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Aging in Place: Naturally Occuring Retirement Communities and Condominium Living

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Between now and the year 2010, a growing number of those over age 55 will "age in place," forming naturally occurring retirement communities (NORCs). The individual physical, medical, and social needs in a NORC can pose problems for the governing board. What options exist to help the community cope without infringing the rights of impaired residents? This article presents some legal and management options for residential associations and their lawyers.

By Ellen Hirsch de Haan

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As we face the turn of the century, one of the major challenges facing condominium associations and their members is the aging of the populations within the units, and the problems that accompany diminishing health and capacity. In 1995, a report by the U.S. Department of Commerce and the U.S. Department of Housing and Urban Development, *American Housing Survey for the United States in 1995,* showed that 41 percent of the homes in America were occupied by individuals who were 55 and over.[1] Between the years 1998 and 2010, the population in the 55+ age group is expected to increase by more than 5 million people, according to the U.S. Census Bureau.

Once clustered predominantly in areas like Florida, Arizona, Texas, California, and Nevada, today an estimated 205,000 community associations, with more than 16.4 million units, now exist in every part of the country. It follows that the issues of aging in place are destined to touch the lives of all of us, either professionally or personally. The average age of the population in this country has increased dramatically from the 1960s when teenagers ruled the marketplace to the 1990s when the post–World War II generation has reached its midlife crises. And a growing number of seniors have chosen to remain in their homes and familiar surroundings rather than move to traditional retirement destinations. This trend is creating what has become known as a naturally occurring retirement community (NORC).

Professionals, board members, and residents in the community association industry today can no longer focus on traditional community options. They are now looking at a brave new world of

seniors who are more healthy, active, and independent than any generation has ever been in our history. Likewise, they are focusing on the sad new world of broken family structure and economic struggle that is increasingly taking its toll on the previously comfortable middle class and baby boomers as they age. Consider the over-55 population today. Most community association professionals come in contact with the retirement population on a daily basis. People in this latter group can be argumentative, querulous, aggressive, rude, generally difficult to deal with, fearful, frustrated, adrift, and lonely. But they can also be actively intelligent, cheerful, fulfilled, talented leaders, and valuable contributors to their immediate environment and the larger global community.

How do seniors see themselves? Most people see themselves as much younger than their chronological age. They still picture themselves as competent and capable, both mentally and physically, and well able to stay in control of their lives and their persons; they are often not aware of the gradual deterioration of reflexes and health of body and mind, which are the inevitable results of aging. This kind of vibrant aliveness adds immeasurably to the quality of those retirement years. Seniors with this type of self-image maintain a sense of humor about the challenges of aging. When my friend's grandmother was living out her 90s in a hospital-level "old age home," I asked her how she was feeling, and she responded that she had canceled her tennis lesson for that day. My clients tell me to rush my letters to them. "After all," they say, "we do not buy green bananas."

An inaccurate self-concept can lead to serious trouble and even danger. Consider the resident who clearly remembers her apartment in the city and how easy it was to walk for groceries and take care of her place 35 years ago. She is now convinced she can still care for herself and her condominium unit in Retirement Village, USA. This is the same lady who has filled her kitchen with bags of trash, has the remainder of her apartment cluttered with boxes and bags of odds and ends collected over many years, allows barely a path through the possessions to go from room to room, and lets cockroaches spread to the neighboring apartment. Or, consider the gentleman who still dresses in a business suit every day but has become incontinent.

In communities designed for assisted living and adult congregate living facilities, the monitoring of, and accommodations for, aging in place are relatively straightforward and are automatically built into the system. But what are the aging issues that challenge the senior citizen living in an ordinary residential community, and how are we going to deal with them in the 21st century?

Current Issues and Challenges

From the perspective of the people involved, there are the physical challenges of gradual loss of strength and coordination and mental acuity, which are the natural concomitants of the aging process. This diminution of physical ability affects all individuals to some extent over time. There are also the immediate challenges that result from catastrophic illnesses such as cancer, heart attacks, and strokes.

There are challenges that result from a family having placed an aging relative such as a parent or grandparent in an apartment in a retirement community, withdrawing both attention and support from that relative, and leaving the responsibility to the rest of the world. It then falls on the condominium association's board of directors to deal with the problems of irrational behavior and the resident's inability to care for her- or himself.

There are other physical challenges associated with drug and alcohol abuse, which are very real problems among senior citizens. Abuse of over-the-counter and prescription drugs and antidepressants has become a serious problem in the older population, and retirees who were previously able to control their drinking because they had appointments to keep, people to see, and reasons to get dressed in the morning now drink for something to do to fill in the time. However, alcohol is not a stimulant. It can lead to depression, insomnia, and malnutrition. Abuse of alcohol can cause memory loss, paralysis, blindness, and symptoms of dementia. As we grow older, it takes less alcohol to drastically impair function.

There are the problems inherent in the onset of senility and Alzheimer's disease, which may be very subtle and gradual, and are both painful and distressing to the victim and to the victim's family, friends, and neighbors over time. From the perspective of those responsible for buildings and grounds, condominium communities are faced with the challenge of making the community amenities accessible to those with wheelchairs, walkers, and canes and to those who are physical-

ly challenged by age or infirmity. And finally, from the perspective of the community associations, there are the challenges of dealing with residents who are unable to be fully independent or who are disturbing the community through antisocial or disruptive behavior.

Traditional Approaches and Solutions

In a traditional community association setting, a retirement community is seen as a positive and enjoyable place to live that includes support systems for some degree of assisted living. For those who are mobile, social events and educational programs, exercise classes, crafts, and travel opportunities are offered and organized within the association structure, through committees and clubs, and through outside sources. Ongoing research continues to show the benefits of exercise and proper nutrition for older persons. Beneficial exercise would include balance training, aerobics, and strength training, which are beginning to be offered in senior centers and on the premises in condominium community associations. Through active lifestyles, the quality of aging is vastly improved.

Community volunteers can staff programs and create specific procedures for dealing with sudden emergencies, new deterioration of a resident's abilities, or the aftermath of catastrophic illness. Having such procedures in place before they are actually needed enables the condominium association to respond quickly and efficiently with action appropriate to the emergency. In any particular case, the procedure could be as simple as providing information on medication to a paramedic. The board can appoint a committee to administer the procedures; to make a daily call to the family; to coordinate rides to doctors, shops, or recreational activities; to check on homebound residents; and to offer "sitting" services as relief to spouses of incapacitated residents so they can shop, do errands, or just have some personal time. Monitoring a potentially difficult situation can prevent it from escalating into a real emergency and can actually save a life. At the least, it will add to the quality of life of both the resident and the person providing the service, who has the opportunity to make a difference in someone's life.

Community facility modifications can easily be made in an ordinary residential environment to accommodate needs of older persons, including placement of decals on windows to identify units with infirm owners, application of no-slip surfaces to sidewalks and catwalks, modifications to lighting to improve illumination, and installation of ramps and handrails.

Education of both the boards of directors and community residents is critical, because without a communitywide understanding of the possibilities, none of these efforts will succeed. Too often, people see such assistance as a sign that the community is "turning into a nursing home" and resist provision of even minimal assistance.

Even in the face of recently published data, there are still very few laws at the federal, state, or local levels in this country that directly address the issues of aging. At the federal level, the Federal Fair Housing Amendments Act of 1988 added the handicapped as a protected class and prohibited discrimination against persons who were or became handicapped, either mentally or physically.[2] The act requires the community association to allow reasonable modifications to common areas and common elements that handicapped individuals may have difficulty accessing or maneuvering so that those individuals may have access to, and enjoyment of, the amenities. There are some programs at the state level that will, upon determination of need, allow the state to arrange for a legal guardian to be appointed through the court system. However, there is still a tendency to leave the issues to the domain of the extended family and/or the community association.

Florida, for example, has the Florida Mental Health Act, Chapter 394, which is also known as the Baker Act.[3] This law allows the state to intervene when a person becomes a hazard to himself or others, which is defined as having deteriorated personal hygiene; inappropriate or inadequate clothing when in public; abusive, obscene, or inappropriate verbal interaction and response to ordinary conversation; physical attacks on other residents; and so on.[4] The act allows the state to involuntarily commit such a person for 72 hours of psychological evaluation and observation.[5] However, the act further requires that some person swear out a statement concerning the action or behavior that is a danger, and sign that statement, before the state will take action.[6] There are laws like this in other jurisdictions around the country, and use of this remedy may be necessary in the most extreme cases when there is no family to contact or if the family withdraws its support and assistance.[7]

There are some risks inherent in making use of these types of law. For example, there is the chance that the person, once released from involuntary custody, or his or her family, will bring a lawsuit for false imprisonment. On the other hand, is the board likely to be sued if the association does not intervene? And would the officers and directors of the condominium association be covered by the standard directors' and officers' liability policy?

An alternative to involuntary examination and treatment under the Baker Act in Florida is set forth in Florida Statutes, Chapter 744.[8] This section provides for a court hearing to adjudicate an individual incompetent and appoint a guardian. Again, in order to begin the process, a parent, spouse, adult child, sibling, next of kin, or any three citizens must file a petition to the court. The individual in question is then examined by two physicians and a lay person, who report their findings to the judge.[9] If this process is pursued, the community association can end up in much better shape, as it will now have a guardian with whom they can interact on financial matters or about antisocial or unacceptable behavior of the occupant of the unit. This approach is being used successfully in Massachusetts and in New Jersey, among other states, for circumstances in which family cannot be located, to deal with problems of aging residents who live alone in condominium units. There is still some potential for liability if the petition is filed by someone other than a family member.

New Issues and Challenges for the 21st Century

Statutory approaches such as those mentioned above have had mixed results in the past, and in the future we can expect the challenges and problems to escalate and multiply. However, the governing documents of most condominium communities can be amended to provide some remedies. In the condominium setting in Florida, the statutes and many governing documents of the communities guarantee an irrevocable right of access to a unit to protect other units and to repair or maintain the common elements. Under this approach, for example, boards of directors can gain access to units from which noxious odors are emanating, and they can make arrangements for cleanup and pest control. (In at least one case, the odor was caused by the deteriorating body of the occupant, who had died several days earlier, alone, untended, and unnoticed.)

The other remedy that might be offered through the condominium documents is the right to obtain injunctive relief or a court order to force an owner to comply with the requirements of the documents. However, in the case of a resident using obscene, lewd, and vulgar language, and not fully in control of her faculties, I leave it to you to imagine how successful a court order would be in preventing her from continuing this behavior.

Some nontraditional approaches to the problems of aging in place are currently being tried that are available both within the condominium communities and from greater community sources. For example, federal, state, and local services are available, such as Meals On Wheels, home nursing, support groups for spouses of Alzheimer's disease patients, and traveling blood pressure, eye, and hearing testing. Some services will pick up seniors and drive them to the shopping center, beauty parlor, or doctor. Increasingly, doctors and medical personnel specialize in the medical problems of the older citizen, such as alcohol and drug abuse, at clinics and treatment centers aimed exclusively at senior citizens. In the best of all possible worlds, though, caring family members will be there to respond when a parent or other relative needs assistance.

The courts in Florida and around the country are increasingly holding the community associations responsible for being their unit owners' keepers.[10] The courts have delivered judgments against associations for failure to protect residents regarding crimes against persons and property, even when there has been no previous record of crimes in the community.[11] In light of this trend toward accountability, and the possibility of its extension and expansion into the realm of aging issues and problems, it is clearly time for us all to get creative on the subject of aging in place.

Are volunteer boards of directors up to the challenge, and should we even consider requiring the association to be actively involved in this process? Until fairly recently, from a historical perspective, people knew and cared about their neighbors. When there was a death in the family, or illness, or celebration, the neighbors brought food, consolation, and congratulations. In the 1990s, we have experienced a pulling away from one another and a fear of "strangers," possibly because of economic demands that keep us busy or the increase in personal crime and violence, which reinforce the separation philosophy.

A growing number of seniors are now choosing to remain in their homes and grow old in familiar surroundings with family and friends nearby, following their retirement from the business world. In response, NORCs are developing in areas that have not traditionally had to deal with the needs and problems of a senior population. Fortunately, at this point all 50 states, and the District of Columbia, have some type of division of aging and a long-term care (LTC) ombudsman created to coordinate the flow of information and the resolution of problems as they arise. Of course, the scope of assistance and communication may vary widely from state to state.

A recent survey published in the *Miami Herald* showed that unmarried couples over the age of 45 are the fastest-growing type of household in Florida and across the nation.[12] Singles are moving in together for mutual emotional support, health care, social company, and financial pooling for a better quality of life. Many people who reach retirement age today did not or were not able to financially plan for retirement because of inadequate income, catastrophic illness or death of a spouse, lack of professional assistance and advice, outliving their savings, and so on. This factor will undoubtedly have an impact on owners' abilities to pay assessments to the community association.

With the failure of seniors to plan financially for their independence has come the rise of the "sandwich generation." These are the individuals in their 40s and 50s who are still caring for their own children and who are currently in the position of having to care for their aging or infirm parent or parents who now reside with them. Then there are the old caring for the older. People are living longer now. In one case, the mother, who is 103 years old, has moved in with her 66-year-old daughter and daughter's husband. Instead of focusing on her own time, money management, and health issues, the daughter is now sharing her resources with her mother. According to a 1995 *Miami Herald* article, 75 percent of these caregivers are women, daughters reunited with their mothers after years of independence, sometimes repaying childhood kindnesses, sometimes replaying childhood battles.[13] And the strains and struggles, both emotional and physical, are immensely stressful to those who are entering their own retirement years.

Approaches and Solutions for a New Century

What can be done? At the statutory level, now that we have agencies at the federal and state levels, there will be a need to fully educate and train personnel not only in the problems of aging but also in possible solutions. Counseling is necessary for both senior citizens and their families so that planning can be done well in advance, both to accommodate the decline inherent in the aging process and to meet financial security and health care needs. I do not believe that the statutory approach is otherwise useful, because for every procedure adopted to allow involuntary assistance there is the concomitant risk of losing civil rights and enduring abuse by persons looking to take advantage of the situation.

At the level of development of appropriate housing facilities, the trend toward multitiered communities seems promising. These communities provide for fully independent living, then gradually increasing degrees of assistance to full nursing home facilities, all within the same project. Of course, we still have the problem of healthy and vital individuals who do not want to be reminded of incipient decrepitude, and those who do not like having the hospital facility located prominently in the community. Still, the multitiered community does provide a measure of peace of mind, since an occupant knows he or she will be cared for as time passes and capacity diminishes.

Municipalities will need to review services and make changes to accommodate individuals who are now staying in their preretirement homes. These adaptations will need to be made not only at the governmental level but also at the level of service and goods providers who will have to meet the new market needs of in-home services and delivery.

Can the community association fill the needs of aging in place? Are volunteer boards of directors up to the challenge, and should we even consider requiring the association to be active in this process? At this point, what was once a trend is now the reality, and since it is now a matter of playing catch-up, community association industry professionals no longer have the option of remaining uninvolved.

Governing documents can be changed to require that every unit owner maintain up-to-date records

with the association concerning next of kin, emergency telephone contacts, medical conditions, medications, and doctors providing treatment. It is the obligation of the association to keep those records up-to-date and periodically remind the owners and occupants to provide new information. While this is a bookkeeping imposition, ultimately it can save the association a great deal of time and energy, and possibly even save the life of a resident, if these records are available in an emergency.

Record-keeping requirements and procedures can be adopted by directors as part of the association rules and regulations. Association documents can be amended as necessary to grant emergency access to the dwelling units. Also, governing documents of the association may have to be amended to re-evaluate and revise occupancy restrictions to take the new family configurations into consideration. "Single family" may need to be redefined to include parents and children of owners as authorized occupants to accommodate living arrangements that become necessary because of financial need or health problems. Also, provisions may need to be made for health care givers who are not members of the immediate family but who need to be in residence with an owner.

Many approaches involve physical modifications to the property. In-house communications can be wired to provide a panic button in the units that would alert a central location to a problem. This wiring can be extended to an on-site nursing station or a signal light at the front of the building in a multibuilding community for easy reference for emergency vehicles. Ramps can also be constructed on the property for wheelchair and other handicap access.

Modifications to physical plant and expansion of services provided by the association can be extremely costly and may be limited by documentary provisions. However, there are alternatives to the documentary amendment and assessment process. One community with which I work created a special taxing district to purchase its 99-year recreational lease and provide financial support for services to the residents. This district was governed by specific Florida statutes, and it effectively made the community into a quasi-city, allowing the board to levy a "tax" (equivalent to the assessment powers) against each dwelling unit, and giving the tax a priority collection claim in the event the owner did not pay—in effect giving the association the same clout a city has to collect the money to fund its services and facilities. Short-term loans are another option. This type of financing includes a pledge of the association's receivables as collateral.

Another area needing a creative approach is the seating of viable board members. Some years ago, an elderly gentleman in the company of four ladies, also of advanced age, visited me in my office. He was the last living male in his condominium and he was very concerned about what would happen to the widows in his building when he was gone. The ladies were of the generation of good wives who did not know how to write a check, let alone run the association. For this community, I recommended professional management services. And, perhaps, paid professional board members are also in our futures.

In response to market need, an industry of adult day care centers is emerging. These centers provide supervised activities, assistance, lunches, and sometimes transportation. Many such centers are connected with social services.

There remain some serious questions of ability and liability concerning the role and scope of involvement of the community association along the lines outlined in this text. If a board member fears that his neighbor's children will bring legal action against him if he tries to get professional mental or physical health help for his neighbor, he will certainly think twice about getting involved. There is also the concern that a well-meaning but untrained volunteer could make matters worse. Still, through education of volunteers, creation of comprehensive policies and procedures, and a sincere effort to find out what services are available in the general community, an informed association can achieve a comfortable level of assistance without incurring or assuming legal liability and without becoming an "old-age home."

In addition, those involved in the community association industry should be working with state and federal legislators, local businesses, and health care providers to make the issues involving aging in place and the development of NORCs, as well as the needs of an aging population, known so that creative solutions and services can be ready when they are needed.

Options and Opportunities

For reference, here is a summary of some possible approaches for community associations with sizable aging populations and for those with mixed-age populations.

Legal Issues

1. Thoroughly examine the scope of the board's rule-making authority and ability to regulate residents' activities, both in the dwelling and on the common property, and possibly amend it to give the board sufficient authority to act on behalf of the association and the community for issues related to aging in place, and to spend money, if required, for services or physical plant modifications to reasonably accommodate an aging population or to pursue enforcement.
2. Review governing documents and, if necessary, amend them to provide the board with the authority to provide certain types of services such as hiring a professional social services person as an employee of the association or exchanging parking spaces to accommodate physical incapacity.
3. Go over governing documents and, if necessary, amend them to provide the association and management with the following: right of entry for repair and maintenance, including pest control and cleanup within a dwelling unit; right to assess for the expenses of such maintenance and repair; and right to place a lien against the dwelling unit to collect expenses.
4. Consider amendments to the governing documents, and to the promulgation of rules and regulations, regarding issues of day-to-day living. Changes might include modifications to the definition of single-family occupancy or density restrictions to allow for live-in caregivers and to ensure recovery of attorneys' fees by the association if legal action is necessary to deal with a resident. Ultimately, the association should be prepared to consult with its attorneys to avoid negative legal ramifications of action taken to handle aging populations within the community association context.
5. Contact your local and state legislators and support and promote legislation that creates immunity for volunteers who take action in an attempt to provide assistance and support to a resident who is in trouble and has no family or other support network and relief from, and limits on, liability for those volunteers.
6. When a resident does not have assistance from a family member or other designated person, consider use of guardianship and civil action remedies, including involuntary commitment to a mental health facility, particularly for those who are a danger to themselves or others. In cases involving abusive or dangerous use of the dwelling unit by a resident, it may be necessary to seek injunctive relief for abatement of a nuisance, such as when a resident is harassing other residents or engaging in antisocial or destructive behavior.
7. When the community is made up of a mixed-age population, seek counsel with attorneys regarding the special tensions that can arise between young families with children and retired individuals concerning their differing needs and interests. For example, if the association provides facilities for children, then these facilities must be fully and regularly maintained, repaired, and replaced as necessary on a schedule that is an integral part of the overall maintenance plan for the rest of the community and facilities and that is part of the annual association budget. Likewise, any rules and regulations governing use of the facilities and the dwellings must be reasonable and uniformly applied to all residents, regardless of their age, in order to be enforceable. Such regulations would include those regarding playing of music and electronic equipment; making noise; and using recreational amenities such as the swimming pool area, pool, and Ping-Pong tables. The areas of rules and regulations and attention to the board members' fiduciary responsibilities on behalf of the *whole* community are of particular concern in a mixed-age community because of possible claims of discrimination based upon familial status, under the Federal Fair Housing Amendments Act of 1988[14] and the Housing for Older Persons Act of 1995.[15]

Management Issues

1. Become familiar with the local social service agencies and other support services that are

available for the residents and publish such information to the community. Look at the feasibility of providing rides for residents who otherwise could not take advantage of these services.
2. Look at the option of hiring and paying professional social services personnel within the community, if the governing documents permit it and if there is a large enough population that will benefit.
3. Create and publish an emergency response plan. Boards and professional managers should look at creating procedures for handling future situations such as requiring all complaints regarding any resident allegedly creating a nuisance, problem, or a danger to be in writing and delivered to the board of directors or to the manager; creating a letter to be sent by the board to the owner of the unit, as well as to a parent, guardian, or agent of the owner, if appropriate and if known, about a problem; and establishing means for calling for police or fire intervention when appropriate.
4. Keep detailed records. The more information the community has ready for immediate reference, the more effectively the board and management can respond to situations as they occur. Information readily available should include whether there is a caregiver in residence in the unit; the name, address, and telephone number of next of kin or person to contact in case of emergency; name and telephone number of general medical practitioner for resident; list of medical conditions and medication; and notation of whether the person uses a hearing aid, cane, or wheelchair and whether he or she wears glasses.

These are very difficult issues, and they are without a doubt the primary challenges of the 21st century for the community association industry.

Further Reference Resources

American Association of Retired Persons (AARP). 601 E Street N.W., Washington, DC 20049 (202) 434-2277.

This nonprofit organization works to meet the needs of older people throughout the nation. They offer a wide range of publications and services for people over the age of 55.

American Health Care Association. 1201 L St. N.W., Washington, DC 20005, (800) 555-9414.

This organization of long-term care providers offers information on choosing a nursing or long-term care facility, and paying for nursing care.

Elder Care Locator. (800) 677-1116.

This national toll-free number is designed to help identify community resources for seniors anywhere in the United States. The name, address, and zip code of the person needing assistance allows the elder care locator to identify the nearest information and assistance sources in that person's community. Call between 9:00 A.M. and 8:00 P.M. (Eastern Time).

Gray Panthers. 2025 Pennsylvania Avenue, N.W., Suite 821, Washington, DC 20006. (202) 466-3132.

This coalition of intergenerational activists works to promote the concerns of older people, often organizing around issues that cross age groups.

National Aging Information Center. 330 Independence Avenue S.W., Room 4656, Washington DC 20201. (202) 619-7501.

This center is operated by the U.S. Administration on Aging and publishes many free publications aimed at problems of elders.

National Council of the Aging (NCOA). 600 Maryland Avenue S.W. West Wing 100, Washington, DC 20004. (202) 479-1200.

A private, nonprofit group serving as a central resource for information, technical assistance, training, planning, and consultation in gerontology.

Older Women's League (OWL). 730 11th Street N.W., Suite 300, Washington, DC 20001. (202) 783-6686.

OWL's national membership is committed to helping meet the special needs of middle-aged

older women, especially in areas such as Social Security, pension rights, health insurance, and caregiver support services.

Books

Cohen, Donna, & Carl Eisdorfer, *Caring for Your Aging Parents: A Planning and Action Guide* (Putnam).

Morris, Virginia, *How to Care for Aging Parents: A Complete Guide* (Workman).

Schomp, Virginia, *Aging Parent Handbook* (Harper Paperback).

Endnotes

1. *See* U.S. DEP'T OF COM. & U.S. DEP'T OF HOUSING AND URB. DEV., AMERICAN HOUSING SURVEY (1997).

2. *See* 42 U.S.C. § § 3601–619 (1998).

3. *See* FLA. STAT. ANN. § 394.453 (West 1998).

4. *See id.*

5. *See id.*

6. *See id.*

7. *See generally* TEX. HEALTH & SAFETY CODE ANN. §§ 571, 573–76, 578 (West 1997); MASS. ANN. LAWS ch. 123, Part I, Title XVII (Law Co-op. 1997); CAL. WELF. & INST. CODE § 5350 (West 1997).

8. *See* FLA. STAT. ch. 744 (1998).

9. *See id.*

10. *See generally* Admiral's Port Condominium Ass'n, Inc. v. Feldman, 426 So. 2d 1054 (Fla. Dist. Ct. App. 1983); Czerwinski v. Sunrise Point Condominium, 540 So. 2d 199 (Fla. Dist. Ct. App. 1989); Harper v. Tuscany Place Condominium Ass'n, Inc., 544 So. 2d 347 (Fla. Dist. Ct. App. 1989); Harrison v. Hous. Resources Management, Inc., 688 So. 2d 64 (Fla. Dist. Ct. App. 1991).

11. *See id.*

12. *See* Charles Strouse, *More Seniors Shacking Up,* MIAMI HERALD, Sept. 16, 1995, at 1B.

13. *See* Elizabeth Doup, *The Old Taking Care of the Older,* MIAMI HERALD, Sept. 18, 1995, at 1C.

14. *See* 42 U.S.C.A.§ 3601 (West 1998).

15. *See* Pub. L. 104-76, 109 Stat. 787 (1998).