



 THE CENTER FOR HEALTH DESIGN®

RESIDENTIAL HEALTH CARE FACILITIES  
2014 GUIDELINES REVISION PROJECT

RESIDENT ROOM

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## ACKNOWLEDGEMENTS

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### The Hulda B. & Maurice L. Rothschild Foundation

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The Rothschild Foundation is a national private philanthropy with a primary interest in improving the quality of life for elders around the country, in long-term care communities. Currently, the Foundation is supporting the development of alternative long-term care programs and built environment designs, as well as regulatory change.

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### The Center for Health Design

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The Center for Health Design (CHD) is a nonprofit organization that engages and supports professionals and organizations in the healthcare, construction, and design industry to improve the quality of healthcare facilities and create new environments for healthy aging. CHD's mission is to transform healthcare environments for a healthier, safer world through design research, education, and advocacy.



# Foreword

## Residential Health Care Facilities 2014 Guidelines Revision Project

The *Guidelines for Design and Construction of Health Care Facilities* is used as code in over 40 states by facilities, designers, and authorities having jurisdiction for the design and construction of new and renovated health care facilities across the nation. The Facility Guidelines Institute (FGI) is responsible for the *Guidelines*, which are updated on a 4-year cycle by a group of volunteers, — the Health Guidelines Revision Committee (HGRC). The committee is made up of experts from all sectors of the healthcare industry: doctors, nurses, engineers, architects, designers, facility managers, health care systems, care providers, etc. For further information and/or to view the *Guidelines*, go to the Facility Guidelines Institute’s website at [www.fgiguidelines.org](http://www.fgiguidelines.org).

The 2010 *Guidelines for Design and Construction of Health Care Facilities* has launched into the 2014 cycle for revisions. In preparation of the 2014 revision cycle, The Center for Health Design and the Rothschild Foundation teamed together to identify areas for improvement within the Residential Health Care Facility portion of the *Guidelines*, specifically related to nursing homes. This resulted in a working meeting of long term care experts that came together to work on proposals for the 2014 *Guidelines* on topics such as culture change, resident-centered care, alternative care models, utilization of mobility devices, incorporation of wellness centers and programming, improvements to resident rooms, and access to nature and outdoor spaces by residents. The work completed by this group has been developed into formal proposals that have been submitted through the FGI website for the 2014 *Guidelines*.

Concurrently, the FGI and the Steering Committee of the 2014 *Guidelines* revision process agreed that a separate volume for residential health care facilities is needed within the marketplace to support not only the positive culture change that has been occurring within the long term care field, but to also assist with updating guidelines currently utilized within different states. This has resulted in the proposal of the *Guidelines for Design and Construction of Long Term Residential Health, Care, Support and Related Facilities* as a separate standalone publication.

The public proposal process closed on October 31, 2011, and the HGRC voted on final proposals in the end of January 2012. A public comment period on all the proposals that have been made for both Volume 1 (acute care and ambulatory care facilities) and Volume 2 (residential health, care, and support facilities) will begin in May, 2012 through mid-December, 2012. Voting on the comments is slated for 2013 with the final publication completed in 2014.

Many thanks are extended to the following dedicated volunteers who have provided many hours in preparing and filling in templates for the formal proposals to be completed and their generous time in writing the following issue briefs that review the current 2010 *Guidelines* language, identify the needs for improvements, the provision of recommendations, and the supportive research and references required to submit a proposal to the HGRC for consideration.

- Rob Mayer, The Hulda B. & Maurice L. Rothschild Foundation
- Kimberly Nelson Montague, Planetree
- Karla Gustafson, Ageless Designs
- Ingrid Fraley, Design Services Inc. and Design for Aging Knowledge Center
- Jerry Smith, Smith Green Health
- Margaret Calkins, IDEAS Consulting/SAGE
- Thomas Jung, retired Division of Health Facility Planning, NYSDOH
- Lois Cutler, University of Minnesota
- Richard Wilson, Sitrin Health Care
- Larry Funk, Laguna Honda
- Cathy Lieblich, Pioneer Network
- Jude Rabig, Rabig Consulting
- Gaius Nelson, Nelson-Tremain Partnership
- Melissa Pritchard, SFCS
- Skip Gregory, retired, Florida Agency for Health Care Administration

- Ron Proffitt, formerly with Volunteers of America
- Jeanette Perlman, MJM Associates and NYU
- Carolyn Quist, The Center for Health Design
- Sara Marberry, The Center for Health Design
- Jane Rohde, JSR Associates Inc. (Project Facilitator)



## RESIDENT ROOM

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Workgroup participants: *Melissa Pritchard, Skip Gregory, Ron Proffitt, Robert Mayer, Karla Gustafson*

The workgroup reviewed and evaluated the criteria for resident rooms currently provided within the 2010 *Guidelines for Design and Construction of Health Care Facilities*. Current language utilizes a performance approach to the design of resident rooms. The goal of the workgroup was to consider additional guidelines that would be expanded based upon research and a best practices approach, as well as performance approach. The evaluation of resident rooms also included the review of the 2010 elements provided for potential modifications, additions, etc. The noted increase use of battery operated vehicles and other equipment, including the residents' use of technology, add to the impetus of evaluating the criteria for resident rooms.

Criteria for resident rooms are currently located only in the nursing homes section of the 2010 *Guidelines for Design and Construction of Health Care Facilities*. For the new volume, *Guidelines for Design and Construction of Long Term Residential Health, Care, Support and Related Facilities*, the criteria for resident rooms should be evaluated for inclusion within the Common Elements section for Residential Health Facilities (nursing homes and hospice), as well as providing facility-specific performance criteria for nursing homes, hospice, and assisted living facilities).

Physical environments have the potential to assist or create obstacles for an individual. The level of functioning ability of a resident correlates directly with the influence of the environment (Lawton and Nahemow, 1973). A physical environment that supports independence and incorporates the personal belongings of a resident increases the basic sense of satisfaction and enhances his or her quality of life. A physical environment that provides space for a resident's personal possessions and furnishings empowers the resident, giving him or her a sense of control and satisfaction. There is a meaningful relationship between an individual and his or her belongings (Bowman, 2008).

Privacy has a dominant place in a resident's life. The Nursing Home Reform Act of 1987 requires residents' rights to privacy. Lack of privacy contributes to a resident's lack of self-esteem (Bowman, 2008). A resident's room becomes his or her home. "Home is a psychological state, as an expression of self, and as a physical structure" (Calkins). Home is a place that is familiar, where one feels a sense of control and security.

Federal regulations require quality-of-life issues for residents that include dignity, self-determination, and participation. There are stipulations for providing activities, social services, accommodation of needs, and an environment that is safe, clean, comfortable, and homelike. Descriptive findings show resident rooms, storage space, and bathroom amenities sparse and often lacking common function-enhancing and life-enriching features that are required to achieve these stipulations (Cutler, 2008).

In order for a resident's room to meet federal regulations, a review of present accommodations and features should be evaluated compared to guidelines and recommendations. Primary physical environment areas of focus include storage space, bathroom amenities, square footage, and usage for life-enriching features.

Storage that includes accessible clothes rods and shelves as well as space for assistive equipment, technology, personal items, and personal hobbies should be provided. Federal regulations currently do not address bathroom storage, and state requirements vary from state to state. If space is specified, it is generally limited to shelf space. Therefore, inclusion of storage for personal effects in both a resident's room and bathroom was reviewed within the 2010 *Guidelines for Design and Construction of Health Care Facilities* to inform proposals for the 2014 *Guidelines for Design and Construction of Long Term Residential Health, Care, Support, and Related Facilities*.

Privacy, ease of access, and accessible storage would provide function-enhancing as well as life-enhancing abilities to a resident. Privacy issues of a bathroom need to consider sight lines from adjacent areas. Ability to transfer is an additional consideration when evaluating the quality of life and dignity issues of a resident. Transfer information, types and positions of grab bars, and minimum clearances for accessibility have been evaluated and included within proposal for the 2014 *Guidelines* based upon research currently in process by Georgia Tech and work within the physical therapy field completed by Tracy Morgan at the Vancouver Coastal Health Authority.

In lieu of mandating minimum square footages, there is an effort to provide minimum clearances within resident rooms to maximize the opportunities for creative design solutions. Private rooms are not mandated within the 2010 *Guidelines* for residential facilities; however, there is a minimum requirement that provides that a resident shall not have to go through another resident's living space to gain access to a shared bathroom. Therefore, the standard side by-side bed configuration is no longer allowed in new construction of residential health, care, and support facilities. There are some populations that may benefit from sharing a resident room, and this would be determined during the functional programming process.

Minimum clearances within a resident room need to consider storage, mobility issues, as well as space for a resident to perform meaningful activities. Proposals for improvement of the resident Mobility and Transfer Assessment have been submitted that further address not only personal storage, but also equipment and point-of-service storage for supplies. The Mobility and Transfer Assessment also includes information on details that assist residents to remain as mobile and independent as possible—creating supportive physical settings vs. limiting.

Inclusion of advancements in lighting research, understanding of glare, and lighting installation strategies can enhance the activity levels of normal aging eyesight. A group of lighting experts from across the country came together to take on this task, and proposals have been completed that not only address lighting, glare, and daylight within resident rooms, but throughout all spaces within residential health, care, support, and related facilities. Further, a proposal to create a separate building system section daylighting and artificial lighting has been developed and submitted.

Overall, the workgroup evaluated resident rooms utilizing the filter of Federal requirements for nursing homes and legislation to further develop guidelines that enhance residents' quality of life. The results of this review included proposals for not only the resident room, but positive impacts on other areas of all types of residential facilities as well.





## REFERENCES

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