

## 6a. Staff Report - Dev. Code Amendment - Community Residential Facilities

Planning Commission Meeting Date: May 3, 2018

Agenda Item: 6a

### PLANNING COMMISSION AGENDA ITEM CITY OF SHORELINE, WASHINGTON

**AGENDA TITLE:** Development Code Amendment – Community Residential Facilities Public Hearing

**DEPARTMENT:** Planning & Community Development

**PRESENTED BY:** Paul Cohen, Planning Manager  
Steven Szafran, AICP, Senior Planner

Public Hearing

Discussion



Study Session



Update



Recommendation



Other

#### Introduction

A non-resident property owner, the Ashley House, has applied for a privately-initiated code amendment to SMC 20.40.120 to allow a Community Residential Facility II (CRF-II) to be located in the R-4 and R-6 zones (low density residential) subject to the approval of a Conditional Use Permit (CUP) as provided in SMC 20.30.300.

The Planning Commission discussed the proposed amendments to SMC 20.40.120 on March 1, April 5, and April 19, 2018.

The staff report and attachments for the March 1 meeting can be found here:

<http://www.shorelinewa.gov/home/showdocument?id=37315>

The staff report and attachments for the April 5 meeting can be found here:

<http://www.shorelinewa.gov/home/showdocument?id=38517>

The staff report and attachments for the April 19 meeting can be found here:

<http://www.shorelinewa.gov/home/showdocument?id=38615>

Staff originally presented the Planning Commission with three (3) options:

- *Option 1* – Permit CRF-II as a conditional use in the R-4 and R-6 zones.
- *Option 2* - Amend the code to rename the CRF use to Residential Care Facility (RCF); possibly allow RCFs in the R-4 to R-12 zones as a Conditional Use; add index criteria including separation requirements.

Approved By:

Project Manager 

Planning Director 

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- *Option 3* - Do not amend the Development Code at this time but consider the topic in the future with other housing issues.

At the above meetings, the Commission heard testimony about Shoreline’s need to provide skilled nursing care to a wide variety of people and ages outside of a hospital setting.

As a result of information provided to the Commission at the March 1 meeting, Option 2 was subsequently expanded to include the addition of definitions for adult family home, residential care facility, and nursing facilities. At the April 5 meeting, staff acknowledged that they had attempted to provide clear definitions of Adult Family Homes (AFH), Residential Care Facilities (RCF), and Nursing and Personal Care but some internal inconsistencies still remained. At the April 19 meeting, staff presented updates to the proposed RCF Development Code amendment that included:

- Change the term of “Nursing and Personal Care” to “Nursing Facility” to remove possible similarities and confusion with RCF, AFH, and the North American Industrial Classification System (NAICS) reference number.
- Modify the RCF definition to clarify that “Residential Treatment Facility” is not included within the RCF use and updated terminology along with ensuring consistency
- Add the land use and definition for “Residential Treatment Facility” as a permitted use in the Mixed-Business (MB) zone since it is not allowed in any of the proposed land uses.

Thus, over the past few months Options 1 and 3 have remained the same through the Commission study sessions, but Option 2 has evolved into the final set of proposed amendments shown below.

**Option 1**

This option is the Applicant’s proposed amendment. The applicant has proposed to change Table 20.40.120 only to make CRF II a Conditional Use in the R-4 and R-6 zones. No other modifications to the CRF land use is proposed.

**TABLE 20.40.120 Residential Uses**

NAICS #	SPECIFIC LAND USE	R4- R6	R8- R12	R18- R48	TC-4	NB	CB	MB	TC-1, 2 & 3
GROUP RESIDENCES									
	Boarding House	C-i	C-i	P-i	P-i	P-i	P-i	P-i	P-i
	Community Residential Facility-I	C	C	P	P	P	P	P	P

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NAICS #	SPECIFIC LAND USE	R4-R6	R8-R12	R18-R48	TC-4	NB	CB	MB	TC-1, 2 & 3
	Community Residential Facility-II	<u>C</u>	C	P-i	P-i	P-i	P-i	P-i	P-i
721310	Dormitory		C-i	P-i	P-i	P-i	P-i	P-i	P-i

**Recommendation** – Staff does not recommend this option. This option allows an applicant to apply for a CRF-II in the R-4 and R-6 zones which, by definition, does not have an upper limit to the amount of residents and staff that may occupy a home in the low-density residential neighborhoods. With no occupant limitation, a CRF-II could become an intense use that is not consistent with the character of the surrounding community and the intent of the low-density zoning district designation.

**Option 2**

This option is proposed by staff because the City anticipates the demand for more residential care facilities as the population starts to age and more of these types of uses will increase pressure in the single-family neighborhoods. Staff proposes the following amendments:

**Adult Family Home**

A residential home in which a person or persons provide personal care, special care, room, and board to more than one but not more than six adults who are not related by blood or marriage to the person or persons providing the services and licensed by the State pursuant to Chapter 70.128 RCW, as amended.

**Nursing Homes and Personal Care Facility**

Any place that operates or maintains facilities providing convalescent or chronic care, for 24 consecutive hours for any number of patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include but not be limited to any or all procedures commonly employed to people who are sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a licensed practitioner of the healing arts. It may also include care of mentally challenged persons. Nothing in this definition shall be construed to include general hospitals or other places which provide care and treatment for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both. Nothing in this definition shall be construed to include any boarding home, guest home, hotel or related institution which is held forth to the public as providing, and which is operating to

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give only board, room and laundry to persons not in need of medical or nursing treatment or supervision except in the case of temporary acute illness. The mere designation by the operator of any place or institution such as a hospital, sanitarium, or any other similar name, which does not provide care for the acutely ill and maintain and operate facilities for major surgery or obstetrics, or both, shall not exclude such place or institution from the provisions of this Code; provided, that any nursing facility providing psychiatric treatment shall, with respect to patients receiving such treatment, comply with the provisions of RCW 71.12.560 and 71.12.570.

### **Community Residential Facility (CRF)**

~~Living quarters meeting applicable Federal and State standards that function as a single housekeeping unit and provide supportive services, including but not limited to counseling, rehabilitation and medical supervision, excluding drug and alcohol detoxification which is classified as health services. CRFs are further classified as follows:~~

~~A. CRF-I—Nine to 10 residents and staff;~~

~~B. CRCF—Eleven or more residents and staff.~~

~~If staffed by nonresident staff, each 24 staff hours per day equals one full-time staff member for purposes of subclassifying CRFs. CRFs shall not include Secure Community Transitional Facilities (SCTF).~~

### **Residential Care Facility (RCF)**

A state licensed facility that provides, on a regular basis, personal care, including dressing and eating and health-related care and services for not more than fifteen (15) functionally disabled persons and which is not licensed under RCW Chapter 70.128. A residential care facility shall not provide the degree of care and treatment that a hospital provides.

### **Residential Treatment Facility**

A facility in which 24 hour on-site care is provided for the evaluation, stabilization, or treatment of residents for substance abuse, mental health, or co-occurring disorders. The facility includes rooms for social, educational, and recreational activities, sleeping, treatment, visitation, dining, toileting, and bathing.

### **Secure Community**

A residential facility for persons civilly committed and conditionally released to a less restrictive community-based alternative under

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### Transitional Facility (SCTF)

Chapter 71.09 RCW operated by or under contract with the Washington State Department of Social and Health Services. A secure community transitional facility has supervision and security, and either provides or ensures the provision of sex offender treatment services. SCTFs shall not be considered Residential Care Facilities ~~community residential facilities~~.

**TABLE 20.40.120 Residential Uses**

NAICS #	SPECIFIC LAND USE	R4- R6	R8- R12	R18- R48	TC- 4	NB	CB	MB	TC- 1, 2 & 3
<b>GROUP RESIDENCES</b>									
	<u>Adult Family Home</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>				
	Boarding House	C-i	C-i	P-i	P-i	P-i	P-i	P-i	P-i
	<u>Residential Care Facility-Community Residential Facility-I</u>	<u>C-i</u>	<u>C-i</u> <u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
	<u>Community Residential Facility-II</u>		<u>C</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>	<u>P-i</u>

**Table 20.40.140 Other Uses**

NAICS #	SPECIFIC USE	R4- R6	R8- R12	R18- R48	TC- 4	NB	CB	MB	TC- 1, 2 & 3
<b>HEALTH</b>									
622	Hospital			C-i	C-i	C-i	P-i	P-i	P-i
6215	Medical Lab						P	P	P
6211	Medical Office/Outpatient Clinic			C-i	C-i	P	P	P	P
623	<del>Nursing and Personal Care Facility</del>			<u>C</u>	<u>C</u>	<u>P</u>	<u>P</u>	<u>P</u>	<u>P</u>
	<u>Residential Treatment Facility</u>							<u>P</u>	

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**20.40.150 Campus uses.**

NAICS #	SPECIFIC LAND USE	CCZ	FCZ	PHZ	SCZ
623	Nursing Facility and Personal Care Facilities	P-m	P-m		P-m
P-m = Permitted Use with approved Master Development Plan					

**20.40.280 Residential Care Facilities (RCF) Community residential facilities I and II**  
 Repealed by Ord. 352.

Residential Care Facilities are permitted in the R-4, R-6, R-8, and R-12 zones with the approval of a Conditional Use Permit and permitted in the R-18, R-24, R-48 and TC-4 zones provided:

1. The number of residents shall be based on bedroom size. Patient bedroom size requirements must comply with WAC 388-97-2440, as amended. In any case, the total number of residents shall not exceed fifteen (15).
2. A RCF must be 1,000 feet from an existing RCF (measured in a straight line from property line to property line).
3. Parking must be located onsite, screened from adjacent residential uses through a solid six-foot high fence or wall, and one parking space for every three patients, plus one space for each staff on duty shall be provided.
4. No more than six parking spaces may be located outside. If more than six parking spaces are required or provided, those spaces above six must be located in an enclosed structure.
5. Signs are limited to Residential sign standards in Table 20.50.540(G).

For the Planning Commission’s reference, WAC 388-97-2440 provides for a square footage analysis of the minimum usable room space a nursing home should ensure for each bed. Staff believes using this standard will reflect the fact that some residential structures are bigger than others so that the total number of residents in any given RCF may be less than the permitted maximum of fifteen (15).

Miscellaneous amendments to change the name “Community Residential Facilities” to “Residential Care Facilities” throughout the Development Code are shown below.

**20.40.400 Home Occupation**

Note: Daycares, Residential Care Facilities ~~community residential facilities~~, animal keeping, bed and breakfasts, and boarding houses are regulated elsewhere in the Code

**Table 20.50.390B – Special Residential Parking Standards**

RESIDENTIAL USE	MINIMUM SPACES REQUIRED
Bed and breakfast guesthouse:	1 per guest room, plus 2 per facility

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**Table 20.50.390B – Special Residential Parking Standards**

RESIDENTIAL USE	MINIMUM SPACES REQUIRED
<u>Residential Care Facilities-Community residential facilities:</u>	1 per <u>3 2 patients units</u> , plus 1 per FTE <u>employee on duty</u>
Dormitory, including religious:	1 per 2 units
Hotel/motel, including organizational hotel/lodging:	1 per unit
Senior citizen assisted:	1 per 3 dwelling or sleeping units

**Table 20.50.540(G) – Sign Dimensions.**

A property may use a combination of the four types of signs listed below.

Refer to SMC 20.50.620 for the Aurora Square Community Renewal Area sign regulations.

	All Residential (R) Zones, MUR-35', Campus, PA 3 and TC-4	MUR-45', MUR-70', NB, CB and TC-3 (1)	MB, TC-1 and TC-2
<b>MONUMENT Signs:</b>			
Maximum Area Per Sign Face	4 sq. ft. (home occupation, day care, adult family home, <u>residential care facilities</u> , bed and breakfast) 25 sq. ft. (nonresidential use, residential subdivision or multifamily development) 32 sq. ft. (schools and parks)	50 sq. ft.	100 sq. ft.
Maximum Height	42 inches	6 feet	12 feet
Maximum Number Permitted	1 per street frontage	1 per street frontage	1 per street frontage
		Two per street frontage if the frontage is greater than 250 ft. and each sign is minimally 150 ft. apart from other signs on same property.	
Illumination	Permitted	Permitted	
<b>BUILDING-MOUNTED SIGNS:</b>			
Maximum Sign Area	Same as for monument signs	25 sq. ft. (each tenant) Building Directory 10 sq. ft.	50 sq. ft. (each tenant) Building Directory 10 sq. ft.

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	All Residential (R) Zones, MUR-35', Campus, PA 3 and TC-4	MUR-45', MUR-70', NB, CB and TC-3 (1)	MB, TC-1 and TC-2
		Building Name Sign 25 sq. ft.	Building Name Sign 25 sq. ft.
Maximum Height	Not to extend above the building parapet, soffit, or eave line of the roof. If perpendicular to building then 9-foot clearance above walkway.		
Number Permitted	1 per street frontage	1 per business per facade facing street frontage or parking lot.	
Illumination	Permitted	Permitted	Permitted

**Recommendation** – The City currently allows Adult Family Homes in all zones throughout the City with up to a maximum of six residents and two staff per home. Currently, a CRF-I allows the number of residents to be increased by two, up to 10 people, with the approval of a CUP. Staff believes Residential Care Facilities can be appropriate in the residential zones, including the low density zones with a CUP and indexed criteria. RCF uses that are conditioned and meet proposed criteria are intended to be like all other residential uses in these low density zones. Staff recommends amendments proposed in Option 2.

**Option 3**

This option leaves the Development Code unchanged and will address the topic of residential care facilities with other housing issues in the future. These include Accessory Dwelling Units, Cottage Housing, Tiny Homes, and housing design. Residential Care Facilities is another use that could potentially impact residential neighborhoods and the development of guidelines should be included in a bigger, community-wide planning process. It should be noted that future residential housing issues are not on the citywide work plan and new work items must be placed on the work plan by the City Council.

**Recommendation** – While Option 3 will analyze a number of issues affecting the single-family neighborhoods, staff does not recommend this option. There is an urgency by the applicant to move forward with their proposed use, staff work has progressed to the point that a reasonable Development Code amendment can be evaluated by the Planning Commission and Council, and the proposed Development Code amendment has been distributed to a wide audience including the Council of Neighborhoods and posted to the City’s webpage so the proposal can be viewed in a community-wide context.

**Decision Criteria**



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SMC 20.30.350 states, "An amendment to the Development Code is a mechanism by which the City may bring its land use and development regulations into conformity with the Comprehensive Plan or respond to changing conditions or needs of the City". Development Code amendments may also be necessary to reduce confusion and clarify existing language, respond to regional and local policy changes, update references to other codes, eliminate redundant and inconsistent language, and codify Administrative Orders previously approved by the Director. Regardless of their purpose, all amendments are to implement and be consistent with the Comprehensive Plan.

The Planning Commission's role is to provide a recommendation to the City Council on the proposed amendments after holding a Public Hearing. The decision criteria for a Development Code amendment in SMC 20.30.350 (B) states the City Council may approve or approve with modifications a proposal for a change to the text of the land use code when all of the following are satisfied. The decision criteria in SMC 20.30.350(B) are:

1. The amendment is in accordance with the Comprehensive Plan; and
2. The amendment will not adversely affect the public health, safety or general welfare; and
3. The amendment is not contrary to the best interest of the citizens and property owners of the City of Shoreline.

The Applicant provided responses to the following decision criteria and staff has analyzed each of the criteria below (**Attachment A**).

### **SMC 20.30.350(1): The amendment is in accordance with the Comprehensive Plan.**

#### Applicant's Response:

Since the proposal calls for a Conditional Use Permit, any potential uses that would be contrary to the Comprehensive Plan could be identified and prohibited. However, expanding the opportunity for consideration of operation in the R-4 and R-6 zones to CRF-IIs could enhance the accomplishment of the goals and policies of the Comprehensive Plan.

#### Staff Analysis:

The Applicant cites goals and policies that support the proposed Development Code amendment in their application. While some of the goals and policies cited by the Applicant could be interpreted to meet SMC 20.30.350(B)(1) there are a number of goals and policies that may not support the proposal including:

Goal LU V: Enhance the character, quality, and function of existing residential neighborhoods while accommodating anticipated growth.

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LU15: Reduce impacts to single-family neighborhoods adjacent to mixed-use and commercial land uses with regard to traffic, noise, and glare through design standards and other development criteria.

Goal T V: Protect the livability and safety of neighborhoods from the adverse impacts of the automobile.

H23: Assure that site, landscaping, building, and design regulations create effective transitions between different land uses and densities.

ED3: Encourage and support home-based businesses in the city, provided that signage, parking, storage, and noise levels are compatible with neighborhoods.

Contrary to the Applicant's response, the City cannot restrict a proposed CRF-II facility solely based on the type of CRF-II. There may be some CRF proposals that are inconspicuous and may not be a burden on the residential neighborhoods. In other cases, there may be proposals that negatively impact a single-family neighborhood. Staff is proposing indexed criteria that will lessen the impact of RCFs (renaming the use to Residential Care Facilities accompanied by refined regulations for the proposed use) throughout Shoreline including maximum number of patients, screening, parking, and signage standards.

Staff believes the Applicant's request (Option 1) does not meet SMC 20.30.350(B)(1) but staff proposed Option #2 does meet SMC 20.30.350(B)(1).

**SMC 20.30.350(B)(2): The amendment will not adversely affect the public health, safety or general welfare.**

### Applicant's Response:

The Applicant states that the amendment does not automatically allow for any uses that are contrary to the well-being of the neighborhood and it does not allow for a change in the types of activities that can currently be considered for R-4 and R-6 neighborhoods. The amendment does allow for consideration of the operation of a facility with more than ten occupants, but the impact of the change would be fully examined under the CUP process and any detriment to the neighborhood could be specifically determined at the time.

### Staff Analysis:

The Applicant's proposed change to the Development Code has the potential to adversely affect the public health, safety or general welfare. The potential number of patients that could inhabit a single-family home could adversely affect public health, safety or general welfare. Increased noise, traffic, and parking could impact established single-family neighborhoods. The City does have the opportunity to impose conditions that may decrease the impacts of a proposed

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CRF but does not have the authority to deny a CRF-II based on the types of services offered.

Staff believes amendments proposed in staff Option #2 will not adversely affect public health, safety, or general welfare. The residential neighborhoods will be protected from overcrowding of residential structures by limiting the amount of patients each RCF may house, parking will be contained onsite, and the residential character of the home will stay intact.

**SMC 20.30.350(B)(3); The amendment is not contrary to the best interest of the citizens and property owners of the City of Shoreline.**

### Applicant's Response:

The Applicant states that the proposed amendment might allow for better use of some existing structures in the R-4 and R-6 zones that are already being used for more deleterious uses to a neighborhood than a proposed use exercising the CUP process. The amendment does not allow for any new uses without public input and scrutiny.

### Staff Analysis:

Residential Care Facilities are not contrary to the best interests of the citizens and property owners of the City of Shoreline with appropriate limitations. As stated in the staff report, as the population of the region ages, residential home care will become more in demand and will provide care options for those who wish to stay in a residential setting.

The R-4 and R-6 zones allow a number of uses that are not traditional single-family in nature. For example, Shoreline allows Adult Family Homes, home-based businesses, Accessory Dwelling Units, schools, churches, and daycares. The CUP process requires public notice and a neighborhood meeting. The neighborhood can comment on the impacts of a proposed project but ultimately the decision lies with the Director of Planning and Community Development. The proposed indexed criteria will mitigate impacts from the Residential Care Facility. Even though this amendment has the potential to add more population to the single-family neighborhoods, staff believes this use should be an option in the R-4 and R-6 zones.

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### **Staff Recommendation**

The City should provide the possibility for Residential Care Facilities in all zones appropriate to the scale and impacts of each zone.

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Staff recommends either Option 2 - amend the code, or Option 3 - maintain the status quo for further study, as described in this staff report. The Applicant's proposed Option 1, the allowance for a CRF-II in the single-family neighborhoods R-4 and R-6 zoning districts with no residency maximums, has the potential to adversely affect health, safety, and general welfare. However, staff proposed Option 2 is timely and tailored to protect the single-family neighborhoods and yet allow Residential Care Facilities in the residential zones with conditions.

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### **Next Steps**

The Development Code amendment schedule is as follows:

June 2018	Council Discussion
July 2018	Council Decision

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### **Attachments**

Attachment A – Applicant's Application

Attachment B – Adult Family Homes in Shoreline