

Experts' Roundtable



What design feature is most impactful to the well-being of assisted living residents—either positively or negatively and why?



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There is a tendency today, given our focus on culture change and patient-centered care, to build environments that are more homelike for residents. I think we need to continue to study, however, whether or not this built homelike environment is optimal for older adults. The homelike setting may be cluttered and small, and not provide sufficient space for safe ambulation and optimal functional performance. Moreover, the homelike environment may be so convenient that it does not offer opportunities for physical activity. Lack of stairs, for example, results in a lost opportunity to engage in a wonderful few minutes of aerobic exercise just in the course of daily activities! In addition, a physical environment that is homelike may not be filled with the love and caring that is really the core of what we can provide in long-term care (LTC) settings.

Ideally, the design of LTC facilities should address ways to safely optimize function and physical activity among the residents. This may actually be done best in tradition nursing home settings where there are long, open hallways with handrails. In addition, the design should allow for easy access to the outdoors and pleasant walkways with sufficient shading and places to sit along the path. Ideally, outdoor cement sidewalks should be revised to include newer materials that provide a softer surface on which to ambulate and decrease the risk of traumatic injury. Lastly, the environment should support a sense of community with community spaces that are owned and shared by all and an interpersonal sense of community in which all have a responsibility and role.



Nancy L. Losben, RPh, CCP, FASCP, CG
Chief Quality Officer
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While all assisted living (AL) facilities are designed to be functional and beautiful and to promote independence, there are several aspects of architectural design that should be considered for centralized medication storage areas.

Many AL facilities and continuum-of-care campuses have clinics on site where residents can see a healthcare professional when they feel ill or need medical monitor-

ing. Conversely, the centralized medication station is a primary area in the community that can serve as a wellness center where a holistic approach to health maintenance through medication management can occur daily.

The layout of the area should be large enough to hold more than a single resident at a time. Often a husband and wife or friends will come to the station to take their medications together. The room should be handicapped accessible with a secluded area established for counseling, injections, skin treatments, or any other medication functions that demand privacy. The room should be well lit and clean with an eye towards infection control that includes hot and cold running water and sinks the resident can reach to wash their own hands. A refrigerator should be available for the storage of medications only and to provide a temperature-controlled environment for nonrefrigerated medication storage. Cabinet and floor space to accommodate medications, syringes, and other gadgets to administer medications are required.

The medication station is also a communication center. It needs a phone and fax to communicate with doctors and pharmacists, and even a computer with Internet access so residents can search medical and health topics on the Web. This area can and should accommodate health-care pamphlets on topics like nutrition, exercise, disease states, medicines, and information from Medicare for beneficiaries. If a holistic approach is applied to the design and includes an ambiance that promotes discussion, the medication station will take on a healthy persona of its own.

Central storage areas must be secured at all times and are beneficial on Alzheimer's units to ensure access to medications only by authorized community personnel and residents. Central storage of medications in an AL facility also assists with the inventory of controlled substances and minimizes diversion by staff or residents.



Andrew Carle, MHSA
Assistant Professor and Founding Director, Program in
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Today, nearly 60% of all AL communities provide specialized programs for individuals suffering from Alzheimer's disease (AD) or related dementia. This is because AL has become the preferred housing option for individuals who are no longer safe living at home, but are not bedridden and do not require a skilled level of care. With nearly 50% of individuals over the age of 85 suffering from AD or a related dementia and a rapidly aging demographic, such housing will provide a critical societal resource in the years ahead.

An evolving issue is the need for traditional AL communities to make sure these programs do not simply take a portion of an existing AL community and add a

secure entrance and exit. Individuals with AD and related dementia have a primary or secondary clinical diagnosis, and as such require a specially designed environment. Within the Program in Assisted Living/Senior Housing Administration at George Mason University, significant emphasis is placed on incorporating into AD programs design elements that focus on the cornerstones of safety, way-finding, and a therapeutic environment. These elements are the most impactful to the well-being of this category of AL residents and can be found in award-winning AD communities such as The Village at Waveny Care Center in New Canaan, Connecticut (www.waveny.org).



Robert Fusco, RPh, CCP, FASCP
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The most significant design feature that promotes positive well-being among AL residents is the neighborhood pod concept. I believe a pod in which similar types of residents live in

a neighborhood setting mimics the resident's life at home. That is, most people are used to having the kitchen, bedroom, bathroom, and family room within a few steps of one another. By putting several bedrooms together, opening up to a common area where there is a dining room, sitting area, TV, and medical area all within a few steps gives the resident the feeling of belonging to a close-knit community that takes care of all their needs.

The pods can be designed so that different types of residents are housed in one area—those who are very independent but still need some assistance, those with mild AD, and those with severe AD. The pods would have separate and secure entrances from a common area and no long halls to walk. Each pod could have its own outdoor enclosed courtyard so that when weather is nice, residents are able to go outside without danger of wandering off.

Some AL facilities are large and have 2 or more stories. The dining area is usually on the bottom floor accessible by elevator, which in itself can be confusing for residents. The resident may have to walk a long hallway to get to the elevator and have to remember which floor they go to for meals or medications. I have seen facilities with dining rooms on the second floor. The medication room and nursing office are on one floor that may not be the first floor. This all adds to the confusion for some residents in light of the fact that trying to get used to a new environment may cause the resident to deteriorate mentally. By keeping the environment stable, we can also keep residents stable.



Josh Allen, RN
Director of Quality Assurance
Community Education, LLC

One's initial reaction when pondering the question of which design feature is most useful to AL residents might be to explore cutting-edge design elements in the modern AL residence, such as intergenerational rooms, gyms, indoor pools, and the like. But while those features go a long way to enhance the quality of the AL environment and allow it to be an even more viable option in the LTC continuum, it is likely the common everyday features (such as bedrooms) that have the greatest impact on the well-being of our residents.

One reason for this argument is the frequency of use. Bedrooms, bathrooms, dining rooms, and certainly hallways see far greater daily use than these other more recent "optional" design elements that are increasingly common in AL facilities. This is not to say that these other features are not important or should be excluded from development and renovation plans for AL providers; but rather, it is important to remind ourselves to stay focused on the "average" features as well.

Additionally, because falls pose one of the greatest threats to resident safety and provider liability, practical safety questions should not be overlooked in ongoing design, development, and renovation plans. Is there adequate lighting in the hallway? Are housekeeping staff taking care to keep their carts clear of pathways or exits? Is the flooring in the bathroom sufficient to minimize fall risk? Does the dining room have adequate space to store walkers and motorized scooters?

A simple review of basic elements in the common spaces mentioned can have a significant impact on the well-being of the AL resident.



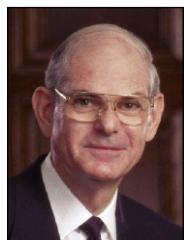
Linda Hollinger-Smith, RN, PhD, FAAN
Vice President, Institute on Aging
Mather LifeWays

It is interesting that a significant number of AL communities market themselves as having a "homelike environment," albeit most residents have not come from homes consisting of long corridors, small studios with a single window, and drab color schemes. With more older adults and their families seeking AL options, the environment design needs to address the "aging-in-place" resident who may require adaptable surroundings as the care needs change over time.

The growing trend towards the "household model" for AL provides key design features that promote quality of care and well-being of residents. Household models provide environments that are smaller in scale, typically

8 to 12 apartments surrounding a core community or "life center" that promotes socialization. Some apartments that may also easily be converted into 2-bedroom units may be utilized by couples or friends who want to remain enjoying their lives together. It is not uncommon for a couple to be separated because of the growing health needs requiring one of them to move into a community with more medical services. The household model also fosters more independence by residents as they have shorter travel distances from their apartment homes to dining, entertainment, and other amenities located in community areas. Shorter distances also foster efficiencies in care and service delivery by staff.

The AL community's attention to interior design also can support a "homelike environment." The central community space design as a "life center" reflects the personal lives of its residents through a number of ways such as displaying "shadow box" collections of personal memorabilia that foster sharing memories and stories or providing interactive computer technologies for residents to share experiences connected to families or hobbies. We tend to also think that aging brings declines across all the senses, but in reality, touch becomes more important as we age. Providing furnishings and various textures in accessories and décor throughout the AL community stimulates interactions with the environment and contributes to the well-being of residents.



Jim Moore
President
MDS, Inc.

As the industry matures, more appropriate and sophisticated AD/dementia designs are emerging. Creative new designs are causing changes in individual living units, common/public spaces, and exterior surroundings. Individual living units for dementia residents are still focused heavily on studio and alcove units with living areas of approximately 275 to 350 sq ft. For conventional AL, there is increased demand for modest-sized 1-bedroom units of approximately 450 to 550 sq ft.

The design of public spaces for AD residents is changing. Defined "neighborhoods," clusters, or cul-de-sacs have more open space than just a long hallway resulting in the tunnel effect. There is typically a dining

area, small lounge area, activity room, and frequently other public spaces. Food is usually served family style in a kitchen/dining setting for a limited number of residents on a wing. This is contrasted with a larger central dining room. These neighborhoods show very well. Designers are focusing not only on the well-being of the resident, but on the perception of the family member/decision influencers who are frequently experiencing love, guilt, and economic concern for their loved one.

Another design element that is becoming increasingly common is the secure courtyard. Frequently, the AD/dementia neighborhood is located on the ground floor. That allows easy access to the exterior secure courtyard. It also facilitates necessary evacuation in the event of a fire or other building emergency.

The key words in effective design for AD/dementia residents is "purpose-built" design with strong programmatic content.



Jonathan Musher, MD, CMD
Chief Medical Officer
Vice President Medical Affairs
Verichip Corporation

First of all we need to answer the question of what is most important to the well-being of any elderly person. My answer is interactions and touch. Being able to interact with our surroundings and be touched and stimulated keeps our minds and bodies young. The inverse is: lack of stimulation, affection, and interaction makes us depressed and age more quickly. So the design features that are most important to AL residents would be designs that help promote interaction of residents with each other, the staff, and their surroundings—open areas both inside and outside that prompt people to interact and enable people to hug and embrace each other. Open designs that encourage people to meet and interact and do not place the staff behind barriers would be an excellent start. Then, furniture that is comfortable, inviting, but not obstructive would be next. And finally, warm and inviting colors and pictures to set a mood of friendliness and sharing would be the icing on the cake.

ALC

If you wish to respond to any of the experts' comments, please send an e-mail to experts@AssistedLivingConsult.com.

I'm not interested in age. People who tell me their age are silly. You're as old as you feel.

— Elizabeth Arden