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2                   **SENIORS & CONSUMER PROTECTION COMMITTEE**  
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4                               **OF THE**  
5  
6                               **SUFFOLK COUNTY LEGISLATURE**  
7  
8                                       **MINUTES**  
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12 A regular meeting of the Seniors & Consumer Protection Committee of  
13 the Suffolk County Legislature was held in the Rose Y. Caracappa  
14 Legislative Auditorium of the William H. Rogers Legislature  
15 Building, 725 Veterans Memorial Highway, Smithtown, New York, on  
16 Friday, April 21, 2017, at 12:30 p.m.  
17

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19  
20 **MEMBERS PRESENT:**

21 **Legislator Sarah S. Anker, Chairperson**  
22 Legislator Steve Stern, Vice Chair  
23 Legislator Al Krupski  
24 Legislator Thomas Muratore (Excused Absence)  
25 Legislator Thomas Cilmi  
26

27  
28  
29 **ALSO IN ATTENDANCE:**

30 George M. Nolan, Counsel to the Legislature  
31 Amy Ellis, Chief Deputy Clerk/Legislature  
32 Deborah Harris, Aide to Legislator Stern  
33 Frank Nardelli, Commissioner/Department of Labor, Licensing &  
34 Consumer Affairs  
35 Holly Rhodes-Teague, Director/Office for the Aging  
36 Charles Gardner, Long Island National Electrical Contractors  
37 Association  
38 And all other interested parties  
39

40  
41  
42 **MINUTES TAKEN BY:**

43 Kevin Gruebel, Court Stenographer  
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(THE MEETING WAS CALLED TO ORDER AT 12:35 P.M.)

**CHAIRPERSON ANKER:**

Okay, welcome to the Seniors & Consumer Protection Committee meeting. Please rise for the Pledge of Allegiance led by Legislator Krupski.

(Salutation)

**CHAIRPERSON ANKER:**

Please remain standing for a moment of silent prayer and meditation as we think of those in our military protecting our freedom.

(Moment of Silence observed)

**CHAIRPERSON ANKER:**

Thank you. Okay, we have one card for public comments. Charles Gardner, would you please come to the podium.

**MR. GARDNER:**

Thank you and good afternoon. My name is Charlie Gardner. I'm the government affairs director for the Long Island chapter of the National Electrical Contractors Association here in Hauppauge. I'm here to speak in support of IR 1124. It has been a somewhat long and sometimes twisted path getting to where we are today, but our members are greatly appreciative of the work -- we want to especially thank Legislator Anker, Legislator Cilmi and Legislator Lindsay for their help and support and also our industry brothers at the Suffolk County Electrical Contractors Association, everybody working together. We feel that the language is now clear, the legislative intent is clear. The development of the rules and regulations for any continuing education requirements will be the duty of the Electrical Licensing Board and yet the power for promulgating those rules and regs and recommending to the Legislature still lies with the Commissioner, as it should be. So, we are wholeheartedly in support of 1124. Thank you very much.

**CHAIRPERSON ANKER:**

Thank you, Charlie. We have a presentation this morning -- this afternoon, and -- but prior to that, I just want to check in with our Commission, Frank Nardelli. Any comments from Labor Department while you're here?

**MR. NARDELLI:**

Good afternoon, Madam Chair, legislators. We support the resolution. We worked with the board trying to develop some criteria, and the board took it upon themselves to dig further and reached out to Legislator Lindsay, and we think it's a positive move forward. It's really about public safety. You know, our license holders should be adequately trained and up on current code, not just national code but Village code, Town code, County

1 code. So, we support it. We don't have any issues with it at all.

2  
3 **CHAIRPERSON ANKER:**

4 Thank you. Thank you, Commissioner. Holly, would you like to come  
5 up? I know a recent situation, the Senior of the Year, I think  
6 that was an important vote.

7  
8 **MS. RHODES-TEAGUE:**

9 I wasn't planning to speak, but here I am. We just recently  
10 selected the Senior of the Year, who I just told Legislator  
11 Krupski, is from his district. She well deserves it. She's a  
12 90-year-old woman from the Town of Southold, lifelong resident and  
13 has done an amazing job with working with different groups to  
14 support diversity within the Town and also to support the senior  
15 programs and, from what I can tell, is well loved by everyone who's  
16 met her. She's just absolutely lovely to speak to, and her name is  
17 Eleanor Lingo, which, you know, we have told her that she is our  
18 Senior of the Year, and she's extremely excited about it. So,  
19 that's all good news.

20  
21 **LEGISLATOR KRUPSKI:**

22 Yeah. Thank you. She's very active in the community and, like you  
23 said, very well respected and well liked, and it's wonderful that  
24 she was, you know, selected for that honor.

25  
26 **MS. RHODES-TEAGUE:**

27 Yeah. We had quite a number of nominations, but, you know, she  
28 outshone everyone. So, it's really -- and everyone else was well  
29 deserved as well, but she really came to the top. There was an  
30 article in Newsday recently about her. One of the things that  
31 she's done for many, many years is laid a wreath on the grave of a  
32 former slave and she -- as a young girl, she saw the grave and went  
33 back many years later to see if she could find it, and just very  
34 anonymously for many years she put a wreath at the grave. And I  
35 think sometime in the '90s the historian figured out who was doing  
36 it and, I guess, told the world. So, it was just recently there  
37 was an article about her. So, she's got an interesting story.

38  
39 **LEGISLATOR KRUPSKI:**

40 Yeah. She's been, you know, very active in the Southold Town  
41 Anti-Bias Task Force. She's well deserved. So, thank you.

42  
43 **MS. RHODES-TEAGUE:**

44 We look forward to seeing her on May 16th at the Senior Luncheon,  
45 which I know some of you may not be able to make, but we're, you  
46 know, we're excited. We'll have probably around 500 people at the  
47 luncheon.

48  
49 **LEGISLATOR KRUPSKI:**

50 Thank you, Holly.

51  
52 **CHAIRPERSON ANKER:**

53 Thank you, thank you, Holly. We're going to move forward with the  
54 presentation. We have Gino Veneroso, and we also have Kim Morrone,  
55 and they are with the Sunrise Senior Living Center in Dix Hills.  
56 Go ahead and come on up.

1 I also want to put on record Legislator Tom Muratore has an excused  
2 absence.

3  
4 **MR. VENEROSO:**  
5 We're starting?

6  
7 **CHAIRPERSON ANKER:**  
8 Okay. Hey, welcome. Thank you for coming to our --

9  
10 **MS. MORRONE:**  
11 Thank you very much for having us.

12  
13 **CHAIRPERSON ANKER:**  
14 -- Legislature. All right, okay, you guys can start.

15  
16 **MR. VENEROSO:**  
17 All right. Well, like Kim said, thank you so much for having us  
18 today. It's a pleasure to be here. Both of us today wanted to  
19 come and sort of spread a little bit of light on not only Sunrise  
20 Senior Living but the differences in care that Sunrise Senior  
21 Living offers. I know you guys obviously work with a lot of  
22 constituents and a lot of seniors in the community. What I've  
23 learned that I thought was very shocking was basically the  
24 differences in care that each assisted-living community offers. A  
25 lot of people think it's, like, a one size fits all, and it  
26 certainly isn't. There's a lot of limitations that each community  
27 has, and I think it's important to sort of educate, you know, the  
28 public on what those different limitations are. Then also -- also  
29 see basically our growing trends in the industry.

30  
31 So today, me and Kim are going to talk about three things. One,  
32 who we are because, talking about the future, we want to learn a  
33 little bit about who Sunrise is and basically why we can talk about  
34 the future. You know, we are the first assisted-living community.

35  
36 **MS. MORRONE:**  
37 Actually, this year we're celebrating 35 years. So, before  
38 Sunrise, there was nothing called assisted living. So, we  
39 essentially pioneered the entire movement which started with the  
40 story of Paul and Terry Klaasen, but, you know, since then, many  
41 other, you know, movements have tried to either duplicate our model  
42 or, you know, come close, and they all have -- in all fairness,  
43 they all have a different niche, but what really separates Sunrise  
44 is that, you know, as Gino said, we utilize -- fully utilize the  
45 enhanced license that we have. So, we generally tend to get  
46 seniors that are, you know, needing some level of care.

47  
48 **MR. VENEROSO:**  
49 So, that's a picture of our founders, Paul and Terry, smiling.  
50 Terry was a social worker. Paul actually brought the idea from  
51 Holland, believe it or not. So, the whole idea of senior living  
52 and assisted living and the way they care for seniors in these  
53 homes is an idea that first originated in Holland. So, he brought  
54 that to America in the '80s. So, before the '80s, which - to be  
55 honest with you - I wasn't around, but I'm here now. Before the  
56 '80s, a lot of these homes that were nursing homes were very, very

1 cold, not very friendly, more institutionalized like. It didn't  
2 have the opportunity for seniors to really sort of, you know,  
3 practice their independence and bring -- it just didn't feel like  
4 home. It was more of, like, a hospital setting. So, Terry and  
5 Paul wanted to change that. Terry had to deal with her  
6 terminally-ill mother and sort of witnessed some of this firsthand,  
7 and she went ahead with Paul and basically moved into a nursing  
8 home, which became their first home. They renovated it, and, the  
9 next slide, you're going to see a picture of it, which was really  
10 interesting. So, this was the first Sunrise Senior Living in  
11 Virginia in 1981. Again, which was their home. And since then --  
12 so, that was the first one. This is who we are today 35 years  
13 later. So, a lot obviously has changed. Has anybody been to a  
14 Sunrise in this room? Sarah's been to a Sunrise. Anybody else?  
15 You've been to a Sunrise? So, the people who have gone into a  
16 Sunrise, you'll see that it has a very homelike feeling, a very  
17 Victorian style. The whole concept with Sunrise is to bring  
18 elements of home from the seniors, which is comforting. Do you  
19 have anything to add?  
20

21 **MS. MORRONE:**

22 No. I mean, you know, the original community was in fact a home.  
23 So, you know, it was a big departure from the nursing-home  
24 environment. So, you know, thank goodness, you know, they did what  
25 they did because, you know, back then it was either you live at  
26 home with your relatives or you went to a nursing home. So, you  
27 know, in the last 35 years we've made a lot of progress with more  
28 choices for our seniors.  
29

30 **MR. VENEROSO:**

31 So, this just talks a little bit about our culture. But again, for  
32 the people who have been inside a Sunrise, it's very, very  
33 interesting because, as Kim was saying, other communities --  
34 obviously there's a lot of these assisted-living communities that  
35 are popping up everywhere throughout Long Island, but what makes  
36 Sunrise different is, No. 1, obviously we're the first, but, No. 2,  
37 when you walk into a Sunrise, our buildings and our communities are  
38 what's called purpose built. So, we build our communities with  
39 seniors in mind. So, when you walk into a Sunrise, you don't have  
40 these huge long hallways where you have to walk a hundred feet to  
41 get to the dining room. Everything at a Sunrise is within 50, 60  
42 feet of each other, which is nice. It's really nice for some  
43 seniors who may have, you know, issues with walking. Another  
44 thing, you know, Sunrise being purpose built is people in  
45 wheelchairs -- the windows you'll find at Sunrise are very, very  
46 low so people in a wheelchair can still look out the window. I  
47 thought it was really interesting. The hallways are really, really  
48 wide so people in a wheelchair can go one way and still go the  
49 other way. There's chair rails, skylights in the ceiling for  
50 Vitamin D to enrich our residents. It also -- so, everything was  
51 very psychologically built, which I just think is amazing. So,  
52 again, we're not a renovated hotel or a renovated school. Every  
53 little detail in that Sunrise building is thought of. So, that is  
54 one of the community dogs. That's Nina. Every Sunrise --  
55  
56

1 **MS. MORRONE:**

2 Is that your dog?

3  
4 **MR. VENEROSO:**

5 Yeah. Every Sunrise has either a cat or a dog, which is really  
6 cool. Again, bringing elements from home. And I'm sure, as a lot  
7 of you may know, there's a lot of therapeutic dogs that, you know,  
8 having a dog, I guess, there's some elements with that that sort of  
9 calms you down, which is nice. So, it's really cool that when  
10 someone walks into a Sunrise you literally have a dog that greets  
11 you at the door.

12  
13 **MS. MORRONE:**

14 And we're also very pet friendly in that if residents are moving,  
15 you know, from their home to an assisted-living community in  
16 Sunrise they can bring their pets with them. So long as they're  
17 able to care for their pets, they can bring them. So, that is a  
18 really big benefit, you know, because a lot of elderly people don't  
19 want to leave their homes because of a pet. So, it's nice to know  
20 that we're pet friendly.

21  
22 **MR. VENEROSO:**

23 My mom likes her cat more than she likes me. It's really wrong.  
24 So, that's a little bit about Sunrise and who we are and how we  
25 sort of differentiate ourselves. Did you guys know that we were  
26 the first assisted-living community in this country? That's pretty  
27 fascinating, that we were the first community in 1981.

28  
29 **MS. MORRONE:**

30 And we have actually over 300 communities in America, and we're in  
31 the UK and in Canada as well. So, it's quite big, and they're  
32 slated for more growth on Long Island and then one coming up in New  
33 York City. So, that'll be a very exciting project as well.

34  
35 **MR. VENEROSO:**

36 Does anybody know the differences in assisted-living residence? I  
37 didn't until recently. I had to do a lot of homework.

38  
39 So, you basically have three different types of assisted-living  
40 homes. Again, here on Long Island there's three different style  
41 homes, and it has to do with the certifications and the licensing  
42 that each home has through the Department of Health. So, you have  
43 a simple assisted-living residence, which is just an ALR; you have  
44 an enhanced assisted-living residence, which is an EALR; and then  
45 you have special needs assisted-living residence, which is an  
46 SNALR. Special needs is more geared towards residents who have  
47 symptoms of dementia and Alzheimer's. So, there's certain elements  
48 that are incorporated into these homes both with the staff but also  
49 the architecture in the building for residents like that.

50  
51 So, we'll start at the bottom. So, a basic ALR is simply an  
52 assisted-living home that provides very minimal care. They can't  
53 really touch the residents. They can't aid them with their  
54 activities of daily living. If somebody has a wheelchair, they  
55 cannot touch that wheelchair. They're just simply in a home where  
56 they're receiving food, medication services and different visits

1 from the outside doctors. The individualized service plan is a New  
2 York State requirement for any home where somebody comes in and  
3 they basically tailor their care based off of the incoming  
4 residents' needs. So, this is a basic ALR. Anything on basic ALR?

5  
6 **MS. MORRONE:**

7 You know, we certainly provide services that range. You know,  
8 what's interesting about Sunrise is, you know, while we have the  
9 enhanced licenses and we can provide advanced care, you can still  
10 be a very independent senior and live at Sunrise. So, we call that  
11 an age-in-place model. The enhanced license is there as a safety  
12 net. So, perhaps you move in in your late 70s and you really don't  
13 need any care, then you're not paying for the care, but as time  
14 goes on and you're aging and perhaps, you know, your care needs  
15 change, you know, we have that infrastructure in place to provide  
16 the care should you need it. So, you're not really paying for it  
17 until you need it. So, we could provide, you know, you know, very  
18 minimal assistance, and we can provide, you know, advanced care as  
19 well.

20  
21 **MR. VENEROSO:**

22 And that's a key factor because, again, going back to -- we have  
23 what's called a variable staffing model. So, from that  
24 individualized service plan we basically staff our nurses and our  
25 care managers based off of the incoming resident's need of care.  
26 So, you're not paying for care that you don't need, and you're not  
27 paying for care, you know, that is, you know, not being used. The  
28 care model and the staffing model is on a variable basis based off  
29 of the level of care that's needed.

30  
31 So, what she was just mentioning, the ability to age in place,  
32 that's with an enhanced license. So, going -- whereas a ALR, you  
33 cannot assist with different activities of daily living such as  
34 walking, transferring, stair climbing and descending stairs, so on  
35 and so forth, but in an enhanced license, you can actually  
36 physically touch and aid and assist residents that need help with  
37 these ADLs.

38  
39 **MS. MORRONE:**

40 And, you know, at Sunrise, you know, there is always an LPN or an  
41 RN inhouse at every residence. So, you know, that's not the same  
42 necessarily at every assisted-living community. And also, you  
43 know, our medication management services. You know, some  
44 communities will have a med tech administering the medications, but  
45 our license requires that an RPN or an LN -- RN or an LPN only are  
46 allowed to administer meds to our residents.

47  
48 **MR. VENEROSO:**

49 So, and the whole idea with aging in place and why that's  
50 important, can you imagine moving your mom and dad into a community  
51 and then all of a sudden a few years later they develop a need that  
52 that community can no long take care of? Then you have to go  
53 through that whole entire process to take your mom and dad and move  
54 them into another community and perhaps pay another community fee,  
55 and it's a lot for somebody to move, you know, anybody. So, the  
56 whole idea of aging in place is really important, you know, for

1 seniors, that they can -- we can become someone's forever home and  
2 they can age in place all the way to the end where we can also  
3 bring in respite care.

4  
5 **MS. MORRONE:**

6 One important distinction at Sunrise is that, you know, part of our  
7 infrastructure in -- what we call designated care managers.  
8 Essentially, they're certified home health aides, but they're part  
9 of our operation. So, if for some reason you're wheelchair bound  
10 and you can't self-propel in a wheelchair, you know, our designated  
11 care managers will bring our residents, you know, to and from their  
12 rooms, to their meals, to their activities. You know, that's just  
13 part of their individualized service plan. You know, some other  
14 assisted-living communities, perhaps you need to hire a, you know,  
15 a private aide in addition to the costs that you're already  
16 incurring. So, again, you know, having those designated care  
17 managers in place really enables us to offer the care.

18  
19 **MR. VENEROSO:**

20 Does anybody have any questions?

21  
22 **CHAIRPERSON ANKER:**

23 We'll ask the questions at the end.

24  
25 **MR. VENEROSO:**

26 What's that?

27  
28 **CHAIRPERSON ANKER:**

29 We'll ask the questions at the end.

30  
31 **MR. VENEROSO:**

32 Okay. So, Sunrise has all three certifications and licensing.  
33 Yay, that's really cool. Again, that is what sets aside --  
34 ourselves aside from our competitors, is the fact that we do have  
35 all three licensing and we can take care of other needs such as a  
36 Foley catheter.

37  
38 **MS. MORRONE:**

39 Yeah. We have -- you know, we have many Parkinson's, you know,  
40 residents as well. Sometimes, you know, a lot of people that have  
41 had strokes that are -- been severely, you know, debilitated, you  
42 know, there's a lot of things that we can do, you know, that -- you  
43 know, with that enhanced license.

44  
45 **MR. VENEROSO:**

46 Yeah. So, it says here with an enhanced license our nurses can  
47 actually administer injections, eye drops, weekend care for a  
48 catheter, colostomy, wound care. Those are all things I didn't  
49 know up until about a year ago, what those words meant, but --

50  
51 **MS. MORRONE:**

52 Typically a nursing-home environment would care for that, but, you  
53 know, but we can as well and provide it in an environment that is  
54 far different.

1 **MR. VENEROSO:**

2 So, with that being said --

3  
4 **MS. MORRONE:**

5 So, where are we going in the future, you know, what are the trends  
6 looking like. You know, the population of assisted living is  
7 changing, and, you know, these statistics are from 2010, but -- so  
8 you can imagine how the numbers have grown in the last seven years  
9 with people, you know, using a walker, using a wheelchair, you  
10 know, that are diabetic, that have heart disease. So, you know, as  
11 the baby boomer generation ages, you know, we're going to be facing  
12 more and more, you know, of a changing population on Long Island,  
13 and we want to be able to be there to serve their needs.

14  
15 Typically, assisted living, you know, skews more female than male  
16 for whatever reason, but in West Babylon I'm proud to say we have  
17 many men in your community; so much so that we've changed our  
18 social programing to accommodate blackjack and horse racing and  
19 some things that, you know, more of the male residents would enjoy,  
20 but typically, you know, nationwide, you know, assisted living does  
21 skew higher with female than male. And, you know, more than 50  
22 percent of people need help with their ADLs. ADLs are activities  
23 of daily life. So, residents need help, you know, bathing,  
24 grooming, toileting, dressing, things like that. These are things  
25 that our designated care managers are there to help our residents  
26 with every day so they don't have to be frustrated with these  
27 activities anymore and they can just really just try to enjoy  
28 themselves and not stress about how these things are going to get  
29 done when they're at home.

30  
31 Some of the typical diagnoses of, you know, care that we provide,  
32 you know, you see a lot of -- a lot of dementia and Alzheimer's -  
33 there is unfortunately so much of that - heart disease, depression,  
34 arthritis, stroke. We also see a lot of COPD. There are many,  
35 many residents that are in need of oxygen 24 hours a day. A lot of  
36 other assisted-living facilities can't accommodate the oxygen  
37 requirements.

38  
39 **MR. VENEROSO:**

40 A lot of residents have multiple symptoms that are here.

41  
42 **MS. MORRONE:**

43 Yes, absolutely, multiple. And then the changing population. You  
44 know, the average age and number of move-ins are on the rise again  
45 partly due in part because of the baby boomer generation now aging.  
46 So, it continues to rise.

47  
48 **MR. VENEROSO:**

49 So, in your packets that we had given everybody, there's just some  
50 resources. You have a padfolio that we hope you use. We got that  
51 sent in, and then also there's a document from the New York State  
52 Department of Health that basically highlights a little bit more in  
53 depth what we spoke about here today. So, for those of you who are  
54 interested, you can reference that. And then also, there's some,  
55 you know, references to web sites that you could use to look up  
56 different facilities in New York State and what licensing they

1 have, which ultimately will tell you what they can and cannot do.  
2 And then also the Department of Health rates each of these homes,  
3 and you can basically see who is deficiency free and who is not,  
4 and I'm happy to report that we're both one-hundred percent  
5 deficiency free. So, that's good.

6  
7 **CHAIRPERSON ANKER:**

8 Okay. We do have some questions. Legislator Stern.

9  
10 **LEGISLATOR STERN:**

11 Yes. Thank you, Madam Chairman [sic], and welcome and thank you  
12 for being with us today. I appreciate your presentation, and I  
13 suppose that this kind of a presentation can really mostly be given  
14 in a satisfactory way by an organization that does provide all of  
15 those levels, and I find - and I'm sure my colleagues would agree -  
16 that when you're asked about information regarding long-term care  
17 and residential options that most of those residents that we work  
18 with probably do believe that it's one size fits all and that there  
19 are -- you make their determinations based on the wallpaper and the  
20 carpeting rather than the various levels of care that might be most  
21 appropriate, and too many people are not aware that there are these  
22 different categories. So, it's good to see an organization that  
23 does provide the entire spectrum of those categories. So, I  
24 appreciate your presentation.

25  
26 You had cited statistics before about those that suffer from some  
27 type of dementia, Alzheimer's and others. In a typical Sunrise,  
28 what kind of percentage does that class of resident make up  
29 typically?

30  
31 **MS. MORRONE:**

32 Typically, the communities are three-quarters assisted living and  
33 one-quarter memory care. Our memory-care communities at Sunrise  
34 are called our reminiscence communities. So, typically, it's about  
35 30 or so residents, and we tend to see more advanced dementia in  
36 our memory-care communities, you know, nonverbal even sometimes.  
37 So, but it is pretty advanced.

38  
39 **LEGISLATOR STERN:**

40 Do you find that when residents come to you initially that they are  
41 already in that advanced stage or because they are aging in place  
42 with you over some period of time that that's just the natural  
43 progression?

44  
45 **MS. MORRONE:**

46 You know, we get a combination. We, you know -- certainly some  
47 come from home. Perhaps had a caretaker and it became beyond --  
48 you know, became overwhelming because it is over -- you know, the  
49 care is overwhelming for the caretaker with someone with dementia,  
50 and it's -- so, sometimes we do get, you know, advanced initially,  
51 and then because of the age-in-place model, sometimes, you know,  
52 people in very early stages of dementia will just do fine in  
53 assisted living with some additional care in place, some more  
54 verbal and visual cues. So, you know, if it's early onset they can  
55 still flourish and be quite capable in assisted living, but, you  
56 know, there does come a point where, you know, the disease

1 progresses, and then obviously it's a more appropriate fit for a  
2 reminiscence community.

3  
4 **LEGISLATOR STERN:**

5 It's been my privilege for years to serve as the Chairman of the  
6 Veterans Committee in the Legislature, and so, myself and my  
7 colleagues work with so many families that we represent who have  
8 loved ones who are veterans, and being in your location where you  
9 said you have a pretty healthy percentage of men who are residents,  
10 I would have to believe that a significant percentage of those men  
11 who are residents in your community are veterans.

12  
13 **MS. MORRONE:**

14 We have the -- there's a program called Aid & Attendance that  
15 provides -- I think it's almost \$2,000 per month. It's available  
16 to veterans and spouses of veterans, and many, many of our families  
17 have enjoyed using that benefit because, you know, at the end of  
18 the day all assisted living, you know, is private pay. So, you  
19 know, the average cost for someone living at Sunrise can range  
20 between eight to \$10,000 per month. So, it is expensive. And  
21 especially at Sunrise it tends to skew a little bit higher because  
22 of all the care that's involved in taking care, you know, of each  
23 resident. So, the Aid & Attendance benefits certainly helps. You  
24 know, we do have some people that have long-term care policies as  
25 well, and they're able to use that. We work with a financial  
26 company called Life Care Funding. They're able to convert life  
27 insurance policies and use that benefit, you know, in advance  
28 towards living expenses. So, you know, we do try to find ways to  
29 help offset expenses. We also have, you know, various room types.  
30 You know, we start at the most expensive level with a, you know, a  
31 one bedroom, then a studio and then what we call a shared companion  
32 where each resident has a private room but they share a bath and a  
33 common area. So, that skews a little bit lower. So, you know, we  
34 do have different pricing models to help because we do realize that  
35 it is -- it is very expensive, but sometimes, you know, really a  
36 lot of what Gino and I find is that our families are coming in  
37 where they're faced -- it's either going to a nursing home or going  
38 to a Sunrise, and if that's the choice, it's actually less  
39 expensive to come to Sunrise because the average nursing home will  
40 charge, you know, \$15,000 a month where we range between eight and  
41 ten.

42  
43 **LEGISLATOR STERN:**

44 That eight and ten range, that's even at the highest level of the  
45 spectrum mostly all in?

46  
47 **MS. MORRONE:**

48 I'm sorry. For the average?

49  
50 **LEGISLATOR STERN:**

51 For someone who is at the highest end of the spectrum --

52  
53 **MS. MORRONE:**

54 Yes.

1 **LEGISLATOR STERN:**

2 -- in terms of care needs. Are the special needs --

3  
4 **MS. MORRONE:**

5 Yes. I would saw all in ten, and that would be somebody that would  
6 be a memory-care resident, yeah.

7  
8 **LEGISLATOR STERN:**

9 And assisting residents with getting their Aid & Attendance  
10 benefit, if they qualify, is something that you -- you provide that  
11 service to --

12  
13 **MS. MORRONE:**

14 Sunrise doesn't personally. We deal with a company in Orlando,  
15 Florida called the Cameron Group. They're just a vetted partner  
16 that we use, and the Cameron Group facilitates the application  
17 process, and then what's great is, you know, say the resident's  
18 move-in date is April 1st but their paperwork isn't processed until  
19 October 1st, you know, they get all that retroactive pay from the  
20 day that they moved in.

21  
22 **MR. VENEROSO:**

23 There's also resources here in Suffolk County that we referred to  
24 that kind of help administer the process too.

25  
26 **LEGISLATOR STERN:**

27 Last question. You had cited a statistic. I think it was either  
28 ten percent or slightly under ten percent of those residents that  
29 are on the lower -- and the age range, those that might be under  
30 65. I was wondering if -- you know, what typically might bring a  
31 younger person to your community, and is that usually a steady  
32 percentage across the board, or do you see -- do you see more and  
33 more relatively younger people needing your service?

34  
35 **MS. MORRONE:**

36 At Sunrise, we typically see an older -- an older resident, again,  
37 because they're coming to us when they already have a need. So, I  
38 would say the average age of someone living at Sunrise would be mid  
39 80s. Would you agree? But, you know, we've had -- I certainly  
40 have -- and I can only speak for my community in West Babylon, but  
41 we have a few residents in their 70s as well, but again, they're  
42 coming for need. You know, they had a stroke, they have kidney  
43 failure, on dialysis, you know, different things that are, you  
44 know, causing weakness and, you know, perhaps, you know, they have  
45 a fear to continue living alone. You know, and also say this too  
46 because I know, you know, a lot of seniors will opt for home care  
47 initially. You know, we see a lot of seniors, you know, wanting to  
48 stay in their house of course, and it is difficult to make that  
49 transition to an assisted-living community, but, you know, over  
50 time what happens with the home care is that yes, you're getting  
51 your physical needs met but you become socially isolated. So, you  
52 know, we've talked a lot at Sunrise today about how we can  
53 accommodate the physical needs, but, you know, there's a whole  
54 social spectrum, you know, that's worth discussing as well because,  
55 you know, part of the aging process too is, you know, you have to  
56 have the will and the drive to keep going. And by engaging in

1 social activities and using your mind, body and spirit, you know,  
2 in different ways, which we encourage at Sunrise, is really  
3 important. You know, your mental state of mind as you age is very  
4 important, and so, you know, to have friends, to have people to  
5 talk to, to engage in social activities is really a very intrical  
6 [sic] part of our infrastructure as well.

7  
8 **CHAIRPERSON ANKER:**

9 Okay, all right. Well, thank you so much for presenting before us  
10 and we appreciate your services that you have. You know, if we  
11 have further questions, we'll get in touch with you, but again, we  
12 appreciate you coming out here.

13  
14 **MS. MORRONE:**

15 We appreciate the time and thank you very much for the opportunity  
16 to speak to you.

17  
18 **MR. VENEROSO:**

19 Thanks for having us.

20  
21 **CHAIRPERSON ANKER:**

22 Thank you. Actually, could you guys -- could you guys stick around  
23 for just a couple of minutes? We're going to do some resolutions.  
24 Okay, we're going to move to our tabled resolutions.

25  
26  
27  
28 **TABLED RESOLUTIONS**

29  
30  
31 **CHAIRPERSON ANKER:**

32 **1124. Adopting Local Law No. -2017, A Local Law to implement**  
33 **continuing education requirements for electricians in Suffolk**  
34 **County (Lindsay). I'll make a motion to approve.**

35  
36 **LEGISLATOR CILMI:**

37 Motion.

38  
39 **CHAIRPERSON ANKER:**

40 We have a second. All in favor? Opposed? Abstention?

41 **Motion carries. (Vote: 4-0-0-1).**

42  
43 We have an introductory resolution.

44  
45  
46  
47 **INTRODUCTORY RESOLUTIONS**

48  
49  
50 **1227. Appropriating funds in connection with the Purchase and**  
51 **Replacement of weights and measures Inspection Vehicle for the**  
52 **Suffolk County Department of Labor, Licensing, and Consumer Affairs**  
53 **(CP 1813) (Co. Exec.) I will make a motion to approve.**

54  
55 **LEGISLATOR STERN:**

56 Second.

1 **CHAIRPERSON ANKER:**

2 We have a second. All in favor? Opposed? Abstention? **Motion**  
3 **carries. (Vote: 4-0-0-1).**

4  
5 I see no further business. This meeting is adjourned.

6  
7 **(THE MEETING WAS ADJOURNED AT 1:09 P.M.)**  
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