Seniors and Adults with Disabilities in SROs:
Survey and Recommendations

Presented to:
San Francisco Board of Supervisors
San Francisco Department of Aging and Adult Services
Single Room Occupancy (SRO) Taskforce

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A huge thank you goes to Supervisor Christina Olague, who helped develop the survey and the report in her former work at Senior Action Network. We are grateful for her continued support of this effort in her role as Supervisor.

We would also like to thank the authors of past reports that we relied on for data and direction, in particular, *San Francisco’s Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Needs*, Aimée Fribourg, author.

In addition, we would like to thank the participants of the Seniors and Adults with Disabilities Working Group who provided valuable input and feedback. This group includes representatives from the Departments of Aging and Adult Services, Building Inspection, and Public Health; representatives from Episcopal Community Services, In Home Supportive Services Consortium, Planning for Elders, Senior Action Network, Central City SRO Collaborative, Mission SRO Collaborative, and SRO Families United Collaborative; and many individuals, including SRO tenants.

The agencies that allowed the report authors to spend time working on this project also deserve thanks: Chinatown Community Development Center, Dolores Street Community Services, and Tenderloin Housing Clinic.

Finally, we would like to thank Supervisor Eric Mar and legislative assistant Nick Pagoulatos, along with Supervisor Jane Kim and legislative assistant Matthias Mormino.

Karen Babbitt assisted with the compiling of survey results and writing of the report.
Executive Summary

Background
Seniors and adults with disabilities living in single room occupancy (SRO) hotels have for years described to housing advocates their struggles with isolation, bedbugs and mice, lack of safety, inaccessibility, and other problems. Senior Action Network teamed up with the Mission SRO Collaborative, the Central City SRO Collaborative, and the SRO Families United Collaborative to document the problems faced by seniors and people with disabilities in SROs and to identify possible solutions. This report is intended to provide the information and clarity necessary for the Board of Supervisors and various city departments, working together with SRO residents and community groups, to implement changes to improve the lives of people with disabilities and seniors living in SROs.

Survey Methodology and Results
The coalition surveyed 151 SRO residents who were 55+ or identified as having any type of disability. Surveys were conducted in English, Spanish, and Chinese; other languages were not available. Most respondents were white, black, or Asian/Pacific Islander.

San Francisco’s 2010-2014 Consolidated Plan determined that San Francisco has over 500 residential hotels with more than 19,000 units, and 8,000 seniors and adults with disabilities live in SROs. SROs are predominantly located in Chinatown, the Mission, South of Market, and the Tenderloin.

Nearly 75% of survey respondents were age 55 and over, and 62% of respondents identified as having a disability, with the majority of those being physical. The vast majority received some form of benefits, such as Supplemental Security Income or General Assistance. About half of respondents said they were placed in their SRO unit through a program, such as GA, HOT Team, or SF General. Many respondents have lived in their unit for several years, with nearly 20% having lived in their SRO for more than 10 years.

Due to limited access to private SRO hotels, the majority of residents surveyed (68%) lived in nonprofit owned/managed buildings.

Key Findings
Top concerns cited by seniors and people with disabilities in the survey were:
- Personal safety
- Other infestations (roaches, rats, mice, etc.) (other than bedbugs)
- Noise
• Cleanliness other than bathrooms
• Maintenance and repairs
• Bedbugs
• Staff issues
• Harassment/disrespect
• Elevator problems

About one-third or more of survey respondents said their hotel had a problem with bedbugs, other infestations, visitor policy violations, electrical problems, unsanitary bathrooms, and harassment/disrespect. One-fifth of respondents also cited problems with heat, plumbing, personal safety, fire safety, and maintenance and repairs.

More than half (53%) had no access to a kitchen in their building, and 18% of respondents said they skip meals due to lack of resources or facilities.

Physical accessibility was a common problem reported by residents. Only half of survey respondents said their hotel had a consistently working elevator. Many cited concerns about falling on the stairs or in the shower. Less than half of survey respondents reported having grab bars in their bathrooms.

When asked “Do you feel safe in your building?” only 56% of survey respondents said yes. Safety concerns include strangers in the building, drug activity, neighbors, and unsafe physical facilities.

**Recommendations**

In response to the survey results, the following changes are recommended.

<table>
<thead>
<tr>
<th>Minimum Standards for SROs Housing Seniors and Adults with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enforcement</strong></td>
</tr>
<tr>
<td>1. No placements by city agencies or city-funded programs into units with pest infestations</td>
</tr>
<tr>
<td>2. Contract compliance with nonprofit owned/managed SROs and private SROs</td>
</tr>
<tr>
<td>3. Enforcement structure that is efficient and responsive and includes timely consequences</td>
</tr>
<tr>
<td><strong>New Policies</strong></td>
</tr>
<tr>
<td>1. Grab bars in bathrooms</td>
</tr>
<tr>
<td>2. Working telephone jacks (and affordable telephone service)</td>
</tr>
<tr>
<td>3. Desk clerks present in each SRO</td>
</tr>
<tr>
<td>4. Training curriculum for all SRO staff</td>
</tr>
<tr>
<td>5. Physical accessibility through maintenance of existing elevators or resident placement on lower floors in buildings without elevators</td>
</tr>
</tbody>
</table>
6. Access to nutritious food  
7. More targeted outreach to seniors and adults with disabilities in SROs  
8. Access to supportive services  
9. Increased disaster planning for seniors and adults with disabilities

<table>
<thead>
<tr>
<th>Long-term Goals</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to form tenant council not attended by management</td>
<td></td>
</tr>
<tr>
<td>2. Affordable housing for seniors and adults with disabilities</td>
<td></td>
</tr>
<tr>
<td>3. On-site staff that includes maintenance/janitorial</td>
<td></td>
</tr>
<tr>
<td>4. Individual locking mailboxes</td>
<td></td>
</tr>
<tr>
<td>5. Wellness checks / “I’m OK” door hangers</td>
<td></td>
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<tr>
<td>6. End of life planning</td>
<td></td>
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</tbody>
</table>

The full report includes background on the recommendations and proposes specific implementation steps. After presenting these recommendations to the Land Use Committee of the Board of Supervisors on June 11, 2012, we look forward to working with supervisors, city departments, and SRO residents to implement changes in order to improve the lives of seniors and people with disabilities in SROs.
Chapter 1 - Introduction

History and Purpose of Report

History
In 2010, Senior Action Network with the Mission SRO Collaborative began conversations regarding the quality of life issues facing seniors and people with disabilities who live in single room occupancy (SRO) hotels. Building on these conversations, we started a group that includes the Central City SRO Collaborative, SRO Families United Collaborative, IHSS Consortium, Episcopal Community Services, and interested individuals. This group came to be called the Seniors and Adults with Disabilities in SROs Working Group.

Inspired by both this collaboration and the report Families with Children Living in Single Room Occupancy Hotels in San Francisco published in 2001 (which many of us or our respective agencies participated in), we felt that it was time to give similar attention to seniors and adults with disabilities who reside in this housing type. This decision resulted in meetings with the Mayor’s Office on Disability and the Department of Building Inspection to discuss relevant building codes, and the writing of this report, Seniors and Adults with Disabilities in SROs: Survey and Recommendations.

The intended audience for our report includes, but is not limited to, the San Francisco Board of Supervisors; the Departments of Aging and Adult Services, Building Inspection, and Health; the Mayor’s Office on Disability; and the SRO Taskforce.

Purpose
It is our hope that this survey will show general trends and basic unmet needs in the population of SRO tenants who are seniors and adults with disabilities. Our goal is to see that the recommendations included in this report will be implemented—some immediately, and some in the long term. As important as it is to have a continuing conversation regarding seniors and adults with disabilities living in SROs, it is also time to implement solutions when and where possible.

In addition, we hope that this report leads to the allocation of funding for further research into how to support the needs of these tenants, many of whom are aging in place.

Report Contents
As its title indicates, this report consists of two key components: survey results and recommendations. It is organized in the following way:

- Chapter 2: Methodology - methods used to conduct the survey are discussed and the limitations to the administration of the survey are explained.
• Chapter 3: Neighborhood and SRO Population Descriptions - neighborhoods where the SROs are located are described and some of the characteristics of the residents of SROs in these neighborhoods are explained.

• Chapter 4: Findings - responses to the survey questions are presented in table and chart form and observations of the survey-takers are detailed.

• Chapter 5: Recommendations - ideas to improve the living conditions of seniors and adults with disabilities in SROs are detailed, including ideas for enforcement and new policies, along with a number of long-term goals.

• Chapter 6: Conclusion - general timeline for the report and its recommendations.

**Background: SRO Hotels in San Francisco**

Single-Room Occupancy hotels (SROs), “…are multiple-tenant buildings that house one or two tenants in each room...”\(^1\) Bath facilities are usually shared as are kitchen facilities, in buildings where they exist. (Many SROs do not have kitchen facilities).

In 2009, San Francisco had more than 500 residential hotels with over 19,000 units, according to the 2010-2014 Consolidated Plan produced by the San Francisco Mayor’s Office of Housing (MOH), Office of Economic and Workforce Development (OEWD), and Redevelopment Agency (SFRA).\(^2\)

According to the Consolidated Plan, San Francisco’s SROs “…are concentrated in the Tenderloin and Chinatown neighborhoods, with some also located in SOMA and the Mission,”\(^3\) and most were “…built in the early 20\(^{th}\) Century, …and many are in need of repairs and renovations.”\(^4\)

Also according to this plan, 8,000 seniors and young adults with disabilities live in San Francisco SROs.\(^5\)

Finally, “… (many SROs) receive funding and assistance from the MOH, SFRA, and non-profit organizations.”\(^6\)

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1. Aging in Place and Community: Housing Assistance and Other Services for Seniors in San Francisco, 45.
3. Consolidated Plan, 120.
4. Consolidated Plan, 120.
5. Consolidated Plan, 120.
6. Aging in Place and Community, 45.
Chapter 2 - Methodology

Survey

151 surveys were completed.

Survey questions were developed by representatives from the Mission SRO Collaborative, the Central City SRO Collaborative, the SRO Families United Collaborative, and Senior Action Network. Participants in the Seniors and Adults with Disabilities in SROs Working Group provided input that was incorporated into the survey. The Working Group includes service providers, advocates, tenants, and members of city departments.

The survey was conducted from February 2011 through June 2011.

Surveys were conducted in English, Spanish and Cantonese by staff from the SRO Collaboratives and Senior Action Network, as well as by SRO tenant leaders and volunteers.

Everyone who was asked to complete the survey was an SRO resident who was 55 or older or self-identified as being disabled. Residents were not asked to specify the type of disability they had.

Surveys were conducted using a number of different methods. In some cases surveys were conducted through outreach in hotels with residents who answered their doors and agreed to participate in a survey. In other cases, residents filled out surveys at community meetings or tenant meetings, or answered survey questions over the telephone. Some surveys were done verbally and recorded by the surveyor and others were filled out directly by the residents.

Tenants were informed that their participation in the survey was voluntary, and that it was acceptable to only answer the questions they felt comfortable answering, including demographic information.

Limitations to the Administration of the Survey

In general, the survey is not meant to be a precise picture of the lives of seniors and disabled tenants, but rather a community response to conditions in SROs. The three main limitations to administering the survey were related to resources, building access, and language.

Resource Limitation

Resources to hire surveyors were not available, so surveys were administered by staff with limited time and by volunteers. This meant the sample size of our survey was relatively small (151).
BUILDING ACCESS LIMITATION
Another limitation that merits acknowledgement is that we had very different levels of access to buildings in order to administer the survey, so responses may not be completely representative of the SRO community at large. We had much easier access to nonprofit owned/managed hotels than to private hotels. For example, the Central City SRO Collaborative had access to Tenderloin Housing Clinic (THC) buildings and recorded many responses in these nonprofit owned/managed buildings.

The result is that while only about 17% (87 of 505\textsuperscript{7}) of SRO hotels in San Francisco are nonprofit owned/managed, 68% of our surveys were collected in nonprofit owned/managed SRO hotels.

Access to private SROs has always been a challenge for the SRO Collaboratives, and continued to be challenging in administering this survey. Many of the private hotels we did gain access to were in Chinatown.\textsuperscript{8}

LANGUAGE LIMITATION
Surveys were available and administered in English, Spanish, and Chinese, since these are the main languages of tenants who live in SROs in San Francisco. We did not have any funding or capacity to administer the survey in other languages.

\textsuperscript{7} Consolidated Plan, 122.
\textsuperscript{8} The Chinatown narrative on page 47 discusses the possible effects of this situation on survey results.
Chapter 3 - Neighborhood and SRO Population Descriptions

This chapter briefly describes the neighborhoods where SROs are primarily located, including the number of SROs and number of SRO units located in that neighborhood. It also details some of the characteristics of the residents of SROs in these neighborhoods.

**Chinatown**

Chinatown is located in the Northeast part of San Francisco. Its boundaries are approximately Bay Street (on the north), Bush Street (on the south), the waterfront (on the east), and Taylor Street (on the west).

Traditionally an ethnic enclave, Chinatown accommodates residents who are mostly Chinese immigrants and low-income workers. Residents tend to be older people and families who share a common language which helps to foster a sense of community and decreases social isolation among residents.\(^9\)

Chinatown has 145 SRO buildings and more than 5,000 SRO units.\(^10\) Chinatown SROs are more apartment-like than in other neighborhoods (most of the time with no desk clerks) and can be described as more communal with lots of family involvement.\(^11\) Most buildings have shared kitchens for residents to use.

Unlike other neighborhoods, Chinatown SROs have more females than males. Also unlike in other neighborhoods, the majority of SRO residents in Chinatown are families with children and their senior grandparents. Families in Chinatown also tend to stay longer in SROs when compared to other neighborhoods.\(^12\)

**Mission**

The Mission District is roughly bordered by 14\(^{th}\) Street (on the north), 30\(^{th}\) Street (on the south), Bryant Street (on the east), and Guerrero (on the west).

The Mission District has a population density which is slightly more than twice the population density for the City as a whole. A lack of public outside space also adds to the crowded, dense feel of the neighborhood, and 23\% of households live in overcrowded conditions. 78\% of Mission residents are renters, and the rate of health and building code violations is twice that of the City as a whole. The neighborhood has

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\(^10\) Fribourg, 21.

\(^11\) Fribourg, 25.

\(^12\) Fribourg, 25.
a population of 19% non-English speakers and 45% foreign-born residents, which is significantly higher than its city-wide counterparts. The Mission also has a high population of residents living below the poverty line and a high unemployment rate.\textsuperscript{13}

The Mission District has 50 SROs with 1,764 units.\textsuperscript{14} There are 6 nonprofit owned/managed SROs and 44 private SROs, all of which are considered to be protected housing stock. Private hotels in the Mission tend to be smaller than in other neighborhoods, and often occupy the upper floors of buildings with boutiques, restaurants, and bars on the street level.

SRO units here are mainly occupied by single adults, but in recent years the neighborhood has witnessed an influx of families, mainly in the northern part of the neighborhood. Many tenants in the private hotels do not have a written lease, and often pay rent in cash, which can cause problems in proving tenancy if rent receipts are not issued.

\textbf{Tenderloin}

The Tenderloin is usually considered to be the area bordered by Geary Boulevard (on the north), Market Street (on the south), Powell Street (on the east), and Van Ness Avenue (on the west), although sometimes the streets bordering the Tenderloin north of Geary are also included.

The Tenderloin is the most densely populated of the four neighborhoods and the majority of residents live at or below the poverty line.\textsuperscript{15} Unlike other parts of the city, most of the housing in the Tenderloin is either SRO hotels or one room apartments.\textsuperscript{16} The Tenderloin also contains a high concentration of social service agencies that serve the local population.

The Tenderloin contains the largest number of SRO hotels in San Francisco with approximately 208 SROs with a total of 8,616 units.\textsuperscript{17} The majority of nonprofit/city-leased hotels in San Francisco are in the Tenderloin, but the majority of the 208 hotels are privately run.

Hotel sizes range from approximately 10 to 230 units and most units are occupied by a single individual, although there are occasionally two people in a unit. There are very few families living in SRO units in the Tenderloin. As in most SROs, the population tends to be more male than female and the majority of tenants are African American and Caucasian. A high proportion of tenants living in SRO hotels in the Tenderloin are

\textsuperscript{13} Mission Neighborhood Indicator Profiles. (Accessed on 11/10/11 at http://www.thehdmt.org/neighborhoods/view/17)
\textsuperscript{14} City and County of San Francisco Department of Building Inspection - Annual Unit Usage Reports.
\textsuperscript{15} Fribourg, 24.
\textsuperscript{16} Fribourg, 24.
\textsuperscript{17} Fribourg, 21.
either seniors or disabled adults, many of whom are unemployed and on some type of public assistance.

**South of Market**

Although the South of Market (SOMA) neighborhood encompasses a larger area, most of the SRO hotels are in the area bordered by Market Street (on the north), Folsom Street (on the south), 5th Street (on the east), and 12th Street (on the west). Within this area, a large number of SROs are clustered along the 6th Street corridor.\textsuperscript{18}

SOMA is a relatively low-income neighborhood\textsuperscript{19} and has the highest residential mobility rate of the four main SRO neighborhoods.\textsuperscript{20} Like the other three neighborhoods in the survey, SOMA has lower median household incomes, higher proportions of residents in poverty, more racial and ethnic diversity, and higher unemployment rates compared to citywide averages.\textsuperscript{21} SOMA also has a growing senior population, many of whom live in SRO hotels. Lack of access to public open space is identified as a quality of life issue in SOMA; a much smaller proportion of residents live close to a park, recreation facility, or public library.\textsuperscript{22}

There are 60 SROs in the SOMA district with 2,522 units.\textsuperscript{23} The characteristics of residents in SROs in SOMA are very similar to those in the Tenderloin. The majority of units are occupied by a single adult, although there are sometimes two people in a unit.

\textsuperscript{18} Fribourg, 26.
\textsuperscript{19} Fribourg, 26 (fn 61, which references *Healthy Development Measurement Tool*, and talks about 23\% below the poverty level and 10\% unemployed, vs. 11\% and 5\% citywide, respectively).
\textsuperscript{20} Fribourg, 22.
\textsuperscript{21} Fribourg, 21.
\textsuperscript{22} Fribourg, 22.
\textsuperscript{23} Fribourg, 21.
Chapter 4 - Findings

This section is broken into three main parts: first, a description of the results of the survey (tables, charts, and limited commentary); second, narrative observations by the survey-takers; and third, photographs of conditions in SROs.

Survey Results

The results from the 151 surveys that were collected were organized into five main categories. They are described below:

1. Profiles of respondents including age, disability, language, ethnicity, income source, primary healthcare, emergency healthcare, Healthy SF enrollment, whether respondent has an IHSS worker, and whether respondent is receiving benefits.
2. Information on tenancy including how respondent came to live there, how long lived there, rent subsidies, rent amount, how long plan to stay, whether respondent applied for affordable housing, and how long respondent has been waiting for housing.
3. SRO information including hotel type, neighborhood, food access and nutrition, accessibility, and safety.
4. Concerns and problems cited by residents.
5. Additional comments from respondents.

Note: For tables and charts, the percentage shown represents the percentage of respondents who gave a particular response unless otherwise indicated.
PROFILE OF SURVEY RESPONDENTS

Table 1: What is your age?

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 29</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>30 – 34</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>35 – 39</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>40 – 44</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>45 – 49</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>50 – 54</td>
<td>15</td>
<td>10%</td>
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<td>55 – 59</td>
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<td>70 – 74</td>
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<td>75 – 79</td>
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<td>6%</td>
</tr>
<tr>
<td>80 – 84</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>85 and over</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Indeterminate age or no age given</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

Notes:
- Almost three-quarters (72%) of respondents are 55 and over.
- Over one-third (34%) are 65 and over.

Figure 1: Age of Respondents
Table 2: Do you have a disability?

<table>
<thead>
<tr>
<th>Disability</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>93</td>
<td>62%</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Surveyors did not ask respondents what type of disability they had, but 43 people offered the information. Their answers are below:
- Physical disability/disabilities only (27)
- Mental disability/disabilities only (9)
- Physical and mental disabilities (4)
- Undetermined (4)

Additional notes:
- Most of the 93 who answered that they have a disability listed only one disability, while 9 listed multiple answers.
- Mental disability answers included: mental / mental health (4); mental incapacitation; Post Traumatic Stress Disorder; paranoid schizophrenia; and schizoaffective disorder.
- Physical disability answers included: diabetes (4); leg problems (3); use wheelchair / can’t walk (3); arthritis (2); backache / bad back (2); HIV/HIV+ (2); prostate cancer (2); eyes; emphysema; hypertension; and (unspecified) medical disability.

Figure 2: Percentage with Disability
Table 3: What is the primary language you speak at home?

<table>
<thead>
<tr>
<th>Primary language spoken at home</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>112</td>
<td>74%</td>
</tr>
<tr>
<td>Chinese*</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>Hindi</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Japanese</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Russian</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>English – Spanish</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>151</strong></td>
<td><strong>101%</strong></td>
</tr>
</tbody>
</table>

Total percentage greater than 100% because of rounding.

*Includes the following: Chinese (1); Chinese: Cantonese (9); Chinese/Toishanese / Chinese: Toi Shan (9); and Chinese: Zhong shan (1).

Figure 3: Primary Language Spoken at Home

![Primary Language Spoken at Home by Percentage](image)
Table 4: What is your ethnicity?

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian / White</td>
<td>54</td>
<td>36%</td>
</tr>
<tr>
<td>African American / Black</td>
<td>42</td>
<td>28%</td>
</tr>
<tr>
<td>Latino</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Native American / American Indian</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Asian Pacific Islander (Chinese – 19, Filipino – 3)</td>
<td>23</td>
<td>15%</td>
</tr>
<tr>
<td>Other (U.S. Citizen born in India, Iranian American)</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Two or more ethnicities*</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*The eight respondents who listed two or more ethnicities gave these responses: African American mixed; White/Black; Caucasian/White and American Indian (2); Black/White/Native American; Canadian/American Indian; Mexican/French; and Spanish/French.

Figure 4: Ethnicity by Percentage
Table 5: What is your source of income (Work, SSI, GA, etc.)?

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>68</td>
<td>45%</td>
</tr>
<tr>
<td>Social Security retirement benefits</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>More than one source of income*</td>
<td>14</td>
<td>9%</td>
</tr>
<tr>
<td>General Assistance (GA) – includes PAES</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td>Employment / Work</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Retirement</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Veterans Administration (VA): Benefits or Pension</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Other**</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Combinations included:
- SSI and Social Security retirement benefits (5)
- SSI plus: retirement check, savings, some work (2), or SSDI
- Social Security retirement benefits plus: odd jobs, pension (2), and VA benefit

**Includes: “55,” “78,” “My daughter supports me.”

Figure 5: Income Source by Percentage

![Income Source by Percentage Chart]
Table 6: Where do you go for primary healthcare?

<table>
<thead>
<tr>
<th>Primary Healthcare</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF General Hospital (including Ward 86)</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>Hospitals other than SF General*</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>VA / VA Hospital / VA Medical Center</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Housing and Urban Health (HUH) Clinic - DPH</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>Various clinics / Health centers other than HUH Clinic**</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>Glide / Glide Medical / Glide Services</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Mission Neighborhood Resource Center</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Senior centers (Curry Senior Center)</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Private doctor or physician / family doctor / my doctor / traditional Chinese medicine</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>More than one answer given***</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Other****</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Nowhere / don’t go to doctor / no doctor because no health problems</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Includes: Chinese Hospital; CPMC; Davies; St. Anthony’s; St. Luke’s; St. Mary’s; and UCSF.

**Includes: Chinese Community Health Resource Center; Healthy SF Clinic; Mission Neighborhood Health Center; North East Medical Services; Potrero Hill Health Center; Senior Clinic; SOMA Clinic; SOMA Health Center; Tenderloin Outpatient Clinic; Tom Waddell Health Center; and unspecified clinics.

***Includes: Tom Waddell with SF General; St. Mary’s with St. Luke’s.

****Includes: “BAART Methadone;” “Downtown;” “Family Care;” “Medicare;” and “Receive Medi-Cal, but don’t know where to go for primary health care.”

Figure 6: Primary Healthcare by Percentage
Table 7: Where do you go for your emergency healthcare?

<table>
<thead>
<tr>
<th>Emergency Healthcare</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF General Hospital</td>
<td>43</td>
<td>28%</td>
</tr>
<tr>
<td>Hospitals other than SF General*</td>
<td>40</td>
<td>26%</td>
</tr>
<tr>
<td>VA / VA Hospital</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Housing and Urban Health (HUH) Clinic – DPH</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Various clinics / Health centers other than HUH Clinic**</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>More than one answer given***</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Nowhere / Do not access emergency healthcare</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t know / not sure</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>99%</td>
</tr>
</tbody>
</table>

Total percentage less than 100% because of rounding.

*Includes: Chinese Hospital; CPMC; Davies; St. Francis; St. Luke’s; St. Mary’s; UCSF; and unspecified hospital.

**Includes: Chinese Community Health Resource Center; North East Medical Services; and Tom Waddell Health Center.

***Includes: SF General with: Waddell (5), Davies (1), St. Francis (2), and St. Luke’s (2); and St. Francis with St. Mary’s (1).

Figure 7: Emergency Healthcare by Percentage
Table 8: Are you enrolled in Healthy SF?

<table>
<thead>
<tr>
<th>Enrolled in Healthy SF</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>26%</td>
</tr>
<tr>
<td>No*</td>
<td>80</td>
<td>53%</td>
</tr>
<tr>
<td>Don’t know / not sure</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>99%</td>
</tr>
</tbody>
</table>

*Total percentage less than 100% because of rounding.

*10 who answered “No” had additional comments. They are as follows:
- No, uninsured
- No, Medi-Cal (6)
- No, Medicare
- No, but want to find out more
- Not anymore

Figure 8: Enrolled in Healthy SF by Percentage
Table 9: Do you have an IHSS worker?

<table>
<thead>
<tr>
<th>Have an IHSS worker</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>Pending</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>No</td>
<td>105</td>
<td>70%</td>
</tr>
<tr>
<td>Don’t know / not sure</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>17</td>
<td>11%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 9: Percentage with IHSS Worker
Table 10: Are you currently receiving any benefits (SSI, GA, etc.)?

<table>
<thead>
<tr>
<th>Receiving benefits</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>119</td>
<td>79%</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 10: Percentage Receiving Benefits
Table 11: Which benefits are you receiving?

<table>
<thead>
<tr>
<th>Benefits receiving</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Security Income (SSI)</td>
<td>62</td>
<td>41%</td>
</tr>
<tr>
<td>Social Security retirement benefits</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>More than one source of income*</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>General Assistance (GA) – including PAES**</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>Employed</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Retirement</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Veterans Administration (VA): Benefits or Pension or Disability</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Other***</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>101%</td>
</tr>
</tbody>
</table>

Total percentage greater than 100% because of rounding.

*Combinations included:
- SSI plus: housing subsidy; Medicaid; SSDI (2); Social Security retirement benefits (2)
- SSDI plus retirement
- SSI; SSDI; Medicare A+B+C; and Medical

**6 respondents who reported they receive GA also reported “SSI pending.”

***Includes: “GA or SSIP;” “applied for SSI / SSIP (2);” “SSI disability;” and “yes.”

Figure 11: Benefits Receiving by Percentage
**Tenancy Information**

Table 12: How did you come to live here?

<table>
<thead>
<tr>
<th>How come to live here</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Found this housing myself</td>
<td>47</td>
<td>31%</td>
</tr>
<tr>
<td>Was placed in this room through a program*</td>
<td>69</td>
<td>46%</td>
</tr>
<tr>
<td>Other**</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>Don’t know / don’t remember</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>151</strong></td>
<td><strong>101%</strong></td>
</tr>
</tbody>
</table>

Total percentage greater than 100% because of rounding.

*Respondents who answered “Was placed in this room through a program” were asked to specify which program. Only 10 of 69 did. Their answers are as follows: General Assistance (2); HOT Team (2); Housing Clinic (“but I pay my own rent”); Mission Neighborhood Resource Center; Psych Emergency at SF General; SF General; Swords to Plowshares; and “not sure which one.”

**Other answers include: “relative” (and similar answers) (12); “friend” / “friend moved out” (4); “my boss;” “city housing from another building;” “referred from Kean Hotel;” “social worker;” and “Next Door Shelter.”

Figure 12: How come to live here by percentage
Table 13: How long have you lived here?

<table>
<thead>
<tr>
<th>How long lived here</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>23</td>
<td>15%</td>
</tr>
<tr>
<td>1 - 3 years</td>
<td>35</td>
<td>23%</td>
</tr>
<tr>
<td>4 - 5 years</td>
<td>25</td>
<td>17%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>36</td>
<td>24%</td>
</tr>
<tr>
<td>11 - 20 years</td>
<td>15</td>
<td>10%</td>
</tr>
<tr>
<td>21 or more years</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>Other*</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>101%</td>
</tr>
</tbody>
</table>

*Includes: “30 years off and on.”

Total percentage greater than 100% because of rounding.

Figure 13: How Long Lived There by Percentage
Table 14: Is all or part of your rent subsidized?

<table>
<thead>
<tr>
<th>Rent subsidized</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35</td>
<td>23%</td>
</tr>
<tr>
<td>No</td>
<td>80</td>
<td>53%</td>
</tr>
<tr>
<td>Not sure</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Other*</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Includes: “GA, etc.”

Notes:
- A high percentage of survey respondents live in nonprofit owned/managed SROs (68% - See Table 19), which indicates that their rents are subsidized. These results suggest that many more respondents have subsidized rents than are indicated in Table 14. It is likely that many of these respondents are not aware their rents are subsidized.

Figure 14: Percentage with Subsidized Rent
Table 15: How much is your rent?

<table>
<thead>
<tr>
<th>Monthly rent amount</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 to $250</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>$251 - $450</td>
<td>38</td>
<td>25%</td>
</tr>
<tr>
<td>$451 - $650</td>
<td>59</td>
<td>39%</td>
</tr>
<tr>
<td>$651 - $850</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>$851 - $1,000*</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>$1,001 or more**</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Other***</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>23</td>
<td>15%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>99%</td>
</tr>
</tbody>
</table>

Total percentage less than 100% because of rounding.

*One respondent reported rent of $215/week.

**One respondent reported rent of $45/day; another respondent reported rent of $250/week or $50/night.

***Includes: “too much” (2); “monthly.”

Notes:
- 71% of those surveyed are paying $650/month or less.
- Those paying daily or weekly paid the highest rents in this survey.

Figure 15: Monthly Rent Amount by Percentage
Table 16: How long are you planning on staying here?

<table>
<thead>
<tr>
<th>How long are you planning on staying here?</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>1 - 3 years</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>4 - 5 years</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Forever / indefinitely / don’t want to move</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>Soon / not much longer</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>When I find other housing (including Section 8)</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>Other*</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Don’t know / unknown / not sure</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>No answer / n/a / “?”</td>
<td>38</td>
<td>25%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Includes: “until people bother me;” “until my husband can find a job;” “for imenently;” “only because;” “yes;” “I don’t know where to move;” and “I like it here.”

Figure 16: How long planning on staying by percentage?

![Graph showing how long planning on staying by percentage](image-url)
Table 17: Have you applied for affordable housing?

<table>
<thead>
<tr>
<th>Applied for affordable housing</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes*</td>
<td>66</td>
<td>44%</td>
</tr>
<tr>
<td>No**</td>
<td>71</td>
<td>47%</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>101%</td>
</tr>
</tbody>
</table>

*Total percentage greater than 100% because of rounding.

*14 of the respondents answering “Yes” had additional comments. They include:
- Section 8; I applied for Section 8 housing; I need to get on Section 8; I applied for Section 8 but couldn't find housing
- Only a few places
- All over SF
- I was dropped from the list; I don’t think we’re on list now
- With my family (three of us)
- I applied at a particular place (Lyric Hotel, Coronet, International Hotel)
- At the International Hotel - I got it but I didn’t want to go
- I didn’t go because it was too far away

**10 of the respondents answering “No” had additional comments. They include:
- I don’t know about any types of affordable housing
- There is no such thing as affordable housing
- No open list
- I don’t like senior housing
- Chinatown is convenient
- I’d possibly be interested in applying
- Want to (apply); I really want to (apply)
- Not yet (2)
Figure 17: Applied for Affordable Housing by Percentage

![Graph showing the percentage of seniors and adults with disabilities who applied for affordable housing. The categories are Yes, No, Don't know, and No answer / n/a. The graph indicates a higher percentage of Yes compared to No, with Don't know and No answer / n/a being minimal.]
Table 18: How long have you been waiting for affordable/senior housing?

<table>
<thead>
<tr>
<th>How long been waiting for affordable/senior housing</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>6 months to less than 1 year</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>1 - 3 years</td>
<td>19</td>
<td>13%</td>
</tr>
<tr>
<td>4 - 5 years</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>6 - 10 years</td>
<td>17</td>
<td>11%</td>
</tr>
<tr>
<td>11 - 20 years</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Long period of time*</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Haven’t applied / no / not yet</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Other**</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a / “?”</td>
<td>80</td>
<td>53%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>101%</td>
</tr>
</tbody>
</table>

Total percentage greater than 100% because of rounding.

*Includes: long time; too long; forever.

**Includes: “rejected it twice;” “15 years ago but name dropped;” “yes;” and “years.”

Figure 18: How long waiting for affordable/senior housing by percentage
**SRO INFORMATION**

This section includes general information on the SROs where respondents live, along with information regarding food access and nutrition, physical accessibility, and safety.

### Table 19: Nonprofit owned/managed or private hotel?

<table>
<thead>
<tr>
<th>Hotel type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonprofit owned/managed</td>
<td>103</td>
<td>68%</td>
</tr>
<tr>
<td>Private</td>
<td>48</td>
<td>32%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Figure 19: Hotel Type by Percentage**

[Bar chart showing hotel type distribution]
Table 20: Neighborhood?

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinatown</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>Mission</td>
<td>49</td>
<td>32%</td>
</tr>
<tr>
<td>South of Market</td>
<td>24</td>
<td>16%</td>
</tr>
<tr>
<td>Tenderloin</td>
<td>56</td>
<td>37%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>99%</td>
</tr>
</tbody>
</table>

Total percentage less than 100% because of rounding.

Figure 20: Neighborhood by Percentage
Food Access and Nutrition

Table 21: Do you have access to a kitchen in your building?

<table>
<thead>
<tr>
<th>Access to a kitchen in building</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>55</td>
<td>36%</td>
</tr>
<tr>
<td>Sometimes / limited*</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>No</td>
<td>80</td>
<td>53%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>151</td>
<td>99%</td>
</tr>
</tbody>
</table>

*Includes:
- Stoves don't work (2)
- No oven
- Sometimes; “sorta;” “yes, when working;” occasionally
- “In theory”

Total percentage less than 100% because of rounding.

Figure 21: Access to Kitchen by Percentage
Table 22: Do you have a medical condition that requires a special diet?

<table>
<thead>
<tr>
<th>Medical Condition Requiring Special Diet</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>27</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>93</td>
<td>62%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>31</td>
<td>21%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>101%</td>
</tr>
</tbody>
</table>

Total percentage greater than 100% because of rounding.

Some who answered “Yes” specified a condition. These conditions are as follows:
- anorexia
- diabetes (2)
- HIV with complications
- on dialysis
- ulcers

Figure 22: Medical Condition Requiring Special Diet
Table 23: How do you prepare your meals?

<table>
<thead>
<tr>
<th>How prepare meals</th>
<th>Number</th>
<th>Percentage (of 151 respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I cook in my room on hotplate or microwave</td>
<td>86</td>
<td>57%</td>
</tr>
<tr>
<td>I eat out or bring prepared food home</td>
<td>80</td>
<td>53%</td>
</tr>
<tr>
<td>I eat free meals (at Glide, for example)</td>
<td>49</td>
<td>32%</td>
</tr>
<tr>
<td>I don’t have good way to prepare meals</td>
<td>34</td>
<td>23%</td>
</tr>
<tr>
<td>I prepare meals in kitchen facilities in my building</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>I skip meals due to lack of resources or facilities</td>
<td>27</td>
<td>18%</td>
</tr>
<tr>
<td>Other*</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>317</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Percentages in 3rd column total more than 100% because they represent the percentage of 151 survey respondents who gave a particular answer, not the percentage of the total number of responses to this question (317).

*Includes: “Meals on Wheels;” “special diet meal delivered once a day.”

Figure 23: How Prepare Meals by Percentage

Percentage of 151 respondents who gave a particular answer, not the percentage of all 317 answers given.
Physical Accessibility

Table 24: Is your building physically accessible to you?

<table>
<thead>
<tr>
<th>Building physically accessible</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>121</td>
<td>80%</td>
</tr>
<tr>
<td>Mostly / Sometimes*</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>No**</td>
<td>9</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Includes:
- Yes, but elevators break sometimes (2)
- Yes, but lots of stairs
- Yes, for the most part. But there are extremely crooked floors in the hallway and my room and I’m afraid of falling
- Yes, except in an emergency
- Yes, except for my fear of falling down in the shower
- Sort of yes

**Includes:
- Difficult to get into building because I have knee problems and no elevator. Also, sometimes I have to ring the buzzer over and over to be let in
- No, I cannot walk the stairs

Figure 24: Building Physically Accessible by Percentage
Table 25: Do you have a working elevator in your building?

<table>
<thead>
<tr>
<th>Working elevator</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>77</td>
<td>51%</td>
</tr>
<tr>
<td>Sometimes / limited*</td>
<td>27</td>
<td>18%</td>
</tr>
<tr>
<td>No</td>
<td>41</td>
<td>27%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Includes:
- Sometimes (16)
- Mostly / most of the time (5)
- Yes, but breaks sometimes; doesn't always work; often broken and could be better
- Yes, when it is working
- Yes, too small
- Yes, can't support me and my wheelchair

Figure 25: Working Elevator by Percentage
Table 26: Do you have grab bars in your bathrooms?

<table>
<thead>
<tr>
<th>Grab bars in bathrooms</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>59</td>
<td>39%</td>
</tr>
<tr>
<td>Yes, in limited places</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>No</td>
<td>73</td>
<td>48%</td>
</tr>
<tr>
<td>Other*</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>151</td>
<td><strong>99%</strong></td>
</tr>
</tbody>
</table>

*Includes: “Have a private shower” (2); “have individual bathrooms.”

*Total percentage less than 100% because of rounding.*

Figure 26: Grab Bars in Bathrooms by Percentage
Table 27: Are there working handrails on the stairs?

<table>
<thead>
<tr>
<th>Working handrails on stairs</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>134</td>
<td>89%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Other*</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>101%</td>
</tr>
</tbody>
</table>

*Total percentage greater than 100% because of rounding.

*Includes: “No, not in my hallway.”

Figure 27: Working Handrails on Stairs by Percentage
Safety

Table 28: Do you feel safe in your building?

<table>
<thead>
<tr>
<th>Feel safe in building</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85</td>
<td>56%</td>
</tr>
<tr>
<td>Mostly / sometimes*</td>
<td>18</td>
<td>12%</td>
</tr>
<tr>
<td>No</td>
<td>19</td>
<td>13%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>151</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Includes: “pretty much;” “to a point;” “relatively;” and “except when visitors knock on my door uninvited - they are someone else’s guest.”

Figure 28: Feel Safe in Building by Percentage
### Table 29: Which of the following make you feel unsafe?

<table>
<thead>
<tr>
<th>What makes you feel unsafe</th>
<th>Number</th>
<th>Percentage (of 151 respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strangers or visitors in the building</td>
<td>54</td>
<td>36%</td>
</tr>
<tr>
<td>Drug activity in the building</td>
<td>43</td>
<td>28%</td>
</tr>
<tr>
<td>My neighbors</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>Physical characteristics of the building (afraid of falling down in bathroom, getting stuck in elevator, etc.)</td>
<td>20</td>
<td>13%</td>
</tr>
<tr>
<td>My landlord or manager</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Other*</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>No answer / n/a</td>
<td>70</td>
<td>46%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>229</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Percentages in 3rd column total more than 100% because they represent the percentage of 151 survey respondents who gave a particular answer, not the percentage of the total number of responses to this question (229).

*Some respondents gave answers not among the six choices provided in the survey. They include: “bad neighborhood” / “too much homeless activity near entrance” (3); “cameras;” “falling out of reach of phone;” “heat in walls;” and “peoples’ dogs.”

In addition, some respondents provided what appear to be details to the answers they chose from the 6 choices provided in the survey. These details are as follows:

- A respondent who answered “My neighbors” and “Drug activity in the building” added these details: “There have been several incidents of theft in the hotel. Some tenant residents are dishonest with criminal behavior”
- A respondent who answered “My neighbors;” “Drug activity in the building;“ and “Physical characteristics of the building;” also stated: “some women”
- A respondent who answered “My neighbors” and “Strangers or visitors in the building” also said: “Too many tenants with head problems”
- A respondent who answered “My landlord or manager” also said “manager’s wife”
- A respondent who answered “Physical characteristics of the building” specified “crooked floors”
Figure 29: What Makes You Feel Unsafe by Percentage

<table>
<thead>
<tr>
<th>What Makes You Feel Unsafe by Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strangers or visitors in the building</td>
</tr>
<tr>
<td>Drug activity in the building</td>
</tr>
<tr>
<td>My neighbors</td>
</tr>
<tr>
<td>Physical characteristics of the building</td>
</tr>
<tr>
<td>My landlord or manager</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>No answer / n/a</td>
</tr>
</tbody>
</table>

Percentage of 151 respondents who gave a particular answer, not the percentage of all 229 answers given.

Table 30: Is there anything else you want to tell us about safety in your building?

The responses to this question are organized only by general category: Negative / Ideas for Improvement, Positive Comments, and Neutral / Other Comments.

The most common safety-related concerns deal with other tenants and visitors (including the uninvited). The second most common concerns relate to physical accessibility.

<table>
<thead>
<tr>
<th>Other comments about safety in building</th>
</tr>
</thead>
<tbody>
<tr>
<td>(33 of 151 respondents had additional comments; 3 of these respondents gave two comments)</td>
</tr>
</tbody>
</table>

**Negative / Ideas for Improvement**

- I have a job and feel that people on meds should have more medication people around. The staff is not trained for medical issues.
- There needs to be stronger disciplinary measures for tenants who break the rules and violate their leases. Everyone residing here knows the management never evicts anyone.
- At night my building has only one desk clerk that always has to sit at the desk all night. There is no one patrolling the hallways to ensure our safety.
- I’m mainly afraid of violent neighbors. There are lots of fights here.
- I had an issue with a tenant trying to get into my unit by mistake.
- I’ve been assaulted physically and sexually in the building by other residents.
- Manager could get out of his office and talk to these difficult people/visitors!
People sneak in to the building through windows at night. The police should be here more to help.

Elevator breaks down often (2).

I’m afraid of getting stuck in the elevator.

I would like to see grab bars installed.

Bathroom mat is slippery.

Leaving wheelchairs in hall is unsafe.

Roach infestation in room.

Mildew.

Need new management.

If I got hurt or fall on the floor, I have no way to call for help.

It’s like an obstacle course to get to my SRO.

**Positive Comments**

It’s OK.

For the most part, OK.

I feel like this building is safe / I feel safe in the building.

The safety in my building is pretty good.

This building is safe. I can even leave my door open when going down the hall to use the bathroom.

They do a pretty good job, considering the neighborhood.

This is a good SRO and management keeps the common areas clean. There is really no violence here, but my husband has called the manager up when people are fighting, and the manager has taken care of the problem.

The maintenance crew does an excellent job in safety matters.

It seems to be getting better.

I live with my son, who also stays in this room. I feel like my son takes care of me.

**Neutral / Other Comments**

Safety is only jeopardized when no one is at the desk.

Started having a security guard around, but he is only here about one night a week.

I feel safer in a building with other people and a manager and a social worker.

I receive Meals on Wheels.

Whatever, as long as I’m living.

It has the potential to become an ideal residence for seniors.
### Concerns and Problems Cited by Respondents

Table 31: What, if any, are your top 3 concerns in your building?

<table>
<thead>
<tr>
<th>Top 3 concerns in building</th>
<th>Number</th>
<th>Percentage (of 151 respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor Policy Violations</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Other Infestations (roaches, rats, mice, etc.)</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td>Electrical Problems</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Maintenance and Repairs</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Problems receiving mail</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Lack of nutrition/access to food</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Physical inaccessibility of building</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Bedbugs</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Plumbing Problems</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Harassment/Disrespect</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Unsanitary Bathrooms</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of heat</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Personal Safety</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>TV/cable problems/lack</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Elevator</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Cleanliness other than bathrooms</td>
<td>13</td>
<td>9%</td>
</tr>
<tr>
<td>Limited space / room too small</td>
<td>8</td>
<td>5%</td>
</tr>
<tr>
<td>Noise</td>
<td>16</td>
<td>11%</td>
</tr>
<tr>
<td>Washer &amp; dryer</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Visitor policy - want more flexibility</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Staff issues</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>Furniture</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Trash / recycling</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Disconnect with services</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>Drug-related (except dirty needles)</td>
<td>6</td>
<td>4%</td>
</tr>
<tr>
<td>Other / undetermined / more than one answer</td>
<td>29</td>
<td>19%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>245</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Percentages in 3rd column total more than 100% because they represent the percentage of 151 survey respondents who stated a particular concern, not the percentage of the total number of responses to this question (245).

The 5 most common concerns (in descending order) are as follows:
- Personal safety - 19%
- Other / undetermined - 19%
- Other infestations (roaches, rats, mice, etc.) - 15%
- Noise - 11%
- Cleanliness (other than bathrooms) - 9%
Figure 30: Top 3 Concerns in Building by Percentage

Percentage of 151 respondents who stated a particular concern, not the percentage of all 245 answers given.
Table 32: Top areas of concern in building

<table>
<thead>
<tr>
<th>Top Areas of Concern in Building</th>
<th>Number</th>
<th>Percentage (of 151 respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical maintenance problems</td>
<td>91</td>
<td>60%</td>
</tr>
<tr>
<td>Interpersonal relationships</td>
<td>36</td>
<td>24%</td>
</tr>
<tr>
<td>Living conditions / affordable housing</td>
<td>69</td>
<td>46%</td>
</tr>
<tr>
<td>Health and safety issues</td>
<td>38</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>245</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Percentages in 3rd column total more than 100% because they represent the percentage of 151 survey respondents who indicated a particular area of concern, not the percentage of the total number of responses to this question (245).

Note: Like Table 31, Table 32 contains the answers to the survey question “What, if any, are your top 3 concerns in your building?” In Table 32 (and Figure 31 below), though, the answers are sorted into more general categories.

Figure 31: Top Areas of Concern in Building by Percentage

Percentage of 151 respondents who indicated a particular area of concern, not the percentage of all 245 answers given.
Table 33: Which of the following do you consider to be a problem in your hotel?

<table>
<thead>
<tr>
<th>Problems in hotel (Respondents were given 18 choices and instructed to choose all that apply)</th>
<th>Number</th>
<th>Percentage (of 151 respondents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor Policy Violations</td>
<td>44</td>
<td>29%</td>
</tr>
<tr>
<td>Other Infestations</td>
<td>69</td>
<td>46%</td>
</tr>
<tr>
<td>Electrical Problems</td>
<td>49</td>
<td>32%</td>
</tr>
<tr>
<td>Maintenance &amp; Repairs</td>
<td>26</td>
<td>17%</td>
</tr>
<tr>
<td>Musical Rooming or Problems est. tenancy</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>Problems receiving mail</td>
<td>17</td>
<td>11%</td>
</tr>
<tr>
<td>Dirty Needles</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Lack of nutrition/access to food</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>Physical inaccessibility of building</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td>Bedbugs</td>
<td>64</td>
<td>42%</td>
</tr>
<tr>
<td>Fire Safety</td>
<td>30</td>
<td>20%</td>
</tr>
<tr>
<td>Plumbing Problems</td>
<td>33</td>
<td>22%</td>
</tr>
<tr>
<td>Harassment/Disrespect</td>
<td>43</td>
<td>28%</td>
</tr>
<tr>
<td>Isolation</td>
<td>22</td>
<td>15%</td>
</tr>
<tr>
<td>Unsanitary Bathrooms</td>
<td>41</td>
<td>27%</td>
</tr>
<tr>
<td>Lack of Heat</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>Ventilation Problems</td>
<td>25</td>
<td>17%</td>
</tr>
<tr>
<td>Personal Safety</td>
<td>32</td>
<td>21%</td>
</tr>
<tr>
<td>Other: Too Hot</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>None/nothing</td>
<td>12</td>
<td>8%</td>
</tr>
<tr>
<td>TOTAL number of answers</td>
<td>597</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Percentages in 3rd column total more than 100% because they represent the percentage of the 151 survey respondents who gave a particular answer, not the percentage of the total number of responses to this question (597).

The 5 most common concerns (in descending order) are as follows:
- Other Infestations - 46%
- Bedbugs - 42%
- Electrical Problems - 32%
- Visitor Policy Violations - 29%
- Harassment / Disrespect - 28%

Note: The answers to same question as above, but sorted by hotel type, are found in Appendix B of this report.
Figure 32: Problems in Hotel by Percentage

Percentage of 151 respondents who gave a particular answer, not the percentage of all 597 answers given.
**ADDITIONAL COMMENTS FROM RESPONDENTS**

Table 34: Is there anything else that you would like to tell us that we didn’t cover that you think is important?

The responses to this question are organized only by general category: Requests, Negative / Ideas for Improvement, Positive Comments, and Other Comments.

**Anything else important to tell us**
(30 of 151 respondents had additional things to report)

<table>
<thead>
<tr>
<th>Requests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet access and/or cable TV</td>
</tr>
<tr>
<td>Quality of life activities (e.g., music, lectures, free excursions and events) (3)</td>
</tr>
<tr>
<td>Telephone in room</td>
</tr>
<tr>
<td>More resources / support in hotels (2)</td>
</tr>
<tr>
<td>List of legal resources</td>
</tr>
<tr>
<td>Garbage chutes</td>
</tr>
<tr>
<td>Affordable housing with a kitchen so can cook own food</td>
</tr>
<tr>
<td>Housing with wife, preferably out of Tenderloin in a house (Vietnam veteran, disabled)</td>
</tr>
<tr>
<td>Coffee good, but should serve breakfast, too</td>
</tr>
<tr>
<td>Accessible shower (for wheelchair)</td>
</tr>
<tr>
<td>Stronger elevator (that could support weight of wheelchair)</td>
</tr>
<tr>
<td>Fire extinguishers should be more visible</td>
</tr>
<tr>
<td>Assistance finding affordable housing (at least as good as living here)</td>
</tr>
<tr>
<td>Wants information on housing opportunities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negative / Ideas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to open door without “nuts” coming in</td>
</tr>
<tr>
<td>Tenderloin Housing Clinic (THC) not very helpful</td>
</tr>
<tr>
<td>“They force SSI when I ask questions and no one has told me about health”</td>
</tr>
<tr>
<td>They charge for visitors</td>
</tr>
<tr>
<td>Complaints about loud tenants after 10pm never get answered</td>
</tr>
<tr>
<td>Trash issues: building has no pick-up from city, no garbage room on 2nd or 3rd floors.</td>
</tr>
<tr>
<td>Safety concerns about 6th Street (more police foot patrols needed) (3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likes building location, quietness, nice people</td>
</tr>
<tr>
<td>Senior building is a terrific model</td>
</tr>
<tr>
<td>Building is good and well-managed, especially for the block</td>
</tr>
<tr>
<td>Good manager</td>
</tr>
<tr>
<td>Best hotels because quiet and nobody harasses; rooms big; pretty clean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only a few times I’ve had health problems</td>
</tr>
<tr>
<td>“As long as government pays my granddaughter to take care of me, I am OK”</td>
</tr>
<tr>
<td>Get Meals on Wheels delivered</td>
</tr>
<tr>
<td>Place in building through Swords to Plowshares</td>
</tr>
<tr>
<td>“I just want to live”</td>
</tr>
</tbody>
</table>
Narratives from Surveyors

The people who administered the surveys were asked to share what they observed while surveying seniors and adults with disabilities living in SROs. The following are their narrative descriptions.

CHINATOWN
The following is from Joyce Lam who collected surveys in Chinatown SROs. She notes that there may be reasons that some survey respondents answered the way they did. The three examples she cites are regarding safety, healthcare, and access to SRO hotels by non-residents.

It should be noted that certain cultural factors might have influenced some of the answers survey respondents gave in Chinatown SROs.

For instance, I have talked to seniors regarding whether they feel safe living in their SRO hotels. They would tell me, “Yes, I absolutely feel safe living here.” Then I would ask further, “Have you ever seen strangers wandering around in your building?” to which they sometimes say, “Of course, I have seen strangers or people who don’t live in this hotel come and use our bathrooms to take showers.” To most other tenants, incidents like these might make them feel unsafe. However, since the survey was meant to be a snapshot of senior tenants’ impression of and needs regarding living in a SRO hotel, his/her response was recorded faithfully. The low number of people feeling unsafe might not accurately capture the day-to-day reality of strangers sneaking into SRO hotels.

Many of the seniors I talked to in Chinatown were also unaware of their healthcare options, because they often used non-mainstream healthcare such as traditional Chinese herbal medicine. Sometimes, they also used over-the-counter medicine imported from China because they knew of them from before they immigrated and trusted the medication to be effective.

Also, contrary to hotels in other neighborhoods, there is incredibly easy access to private hotels in Chinatown. The majority of the hotels in Chinatown do not have desk clerks. Outreach workers, as well as really, anyone, can press someone’s doorbell or follow a tenant to get into an SRO hotel. Many times, tenants (adults, seniors and kids) would peek to see who’s walking in out of curiosity. If the person explained, “Oh I am here to look for Mr. X [insert common Chinese last name],” there would be no questions asked. This phenomenon makes it easy for organizers to do outreach, but at the same time poses a real question of people’s awareness and safety concerns.

MISSION
The following is from Josh Vining who collected surveys in Mission District SROs. He notes differences in ease of access for surveyors to private versus nonprofit owned/managed hotels. He also notes that depending on where they live, residents may have differing expectations regarding safety and habitability issues. In addition, he
discusses the fact that many of the survey respondents seemed to be unaware of some of their healthcare options.

Survey responses gathered in the Mission were informed by several factors unique to the neighborhood and the housing types.

One example is that outreach workers administering the survey had limited access to tenants in the buildings in which they live. The Mission District has 6 nonprofit-run buildings to which we were allowed access to survey tenants, but it also has 45 private buildings, some of which we were allowed to survey, while others we were not. As a result, every tenant in a nonprofit building who was home during our outreach had an opportunity to respond to the survey, while tenants who live in private buildings had differing levels of access, depending on if the manager allowed us entry into the building, whether or not there was a front desk clerk present, and whether there was a buzzer to ring on the street level. As a result, there were a significant amount of private buildings in the Mission that had zero representation in this survey, while all nonprofit buildings had responses.

Another interesting finding was that people had a wide range of responses to their perceived level of safety in their buildings. Many seniors said that they generally felt safe in their buildings, but would often qualify that by saying something like, “this is a pretty good building, for such a bad block,” or “this building is a lot safer than other hotels I’ve stayed in the neighborhood.” Even when tenants responded that they felt safe, it often meant that they felt safer than other places, or safe considering where they were actually living.

A similar scenario was evident in responses to the questions about habitability. For example, one senior in a nonprofit building answered that she considered bedbugs to be a problem in her building because one of her neighbors on a different floor had found bedbugs several months ago. A few days later I surveyed a disabled senior in a privately-run hotel, and he responded that he did not consider bedbugs to be a problem in his building because he only finds a few bedbugs each night, which was a lower number than in the past, when he considered it to be a problem. This speaks to the fact that tenants have varying expectations of what their housing should look like, and that the environment in which you live affects your understanding of what “normal” or “acceptable” housing means.

One last trend that should be mentioned is that respondents to this survey often knew very little about the range of healthcare options in San Francisco, but knew specific information about the location where they received services. So, for example, while tenants may not fully understand the scope of Healthy SF, or even whether or not they were enrolled in the program, they may be able to provide specific information about their individual doctor, hours when the clinic is open, their nearest pharmacy, or even the fastest way to get there on the bus. As a result, survey respondents were often informed about their specific healthcare provider, but did not necessarily have the
context to know whether they were getting the best level of care that was available for them, or how to receive additional resources.

**SOUTH OF MARKET (SOMA)**
The following is from Christina Olague who collected surveys in SOMA SROs. She notes that although the neighborhood can pose challenges to SRO residents in terms of safety, for example, many are reluctant to leave. This is possibly because limited incomes mean they cannot afford to live elsewhere in San Francisco, and they do not want to leave the city where they have lived and worked for many years.

Sixth and Mission is one of the most crime-ridden areas in San Francisco. Yet a very diverse, vibrant community exists amidst all of this. SROs provide a form of housing in SOMA that is dense, mostly affordable, and not without its share of challenges.

During our outreach we met many who are aging in place. Rents in San Francisco are high and as many seniors and persons with disabilities live on limited incomes, this limits their housing options should they decide to remain living in the City. Since San Francisco is such a unique place to live, many are reluctant to just pack up and move based on the hope of finding more affordable housing elsewhere. For most, San Francisco is home; many have lived and worked here their entire lives and relocating is simply not an option.

So although many are faced with issues of public safety, limited access to food and open space, and living in very mixed environments, leaving is not a considered an option.

Sixth Street is not always the most welcoming of environments. Open space is limited: the nearest park is a few blocks away and took years to realize. Access to healthy food came only recently in the form of a small market at 6th and Howard Streets.

Finally, when talking with residents, some had concerns about leaving their unit, which leads to further isolation. Some are reluctant to leave their living space because they don’t know their neighbors. There seem to be fewer of these concerns in buildings that are populated by seniors only. One question raised is whether or not seniors and persons with disabilities should be given priority to units on lower floors providing easier access. Many questions remain and further discussion is needed with case workers and residents who reside and work in these environments on a daily basis.

**TENDERLOIN**
The following is from Sari Bilick who collected surveys in Tenderloin SROs. Like Josh Vining, she notes differences in ease of access for surveyors to private versus nonprofit owned/managed hotels. She also describes two issues frequently mentioned by survey respondents in the Tenderloin: difficulties with elevators and a lack of safe cooking facilities. Finally, she discusses what is working well at an SRO specifically for seniors.

While the Tenderloin has the largest concentration of SRO hotels in San Francisco, many of them are private hotels and difficult to access. Many of the survey respondents
are from nonprofit run hotels because they were easier for surveyors to access. Nonprofit run hotels tend to have on-site case management and maintenance and the problems are usually not as severe as in private hotels. Many of the private hotels we attempted to access did not allow us in to complete surveys.

Many of the hotels in the Tenderloin are large and have elevators. Since the elevators are old, it is very common for them to break down. This was one of the complaints we heard most often. When asked if there was a working elevator in the building, surveyors were often told that the elevator didn’t work or that it worked on and off. One woman said that the elevator in her building worked, but wouldn’t support her weight and her wheelchair and so she had to take the stairs anyway. We found that many seniors and people with disabilities are living in units on the fourth, fifth, or sixth floor and have to take the stairs or stay trapped in their rooms.

Another frequent response was regarding the lack of cooking facilities. Most SROs in the Tenderloin do not have shared kitchens so tenants resort to cooking on hot plates in their rooms, skipping meals, or going to local soup kitchens to wait in line for meals.

We surveyed tenants at one hotel, the Le Nain, which is a building specifically for seniors. In this hotel we heard positive things about the experience of seniors. Most of this was attributed to the fact that the support services and management take the needs of seniors into account in the way the building is run and the programs are provided. One tenant told us that they were shutting down the elevator for a few days to do repair work. Not only did they give residents warning of the elevator shutdown, but they had staff available all day to assist tenants up and down the stairs and to help them carry groceries, laundry, or anything else. This was the closest example we saw of a hotel addressing the needs of seniors.
Photographs of SRO Conditions

Figure 33: Bed bug bites

Photo courtesy of SRO Collaboratives

Figure 35: No working elevator

Photo courtesy of SRO Collaboratives

Figure 34: Bed bugs in mattress

Photo courtesy of SRO Collaboratives

Figure 36: Mice in SRO room

Photo courtesy of SRO Collaboratives
Chapter 5 - Recommendations

The following recommendations are based on the survey results as well as input from the members of the Seniors and Adults with Disabilities in SROs Working Group, many of whom work directly with SRO residents.

In addition, the recommendations are informed in part by prior surveys, reports, and memos including IHSS Consortium Homecare Provider Survey (see Appendix C); San Francisco’s Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Needs along with the memo that introduces it and related reports (excerpts in Appendix D); and Aging in Place and Community: Housing Assistance and Other Services for Seniors in San Francisco (excerpts in Appendix E).

The recommendations are divided into two tables: Minimum Standards for SROs Housing Seniors and Adults with Disabilities and Long-term Goals. Following the tables are explanations for the recommendations and some ideas for implementation.

Recommendations

<table>
<thead>
<tr>
<th>Minimum Standards for SROs Housing Seniors and Adults with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enforcement</strong></td>
</tr>
<tr>
<td>1. No placements by city agencies or city-funded programs into units with pest infestations</td>
</tr>
<tr>
<td>2. Contract compliance with nonprofit owned/managed SROs and private SROs</td>
</tr>
<tr>
<td>3. Enforcement structure that is efficient and responsive and includes timely consequences</td>
</tr>
<tr>
<td><strong>New Policies</strong></td>
</tr>
<tr>
<td>1. Grab bars in bathrooms</td>
</tr>
<tr>
<td>2. Working telephone jacks (and affordable telephone service)</td>
</tr>
<tr>
<td>3. Desk clerks present in each SRO</td>
</tr>
<tr>
<td>4. Training curriculum for all SRO staff</td>
</tr>
<tr>
<td>5. Physical accessibility through maintenance of existing elevators or resident placement on lower floors in buildings without elevators</td>
</tr>
<tr>
<td>6. Access to nutritious food</td>
</tr>
<tr>
<td>7. More targeted outreach to seniors and adults with disabilities in SROs</td>
</tr>
<tr>
<td>8. Access to supportive services</td>
</tr>
<tr>
<td>9. Increased disaster planning for seniors and adults with disabilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-term Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to form tenant council not attended by management</td>
</tr>
<tr>
<td>2. Affordable housing for seniors and adults with disabilities</td>
</tr>
</tbody>
</table>
3. On-site staff that includes maintenance/janitorial
4. Individual locking mailboxes
5. Wellness checks / “I’m OK” door hangers
6. End of life planning

**Recommendation Explanations / Ideas for Implementation**

**Enforcement Recommendations**

#1. No placements by city agencies or city-funded programs into units with pest infestations
- The need for this recommendation is made clear by reviewing the answers to the survey question “Which of the following do you consider to be a problem in your hotel?” (Table 33). “Other Infestations (roaches, rats, mice, etc.)” was the most common response, with 46% of respondents reporting that they considered this a problem, and “Bedbugs” was the second most common response, with 42% of respondents indicating they consider them a problem in their hotel.
- The San Francisco Housing Code deals with sanitation issues, including infestations. It states in part: “Each room, (other area of the building, and lot)...shall be kept in every part clean, sanitary, and free from all accumulation of debris, filth, rubbish, garbage, (and) vermin...”24 (Insects fall under the category of vermin.) The California Civil Code also deals with vermin. In part, it states: “The landlord is also responsible for keeping the apartment building free of garbage, trash, rats, mice, cockroaches, and other vermin...”25
- **Next step:** City agencies or city-funded programs that place people should verify through inspection that there is no current pest infestation in a unit and should check with Department of Public Health (DPH) or DBI regarding a history of infestations in a unit.
- **Next step:** Add language to contracts regarding placement by city agencies or city-funded programs into SROs26 regarding minimum habitability standards for program beds, including being free of pest infestation. Also, periodic room inspection should be required by contracts.

#2. Contract compliance with nonprofit owned/managed SROs and private SROs
- Two examples that demonstrate the need for this recommendation are the prevalence of infestations and the prevalence of electrical problems. As described in Enforcement Recommendation #1 above, “Other Infestations” was

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24 San Francisco Housing Code Section 1306.
25 CA Civil Code Section 1941.1.
26 This includes contracts between the city and city-funded programs, as well as contracts between these programs and SRO owners.
the most common response (46%) when residents were asked to choose from a list of potential problems in their hotel (Table 33). Also shown in Table 33 is the prevalence of electrical problems. It was the third most common response, with 32% of respondents indicating this as a problem in their hotel.

- As stated in Enforcement Recommendation #1 above, the San Francisco Housing Code deals with sanitation issues, including infestations. It states in part, “Each room, (other area of the building, and lot)…shall be kept in every part clean, sanitary, and free from all accumulation of debris, filth, rubbish, garbage, (and) vermin…” The California Civil Code also deals with infestations.
- Next step: City agencies or city-funded programs that place people should verify through inspection that units meet both health and housing code standards.
- Next step: Add language to contracts regarding placement by city agencies or city-funded programs into SROs regarding minimum habitability standards for program beds, including that units meet housing and health code requirements. Also, periodic room inspection should be required by contracts.

#3. Enforcement structure that is efficient and responsive and includes timely consequences

- The need for an efficient and responsive enforcement structure is shown in the results displayed in Table 32 (Top Areas of Concern in Building). 60% of respondents indicated physical maintenance problems as top areas of concern in their hotel. In addition, 25% indicated that health and safety issues were a top area of concern.
- More specifically, as described in Enforcement Recommendations #1 and #2 above, significant percentages of residents were concerned with infestations and electrical problems in their hotel. The three most common responses to the question “Which of the following do you consider to be a problem in your hotel?” (Table 33) were “Other Infestations” (46%), “Bedbugs” (42%), and “Electrical Problems” (32%).
- The issues cited above are often related to building and/or health code violations. An enforcement structure that is efficient and responsive with timely consequences is critical for seniors and adults with disabilities living in SROs because maintenance issues can be urgent or even life-threatening and may need to be resolved immediately. For example, a senior or a person with a disability may need electricity for a ventilator, or to charge a wheelchair, or to plug in a refrigerator that holds medications, and therefore power issues need to

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27 San Francisco Housing Code Section 1306.
28 CA Civil Code Section 1941.1.
29 This includes contracts between the city and city-funded programs, as well as contracts between these programs and SRO owners.
be resolved quickly. Similarly, a senior or person with a disability may experience health problems if made to wait a few days for his or her heat to be fixed.

- **Next step:** Shorten timeframe for resolution of notices of violation from Department of Building Inspection and Department of Public Health. In addition, explore other strategies to ensure that repairs are completed in a timely manner.

**NEW POLICIES RECOMMENDATIONS**

**#1. Grab bars in bathrooms**

- As seen in Table 26, currently only 39% of respondents reported having grab bars in bathrooms in their SROs.
- Grab bars could immediately make bathrooms safer and more accessible for seniors and some adults with disabilities, and could assist with efforts to have these tenants age in place. Table 16 indicates that the most common response to the question “How long are you planning on staying here?” was “Forever / not planning to move” (21%). In addition, there are two other groups that may end up aging in place: respondents who indicated they aren’t sure how long they’ll be staying (19 %) and residents who would like to move, but are unable to obtain other housing. Table 18 indicates that many residents may have difficulty finding other housing. At least 19% (of all 151 respondents) have been waiting for affordable/senior housing for between four and 20 years, while an additional 13% have been waiting between one and three years.
- **Next steps:** The *Aging in Place* report recommends increasing home modification services as a strategy to enable aging in place. Two aspects of this recommendation that could potentially facilitate grab bar installation in SROs are expanding the Community and Home Injury Prevention Project for Seniors (CHIPPS) run by the Department of Public Health (DPH) and implementing a City-sponsored residential safety and accessibility modifications rebate program for senior residences.30

**#2. Working telephone jacks (and affordable telephone service)**

- California Civil Code 1941.4 states that residential landlords are “…responsible for installing at least one usable telephone jack and for placing and maintaining the inside telephone wiring in good working order,…and shall make any required repairs.”31 However, non-working jacks are a common problem in SRO units and the least expensive cellular telephone plan is still more expensive than the California’s low-cost telephone program (LifeLine), which is only available for

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30 *Aging in Place and Community*, iii, 61 - 63.
31 Civil Code Section 1940 -1954.1.
landline telephones.\textsuperscript{32, 33} In addition to being more affordable, landline telephones are more reliable because they do not run out of minutes, do not have batteries that can run out, and are unlikely to be lost.

- A working telephone jack and an affordable telephone plan could help to address an issue of concern for many who were surveyed: personal safety. When respondents were asked their top three concerns (Table 31), “Personal Safety” was the most commonly reported concern (19\%).\textsuperscript{34} In addition, when asked to choose which of a list of choices made them feel unsafe (Table 29), the two most common responses were “Strangers or visitors in the building” (with 36\% of respondents saying it made them feel unsafe) and “Drug activity in the building” (with 28\% of respondents reporting it made them feel unsafe). Having working telephones jacks and an affordable telephone plan would allow residents to call 9-1-1 for assistance.

- In addition to addressing safety concerns, working, affordable telephones would allow residents to communicate with doctors and social service providers, and would allow them to stay connected with their networks and thus prevent isolation. Survey results show that 15\% of respondents reported isolation as a top concern. \textsuperscript{35} (Table 33)

- \textbf{Next step:} Codify requirement for working telephone jack into local housing code to facilitate compliance. The requirement is currently in the California state code, but it must be added to the local code so that building inspectors can require compliance.

- \textbf{Next step:} Investigate possibility of Department of Building Inspection (DBI) inspectors checking for working jacks when they are in a unit regarding another issue.

- \textbf{Next step:} Increase outreach by SRO Collaboratives regarding code enforcement for non-working jacks.

- \textbf{Next step:} Continue and expand efforts by SRO Collaboratives to link tenants to California LifeLine or other low cost telephone service (working with The Utility Reform Network [TURN]).

\section*{#3. Desk clerks present in each SRO}

- Survey results indicate that safety was a chief concern for many respondents. Table 28 shows that only slightly more than half (56\%) of respondents said that they felt safe in their building. In addition, as shown in Table 31, “Personal safety”

\begin{footnotesize}
\begin{itemize}
  \item \textsuperscript{32} \textit{California LifeLine}. (Accessed on 11/15/11 at \url{http://www.cpuc.ca.gov/PUC/Telco/Public+Programs/lifelinedetails.htm})
  \item \textsuperscript{33} There is a federal subsidy program that offers cellular service, but it is not widely used or affordable, especially if the user goes over his or her plan minutes.
  \item \textsuperscript{34} “Personal Safety” actually tied for first with “Other,” for most common response. “Personal Safety” is described as most common, though, because “Other” included a variety of answers.
\end{itemize}
\end{footnotesize}
was the most common response to the survey question asking residents to name their top three concerns in their buildings. 19% of respondents cited it.  

- Table 29 shows what made residents feel unsafe. The most common response to the question “Which of the following makes you feel unsafe?” was “Strangers or visitors in the building.” 36% of respondents chose this response.

- Given the results described above, concerns about personal safety could be addressed in part by the presence of desk clerks, especially if provided with adequate training for the position. Desk clerks could enforce the visitor policy, monitor who is inside the building, and maintain a visitor log, thereby increasing the safety of tenants.

- Next step: The San Francisco Housing Code and the DBI Informational Maintenance Checklist (included in Appendix F of this report) currently describe the role of caretaker as someone who can be contacted by the city by telephone in case of emergency. A requirement for a trained, 24-hour on-site desk clerk in SRO hotels should be added to the local housing code (and to the checklist). In addition to enforcing the visitor policy, desk clerks could clarify who collects rent and take requests for repairs.

- Next step: In addition to being required in SROs, desk clerks should receive proper training. Dan Kelly of the Human Services Agency (HSA) discusses this idea in his memo introducing San Francisco’s Single-Room Occupancy (SRO) Hotels and other related reports. He recommends that desk clerks be developed as professionals, but notes that desk clerks trained in the customer service, safety, and other skills useful in SROs are for the most part now only present in nonprofit owned/managed SROs. He states that the city could encourage the presence of trained desk clerks in private SROs, too, by only renting stabilization rooms and rooms for probation, treatment, and other purposes from hotels with trained desk clerks. Existing well-regarded desk clerk training programs in San Francisco could be utilized or adapted to ensure clerks are properly trained.

#4. Training curriculum for all SRO staff (including janitors, managers, social workers, case managers, etc.)

- As described in New Policies Recommendation #3 above, personal safety was a concern reported by many survey respondents. Only 56% of respondents said

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35 “Personal Safety” actually tied for first with “Other,” for most common response. “Personal Safety” is described as most common, though, because “Other” included a variety of answers.

36 San Francisco Housing Code, Chapter 13, Section 1311.

37 The on-site caretaker requirement is #34 on the checklist. It states: “Apartment houses of 16 or more dwellings or hotels of 12 or more guest rooms must have an onsite caretaker that can be contacted by the city in case of emergency. The name, unit #, and contact information of this individual must be posted at the front entrance to the building.”

38 Kelly, Memo to SF-HSA Managers/City Department Representatives Re: SRO Hotels, November 2, 2009, 7.
that they felt safe in their building (Table 28). Also, “Personal safety” was the most common response to the survey question asking residents to name their top three concerns in their buildings, with 19% of respondents citing it (Table 31).  

- In addition to the presence and adequate training of desk clerks, training curriculum for all SRO staff could improve safety for residents. Training on the visitor policy would help to ensure proper monitoring of who is in the building at all times. In addition, training could include basic information on key resources, provide a general understanding of the health and housing codes, and prepare SRO staff to answer questions about rent and repairs.

- Next step: Look to existing well-regarded desk clerk training programs in San Francisco as models for training all SRO staff.

- Next step: Relevant city agencies should develop guidelines and ultimately curriculum for SRO staff training, to be held on a regular basis.

#5. Physical accessibility through maintenance of existing elevators or resident placement on lower floors in buildings without elevators

- As shown in Table 24, 14% of respondents said their building is either not accessible to them or is accessible only “mostly or sometimes.” In addition, as shown in Table 25, 45% of respondents said there is either no working elevator in their building or that the elevator works inconsistently.

- Responses to the IHSS Consortium Homecare Provider Survey illustrate issues associated with non-existent or malfunctioning elevators in SROs. Answers to a survey question about the accessibility of SROs included: “… (no elevator) makes it difficult for homecare provider and client” and, “The elevator is hard to open and is often not working; makes it difficult for clients.”

- Next step: The Aging in Place report makes the following recommendation that could assist with the placement of residents on lower floors: “Implement a City-sponsored voluntary senior tenant relocation rebate program for landlords who demonstrate proof that they facilitated accessible first floor or ground-level housing for seniors by relocating a tenant over 65 years of age from an upper floor to a ground floor unit, while maintaining the existing rent amount.”

- Next step: Add language to contracts between SRO owners and city agencies/city-funded programs that place people in SROs requiring that

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39 “Personal Safety” actually tied for first with “Other,” for most common response. “Personal Safety” is described as most common, though, because “Other” included a variety of answers.

40 IHSS Consortium Homecare Provider Survey, 1 (see Appendix C of this report).

41 IHSS Consortium Survey, 2 (see Appendix C of this report).

42 Aging in Place and Community, iii, 62 - 63.
preference for lower/ground floor units be given to people with disabilities or seniors.43

#6. Access to nutritious food
- Table 21 shows that only 36% of respondents reported having access to a kitchen in their building, with another 5% reporting only limited access.
- It is not surprisingly then, that Table 23 shows that 57% of respondents cook in their rooms on a hotplate or microwave. While it is possible to cook nutritious food using these appliances, hotplates, in particular, can be a fire hazard and storing and preparing fresh food (such as produce) can be difficult without a kitchen.
- Table 23 also shows that 23% of respondents report that they don't have a good way to prepare their meals, and that 18% skip meals due to lack of resources or facilities. In addition, Table 23 appears to show a very low number (2) received delivered meals such as Meals on Wheels.44
- Finally, access to nutritious food is can be especially important to the health of the 18% of respondents who indicated a medical condition requiring a special diet. (Table 22)
- An additional issue that affects the nutrition of many residents is demonstrated in Table 11, which shows that 41% of the survey respondents indicated they receive Supplemental Security Income (SSI). These residents are not eligible to receive CalFresh benefits (known federally as Supplemental Nutrition Assistance Program benefits and formerly known as food stamps), because the state of California adds money to the federal SSI payment instead.45 Advocates point out that California’s “cash-out” policy, “… hurts many low-income seniors and people with disabilities…”46
- Next step: Pursue change in the state of California’s policy regarding CalFresh eligibility for SSI recipients.

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43 Seniors and adults with disabilities should have the option of choosing a lower/ground floor unit, but should not be excluded from upper floor units. Section 804 of the U.S. Fair Housing Act specifies that it is prohibited: “To represent to any person because of race, color, religion, sex, handicap, familial status, or national origin that any dwelling is not available for inspection, sale, or rental when such dwelling is in fact so available.” (Accessed on 5/1/12 at http://www.justice.gov/crt/about/hce/title8.php)

44 However, since “delivered meals” was not one of the 6 choices respondents were given, there may actually be more than two respondents who receive delivered meals. Therefore, more study is needed to determine if there are any issues preventing meal delivery to SRO rooms.


- **Next step**: Explore and expand existing programs such as meal delivery and congregate dining. Focus on outreach and referrals by SRO Collaboratives and/or tenant advocacy groups. Develop a referral system.
- **Next step**: City agencies or city-funded programs should aim to place seniors and adults with disabilities in SROs with community kitchens.
- **Next step**: Affordable housing and senior housing new construction should be required to include individual or community kitchens.

**#7. More targeted outreach to seniors and adults with disabilities in SROs**
- One of the author’s recommendations in *San Francisco’s Single-Room Occupancy (SRO) Hotels* is to “develop and use criteria to target specific SROs and populations of SRO residents for outreach.”\(^{47}\) Two groups she suggests as potential outreach targets are SSI recipients who do not receive In-Home Supportive Services (IHSS) and seniors and adults with disabilities who data suggest are “…not accessing all the support services available to them.”\(^{48}\) She explains that this may be due to a lack of awareness or misinformation.\(^{49}\)
- Table 9 of this survey indicates that only 17% of respondents have an IHSS worker, which appears to be a low percentage for this population. This may indicate a current need for more outreach to SRO residents regarding IHSS and other programs.
- **Next step**: Increase outreach regarding IHSS and other services available to seniors and adults with disabilities.
- **Next step**: Another area where additional outreach is needed is regarding affordable housing opportunities for seniors and adults with disabilities. This outreach could include information on where and how to apply, for example.

**#8. Access to supportive services**
- As noted in *San Francisco’s Single-Room Occupancy (SRO) Hotels*, “…seniors and adults with disabilities who live in SROs are generally more socially isolated than their non-SRO-dwelling counterparts and…often need a broad range of comprehensive support services.”\(^{50}\) Survey results indeed show that 15% of respondents reported isolation as a concern (Table 33).
- In addition, many seniors and adults with disabilities in need of services are not always able to access them, either because the services are unavailable, difficult to access, or not well-publicized. In SROs where it is not possible to have all needed services located on-site, service providers should have access to

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\(^{47}\) Fribourg, 70.
\(^{48}\) Fribourg, 70.
\(^{49}\) Fribourg, 70.
\(^{50}\) Fribourg, 4.
residents in their SROs and/or information should be readily available to residents about off-site services.

- **Next step:** Explore amending Uniform Hotel Visitor Policy[^51] to include an exemption for service providers. (Currently, caregivers are exempt, but not service providers.)

- **Next step:** Explore expanding roving case management programs into private SROs.

- **Next step:** A strategy suggested in *San Francisco’s Single-Room Occupancy (SRO) Hotels* is to establish partnerships between SRO owners and social service providers which would “…equip hotel owners with information about available services and more direct access to providers…”[^52]

- **Next step:** Another strategy suggested in *San Francisco’s Single-Room Occupancy (SRO) Hotels* is to investigate using San Francisco’s Services Connection Program (SCP) as a model. This program “…aims to link older adults and adults with disabilities who live in public housing with services provided in the community.”[^53]

- **Next step:** Finally, the *Aging in Place* report includes a recommendation related to a specific group living in SROs: those exiting a clinical facility (such as a hospital) who may need assistance readjusting to a community setting. The recommendation is to analyze San Francisco’s confusing and uncoordinated transitional care programs to improve service delivery to seniors.[^54] However, in order to yield improved access to supportive services for seniors and adults with disabilities living in SROs, this analysis would need to consider their unique transitional care needs. In addition, the city needs to define what can qualify as a stabilization room.

### #9. Increased disaster planning for seniors and adults with disabilities

- There are two key reasons for this recommendation. The first is that the residents of SRO hotels will have unique needs in the immediate aftermath of a disaster. The second is that many SRO hotels are old buildings built shortly after the 1906 earthquake[^55] and are therefore at greater risk than newer ones of damage in a disaster (such as an earthquake). For this reason, there is a particular danger of displacement for SRO residents.

- Both of the above issues are addressed in Dan Kelly’s memo introducing *San Francisco’s Single-Room Occupancy (SRO) Hotels* and other related reports. He

[^52]: Fribourg, 72.
[^53]: Fribourg, 71.
[^54]: Aging in Place and Community, 67.
states that there is a need to incorporate SROs into city disaster planning because, “In the event of a large scale disaster, the city could be faced with hundreds of vulnerable persons living in environments that would be hard to evacuate them from or return them to.” He further notes that the 1989 Loma Prieta earthquake damaged a large number of SRO hotels and thereby increased the city’s homeless population and that, therefore, “San Francisco should consider the role of SRO hotels as it thinks about longer-term rebuilding challenges related to major disasters.”

- **Next step:** The SRO Collaboratives currently conduct disaster preparedness workshops for SRO residents, but cannot always hold them inside of SROs because of difficulty gaining building access. A partnership between the Collaboratives and the SF Department of Emergency Management could facilitate access to SRO hotels for on-site workshops. (This partnership could be modeled on fire prevention workshops that the Collaboratives currently present in partnership with the SF Fire Department.)

- **Next step:** Place seniors and adults with disabilities into retrofitted buildings or newer buildings when possible. For seniors and people with disabilities currently living in SROs, offer the option to relocate if they so choose. (Please see Long Term Goal #2 below.)

**LONG TERM GOALS**

#1. Ability to form tenant council not attended by management

- Members of the SROs Working Group recommended that resident councils not be attended by management, so that tenants can speak freely with less fear of retaliation by management. Tenant meetings would enable residents to organize to have a direct impact on building conditions. For maximum participation, translation services and services for people who are deaf or hard of hearing should be provided when needed.

- **Next step:** Owners and operators of private SROs should not be allowed to prohibit meetings and nonprofit owned/managed SROs should have dedicated space for tenant meetings.

- **Next step:** Once tenant-only meetings are established, a structure through which tenants could speak directly with hotel owners and property managers would also be beneficial. The author of *San Francisco’s Single-Room Occupancy (SRO) Hotels* recommends “…a formal setting in which tenants may voice their concerns and communicate with hotel owners and property managers (and which

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56 Kelly, 8.
57 Kelly, 8.
would provide)…an opportunity to foster mutual understanding and cooperation.\textsuperscript{58}

#2. Affordable housing for seniors and adults with disabilities

- Several survey results indicate a need for affordable rent for seniors and adults with disabilities living in SROs, many of whom live on fixed incomes.
  - As described in Table 5, most respondents said that their source of income was some form of benefits, which tend to be relatively fixed in amount. The most common responses were Social Security including SSI, SSDI, and Social Security retirement (55%) and General Assistance (15%). Only 1% answered “Employment/Work.”
  - A high percentage of survey respondents (68%) live in nonprofit owned/managed SROs (Table 19), which indicates that their rents are subsidized.\textsuperscript{59}
  - Table 17 shows that 44% of respondents have applied for affordable housing.

- While preserving existing affordable housing is important, there is also a need for an increased supply of new affordable housing. This is demonstrated in part by the results found in Table 18. They show that many respondents have been waiting for an extended period of time for affordable/senior housing. At least 19% (of all 151 respondents) have been waiting for affordable/senior housing for between four and 20 years, while an additional 13% have been waiting between one and three years.

- Finally, as discussed in New Policy Recommendation #9, many SRO hotels are old and at greater risk than newer buildings for damage in a disaster (such as an earthquake). Because of the challenges and dangers this presents to seniors and people with disabilities (e.g., in terms of evacuation and displacement), there is a need to place (and/or offer the option to relocate) seniors and people with disabilities into retrofitted buildings or newer buildings.

- Next step: Protect existing SRO units by pursuing an earthquake retrofit bond similar to the one that appeared on the San Francisco ballot in November 2010. If it had passed, “…deferred loans and grants (would have been available) to pay the costs for seismic retrofits of certain multi-story wood-frame buildings…at significant risk of substantial damage and collapse during a major earthquake and funded by a qualified governmental housing finance agency for permanent or

\textsuperscript{58} Fribourg, 72.

\textsuperscript{59} Table 14 shows that only 23% of respondents indicated that their rents were subsidized. It is likely, however, that many living in nonprofit owned/managed SROs are not aware that their rents are subsidized.
long-term affordability, or single room occupancy buildings owned by private parties...  

- **Next step:** Increase the supply of affordable housing by pursuing a housing bond or other funding mechanism that would enable the production of housing specifically for seniors and people with disabilities.

- **Next step:** Explore ways to facilitate more home shares (in non-SRO housing).

### #3. On-site staff that includes maintenance/janitorial

- The need for this recommendation is seen in Table 32 (Top Areas of Concern in Building). 60% of respondents reported physical maintenance problems as one of their top 3 concerns.

- More specifically, in Table 33 (Which of the following do you consider to be a problem in your hotel?), maintenance and janitorial issues were reported by significant percentages of respondents. “Electrical Problems” were reported by (32%) of respondents, “Unsanitary bathrooms” by 27%, “Lack of heat” by 21%, and “Fire safety” by 20%.

- **Next step:** Clarify what services are to be performed by on-site staff and how often they should be performed.

- **Next step:** Provide abatement timelines to tenants regarding resolutions for various issues such as mold, bedbugs, or heating problems so that they will know what to expect.

### #4. Individual locking mailboxes

- This recommendation would address the issue of lost, stolen, or delayed mail. (This is an especially critical issue for financial notifications, checks, legal notifications, medical correspondence, and notices regarding housing opportunities.)

- A federal judge ruled in October 2011 that the US Postal Service did not have to deliver to individual locking mailboxes in SROs, but the plaintiffs in the case filed an appeal. At the time of this report’s writing, the Court of Appeals was deciding whether to hear the appeal.  

- **Next step:** Work with the US Postal Service on solutions outside of the court process.

### #5. Wellness checks / “I’m OK” door hangers

- The purpose of this recommendation is to identify residents who are possibly injured or ill behind a closed door. It is based on a program previously in place at some SROs. Residents place a door hanger on their outside door knob each

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61 Author telephone conversation with Steve Collier of Tenderloin Housing Clinic, 5/4/12.
evening before going to bed, and in the morning, there is a set time by which the residents should remove the door hanger. After this deadline, a staff member or volunteer checks each door in the building. If any door hangers remain, they knock on the door to do a wellness check, and if necessary, open the door to make contact with the resident. This requires enough staffing for someone to do the check, but it is an otherwise inexpensive program.

- An alternative would be to have SRO staff or others make “wellness check” telephone calls each morning. This, however, would only be feasible if all residents had telephones. (See New Policy Recommendation #2 above regarding working telephone jacks and affordable telephone service.)
- **Next step:** Propose the program to various SRO owners and managers. Present the idea of a pilot program to the SRO Task Force.

### #6. End of life planning

- The report *Living with Dignity in San Francisco* discusses the need for end of life planning. It states the need to “explore the creation of and seek resources to pilot later life planning opportunities and resources for older adults and families.” It goes on to specify that this would include addressing topics such as “...financial planning, medical and services planning, spirituality, and advanced directives (and)...would require service providers to talk with their elder clients or patients about how to plan for the final stage of life.”

- This recommendation could be implemented through healthcare providers, social workers, and case workers, and then rolled out to the general population.

- **Next step:** Locate or create a pamphlet with a basic checklist of end of life planning tasks, including a list of forms to be completed (such as an advance health care directive, a revocable living trust, and/or a will). Information on pre-paid burials should also be included. In addition, the pamphlet should include information on where to find the needed forms and should list possible resources for assistance with form completion and other tasks. (Social workers, case managers, or local legal aid organizations may be able to provide this type of assistance). Determine the best methods of distribution for the pamphlet.

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Chapter 6 - Conclusion

The following is a broad outline of our hopes for this report and for the continuing work of the Seniors and Adults with Disabilities in SROs Working Group:

- November 2011 - Present report findings and recommendations to the San Francisco Board of Supervisors.
- June 2012 - Participate in a follow-up hearing at the Board of Supervisors to present a refined list of recommendations and discuss implementation strategies.
- Ongoing - Continue to work with Supervisor Eric Mar, other interested supervisors, city departments, and other partners in realizing the recommendations made in this report.

We invite community partners to work with us to implement our recommendations. Please contact the report authors using the information below.

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Joshua Vining, Mission SRO Collaborative  
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josh@dscs.org
Works Consulted

Aging in Place and Community: Housing Assistance and Other Services for Seniors in San Francisco. Prepared for the Board of Supervisors of the City and County of San Francisco by the Budget and Legislative Analyst. October 2010.


____. Memo to SF-HSA Managers/City Department Representatives Re: Single Room Occupancy Hotels. December 3, 2009.

Living with Dignity in San Francisco: A strategic plan to make improvements in the network of community-based long term care and supportive services for older adults and adults with disabilities. February 2009.

Report on the Census of Families with Children Living in Single Room Occupancy Hotels in San Francisco; October 23, 2001; Presented to The San Francisco Board of Supervisors’ SRO Health and Safety Task Force and the San Francisco Department of Public Health by The Citywide Families in SROs Collaborative.
Appendix A: Survey Form

<table>
<thead>
<tr>
<th>Hotel Name:</th>
<th>Hotel Address:</th>
<th>Room Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which floor of building?</td>
<td>Public/Private (circle one)</td>
<td></td>
</tr>
<tr>
<td>Tenant’s Name (Optional)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What, if any, are your top 3 concerns in your building?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of the following do you consider to be a problem in your hotel? (Check all that apply)</td>
<td></td>
</tr>
<tr>
<td>__ Visitor Policy Violations</td>
<td>__ Bedbugs</td>
</tr>
<tr>
<td>__ Other Infestations (roaches, rats, mice, etc.)</td>
<td>__ Fire Safety</td>
</tr>
<tr>
<td>__ Electrical Problems</td>
<td>__ Plumbing Problems</td>
</tr>
<tr>
<td>__ Maintenance and Repairs</td>
<td>__ Harassment/Disrespect</td>
</tr>
<tr>
<td>__ Musical Rooming or Problems establishing tenancy</td>
<td>__ Isolation</td>
</tr>
<tr>
<td>__ Problems receiving mail</td>
<td>__ Unsanitary Bathrooms</td>
</tr>
<tr>
<td>__ Dirty Needles</td>
<td>__ Lack of heat</td>
</tr>
<tr>
<td>__ Lack of nutrition/access to food</td>
<td>__ Ventilation problems</td>
</tr>
<tr>
<td>__ Physical inaccessibility of building</td>
<td>__ Personal Safety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you have access to a kitchen in your building?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a medical condition that requires a special diet?</td>
<td></td>
</tr>
<tr>
<td>How do you prepare your meals? (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>__ I eat out or bring prepared food home</td>
<td>__ I prepare meals in kitchen facilities in my building</td>
</tr>
<tr>
<td>__ I cook in my room on a hotplate or microwave</td>
<td>__ I eat free meals at places like Glide, St. Anthony, etc.</td>
</tr>
<tr>
<td>__ I do not have a good way to prepare meals</td>
<td>__ I skip meals due to lack of resources or facilities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is your building physically accessible to you?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a working elevator in your building?</td>
<td></td>
</tr>
<tr>
<td>Do you have grab bars in your bathrooms?</td>
<td></td>
</tr>
<tr>
<td>Are there working handrails on the stairs?</td>
<td></td>
</tr>
<tr>
<td>Do you feel safe in your building?</td>
<td></td>
</tr>
</tbody>
</table>

Seniors and Adults with Disabilities in SROs 68
### Seniors and Adults with Disabilities in SROs

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which of the following make you feel unsafe?</td>
<td><em>My landlord or manager</em> <em>My neighbors</em> <em>Drug activity in the building</em> <em>Strangers or visitors in the building</em> <em>Physical characteristics of the building (afraid of falling down in bathroom, getting stuck in elevator, etc.)</em> <em>Other</em></td>
</tr>
<tr>
<td>Is there anything else you want to tell us about safety in your building?</td>
<td></td>
</tr>
<tr>
<td>How did you come to live here?</td>
<td><em>Found this housing myself</em> <em>Was placed in this room through a program (Which one?)</em> <em>Other</em></td>
</tr>
<tr>
<td>How long have you lived here?</td>
<td>How much do you pay in rent?</td>
</tr>
<tr>
<td>Is all, or part, of your rent subsidized? How much?</td>
<td></td>
</tr>
<tr>
<td>How long are you planning on staying here?</td>
<td></td>
</tr>
<tr>
<td>Have you applied for affordable housing?</td>
<td></td>
</tr>
<tr>
<td>How long have you been waiting for affordable/senior housing?</td>
<td></td>
</tr>
<tr>
<td>Where do you go for your primary healthcare?</td>
<td></td>
</tr>
<tr>
<td>Where do you go for your emergency healthcare?</td>
<td></td>
</tr>
<tr>
<td>Are you enrolled in Healthy SF?</td>
<td></td>
</tr>
<tr>
<td>Do you have an IHSS worker?</td>
<td></td>
</tr>
<tr>
<td>Are you currently receiving any benefits (SSI, GA, etc.)? Which benefits?</td>
<td></td>
</tr>
<tr>
<td>Is there anything else that you would like to tell us that we didn’t cover that you think is important?</td>
<td></td>
</tr>
<tr>
<td>What is your age?</td>
<td>Do you have a disability?</td>
</tr>
<tr>
<td>What is the primary language you speak at home?</td>
<td></td>
</tr>
<tr>
<td>What is your ethnicity?</td>
<td></td>
</tr>
<tr>
<td>What is your source of income? (Work, SSI, GA, etc.)</td>
<td></td>
</tr>
<tr>
<td>Is it ok for us to contact you for follow-up or to get more involved?</td>
<td></td>
</tr>
<tr>
<td>What is your phone number?</td>
<td></td>
</tr>
<tr>
<td>What is your email address?</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
### Appendix B: Column I Data by Hotel Type

<table>
<thead>
<tr>
<th>Problems in hotel</th>
<th>Private hotel number</th>
<th>Nonprofit owned/managed hotel number</th>
<th>Percentage of private hotel respondents (not % of total answers given)</th>
<th>Percentage of nonprofit owned/managed hotel respondents (not % of total answers given)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Visitor Policy Violations</td>
<td>13</td>
<td>31</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>2: Other Infestations</td>
<td>24</td>
<td>45</td>
<td>50%</td>
<td>44%</td>
</tr>
<tr>
<td>3: Electrical Problems</td>
<td>19</td>
<td>30</td>
<td>40%</td>
<td>29%</td>
</tr>
<tr>
<td>4: Maintenance &amp; Repairs</td>
<td>7</td>
<td>19</td>
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<td>18%</td>
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<td>5: Musical Rooming or Problems est. tenancy</td>
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<td>8%</td>
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<tr>
<td>6: Problems receiving mail</td>
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<td>7: Dirty Needles</td>
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<td>6</td>
<td>13%</td>
<td>6%</td>
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<tr>
<td>8: Lack of nutrition/access to food</td>
<td>7</td>
<td>5</td>
<td>15%</td>
<td>5%</td>
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<td>9: Physical inaccessibility of building</td>
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<td>11%</td>
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<td>11: Fire Safety</td>
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<td>19%</td>
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<td>12: Plumbing Problems</td>
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<td>22</td>
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<td>21%</td>
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<td>29%</td>
<td>26%</td>
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<td>17: Ventilation Problems</td>
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<td>19: Other: Too Hot</td>
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<td>1%</td>
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<td>n/a</td>
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Appendix C: IHSS Consortium Homecare Provider Survey

The following includes responses to a questionnaire completed by 21 IHSS Consortium Homecare Providers in regards to their work in SRO hotels in San Francisco. Questionnaires were completed in November/December 2010.

1) What do you like about working in SRO hotels?
   - They have a lot of people like nurses and Case managers in the building
   - The maintenance people are quick to respond
   - Some good stuff, some not
   - Working independently
   - The building staff help when needed
   - I’ve seen a lot of improvements being done in SRO’s. One thing I like most is the services being given to tenants by social workers and coordinators
   - Nothing

2) What do you dislike about working in SRO hotels?
   - SRO’s do not comply with housing laws
   - The clients don’t have access to their own bathrooms and need to for security reasons
   - They feel unsafe due to suspicious activities at times
   - The small rooms are hard to work in
   - It’s uncomfortable to work in SRO’s
   - Since some clients don’t have access to bathrooms, they use commodes that leak and smell
   - It’s not a smoke-free environment
   - Not too clean
   - Bad people
   - Nothing is okay
   - Lack of resources
   - Exposure to extraordinary personal elements
   - Not well ventilated
   - Other tenants “bad talk” our clients
   - Bed bugs, cockroaches, rodents
   - Untrained desk staff
   - No elevators make it difficult for homecare provider and client
   - The “way they act”
   - Rooms are too small; you can’t move without bumping into something
   - They smell
   - Nowhere to sit in client’s room
   - Drug activity
3) Do you feel the SRO hotels you work in are accessible to your clients? For example, is the bathroom accessible and working properly? Do the doors lock properly? Is there an elevator that works? Please describe.

- The bathrooms are not accessible, do not work, and difficult for clients to use
- Units are too dirty and cluttered for workers
- Need more wheelchair accessible units
- Bathrooms and door locks are okay; once in a while the elevator doesn’t work, but the Building Manager fixes it right away
- The elevator is hard to open and is often not working, makes it difficult for clients
- The door locks can break easily
- Some are accessible and some are not
- Most SRO’s work properly, except one that doesn’t have elevator and it makes it very difficult for homcare provider and client
- The rugs are bad, hallways smell, doors do not lock properly
- Nothing works; I would not let my dog go in them
- They are so bad; they need to be closed down.

4) Have you ever witnessed situations in SRO hotels, such as drug activity, physical violence, etc.? If yes, please describe.

- Most drug activity is outside on the street; not in lobby of hotel
- I feel very unsafe in the SRO’s due to physical violence and lots of drug users
- I have heard about drug activity, but have never seen it
- People use drugs in their rooms all the time
- I have witnessed fighting in the lobby
- I have seen things
- I have seen syringes along the floorboards and empty gram baggies
- There are lots of drugs in small hotels
- The people are nasty and shouting at the top of their lungs, which bothers other residents
- People are always asking for money

5) What do you wish you could change about SRO hotels (if anything)?

- More city inspections in building
- It needs to be more clean
- Clients in SRO’s need professional help, i.e. social workers, not just police response
- Clients should have bathrooms in their rooms
- Seniors need to live in senior housing in order to have a more decent life where they are well protected from people who could take advantage of them
- It’s not easy to change things
- I would like a smoke-free environment to improve clients living and health
- Confine food to community kitchen
5) What do you wish you could change about SRO hotels (if anything)? (Cont’d)

- Get people off drugs
- Need clean, well-ventilated, respectful buildings
- Need lower rent
- Need bug control
- Need rooms to be bigger and cleaner
- Security on duty
- Food pantries in the building
- Need nurses in the building
- No drugs or drug dealings in the building
- Every hotel should have an elevator
- Need security
- Close the SRO’s down; get rid of the slumlords that run them
- Cleaner living conditions
Appendix D: San Francisco’s Single Room Occupancy (SRO) Hotels Recommendations

The following are excerpts from the report: San Francisco’s Single-Room Occupancy (SRO) Hotels: A Strategic Assessment of Residents and Their Human Service Needs and from a November 2, 2009 memo from Dan Kelly of the San Francisco Human Services Agency that introduced that report and other related reports.

Most of the recommendations made in the report and in the memo are possibly applicable to seniors and adults with disabilities living in SROs, and are quoted below.

Recommendations from the report: San Francisco’s Single-Room Occupancy (SRO) Hotels

1. Develop and use criteria to target specific SROs and populations of SRO residents for outreach.

SRO tenants are historically an “invisible” population, and the data suggest that many residents may not be taking full advantage of services for which they are eligible for a number of reasons (e.g., lack of awareness, misinformation). Moreover, many private SRO owners have a strong interest in addressing tenants’ needs, especially when they interfere with hotel operations (e.g., mental illness, substance abuse, hoarding and cluttering, criminal activities). Targeting specific SROs and populations of SRO residents would enable service providers to reach more clients and residents to receive increased support services. Potential criteria for targeted outreach include:

   a. Supplemental Security Income (SSI) recipients who do not receive In-Home Supportive Services (IHSS). This study found that of the 5,758 SSI recipients living in SROs, just under one-third also receive IHSS (1,802 individuals, or 31.1%). All SSI recipients are income-eligible for IHSS, and many of them would likely benefit from caretaker services…

   d. Concentrations of seniors and adults with disabilities. The data suggest that many seniors and adults with disabilities are not accessing all the support services available to them. Consider using the Services Connection Program (SCP) as a model. The SCP aims to link older adults and adults with disabilities who live in public housing with services provided in the community. It is a collaboration between DAAS, the San Francisco Housing Authority (SFHA), resource centers for seniors and adults with disabilities, and community-based service providers…

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64 Fribourg, 70 - 72.

Seniors and Adults with Disabilities in SROs 74
2. Preserve SROs as affordable housing stock in San Francisco.

In 2004, as part of its 10-Year Plan to End Homelessness, San Francisco set a goal of creating 3,000 units to house the chronically homeless. While new construction may take years, San Francisco’s SROs already house more low-income people than the city’s public housing developments. Strategies such as master leasing can be mutually beneficial to owners, service providers, and residents. Owners benefit from a guaranteed income stream, service providers have the opportunity to offer on-site support and, according to the San Francisco Planning Department, “the transfer of residential hotels to effective non-profit housing organizations …ensure[s] permanent affordability, livability, and maintenance.”

3. Bring key stakeholders together to strategize about how to better serve low-income SRO residents.

Numerous city entities are already working with SRO residents. Establishing partnerships that promote information-sharing between city departments, community-based organizations, and hotel owners and residents is likely to increase efficiency of service delivery by fostering collaboration and preventing duplication of services. For example:

- **San Francisco Police Department (SFPD).** While some private SRO owners already work closely with local police, expanding and formalizing these partnerships would grant owners more direct access to police services while enabling police officers to better protect and serve the community. The San Francisco Housing Authority (SFHA), the next largest provider of affordable housing after SROs, has a Memorandum of Understanding (MOU) with the SFPD for community policing activities.

- **San Francisco HSA and community-based service providers.** While the data suggest that many SRO residents are already connected with HSA services (i.e., Department of Human Services [DHS] and Department of Aging and Adult Services [DAAS]), many more SRO residents would likely benefit from additional support. Establishing partnerships with social service providers would equip hotel owners with information about available services and more direct access to providers. Moreover, the HSA and community-based providers would have the opportunity to expand their client base. The SFHA has MOUs with DAAS and several nonprofits to provide support services for seniors and families.

- **SRO Commission and/or Resident Councils.** Establishing a formal setting in which tenants may voice their concerns and communicate with hotel owners and property managers provides an opportunity to foster mutual understanding and cooperation. The SFHA Commission, which includes two public housing residents, holds semi-monthly public forums. Public housing developments also have on-site resident councils.
4. Monitor changes in the SRO resident profile over time.

San Francisco’s SRO population is constantly shifting, and the HSA and other service providers should identify changing trends in SRO residents’ demographics and human service needs. Monitoring changes in the SRO population will help ensure the provision of appropriate services based on clients’ needs. This report may be used as a baseline against which to measure changes.

Recommendations from the Dan Kelly memo (November 2, 2009)

Mr. Kelley stated that elements of a broad strategy might include the following seven recommendations.65 (One has been left off the list because it is not applicable to seniors and adults with disabilities.) There is some overlap with the recommendations listed above from the San Francisco’s Single-Room Occupancy (SRO) Hotels report.

Develop mutually beneficial partnerships with SRO owners. Too often the relationship between city government and SRO owners has focused on monitoring health and safety codes, which are non-negotiable, but which should not eclipse the possibility for partnerships between owners and city departments to improve the well-being of SRO tenants. For example, the city could develop loan programs or matching fund strategies that encourage SRO hotel owners to install bathroom grab bars and fix hazards, reducing the risk of hospitalization for large groups of seniors. One finding of the attached studies is that private SROs may have a large number of unwanted vacancies. Owners want their hotels to be fully occupied with stable tenants; the city wants to minimize costly services. These are mutually beneficial goals worthy of an explicit strategy.

Develop desk clerks as professionals. One SRO owner who was interviewed noted that hotel staff seldom know how to approach persons with mental illness, much less recognize signs that a resident has stopped taking medication. Rather than calling crisis intervention, they call the police. An exemplary model for training desk clerks has been developed by the Community Housing Partnership, which covers such topics as “customer service, safety, emergency procedures, de-escalating conflicts, and setting boundaries.” At this time, however, the training is only used by community based organizations that manage hotels. On an ad hoc basis, the city directly rents about 300 “stabilization beds” in private SROs, as well as rooms for probation, treatment, and other purposes across departments. Yet it has no formal standards for desk clerks in those hotels where it rents rooms. The city should rent only in hotels with trained desk clerks.

Nonprofit organizations that rent SRO rooms should abide by the same standard. With trained clerks, SROs would work with health and social service providers proactively and prevent the use of emergency services.

65 Kelly, 6 - 8.
**Geographic caseloads.** City caseworkers often have clients living in SROs, but their caseloads are not organized geographically. By concentrating SRO residents in a few caseloads, caseworkers can build knowledge about SROs, collaborate more readily across programs with other geographically assigned caseworkers, and build relationships with desk clerks and tenants that would result in earlier referrals of new clients and more proactive phone calls about existing clients who are struggling.

**Target outreach.** The data matches that were conducted for the current studies can be used to identify which hotels have large concentrations of at-risk individuals – families, disabled persons, and seniors. With the owners’ cooperation, programs can provide efficient, targeted outreach that engages high-risk individuals in services like Healthy San Francisco that would mitigate the use of costly city services.

**Organize CBO contracts strategically.** Many nonprofits are serving SRO residents, and most receive city funding. Rather than limiting itself to drop-in models of service delivery, the city can contract for services that target specific hotels where high risk individuals live, with an outcome measure that they retain their housing. Even in the midst of a depressed budget cycle, San Francisco has program resources that can be reconfigured to keep SRO residents out of institutions, emergency care waiting rooms, and homeless shelters.

**Fund more program beds.** Given that SROs appear to have vacancies, the city should explore expanding the use of program beds (rented by SF-HSA or another agency and provided to a client for program purposes) to achieve specific interventions that would allow clients better odds at changing their lives. For example, SF-HSA could reserve program beds for homeless clients receiving SSI advocacy, ensuring that the clients are situated during the application process, and possibly be reimbursed for rent through the retroactive award of SSI...

**Incorporate SROs into city disaster planning.** SF-HSA recently responded to a fire in a Chinatown hotel without elevators and discovered a 91 year old person with a wheelchair and an oxygen bottle who was living on an upper floor. In the event of a large scale disaster, the city could be faced with hundreds of vulnerable persons living in environments that would be hard to evacuate them from or return them to. Furthermore, the 1989 Loma Prieta earthquake increased the city’s homeless population by damaging a large number of SRO hotels. San Francisco should consider the role of SRO hotels as it thinks about longer-term rebuilding challenges related to major disasters.
Appendix E: Aging in Place and Community Report Recommendations

The following are excerpts from Aging in Place and Community: Housing Assistance and Other Services for Seniors in San Francisco, a report prepared by the City’s Budget and Legislative Analyst. Some of the legislative options suggested by the report to help facilitate aging in place are possibly applicable to SROs, and are quoted below.

**Increasing Home Modification Services**

*Issue:* Publicly funded home-modification programs in San Francisco are not commensurate with the potential level of demand.

*Legislative Option 1:* Expand the Community and Home Injury Prevention Project for Seniors (CHIPPS), a program operated by the Department of Public Health that increases safety awareness and facilitates residential modifications for seniors.

*Legislative Option 2:* Implement a City-sponsored residential safety and accessibility modifications rebate program for senior residences.

*Legislative Option 3:* Implement a City-sponsored voluntary senior tenant relocation rebate program for landlords who demonstrate proof that they facilitated accessible first floor or ground-level housing for seniors by relocating a tenant over 65 years of age from an upper floor to a ground floor unit, while maintaining the existing rent amount.  

**Increasing Participation in Senior Villages**

*Issue:* San Francisco seniors would benefit from increased access to personal support and home modification services that enable independence.

*Legislative Option 1:* Subsidize membership fees and service fees for low-income seniors in a San Francisco-based senior village program(s).

*Legislative Option 2:* Provide a San Francisco-based senior village organization(s) with a General Fund subsidy to pay for member outreach to targeted demographics such as low income and immigrant seniors.

**Facilitating Transitional Care**

*Issue:* San Francisco’s various transitional care programs are confusing and uncoordinated, which results in service gaps, overlaps, and efficiency opportunities.

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66 Aging in Place and Community, iii, 61 - 63.
67 Aging in Place and Community, iii - iv, 63 - 64.
**Legislative Option:** Analyze San Francisco’s transitional care problem to improve service delivery to seniors.  

**Issue:** San Francisco lacks a transitional care program, like Marin County’s Project Independence, that matches volunteers to isolated and frail patients that are set to be discharged from skilled care facilities – regardless of age and income.

**Legislative Option:** Direct the Department of Aging and Adult Services staff to conduct a feasibility study for implementing a Project Independence-like program in San Francisco.  

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68 Aging in Place and Community, iv, 67.
69 Aging in Place and Community, iv, 67.
Appendix F: DBI Informational Checklist

INFORMATIONAL MAINTENANCE CHECKLIST
FOR ONE & TWO FAMILY DWELLINGS,
APARTMENT HOUSES (3 OR MORE DWELLING UNITS) AND HOTELS
(6 OR MORE GUEST ROOMS)
Revised December 2, 2008

ALL PROPERTY OWNERS OR MANAGERS OF THE RESIDENTIAL BUILDINGS
DESCRIBED ABOVE ARE REQUIRED BY THE SAN FRANCISCO HOUSING CODE
TO MAINTAIN THE FOLLOWING ITEMS AT ALL TIMES.

1. **SEC. 605. PROHIBITION ON WOODEN FIXED UTILITY LADDERS**
   Wooden Fixed Utility Ladders shall be prohibited on buildings which contain R-1, R-2, and R-3 Occupancies (hotels and apartment house [and dwellings]), as defined by Chapter 4 of this Code. "Fixed Utility Ladder" shall mean any ladder permanently attached to the exterior of a structure or building, but shall not include ladders required by the California Division of Occupational Safety and Health for workplace safety that have been installed with a proper permit, or ladders expressly authorized by the Department of Building Inspection for Building Code or Fire Code compliance purposes. Wooden Fixed Utility Ladders shall be removed or replaced with metal ladders that comply with applicable Building, Fire, and Housing Code requirements.

2. **MAINTAIN CLEAR & UNOBSTRUCTED MEANS OF EGRESS:** Please keep all means of egress, primary (front stairs, exit corridors), and secondary (rear stairs, fire escapes) free from encumbrances (such as storage, flower pots, household items, laundry lines, and any tripping hazards). These paths of travel are to be completely clear at all times for emergency exiting.

3. **MAINTAIN FIRE ESCAPES:** Check all fire escape ladders to ensure that they are fully operational (in particular the cable and all moving parts) and that drop ladders are not obstructed. You should have an industry professional inspect and service your fire escapes annually.

4. **MAINTAIN CENTRAL SMOKE/FIRE ALARM SYSTEMS & SMOKE DETECTORS:** In apartment houses and hotels maintain the central smoke/fire alarm system with the operational light indicating on within the supervision panel box, and annual Fire Department certification clearly posted in those buildings where applicable. In all residential occupancies check to confirm that all required smoke detectors are installed and fully operational in all sleeping or guest rooms, and at the top of every public stairway, and on every third floor below. Replace batteries annually. Do not paint over smoke detectors.
5. **MAINTAIN & RETAG FIRE EXTINGUISHERS:** In all apartment houses and hotels, a Type 2A 10BC or equivalent Fire Extinguisher is required on every floor of all public hallways. Required Fire Extinguishers must be serviced and retagged by an industry professional annually (this includes recently purchased fire extinguishers).

6. **MAINTAIN ALL WOOD DECKS, EXIT CORRIDORS, STAIRS, GUARD RAILS, AND HAND RAILS:** You should have all of these existing items inspected annually for dry rot, fungus, deterioration or decay by a licensed professional pest control contractor, general building contractor, architect, or engineer to ensure their safety and stability. Have these professionals provide you with a written report of any recommended repairs. Obtain building permits for all structural repairs.

7. **MAINTAIN VISIBLE PROPERTY ADDRESS NUMBERING:** Your residential building must have the address numbers mounted at the front of the building at a minimum size of 4 inches in a color contrasting from the building. The address numbers should be clearly visible from the street by emergency vehicles. In addition, all guestrooms should be clearly identified by name, letter, or number.

8. **MAINTAIN GARAGES & STORAGE AREAS:** In all apartment houses of 5 units or more and all hotels, remove combustible storage from all storage areas that do not have fire sprinklers. Absolutely no combustible storage may be kept under stairwells without a proper fire sprinkler system. Garages are only to be used for the vehicle storage incidental to the apartment house or hotel use.

9. **MAINTAIN GARBAGE ROOMS & GARBAGE RECEPTACLES:** All garbage rooms shall have 26 gauge sheet metal walls and ceilings or approved alternative, fire sprinklers and must be kept clean of debris and vermin with self-closing tight fitting doors. All garbage receptacles must be tightly covered, with a sufficient number to serve the building.

10. **PROPERLY MAINTAIN SECURITY PROVISIONS SUCH AS SECURITY BARS, GATES, ENTRANCE/EXIT DOORS & DOOR SELF CLOSING DEVICES:** All security bars in sleeping rooms must be openable from the inside with a fully operational manual release (no keys, combination locks, or special knowledge is allowed to open security bars or gates). Absolutely no double cylinder locks (which require a key from the inside and outside) are allowed on any apartment unit or building entry or exit doors. Maintain 135-degree viewers at all apartment unit entry doors mounted no higher than 58 inches above the floor. All entrance and exit doors shall be tight fitting, self-closing, and self-locking. In all apartment houses and hotels, all public bathroom, community kitchen, garbage room, roof penthouse, guest room, and dwelling unit entry doors shall be tight fitting and self-closing. No padlocks or padlock hasps are allowed on guest room or dwelling unit entry or exit doors.
11. **MAINTAIN SHUTOFF TOOL NEAR GAS METER:** In all apartment houses and hotels keep a shutoff tool near the gas meter and post the instructional diagram provided by the Department of Building Inspection in a public area near the gas meter.

12. **MAINTAIN HEAT & HOT WATER:** If your apartment house or hotel has a central heat source such as a boiler or furnace system, your heat system time clock must be set to provide heat from 5:00 am to 11:00 am and from 3:00 pm to 10:00 pm. (13 hours daily). Maintain all habitable rooms at 68 degrees Fahrenheit during these time periods. Your central source heat system must have a locking thermostat to initiate the heat system located in a habitable room other than an owner or manager’s unit (except for an all owner occupied residential condo building). Hot water to all units must be between 105 to 120 degrees Fahrenheit. For boiler heat systems, obtain annual certification per the San Francisco Plumbing Code. Radiators must be in good working order with pressure valves operational and valve shut-off handles in place.

13. **MAINTAIN ALL FIREPROOFING, GLAZING, WEATHER PROOFING, EXTERIOR STUCCO, EXTERIOR SIDING, INTERIOR WALLS/CEILINGS, and CHIMNEYS & FLUES:** Maintain these areas free from holes, decay, missing materials and peeling paint.

14. **MAINTAIN EXIT SIGNAGE:** Common hallway doors & windows leading to fire escapes or exits must have the appropriate signage, with lettering 6 inches in height on contrasting background.

15. **MAINTAIN ALL ROOF AREAS:** In all apartment houses or hotels, keep all wires/ropes 8 feet above the roof. Remove all tripping hazards. All doors to roof areas must be tight fitting and self-closing and openable from inside the penthouse door leading to the roof. This door must be lockable from inside the stairway to the roof if the roof is accessible from an adjacent roof. Keep the roof area free from combustible storage. Nothing should obstruct access to a roof-mounted fire escape.

16. **MAINTAIN ADEQUATE LIGHTING IN ALL PUBLIC AREAS:** Provide adequate lighting to all stairs, public hallways, exit corridors and fire escapes.

17. **MAINTAIN PROPER VENTILATION:** In garages, penthouses, public halls, furnace and boiler rooms, gas meter rooms, garbage rooms, and all other rooms with gas appliances, maintain the proper ventilation and vent systems.

18. **MAINTAIN SMOKE BARRIER DOORS:** All front entry doors to the apartment house or hotel, doors that separate the garage from the public hallway or lobby, hallway doors between floors and stairways (stairway enclosure doors), boiler/furnace room doors, garbage room doors, and penthouse doors must have self-closing devices and remain closed to be effective smoke barriers.
19. MAINTAIN FIRE SPRINKLERS IN GARBAGE & LINEN CHUTES: In apartment houses and hotels, maintain fire sprinklers at top and bottom of chutes, and as required by the Housing Code. Do not paint over any sprinkler heads.

20. MAINTAIN ALL LIGHT WELLS: Keep all light wells clean and free from the accumulation of debris. Keep all light well drains clean and operational.

21. MAINTAIN ALL ROOMS (VACANT OR OCCUPIED): In all residential buildings, all dwelling units and guest rooms shall be maintained in a clean and functional manner. Walls, ceilings, floors, windows, doors, lavatory sinks, and private bathrooms shall be properly maintained, weather proofed and free from severe wear, moisture retention, plumbing fixture or roof leakage, chronic and severe mold and mildew or other dilapidated conditions.

22. MAINTAIN ALL PUBLIC BATH ROOMS: In all hotels, public bathrooms must be maintained in a clean and functional manner. The San Francisco Housing Code requires a minimum of 2 operational public bathrooms per floor when all guest rooms do not have private bathrooms. This number increases by one for every additional 10-guest rooms (or increment of 10) greater than 20 guest rooms per floor. Mechanical ventilation must be capable of delivering 5 air changes per hour. Windows that provide natural ventilation shall be well maintained and fully operational.

23. MAINTAIN ALL COMMUNITY KITCHENS: In hotels, all community kitchens shall be maintained in a clean and functional manner. Approved cooking facilities must have an electrical power source. Entry doors to the community kitchen shall be self-closing and tight fitting. Counters, flooring and sinks shall be of nonabsorbent/impervious materials. Institutional grade materials such as stainless steel counters and tiled floors are recommended.

24. MAINTAIN ALL HANDRAILS & GUARDRAILS: All interior and exterior handrails and guardrails shall be properly secured and maintained in a functional manner.

25. MAINTAIN ELEVATORS REQUIRED BY THE FIRE CODE: Hotels with a building height exceeding 50 feet (as calculated by the San Francisco Fire Department) shall have at least one operating elevator for the residential occupants’ use that is well maintained and operates safely.

26. MAINTAIN ADEQUATE GARBAGE PICK-UP: All residential buildings shall maintain garbage pick-up services necessary to prevent the accumulation of garbage and debris that would result in rodent harborage and unsanitary conditions.

27. MAINTAIN HOT WATER HEATERS: All hot water heaters must be properly secured and double strapped. Pressure relief valves, shut off valves and vent
connectors must be properly in place and operational. When located in a garage the appliance must be a minimum of 18 inches off the floor.

28. **MAINTAIN ALL WINDOWS:** All windows shall be well maintained, tight fitting and fully operational. Broken sash cords shall be replaced. No window shall be painted or nailed shut. Replacement windows must have sufficient weather-stripping and a minimum 20 inch width and 24 inch height if required for escape.

29. **MAINTAIN ALL FLOORING & CARPETING THROUGHOUT:** All carpeting or other floor covering shall be kept sanitized and free of extensive wear and tripping hazard. All floor coverings that cannot be sanitized shall be replaced in an appropriate manner to prevent a tripping hazard.

30. **MAINTAIN ALL MATTRESSES & LINEN:** In all hotels or guestrooms where the property owner or building operator provides mattresses and linen, these items shall be maintained in a sanitary condition and free from insect infestation.

31. **REPAIR OR REPLACE LEAKING WINDOWS, PLUMBING FIXTURES & ROOFS:** Investigate and repair leaks from windows, plumbing fixtures or the roof quickly to prevent moisture retention that can cause mold and mildew. Do not cover over leaking areas until the source of the leak is properly repaired.

32. **PROVIDE PROPER NOTIFICATION WHEN DISTURBING LEAD PAINT & OBSERVE REQUIRED REMOVAL PROTOCOLS:** Property owners need to provide residential occupants with proper notification when disturbing interior and exterior lead based paint, provide proper signage, protect interior floors/furnishings, and observe work protocols related to lead paint removal, debris containment and migration, clean-up, etc.

33. **PROPERLY VENT ALL CLOTHES DRYERS:** Moisture exhaust ducts shall be properly maintained, be equipped with a back draft damper and terminate on the outside of the building.

34. **ON SITE CARETAKER:** Apartment houses of 16 or more dwellings or hotels of 12 or more guest rooms must have an onsite caretaker that can be contacted by the city in case of emergency. The name, unit #, and contact information of this individual must be posted at the front entrance to the building.

**NOTE:**
This maintenance checklist is provided for informational use only for the benefit of residential property owners, operators, managers, and residential occupants, and does not address all potential Housing Code violations that may be detected during an inspection.

Please contact the Housing Inspection Services Division if you have questions about how to comply with any of the items above.

*Seniors and Adults with Disabilities in SROs*
The Department of Building Inspection greatly appreciates your efforts to properly maintain your building and preserve the safety of its occupants - as we work together to sustain the unique housing stock of all San Francisco residential communities.