock and potentially have doctors on if I can get them in from Rutgers so that we don't have a lot of ambulances going back and forth. I don't know that it would be a lot more because our goal is aging in place until death. Our goal is to not send people out if we can correct the situation on site. Because we are going to have LPN's and RN's on site it's a little bit different than a typical assisted living that's out there. I don't anticipate a lot of additional I just like to get to know the guys and the people they get to know the ambulance drivers before they are ever having to deal with that so they feel more comfortable.

Mr. Duffy – We have volunteers so that makes that a little more difficult because they are going to be at work or they're on call.

Ms. Stratoti – I don't anticipate any more than if someone was in their home and had to call somebody probably even less because we are going to have nurses right there. We are going to be able to call the doctor right away and try to take care of the situation.

Mr. Duffy – There's nothing preventing resident from calling 911?

Ms. Stratoti – No there's not but hopefully they will feel more comfortable knowing they have staff in house. I have had people with dementia call the police saying they are keeping me here but they have dementia and you can't help that.

Mr. Duffy – There's a couple of questions that came up and a couple of things the way you explained the services and the things that are going to be available for people. Then I'm looking at the plan and a chapel a hairdresser a library, computer center, lounge a senior gym.

Ms. Stratoti – Downstairs remember I told you about the mezzanine area?

Mr. Duffy – I looked downstairs.

Ms. Murray – It's not on the plan.

Ms. Stratoti – Oh it's not on your plan.

Mr. Duffy – No and this sounds great but none of this is like where are they going to go?

Ms. Stratoti – It will have to be on the plan. That's where it's going to go.

Mr. Duffy – Yes.

Ms. Stratoti – These are amenities that allow the place to function. We even talk about having a little casino area down there. We were going to buy old casino equipment where they can do the one arm bandits its good exercise for the shoulders.

Mr. Duffy – Do you sell an app too?

Everyone laughs

Mr. Duffy – Those are some concerns you know as far as where all this is going to go. Then when I look at phase 2 and I see a nurse's station on the second floor and this plan tells me that from two up is common it's going to be the same all the way up. There is nurse's station on every floor however in phase 1 it is on the first floor and doesn't exist anywhere else. To put it there on another floor means the room changes because now you have to eliminate room to change that over.

Ms. Stratoti – Just so you know the nurse's station is different than a med station.

Mr. Duffy – It's still square footage.

Ms. Stratoti – It's basically in the hall there's going a lockable med cart and it's going to be a station it will not be an enclosed room. A nurse's station will be an enclosed room where someone will come down and maybe take the person to the bathroom do an exam blood pressure but most of the ends of each of the hallways is going to have a med station. The meds will be locked in the room or they will be on a medicine cart.

Mr. Duffy – So there will be a type of room or something.

Ms. Stratoti – It's right out by the elevator.

Mr. Duffy – They are not compensated on both side of the room so this is another aspect you have to look at. The elevator situation troubles me especially because if it's phase 2 is when you I would hate to be the person who needs the stretcher and I'm only in phase 1 and I have to wait until phase 2 is built so that doesn't work. I'm a safety professional in construction so I've been on high rise buildings where we've had to take guys down an elevator shaft in a seated position and it's not easy. That could be a guy that's 30 or 40 years old so he's not someone who's an octogenarian who may not be able to do that.

Ms. Stratoti – The only thing I could say is if somebody comes to the nurse and says I'm having shortness of breath the aides going to bring them down to the nurse's station on the first floor and put them on oxygen take their vital signs and call 911. Most of the people with shortness of breath are in congestive heart failure and it seems to be a very common thing. It's very rare that people will be carried out unless they fall but each situation is different. Would it be the way we want to do it with the new construction no but this is an older building we are trying to meet the needs of the outside community and not make it high end like Sunrise or one of these other expensive places.

Mr. Duffy – You stated that some of these rooms and I'm looking at the print and I see that the doors that are still there for some of the occupied areas. When you look at this it looks like every floor is a bunch of studio apartments they're all small but they will be able to be made larger. There will be design issues that will go on because you have a kitchenette area and I was just curious since we are dealing with an aging population why wouldn't it all be ADA compliant?

Ms. Stratoti – In the new building it would all be ADA compliant but to knock down all the plumbing and to make it ADA would be a difficult thing.

Mr. Duffy – Doesn't this building kind of have to be started over or at least the interior of the hotel rooms and the demising walls can stay the way they are?

Mr. Alampi – We don't know the extent of every wall maybe the architect could answer that. I don't know if they've done a good assessment of exactly what has to be removed.

Mr. Duffy – I've been involved in hotel renovations before and pretty much everything is gone. Walls have been sitting up there that hotel has been there a long time so you're not going to look at a wall and say we're going to keep that no you're going to get everything out and clean it up. I'll say this you should have went first if you were going to do this from a selling standpoint. The hotel has been empty

for quite a while the concept sounds good it's just the more we talk about it the more questions that are coming up and I would like to really get them all answered at some point.

Mr. Alampi – I'd like to answer them.

Mr. Duffy – You're not tonight trust me. I'm not going to ask another one because I looked at the time.

Mr. Alampi – I want to answer these questions we are going to revise these plans.

Ms. Stratoti – I really think there is a need here for this. There are people that don't have the ability to take care of their mom or their dad and not everybody can pay \$9000 a week most of these assisted livings are high end and you have the veterans who can't afford that. I think you have an opportunity here to turn something that has not been helpful to the community and the neighbors into something that will offer a lot of good feelings and help this whole area.

Mr. Duffy – I've been down that road on a couple of fronts but we also have a responsibility and a duty to the people that live in this community. It's not only those that are aging in the community it's those that live around here and our decisions have a tremendous impact not only today but in the future. Especially with things that are developing with phase 1 and phase 2 and not a lot of clarity between the two.

Ms. Stratoti – That will all be straightened out the next time we're here.

Mr. Duffy – Somehow I think you will.

Mr. Burbano – I was actually a manager of one of the ambulance corps and we had a lot of nursing homes and assisted facilities alike that would contact us as the emergency response team. Does this facility would they use privatized ambulances? Obviously you can't control the 911 calls but.

Ms. Stratoti – We had a contract with logistic cares or one of the other ones and we probably will. In the event of a real emergency we are going to have our own wheelchair accessible buses if we have to we can put somebody in the bus. I think we can explore that.

Mr. Alampi – We don't contact the ambulance service except in a real emergency.

Mr. Burbano – When I was doing it 4 or 5 years ago we were doing the real emergencies if the nurse ran up there and said someone was in cardiac arrest they would actually call us but we were very local and you know we were called for everything.

Ms. Stratoti – We also have to do disaster planning fires, bombs you know we have to coordinate services with your area coordinator of disaster planning. To coordinate fire drills a yearly fire drill with your own fire company the chief and then after that we have to do fire drills routinely one each shift.

Ms. Murray – Do you find the need to have fencing that's decorative that might give the neighborhood more of a normal feeling like vinyl fencing?

Ms. Stratoti – I don't find a need for it except for the areas that we might be bringing people outside I don't like people staying inside all the time with dementia. Those areas we will have a fenced in area and landscaping. People that are typical walkie talkie assisted living people they don't like to be fenced in. If they are going to go in an area that we actually talked about having a little park and maybe a playground area so if their grandchildren come they can play there. We want to keep it as close to home as possible. We want them to be involved with the horticulture and the growing of the plants and all that.

Ms. Murray – That sounds like something the neighbors would appreciate to have gardens or areas that look like neighborhood gathering places.

Ms. Stratoti – You know it's going to look like a hotel because it's 8 or 9 stories high but we don't want it to look like that. We want to make it look very homey on the outside. They see people sitting on a bench the kind of benches you have in a park under a tree that kind of thing. If there is an outside carnival going on at that point you can invite some of the neighbors to come in also. We will have children come in and roll eggs and stuff like that.

Mr. Schilp – you just said again you are going to have buses there. Where are you going to park them?

Ms. Stratoti – In the parking lot.

Mr. Schilp – How big are they?

Ms. Stratoti – They are small passenger buses with a wheelchair lift and probably seat anywhere from say 15 people. The buses are going to be there to take people on a trip to nowhere or a trip to shopping

center on Wednesday that type of thing. People will sign up for activities and depending on how many people sign up will depend on how many buses we need. We might have in the very beginning only 2 buses until we start building up the census. Then after that we don't need buses to take everybody we're only going to be taking certain people. They take turns going out.

Mr. Schilp – You got your buses coming in and out doctors are coming in and out guests are coming in and out and that's only phase 1. In phase 2 you're going to have the daycare and you're going to have more buses and you're going to have more cars coming in and out.

Ms. Stratoti – Not more cars. You have the same patients that are coming in and out that that were typically in phase 1 but for adult medical daycare you are only going to have 70 people come in during the day. Seventy people need 3 buses and each bus seats about 15 and they go and pick up 15 people they bring them in around 7 and they are out by lunchtime. They are going home at the time they bring everybody home then they pick up the second round of people the same buses.

Mr. Schilp – You have 15 people on a bus and you have 70 people it sounds to me like more than 3 buses.

Ms. Stratoti – You're doing different trips depends on where the trips are coming from. Your bus may go out on 2 different you may have the morning shift from 7:00 and the second morning shift may start at 9:00.

Mr. Schilp – You said there were 70 per shift 15 people on a bus and 3 buses is 45 people where did you get the other 25?

Ms. Stratoti – You got shift one from 7:00 that bus goes out the same bus after they drop off everyone at 7:00 in the morning and they'll go back out and pick up the other 20 something people that might only come in from 9:00 on. You are not going to have more than 70 people in the unit itself.

Mr. Schilp – Now we're increasing the traffic in and out of here.

Ms. Stratoti – It's 3 buses.

Mr. Schilp – It's 3 buses here and it's 3 buses there and it's 3 people over here and now you're getting a lot of people in and out of this place every day.

Ms. Stratoti – The adult medical daycare the purpose of that is number one to.

Mr. Schilp – I'm not arguing about what it's for or anything like that. What I'm saying is it's 5 in 5 out so that's 10.

Ms. Stratoti – Five buses the same buses.

Mr. Schilp – The same bus goes in how do people go home?

Ms. Stratoti – The same bus takes them home.

Mr. Schilp – So now you got 10 and now the afternoon shift you have another 10 it just keeps.

Ms. Murray – Multiple trips Mr. Schilp is talking trips not buses.

Mr. Schilp – I'm talking about traffic in and out and this is what I'm trying to get at. You've got doctors coming in now you have other people coming in. There's a lot of traffic compared to what a hotel gets. They all leave in the morning because they stay overnight and they come back later on at night. You're talking about constant traffic 12 to 14 hours a day.

Ms. Stratoti – The other people taking a trip to nowhere or to get ice cream is not a lot of traffic. You're talking about one or two buses that's it. Thirty people going to and from the ice cream parlor that's better than 30 cars going to and from the ice cream parlor. Most of our people will not drive and none of the people that are coming for adult daycare drive themselves in.

Mr. Schilp – Ten percent of the people have cars?

Ms. Stratoti – Probably not I would say 3 to 5 percent would have cars.

Mr. Schilp – My parents were in an assisted living up by William Paterson and there were 180 some people in cars.

Ms. Stratoti – Was it independent and assisted?

Mr. Schilp – They just called it assisted living. I'll bet a third of the people have cars and they would go in and out. My parents were in and out every day.

Ms. Stratoti – We did a traffic study and we find out that's not the case. Most people coming in are 80 to 85 years old and most of their families are trying to get their cars away from them because they don't want them driving. Most of the people do not drive.

Mr. Schilp – On the night shift you only intend on having 6 people for the entire night shift?

Ms. Stratoti – No it would be 6 in each of the phases. Phase 1 phase 2 that's 12.

Mr. Schilp – Well we're talking phase 1.

Ms. Stratoti – Phase one would be 6 people.

Mr. Schilp – You're going to have 6 people for 200 people?

Ms. Stratoti – Yes but if the people need more than that they want more than that. Most of the people go to bed between 8:00 and 10:00 and then they sleep all night.

Mr. Schilp – What happens in the case of an emergency?

Ms. Stratoti – I'm going to have an administrator living there. The administrator is going to be on the premise she's a nurse. If there's an emergency they are going to call her and she is going to be right there.

Mr. Schilp – I'm saying if you have a fire alarm and you have to evacuate you've got 200 people to evacuate right now and you got 6 people in the building.

Ms. Stratoti – There will be a command center there will be a call chain and everybody will be coming in and doing what they can do.

Mr. Schilp – Six people to evacuate is not enough.

Ms. Stratoti – I know there's a lot of places that only have one person at night and we're not doing that.

Mr. Schilp – Whatever you do out of town I don't really care this is Saddle Brook and they will be residents of Saddle Brook in this assisted living the residents address will be here.

Ms. Stratoti – I want them to be safe. I told you I was a burn unit nurse I know fact of this.

Mr. Mazzer – They are coming for approval for phase 1 and phase 2 or just phase 1?

Mr. Alampi – Phase 1 and phase 2.

Mr. Mazzer – It's going to take you 2 years to do phase 2. Doesn't zoning anything 2 years you're going to have to come back to the Board again. If you come in for phase 1 and we give you phase 1 and 2 and you go over the time table then you're going to have to go back again.

Mr. Pellino – We have an ordinance that says variances expire one year after they're granted. The expiration is if you don't start work. If you look at this as an entire project phase 1 and phase 2 I assume the renovations and things are going to get started immediately.

Mr. Mazzer – On phase 2 not they're going to do phase 1 and then wait.

Mr. Pellino – I understand what you're saying but I think it's looked at as one entire project. When they start the renovation they will have started work on that which I think tolls the running of the one year. I think, I haven't thought about it in any depth but I think that it's probably true. You don't bifurcate it just because it's 2 phases it's one complete plan which is probably why they are in here to do the whole thing. One complete plan with a number of variances and I think once they commence work on any part of it they toll the running of the time.

Mr. Burbano – They would need separate building permits.

Mr. Pellino – that's a different story.

Mr. Burbano – So phase 1 would be under one permit phase 2 would be under another permit. Their CO's would be under separate permits and what is the timeline if they decided not to do it for ten years?

Mr. Alampi – I'm going to answer your question. The issue is sometimes the developer does not reveal to the Board the entirety of the site. Then the Board feels that they granted approval to this element we wouldn't have granted approval if they were doing this in steps. In all fairness the correct thing is laying it all out what you're doing. Secondly it's a function of financing. The way you address that is in the developer's agreement should you approve it. In the developer's agreement there could be a time frame where the commencement of the second phase. I've got no problem with 23 or 36 months I think we could commit ourselves contractually if this goes forward that your attorney will grant a developer's agreement that will take in all of those elements of planning.

Mr. Burbano – That would be beneficial but I heard in testimony that we're going to see how it all goes before we start the work.

Mr. Alampi – We can make a commitment that within a finite time period we commence or we would have to come back here.

Mr. Marz - Have you ever done a refurbished building like this before and had success?

Ms. Stratoti – Well the refurbished building I worked on was Villa Marie Claire and that was a hospice not assisted living and they had the smaller elevator and they did it they had no other choice but to do it that way. Another refurbished building I did was in Camden actually it was a high school that they converted into an assisted living. It is nice to have once we get the larger units in on the phase 2 it will be a better solution.

Mr. Duffy – Villa Marie Claire in Saddle River I know the building.

Ms. Stratoti – You do? It used to be a convent.

Mr. Duffy – It was a convent yes with the horses out in the back and it's a nice area out there. It's not done yet. I was there a week ago they took out the old elevator shaft they took out the beams. They are making it much bigger shafts.

Ms. Murray – I'm going to have to ask that we stop talking about the building because Gary needs a couple of questions answered.

Mr. Duffy – The point of it is that you can fix that.

Mr. Paparozzi – Since the number of beds is going to be the issue I think that maybe Karen would get together with the engineer and architect and at least put that the neighborhood totals so we have a number that we can match by both on the plan. I also think that either plan or both should show the outdoor recreation that Karen alluded to in testimony. I also think maybe that the buses were going to fit in a 9 by 18 and there is going to be 5 maybe they should be shown on the plan where they are going to be parked because they are part of the whole application. I also think that the physical therapy building whether phase 1 or phase 2 that and the pool area are not accessible from any of the other buildings. There should be maybe a covered walk to get to them because I'm going to assume some of the residents are going to be with walkers or canes and rain and snow.

Mr. Alampi – You just reminded me I forgot to ask this question. The question was raised about the people going to physical therapy from within the building we don't expect people with walkers to go there by themselves right don't you escort the people?

Ms. Stratoti – Yes but she is making a point there is already a pathway from the inside of the building going out. They were going to make it a that's actually going to wind up in the middle of our Alzheimer's dementia unit that's why I think you had taken that pathway up. I think we ought to do that. I personally agree.

Mr. Alampi – We are going to take your recommendation.

Mr. Paparozzi – Even though there's one to the pool there's not one to the new building because it's not there yet.

Mr. Schilp – It looks like they are taking the one that's there out.

Mr. Paparozzi – Yeah they are. I also think the trash enclosure area 9 by 18 for 300 plus residents 70 employees a full restaurant and you're going to have recycling that needs to be expanded. I think they should look at each other's plans as well so that you come in with one version of the application.

Ms. Murray – My suggestion to the architect is if you can't figure a way to mark out the phases then do an overlay. Do a phase 1 with an overlay for phase 2 that has color and cross hatch the parking that's going to become something else. I need a motion to open to the public so that they can ask questions of this witness and this witness only.

Mr. Duffy makes a motion seconded by Mr. Schilp to open to the public. All in favor – YES.

Ms. Murray – Does anyone have any questions for this witness? Seeing none.

Mr. Duffy makes a motion seconded by Mr. Schilp to close to the public. All in favor – YES.

Mr. Pellino – This hearing will continue at the December 21st meeting the same time same place with no further notice.

Mr. Alampi states on the record that if they do not have the plans ready for the December meeting they will continue into January.

Ms. Murray – We have resolutions.

6. RESOLUTIONS

A.) Approval for Rupinder Khalsa, 488 Steinway Road, Block 702, Lot 10

B.) Approval for Francesca Carmeci, 247 South Street, Block 513, Lot 9

C.) Approval for Krystian Wrobel, 70 Jamros Terrace, Block 1301, Lot 3

Mr. Schilp – makes a motion to approve the resolutions seconded by Mr. Duffy.

Roll Call - Mr. Duffy, Mr. Mazzer, Mr. Schilp, Mr. Marz, Mr. Burbano, Ms. Murray – YES.

7. MINUTES

Meeting of October 19, 2020 Regular Meeting

Mr. Duffy makes a motion to read and file seconded by Mr. Schilp.

Roll Call - Mr. Duffy, Mr. Mazzer, Mr. Schilp, Mr. Marz, Mr. Burbano, Ms. Murray – YES.

8. COMMUNICATIONS

Anthony Kurus to the Zoning Board, 9/30/20

Anthony Kurus to the Zoning Board, 9/30/20

Gary Paparozzi to the Zoning Board, 10/27/20

Allyson M. Kasetta, Esq., to the Zoning Board, 11/05/20

9. VOUCHERS

Paparozzi Associates Inc., 10/29/20, RPM Hospitality Group, LLC, 129 Pehle Avenue, \$607.50

Basile Birchwale & Pellino, 11/02/20, Francesca Carmeci, 247 South Street, Block 513, Lot 9, \$250

Basile Birchwale & Pellino, 11/02/20, Krystian Wrobel, 70 Jamros Terrace, Block 1301, Lot 3 \$250

Basile Birchwale & Pellino, 11/02/20, Rupinder Khalsa, 488 Steinway Road, Block 702, Lot 10 \$250

Basile Birchwale & Pellino, 11/02/20, Carol Buchichio, 272 Oxford Avenue, Block 1410, Lot 1 \$250

Mr. Schilp makes a motion to read and file the communications and pay the vouchers if the money is available seconded by Mr. Duffy. All in favor – YES.

10. OPEN AND CLOSE MEETING TO THE PUBLIC

Mr. Duffy makes a motion to open the meeting to the public seconded by Mr. Schilp. All in favor – YES.

Ms. Murray – Seeing none.

Mr. Duffy makes a motion to close the meeting to the public seconded by Mr. Schilp. All in favor – YES.

Mr. Duffy makes a motion to close the meeting seconded by Mr. Marz. All in favor – YES.

11. ADJOURN