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Practical Strategies

to Transform Nursing Home Environments:

Towards Better
Quality
of Life

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Preface

Changing the existing physical environment of nursing home in ways that improve residents' quality of life (QOL) and without major expenditures can happen. It simply requires a commitment to improve the living environment for all residents – not to simply become homelike but to become an actual home for the residents within the larger community of the overall facility. This manual and accompanying self-assessment workbook are the end products of a project that was funded by the Research Retirement Foundation. This project capitalized on a unique environmental data set from a Center for Medicaid and Medicare (CMS) funded contract that measured the quality of life for nursing home residents in 40 nursing homes in five states (CA, FL, MN, NJ, NY), on 131 nursing units, and in 1988 resident rooms and baths. The CMS study, Measurement Indicators and Improvement of the Quality of Life in Nursing Homes, begun in 1998, had two general objectives: to develop and test measures and indicators of QOL for nursing home residents, and to study quantitatively how physical environments, including privacy affected resident QOL. The study entailed assessing the QOL of the 1988 residents through direct interviews, interviews of a staff member for each resident, family questionnaires, and direct observation of resident emotions. It also assessed the physical environments of all 1988 residents, at the level of their rooms and bathrooms, the shared environments in the 131 nursing units that they resided in and the facility-wide shared environment in the 40 nursing home sample.

For the CMS study, we developed, tested, and applied 3 observational tools for assessing the physical environments: the room and bath checklist, the unit checklist, and the facility checklist. These tools differed from others available at the time in that they were made up of items that could be observed for their presence or absence in the environment. The 112-item room and bath checklist was applied to each of the 1988 residents in our sample. The resident's space was assessed in terms of a particular resident occupying a particular portion of the room.

The nursing unit checklist, which included 140 items, took into account the nursing station, the corridors, the common tub and shower rooms, the lounge or dining spaces on the unit, access to and distance from the outdoors and other key locations, noise and clutter.

The 134-item facility-level checklist included all other indoor and outdoor spaces potentially used by residents, family members, volunteers and visitors, including main entrance, lobbies, lounges, dining room, activity areas, chapels, corridors and the like. During the assessment, we noted innovative or exemplary spaces, for example restaurants or "main streets" that served as community wide gather places, nursing units organized and designed as households, dementia units designed for real life experiences, successful small scale coffee shops, and amenities dedicated for staff use.

Forty interviewers were trained and performed the 1988 room and bath assessments, Dr. Cutler performed all 131 unit and 40 facility assessments and wrote extensive narratives on the physical environments of all 40 facilities. Dr. Kane visited all 40 facilities and interviewed the administrator and other key staff persons on issues that

included how well the physical environment worked for the residents and other users and potential changes to that environment that had the potential to increase resident QOL.

This manual and accompanying self-assessment workbook have a rich history. At the conclusion of the CMS study, Dr. Cutler and Dr. Kane determined that nursing homes could improve their physical environments with limited expenditures and in ways that improved resident QOL but that there were no products available that facilitated self-assessment and also provided strategies for improving the physical environment that can be used by persons who are not design professionals.

The 7-task self-assessment workbook is a min-version of strategic planning that is focused on the physical environment of a nursing home. The main core of the workbook consists of the 3 checklists (room and bath, nursing unit, and facility level) that are modified versions of the tools used in the CMS study. The manual includes a primer on why the physical environment is important to the well being of its users, it describes and illustrates examples of innovative environments, and it provides low-cost strategies and product information for improving the physical environment. Prices listed in the manual were valid at the time of writing but may have changed in the interim.

The physical environment can be improved through changing organization patterns and usage and without major renovations to become a household that functions as a household, provides choices within that household, and creates a family of residents empowered by each resident's capabilities to function to their highest level in that setting. Simply, the goals are to create an environment that is not institutional in appearance, an environment that does not function as an institution and an environment that is not created solely for the efficiency of the staff. Instead, create a setting that provides the

resident with choices and supports the unique needs of all users – residents, staff, and visitors. This manual will describe small changes that have the potential to improve the environment but that is all it can do – describe. It is up to the management, staff, and board to make the commitment to create a more humane and comfortable setting for all residents.

Several common themes run through this book. The first is the need for networking with the larger community outside the walls of the nursing home in order to bring in talent and resources that the facility cannot provide. Think of it as the “power of people.” It is not expected that nursing home staff be the single effort behind improving and changing the physical environment. Recruit local organizations to become involved and also create work groups for special projects – just don’t call them committees because not many people want to become involved with another committee. Church bulletins are a wonderful venue to request volunteers and needed items for the home and local schools, vocational techs, and colleges are a wealth of talent looking for “real life” projects. In many communities, residents of nursing homes have been isolated from the larger community and seldom receive press in the newspaper. Notify the local newspaper when a project is started and chances are very good that the nursing home will receive press coverage.

The second theme is that the physical environment of most nursing homes can be vastly improved by overall cleaning and by the addition of color – color in wall covering, drapes, table coverings, curtains surrounding beds, shower curtains and the dishes the residents eat off of. Look around and chances are you will find that the primary colors of the environment are multiple shades of beige.

The third theme is that furnishings are much more expensive when they are purchased from a hospital supply company. Look towards the many home improvement stores and discount stores when purchasing products. While researching products for this book the authors found incredible disparity in prices between home-improvement stores and hospital supply companies for identical items. Use the Internet to explore products.

The fourth theme is to move away from assessing the physical environment on the basis of the overall impression and instead look at individual components of the physical environment such as the distance to the computer room for individual residents, the color of the coffee cup residents use, the invasive noise of an intercom – and on and on - and how those individual components collectively affect a resident’s use of their nursing home and ultimately their quality of life.

Structure of the Manual

Part I, examines the influence of the physical environment on quality of life. Chapter 1 encourages the reader to move beyond the “good idea” stage and explains that indeed it is possible to improve the nursing home environment. The chapter continues with describing the physical, social, psychological, and cultural categories of the environment, and how quality of life domains are associated with the environment. The practicality of an assessment and current challenges to the long-term care industry are also discussed.

Part II describes why assessing the environment is important, what parts of the environment are being assessed, who should perform the assessment, and how to self-assess the environment. How to perform the assessment is described in great detail using the 7-task workbook.

Part III focuses on creating the best possible environment in the nursing home using innovative and practical low cost strategies. This section of the book gives strategies pertinent to each of 3 levels – room and bathroom, nursing unit, and facility – as well as providing suggestions for redesigning a short-stay rehab room, organizing a nursing unit into the household model of care and the benefits of creating a main street concept. Part IV includes a summary and Part V includes product information.

Acknowledgements

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I

Influence of Physical Environment on Quality of Life

1

Mission Possible, Moving Beyond the “Good Idea” Stage

Environmental conditions affect the growth and development of those that use the environment. This book is about the environmental conditions of nursing homes, the self-assessment of that *environment* by nursing home staff, and strategies to improve the environment without major expenditures and in ways that enhance *quality of life*. It is pretty safe to say that all nursing home physical environments have the potential for improvement at some level. The process begins with the administration acknowledging that the physical environment is important and that improving that environment can have real benefits for residents, staff, family members, volunteers and other users of the facility. But if there is hesitancy to initiate the project at the administration level, the process will never get beyond the “yes it’s a good idea” stage. The successful vibrant facilities all have one thing in common – a sense of ownership by *all* the users and a partnership with the larger community. It is easy to talk about ownership but in reality it is difficult to empower the users of the facility to actually participate in the ownership of their living space, working space, visiting space, and volunteering space. Too often a nursing home is isolated from the larger community it is located in. There are incredible benefits to forming partnerships with both nonprofit and for profit entities within the

community. The benefits can be greater visibility within the community, a broader source of volunteer talents and the donation of products that benefit the users of a facility.

Categories of the Environment

The *environment* of a nursing home can be defined broadly to include all influences on residents, including human behavior and policies of staff. For this book, environment is more narrowly defined to include objective, measurable characteristics of the buildings and outdoor spaces, furnishings, equipment, fixtures – objects that are fixed or semi-fixed – those that the users of the environment come in contact with everyday. Objective measurable characteristics include not only what can be seen and measured but also those features that can be reliably assessed non-visually through smell, hearing, and touch. The assessment includes how furniture is arranged and how space is used with an eye towards alternate arrangements and additional use of space. The focus is on those parts of the environment used by residents; thus backstage areas such as industrial kitchens and laundries, offices, and mechanical rooms are beyond the scope of the assessment. It may seem as if assessing the physical environment is such a huge daunting task that it appears overwhelming but it need not be if all the areas within the larger facility are subdivided into smaller areas that move from characteristics found at the facility level, to the unit level and finally to the individual resident room level. The assessment tools are subdivided into these categories so it is easy to delegate different areas within the facility to those who are familiar with a specific area and also to assess only certain areas at a time.

When thinking about the physical environment and the role it plays in everyday life of the users, it is useful to categorize the individual characteristics found in the environment into four separate categories that further define the environment. (Cutler 2000) These categories include the *physical*, *social*, *psychological*, and *cultural* environment. Characteristics of the *physical environment* are those that we are most familiar with, are measurable, and include items associated with Universal Design: characteristics that affect the physical functioning of the user such as door width, corridor length, accessible closet rods, sink clearance, chair height. Characteristics of the *psychological environment* are individual and more difficult to measure: items that invoke memories, images of the past and promote sensory stimuli. These items may be composed of features supplied by the family but, also by items brought by the residents and family under permissive policies that allow each resident to create unique spaces. The *social environment* refers to the interaction of residents in their environment. Privacy, communal dining, activity space are measurable attributes of the social environment. The importance of the *cultural environment* has been ignored in the medical model of nursing homes but is gaining more status as nursing homes move towards person oriented care. Traditions, values, norms and symbols are part of the *cultural environment* as is the emphasis on residential-like settings in long-term care facilities. These categories, whether thought of individually or collectively affect the quality of life of the residents, staff members, visitors and volunteers.

Quality of Life Domains

Quality of life (QOL) (Kane et al, 2001) is defined as the physical, cognitive, psychological and social outcome of the interaction of the resident and their environment. Eleven dimensions or domains of quality of life further define it. These domains are: security, physical comfort, food enjoyment, meaningful activity, relationships, functional competence, dignity, privacy, individuality, autonomy/choice, and spiritual well being. The environment of the nursing home has the potential to contribute to self-image, and QOL by capitalizing on a person's strengths while reducing demands on frailties or it can create obstacles to a higher quality of life. In order to determine the impact of the environment on QOL it is first necessary to assess the environment to determine the presence or absence of characteristics that have the potential to affect individual QOL. In the past, attention to the physical environments of nursing homes has largely come in terms of safety concerns, resulting in regulations mandating minimal expected environmental features on matters such as railings, corridor width, fire retardant materials, and the like. The weakness of many codes and standards, even as guarantors of safety, is that they are seldom research based, nor do they consider multiple goals. They tend to take into account specific disabilities like cognitive impairment, vision problems and mobility problems without considering the interaction effect of a multitude of frailties common to the elderly person. Table 1 presents a brief definition of each QOL domain and identifies a sample of common characteristics found in the environment that can influence, either positively or negatively, each domain. The focus of this table is on characteristics that influence the quality of life of a resident but it is also relevant to

identify characteristics that are either supportive or hinder the use of the environment by other users, especially staff members.

Table 1: Quality of Life Domains

QOL domain	Definition	Potential environmental influence
Physical comfort	Residents are free from pain, uncomfortable symptoms, & other physical discomforts (being cold, hot, thirsty, in bad positions, have sleep problems).	Bathroom heat lamp, bed larger than single size, absence of excessive noise, crisp sheets, comfortable chairs, adjustable temperature control
Functional competence	Within the limits of their physical and cognitive abilities, residents are as independent as they wish to be.	Clothes rod accessible to wheelchair user, adequate light levels, grab bars, lever type hardware, color contrast, fixed task lighting, mirrors at resident's heights, bathrooms residents can use in common spaces, flat surfaces or desks in resident's rooms
Privacy	Residents have bodily privacy, can keep personal information confidential, can be alone as desired, and can be with others in private.	Private room, entry & bathroom door can be locked, separate shower enclosures, lockable storage, ways to achieve some privacy in shared rooms
Autonomy	Residents take initiative and make choices for their lives and care.	Moveable seating in lounge, television under resident control,
Dignity	Residents perceive their dignity is intact & respected. They do not feel belittled, devalued, or humiliated.	Adequate storage space in bathroom, facility & room well maintained, signs such as "incontinence products" and "bibs" removed
Meaningful activity	Residents engage in discretionary behavior that results in self-affirming competence or active pleasure in the doing or watching of the activity.	Desk or workspace in resident room, large print reading material, kitchen for residents to use, daily newspaper
Enjoyment	Residents show and express pleasure and enjoyment, verbally and nonverbally, and do not express displeasure, anxiety, or boredom.	Window with view, flowers & plants, pleasant odors, direct access to outdoor space, hobbies
Individuality	Residents express their preferences and pursue their past and current interests, maintaining a sense of their own identity.	Personalization of resident room, individualized drapes, bed spreads, furniture from home
Relationships	Residents engage in meaningful person-to-person social interchange with other residents, staff, and/or family and friends outside the facility	Telephone in room, extra chairs in room for visitors, multiple lounges and small visiting areas
Security & order	Residents feel secure & confident in their environment about their safety, ability to move about freely, security of their possessions, & the good intentions of staff.	Call button within easy reach, corridors visible from nursing station, exit control, enclosed outdoor space, minimize noise, PA's and clutter
Spiritual well-being	Resident's particular needs & concerns for religion, prayer, meditation, spirituality, and moral values are met.	Chapel or meditation room, individualized pictures and books in rooms, memorials

Practicality of an Assessment

The practicality of an environmental assessment goes beyond just following regulations.

It measures the individual characteristics present in the environment, the interaction between the users and those characteristics and the potential for a higher quality of life of the resident as an outcome of that interaction. It creates an awareness of deficiencies in an environment or acknowledges the strengths of the environment. It is a tool to determine if an environment can not only sustain aging but also compensate for losses in cognitive and physical functioning.

It is important to note that the environment should not be judged in isolation from the users and organizational policies of the facility. Rather, it is a supportive (or not so supportive) component of the interaction between the users and organization policies.

Although each assessment is customized to the perceived needs of the facility the following list of questions provides an overall summary of what an assessment can answer.

- Does setting provide opportunities for independence
- Does setting provide opportunities for autonomy and personal choice
- Does setting facilitate an increased level of competency
- Does setting compensate for sensory losses
- Does setting support principles of Universal Design – supportive, accessible, adaptable and safe
- Is setting supportive of cognitive losses
- Does setting encourage social interaction
- Does setting enhance memories and support preferences
- Does setting respect traditions, values, and norms
- Does setting stimulate life long learning
- Is setting aesthetically pleasing and well maintained
- Does setting provide for individual privacy
- Is setting free of noise and other noxious stimuli
- Does setting improve public image of the residents

The predominant thinking about environments in the long-term care industry is one of apathy. Zgola and Bordillon in their book *Bon Appetit!* (2001) describe this apathy as the presence of red herrings. Nothing can change because:

- We don't have time or staff to initiate change
- We don't have money for improvements
- Regulations don't permit change
- Self help & autonomy reduces reimbursement
- Tradition -this is the way we have always done it
- Nursing homes are becoming extinct

These messages have become internalized because they have been communicated by the long-term care industry for so long. With further cuts in reimbursements looming in the future and regulations more stringent than ever, it is easy to resist any changes, even small ones and relatively inexpensive ones. Possibly the problem is that there is no one to take the initiative to instigate change or possibly there is the fear that only a professional designer or architect is capable of identifying potential changes to the environment. What is necessary for change is identifying priorities, making a commitment to change, and reassigning resources –not necessarily funds – to that change. Change is often necessary, possible and yes, even advantageous.

Challenges to the Long-Term Care Industry

The long-term care industry is facing new challenges on a continuing basis. Although some nursing homes in the United States date back to the beginning of the century, many were built in the decade or so following the passage of Medicare and Medicaid in 1965. At that time they were viewed as “extended care facilities” and modeled after hospitals. Now after thirty or forty years old, many have reached the point where their physical environment is outdated and not supportive of new organizational patterns such as the

household model or decentralizing functions such as moving resident dining from the facility level to the unit level. A reduction in the number of beds provides a wonderful opportunity to move from shared rooms to private rooms while maintaining the original footprint of the building. There is active consideration about how nursing homes should be designed for the new century - a debate hastened by the competition from assisted living facilities, some of which serve a population with substantial overlap with the health and functional characteristics of nursing homes, yet in smaller and more homelike settings. The need for short stay rehab beds is increasing but there is a resistance of people to enter a nursing home and be identified as a nursing home resident. Old buildings are requiring renovation or re-use of a space, and a larger number of residents require assistance with mobility than twenty years ago. These are just a few a few of the many challenges facing the nursing home industry today.

The goal is to look at each of these challenges as opportunities for change. At some point many residents in assisted living facilities will need the services provided in a nursing home. Take the opportunity to learn from the assisted living model. Create smaller shared spaces that center on the individual needs and talents specific to the person using that space; get rid of that central nursing station with the high counter that separates residents from staff and replace it with small kiosks located along the corridor; promote relationships within your community by partnering with other organizations; create an identity unique to each facility and develop materials such as postcards and coffee mugs to share that identity. Encourage resident autonomy by providing choices and provide life long learning experiences for residents. Understand the potential of technology, especially computers, to provide residents with meaningful activities and a method of

communicating with distant relatives through email, especially those grandchildren who are so technically savvy. Many companies routinely replace computers and there are often tax and good-will advantages to donating them to a nursing home.

There is a substantial financial reward for those facilities that serve short stay rehab residents. A later chapter in this book will describe an inexpensive conversion of the environment of a typical medical model resident room into an inviting room modeled after a motel room. Renovation is expensive but reorganization, reuse of the environment and decentralization is much more cost effective in staff time, design expense, and implementation. Think of that “facility wide” dining room that is relic of the past in many nursing homes having been replaced with multiple smaller dining rooms. There are innovative uses for that space, just not the original use.

Additional monetary resources will not necessarily result in change. Starting the process requires a commitment to change: a change in attitude, a change in culture and possibly a change in how the nursing home is organized. Committing to self-assessment, identifying priorities, and instigating improvements are the steps to change.

II

Why, What, Who and How to Self-Assess your Physical Environment

2

Why is Assessing the Environment Important?

The environment has the potential to contribute to self-image, functional ability, and QOL by capitalizing on a person's strengths while reducing demands on frailties or it can create obstacles to a higher quality of life. As the aging process continues and the gap between the demands of the environment and the older person's competence widens, a loss of mastery over necessary environmental characteristics can impose severe limitations on a person's life. Research that examines specific relationships between long-term care environments, functioning, and quality of life shows that an optimal environment is one that meets the specific needs and preferences of a person, it provides stimulation and challenge while also providing support for a higher level of functioning.

Theoretical Background

The theoretical underpinning for this is the Ecological Model developed by Lawton and Nahemow (1973). This model theorizes that behaviors are a function of the interaction of personal factors with the environment. Behavior is an outcome of a person's level of competence (i.e. functional ability) in interaction with the demands or challenge placed on people by environmental conditions. Highly competent people can function in environments that are not very supportive of their limitations, whereas less competent

people function at a diminished capacity (Kahana, 1975). The environment has the potential to make certain functions impossible while encouraging others. The goal is to match a person's ability level and their environment. For example, a resident using a wheelchair may be perfectly capable of putting on a sweater but if that sweater is located on a high shelf that the resident cannot reach then the ability level and environment are incongruent.

The environment can also place too little demand on the resident in the nursing home when boredom and anxiety result from sensory deprivation. This is compatible with theories of learned helplessness (Langer & Rodin, 1976; Seligman, 1976) that results from no longer needing or perceiving one is able to make decisions or exercise discretionary behavior affecting one's life. A challenging environment raises competence by requiring problem solving, whereas inadequate challenge leads to disuse. The environmental docility hypothesis, an outcome of this theory, suggests that the lower the level of competence, the greater the influence of the environment on behavior. This is not a static relationship but is dynamic as changing levels of functioning lead to changing environmental demands.

Multiple users of environment

One must bear in mind that although residents are the ones most affected by long-term care environments, they are not the only users. The needs of other users must be taken into account when designing an environment but they should not take precedence over the needs of the primary user of a nursing home – the resident. Staff, family, visitors, and volunteers all use the same space, albeit for different reasons. The environment of the workplace has the potential to influence job satisfaction, stress levels, and ultimately the

level of job turnover. Some long-term care researchers hold that the perceived well-being and satisfaction of staff may be directly related to resident QOL (Olsen, 2000). Similarly, if family members enjoy their visits, they are more likely to come and to stay longer. It stands to reason that if the environment affects the likelihood of family and friends to visit and the quality and length of those visits, then again QOL for residents is influenced. Studies have shown that nursing home residents desire control over many aspects of everyday life (Kane et. al., 1997). Many residents are limited in their mobility. They can wheel or walk short distances at a slow pace but require assistance if the distance is too great. Decentralizing a nursing home and providing functions such as access to a computer directly on the unit rather than in a central computer room enables a resident to exercise their control over when and how often to use the computer without soliciting transporting assistance from a staff person.

The desire for privacy, even among those who like to socialize with others, appears to be universal, filling a number of needs. What little research is available suggests that both nursing homes and assisted living residents hold that preference strongly (Lawton & Bader, 1970; Kane, et. al., 1998). The quest for privacy becomes challenging when residents share a room. However, it is possible to identify ways for residents to have solitude in a facility that has predominately shared-rooms. There are often nooks and crannies in even the most crowded and space deficient facilities that can be identified and furnished as small “get away” spaces. It is plausible to create private areas in shared rooms through methods other than the claustrophobic one of cocooning the resident with the privacy curtain immediately surrounding the bed. Understanding the

needs of the residents and identifying current environmental conditions are reasons why a self-assessment should be conducted.

3

What is Being Assessed?

Basically, the assessment identifies the presence or absence of characteristics of the physical, social, psychological and cultural environments in the nursing home, measures the interaction effects between the users and the environment and determines the potential of quality of life for the users as an outcome of the interaction. For example, if the assessment identifies the closet rod is not at an accessible height for a wheelchair user the potential outcome could be diminished functional competence and autonomy for that resident. If there is not a chair for the residents to sit in while in their rooms a potential outcome could be reduced autonomy, comfort, and relationships. It is not enough to say there are some chairs in some rooms or that some closet rods are accessible, it is important to match each user with his or her environment and this is achieved through an assessment.

The assessment is conducted at three levels within the nursing home; resident rooms and bathrooms (63 items), shared environment at the unit level (109 items), and facility wide amenities (130 items). Table 2 presents the categories assessed at the room and bathroom level, unit level and facility level.

Table 2: Assessment Categories at Three Levels: Room and Bath, Unit and Facility

Room and Bathroom	Unit Shared Spaces	Facility Amenities
Room configuration	Number of beds on unit	Site, parking, grounds
Bed Arrangement	Number of private rooms	Main entrance
Traffic patterns	Location in facility	Lobby reception area
Room entrance	Configuration	Lounge/social space
Resting/sleeping space	Nursing station	Corridors
Personal and social space	Shower/tub rooms	Signage
Lighting	Lounge/social spaces	Elevator
Furniture, personalization, decorations	Dining area	Facility wide dining
Floor and wall covering	Corridors	Residential services, amenities
Resident toilet room	Signage	Staff amenities
	Distances	Outdoor spaces
	Noxious & pleasant stimuli	Noxious & pleasant stimuli
	Unit amenities	
	Outdoor spaces	

4

Who Should Perform the Assessment?

Any person who is familiar with the layout of the facility can perform an assessment. It is easy to accomplish, can be completed in separate parts, can be completed by one person or in small groups and it is actually quite fun and revealing. The first step is to assemble a committee of stakeholders consisting of administration, direct care staff, representatives from housekeeping, dietary, and activities. Recruit volunteers who are interested in decorating, interior design or who have gained a reputation within the facility as being particularly creative. This group will form the nucleus of the planning committee but don't forget to inform the Board of Directors of this project and involve any member who seems especially interested in the project. The goal is to get board members excited about the project because ultimately, the members of the board control the money, have influence within the organization and can create networks with potential donors from the community at large. For nonprofit facilities, the power of the board cannot be stressed enough. Invite the board to tour the facility. If the shower/tub room is deemed to need some cosmetic improvements make sure the board members see that room. There is a

good chance the members have never seen the tub/shower room and after seeing it will support improvements.

With that said, the main criteria for members of the environmental task force is that they be directly involved with the environment on an ongoing and intimate basis, have some stake in the direction the facility is going, and be enthused about creating changes and improvements. Residents, family members, visitors, and volunteers are optional members of the committee although their input through surveys and focus groups is a significant part of the data gathering process.

5

How To Perform the Assessment

This book gives detailed instructions on how to complete the 7 tasks associated with the assessment process. When all 7 tasks are accomplished the results will provide answers to the questions listed on page 6 and areas targeted for improvement will be identified. The supplies necessary to complete the tasks are minimal including a box of 8 crayons, copies of the assessment tools, a measuring tape and a camera. (Disposal cameras work great!)

The 7 tasks include:

- Form environmental task force
- Begin the discussion
- Revisit or develop vision, mission, value statement
- Floor plan analysis
- Self-assessment of physical environment – including photographs
- Resident, staff and visitor/volunteer questionnaires
- Define goals and recreate vision statement

Task I – Create environmental committee

The first task is to assemble a committee of stakeholders who are directly involved with the environment, are users of the environment, are board members or are interested members of the community. This committee will look at strengths and weaknesses of the

current environment, complete the self-assessment, and ultimately make recommendations as to potential changes to the environment. This step of creating a committee is probably the most important because the members will need to work together, understand the needs of the other members, refrain from being territorial of the area of the environment they are directly involved with, be adventuresome, and especially be creative in looking at new ways to do things. Ideally, the group will include 8 to 12 members, with numbers being evenly distributed so that no individual department is overly represented. The committee should represent all users of the facility including management, direct care staff, representatives from activities, dining, housekeeping, and possibly a representative from the Board of Directors and a member from the community at large. An effort should be made to meet with resident, family, and volunteer councils or focus groups so that their input can be heard. A board member and member from the community are especially valuable because they bring an outside perspective to the process, often have access to resources and could be valuable in bringing network partners to a specific project. Previous design experience is not necessary although an awareness and interest in improving the physical environment is. Do not hesitate to bring in outside speakers on a regular basis. Interior decorators love to talk about decorating options and architecture and design students from a local college are enthusiastically receptive to being involved with a real world experience. Gain ideas by visiting residential care settings for young adults, day care centers for children, assisted living facilities and other nursing homes that are known for innovative environments.

Task II – Begin the discussion

The purpose of this exercise is to analyze the potential of the facility physical environment by identifying strengths and weaknesses of the nursing home physical environment and the external opportunities and threats that may affect the facility using the SWOT tool. This task is a minimal version of strategic planning; a process that opens a dialogue of what an individual nursing home values, the overall mission of that organization and what that nursing home looks like today.

The SWOT analysis is a global assessment of the internal strengths and weaknesses of the facility physical environment and external threats and opportunities that have implications for how that facility functions in the future. For example, the nursing home population will be more heterogeneous in the future with residents who are in rehab for a short stay or residents who enter the hospice program. Each facility must ask if those are threats or potential opportunities. For the successful and enduring facility the physical environment must accommodate the changing population. This is easily achieved when acknowledged and planned for. Using one meeting complete the SWOT tool as a group and use it for overall discussion on the following issues:

- 1). What are the greatest **strengths** of the physical environment of your facility?
 - How is your physical environment different from your competition?
 - What are the best features of your environment?
 - Do you have accessible outdoor spaces for all residents?

- 2) What are the greatest **weaknesses** of the physical environment of your facility?
 - What areas do you want to improve on?
 - What areas cause problems or complaints?
 - Is the old age and deterioration of your physical plant a concern?
 - What percentage of shared rooms do you currently have and can that number be lowered?
 - Do you have too many large spaces and not enough spaces for small groups?

- Are shared spaces a long distance from resident rooms?
- 3) What are the greatest **external opportunities** available to your facility?
- Changes in technology
 - Partnerships with community enterprises
 - Future increase of Medicare short stay rehabilitation residents
 - Donation of materials and furnishings
- 4) What are the greatest **external threats** to your facility and to the long-term care industry?
- Continuing growth of assisted living model
 - Government regulations

Don't rush this task, provide an opportunity for every committee member to talk, and at the beginning assign someone to take notes and write up the results following the meeting. Don't hesitate to ask people not on your committee and even the Board of Directors to complete the SWOT analysis. It is amazing how such a simple tool can produce such varied responses by those that use the setting and those that govern that setting.

Task III- Revisit or develop vision, mission, value statement

The first step is to revisit the mission and value statement of the organization. All organizations need a succinct mission/vision statement that speaks to the services they provide, their philosophy and the core values that they wish to convey and uphold. The mission statement of one nursing home reads: "this facility is committed to providing the highest quality primary healthcare". This statement is too narrow in scope and does not convey a sense of their mission of creating a home for their residents nor does it speak to its commitment to community outreach and sharing amenities in their facility with members of the community. It simply speaks to the medical care provided. Yes, medical

care is an important component of a nursing home mission but one would hope that it is not the only mission.

What values does the facility strongly uphold beyond those that are regulated such as security and safety? Does the facility value a strong spirituality support system for each residents, or does it place value on companionship and relationships or does it value aesthetics such as enhanced outdoor spaces or a special dining experience, or possibly it values life-long learning or all of the above. The goal is to identify the values of each facility and apply those values to the physical environment. If companionship is a value then the environment must provide abundant small spaces that can accommodate quiet conversation as well as card playing. If spirituality is important then the environment should provide quiet meditation space as well as chapel space. If life-long learning is a value then computer stations and large-print books should be scattered throughout the facility – not just in one central location. The list of environmental features that have the potential to support values is limited only by a lack of imagination.

Task IV- Floor Plan Analysis

This task provides the opportunity to open and use a box of color crayons. The purposes of this task are to visually see how the different spaces in the facility are allocated, to get an overall view of where shared spaces such as lounges are located, to identify the number of shared spaces, and to look at the potential for reorganization of the facility into smaller households. The first step is to obtain a copy of the floor plan of your facility. There is always one located in the “fire code book” at the front desk. Borrow it to make copies but please return the original to the book, as it is a fire marshal requirement. The

second step is to take a box of crayons (or magic markers) and color in the different spaces. For example use the following colors to identify spaces:

- Blue = Dining spaces (if part of room used for dining, color part of room)
- Yellow = Lounge space, shared amenities such as coffee shops
- Red = Tub/bathing room
- Black = Corridors
- Brown = Nursing stations
- Orange = Storage space – clean utility room, med room and other technical or specific use spaces
- Purple = Staff break-room, lockers, restroom, anything exclusively for staff
- Green = Outdoor space that residents can use

Note: Resident rooms are not colored in, only the shared spaces that residents use

This approach enables the committee to eyeball allotted space for different functions, to determine the distance to facility wide amenities from different areas within the facility, to determine if shared spaces are unfairly located in one section of the building and to discover potential unit organizational patterns. The goal is to have shared spaces and amenities fairly distributed throughout the facility so residents located in the far corners of the facility can take advantage of the spaces and amenities.

Task V - Self-assessment of physical environment – including photographs

The previous task provided a global overview of what the facility looks like. This task will identify the presence or absence of characteristics specific to a location. It is an inventory of sorts and is the most important task. The items on the checklist have been included because they have been identified as either contributing to the well-being and quality of life of the resident or detracting from QOL as is the case when the corridors are cluttered with so much paraphernalia that the handrails are obscured or there is a cacophony of noise creating a stressful environment.

There are three separate checklists, each separated into sub lists. The room and bath checklist is specifically designed to be used in the resident rooms, the unit checklist is structured for assessing each nursing unit separately and the facility checklist is designed to identify facility wide amenities that are not located on a nursing unit. The three checklists can be completed together as a set or the decision can be made to just assess one room such as a lounge or shower/tub room on a specific unit. This task can be accomplished by a single individual or as a group with one person reading and checking off the items. At times it can become somewhat of a scavenger hunt. The recommendation is that at least 2 persons, rather than one person, work together on completing each assessment.

Time required to complete a checklist varies according to the size of the area being assessed. When the resident room is assessed it is important that all rooms are assessed. It is helpful to divide the assessment of resident rooms between nursing units because then a comparison can be made. Most often the resident rooms differ between units and it is helpful to identify differences. Allow time for discussion during the assessment.

The score at the bottom of the checklist provides a quantitative summary of the items, noises, and odors identified in each category. In most categories, each item contributes something positive to the overall physical environment of that category or location and thus a higher score is preferential. In some categories such as clutter or noxious noise the goal is to achieve as low of score as possible because an abundance of these items detract from quality of life.

Task VI - Resident, staff and visitor/volunteer questionnaires (Optional)

The intent of this task is to solicit information from users of the facility that are not members of the environmental task force. This information can be obtained through discussion groups or individual responses to the user survey. Leaders of these groups are members of the environmental task force. The surveys, as written, include very generic and broad questions but it would be easy to customize them to a specific area, satisfaction topic or to seek specific information for the committee. Family and resident councils are excellent formats to gather information. It seems as if most of the users have an opinion on the physical environment and are generally quite willing to share it.

Task VII – Final Goals

This is the time to create specific goals. Task 2 provided a framework for overall priorities but this is the phase to identify specific goals, gather information on costs and decide if the goals are feasible either in total or in parts. Don't rush this final task.

Consider all resources available to the facility before finalizing goals. These can include monetary grants and cash donation, in-kind donations from a supplier or local charitable groups such as churches, legions, or even schools that are upgrading computer or kitchen facilities. Don't be too proud to ask for donations.

Architectural and design information is very expensive but an important asset in the community that is often ignored is the talent in the local colleges or universities. Students love "real life" projects. Consider inviting a design class to provide ideas for a specific project such as creating an open workstation in place of the central nurse's station. Or, work with a nutrition class on devising creative, nutritious food choices or

dining options that enable greater flexibility in an elder's dining schedule. Bring in students or an intern from the school of business to work on organizational changes that empower staff and decentralize decision making closer to residents.

Projects that are purpose specific and well defined, have the potential to create an improved quality of life for the residents, are visible, have an emotional appeal to a potential benefactor, increase staff efficiency and satisfaction have a better chance of being looked upon favorably by a benefactor than those that are generic in scope. Prioritize goals not only on their importance to the committee, but also of those that have the greatest potential to be accomplished in short order. Visible changes to the environment create an enthusiasm and momentum for further changes.

III

Creating the Best Possible Environment in the Nursing Home

6

Innovative and Practical Strategies

This section of the manual will describe the physical environments of each of the three levels of a nursing home organization – the facility, nursing unit, and the resident room and bathroom – as they are traditionally found in a typical medical model nursing home. Interspersed with these descriptions will be innovative ideas that can be incorporated into a traditional style nursing home. Some ideas are very simple and easy to implement and other ideas require a new way of thinking about functions that a nursing home provides and the spaces that support those functions. As we traveled and assessed the environments of over sixty nursing homes as part of a quality of life study, it quickly became obvious - actually shortly after walking through the front entrance - that some nursing homes were stuck in a rut, continuing to do things “the way they have always

been done” with little regard as to how simple changes to the physical environment and how spaces are used could benefit all users of that environment. Some nursing homes are creative and innovative in their use of space and organization of nursing units, creating smaller clusters or units within the larger facility. Some nursing homes are able to accommodate the resident as if they were living in their “own” home. It is not enough to be “home-like”, pretty furniture will not accomplish feeling “at home” rather; it must be the combination of deinstitutionalizing the setting starting with the words used in the signage identifying spaces throughout the nursing home, continuing through dining options that facilitate a resident’s choice of where, what, and when to eat, continuing on to shared spaces that function as a family room – not a lounge or activity room – continuing on to the shower/tub room that too often is reminiscent of the high school shower room where speed and efficiency replaced privacy and comfort, and finishing with the deinstitutionalization of the resident’s private space including their bathroom. The long-term care industry has only given “lip service” to providing privacy in a nursing home. Strategies are available to create private space, even in a shared room. The entrance to a nursing home signifies to those entering that they are either entering an institution or a home.

7

Facility Level

Entrance

Entering a long-term care facility can be a daunting experience for persons who are entering their new home for the first time, for family members who are escorting the new resident, and for visitors who are visiting the residents. The goal is to create a welcoming entrance that is accessible, attractive, does not appear institutional and one that is well lighted. It is not difficult nor is it expensive to improve the entrance to a facility. The first consideration is that there is signage that clearly identifies the entrance of the facility so there is no doubt that this entrance is indeed the main entrance and not a service entrance. An adequate number of reserved visitor parking spaces are important, as is a wheelchair curb cutout. Often the curb cutout is available but it is not a contrasting color to the

sidewalk so it blends into the sidewalk making the boundaries difficult to see. Buy a can of yellow paint and repaint the curb cutout so it is clearly visible.

Landscaping with abundant brightly colored flowers is especially important, and the color of those flowers is equally important. In every neighborhood there is an identity with a local high school and that school has designated school colors. Consider incorporating those colors into a landscape design. Ask the local nursery to donate plants. Ask high school students to participate in planting those flowers. All public schools have requirements that students engage in an ongoing activity with a community entity. In many nursing homes, the students visiting a resident for a designated period of time meet this requirement. Possibly they could incorporate those visits with participating in a landscaping activity. The results would be visible long after their visits had ended.

If additional signage is needed at the main entrance, contact the school art department and request that the students submit designs for signage as a class project. Residents, staff and visitors can vote on their favorite design. The winning designer can be acknowledged in the local newspaper. Students enjoy real life experiences and the recognition that goes along with that experience. Often schools have the capability to build the sign. Highlight the sign at night with solar powered lights that are placed in the ground and directed towards the sign. Individual lights are available for \$15 from Home Depot.

Acknowledge the changing seasons by decorating the front entrance with decorations appropriate for each season. Invite neighborhood children to participate in life at the nursing home by trick and treating at Halloween, gathering Easter eggs, or decorating a Christmas tree.

Life in a long-term care facility is often boring and void of experience that resembles normal life outside the facility. Traffic, people coming and going, and even deliveries are welcome sights to many residents. That is why the space around the main entrance to a facility is such a popular place to be. Work at accommodating those real life experiences by creating a sitting area outside the main entrance or enhancing the area if there is already a space available. Menards and other home improvement stores have sturdy, attractive 2-person benches for \$69 each. At times management has commented “it doesn’t look good” to have all of those people just sitting there and watching the world go by. The fact is that many residents enjoy that activity and strongly prefer an entrance area to an inner courtyard.

Resources are often spent on creating a beautiful inner courtyard that ultimately is not used on a regular basis by residents except for organized activities. Administration and activity directors often ask why that inner court is not used and how can it be used more often. Similar to the lounge at the end of the corridor that is seldom used, the inner courtyard is not used because residents feel isolated and there is no activity to watch. If the inner court space is so beautiful that it is wasteful not to use it, consider inviting school children and community groups to use the space for picnics. In that way, residents will have something to watch. A note of caution, do not create a smoking area in the most desirable outdoor location because it severely limits the use of the space for the majority of residents and visitors who do not smoke.

No matter how much or how little is done to spruce up the entrance of the facility do something and make an effort to decorate for the seasons. A can of paint is cheap, flowers can be donated and the local scout and church groups, who are often looking for

projects, can plant the flowers. Most importantly, provide seating for residents who have the capability to use the space. A sign welcoming all that enter is a thoughtful gesture.

Reception area

The primary reasons for the reception area are for security and welcoming visitors. When someone walks through the front door, they will take with them a lasting impression of the facility and that impression will come from their senses: what they smell, hear or see. Most often, the first impression comes from smell. This is not intended, it just hits first, even before seeing how the space looks or hearing the sound of the voice of the person greeting them. We are all familiar with the tricks of the trade that a realtor uses when showing a house to a potential buyer such as scented candles and potpourri that create a pleasant aroma. A facility in upper New York devoted a corner of its reception area as the coffee corner. Along with the coffee, they continually made fresh bread in a bread maker, which they offered throughout the day to visitors and residents. The smell and taste of fresh baked bread created a lingering impression that was achieved with little cost in labor or materials. Materials required for this project include a small table or shelf, a 35-cup (or less) coffee maker (\$29) and a bread maker (\$50). These products are available from Target or any other discount store. Contrast the odor of fresh baked bread to the odor of over used floral deodorizer.

Security is increasingly more important and it is crucial to know who is coming into the facility and who is leaving. Cameras are increasingly used in nursing homes for security purposes but it is important that a person be located at that front desk, even if the receptionist is a volunteer position. It is common to walk into a facility and rather than

seeing a reception area, the visitor arrives at a counter of a nursing station with a caregiver staff person sitting on the opposite side. Most often that staff member does not have the time to greet or give directions to the visitor. Instead of having the caregiver do the double duty of receptionist and care giving, separate the task. Think of the reception area as a concierge desk in a hotel not as an element of the nursing station. Create an area, even if it is very limited in size that is exclusively used for reception duties. Delineate that space by clustering some chairs around the main entrance for those residents who are waiting for transportation or just want to be a part of the action at the front door. It is not necessary to purchase an expensive desk. Go to the local Goodwill, antique store or place a request in neighboring church bulletins. Place a lamp on the desk, a guest sign-in-log and most importantly a bouquet of flowers. Do not use funeral sprays in their original arrangement; rather separate the flowers into several smaller arrangements and place them in other locations. Residents often enjoy the activity of creating bouquets from the funeral flower sprays.

If there is a bathroom in this area, make every effort not to segregate its use to visitors only. Too often, in an effort to minimize cleaning, bathrooms in public spaces in nursing homes are off limits to those who live there. Residents have commented that they stay close to their rooms if the bathroom in a shared area can only be entered with a key because they do not want to risk not having access to a bathroom. If the bathroom has several toilet stalls, consider replacing the doors with barroom doors that are divided in the middle and swing both inward and outward. A wood version of these doors can be purchased for \$59 at Home Depot. They are more attractive than the typical metal stall door, can be stained or painted, and also easier for residents to manipulate. Note that signs

that say “no residents allowed” can be off-putting for visitors as well as humiliating residents.

The reception area is important. It needs to be welcoming while serving a security function. The biggest mistake is to combine the reception area and the nurse’s station. The functions of these two areas are diametrically opposite. If it is necessary that they both be located in the same space, then at least divide the duties and designate separate areas of the nursing station and provide chairs for residents to sit in the area.

Central corridors

The most important consideration in the corridors leading away from the reception area is that they assist with way finding and they are attractive – setting an expectation of the nursing home beyond. If the facility still has a directory of residents located on a wall make sure it is attractive in appearance and updated. Often, these directories are not maintained and it is not uncommon to see the name of a deceased resident listed as living in room such and such. If the facility is large and there are several nursing units or preferably households, then list them on an attractive sign. If nursing units have generic names such as Unit 2B or 3C, consider renaming the units so they each have a separate identity and create appropriate signage.

Picture 1 shows both a boring colorless corridor and a corridor that has incredible decorating potential. The overhead light fixtures could be replaced with residential type fixtures that provide adequate light levels but not the glare. The limited pictures on the wall are framed in white that does not provide contrast against the white walls. Chances are the pictures in the corridor have been there for decades. Work at changing the scenery

on a regular basis by simply changing or exchanging between corridors wall hanging and artwork that is in place. Create an identity that can be carried out with a theme such as Memory Lane where antiques can be utilized or create a motif with a patriotic theme. This concept will be described in depth in the nursing unit section of this manual.



Picture 1 – Boring corridor

Another important consideration is that the corridors not look institutional. A simple way of accomplishing this is to differentiate features between the corridors. Think of the corridors as streets with people's homes on either side. Instead of the institutional light fixtures so common to nursing home corridors, consider replacing them with wall lanterns. These lanterns are available for \$9.97 at Home Depot, come in either white or black and measure 5 ½" W x 13" H. Create a gallery along the corridor walls with artwork that changes regularly.

Many residents have the ability to produce beautiful and creative artwork if they are given the opportunity. Create a serious art program for the residents using local art instructors and professional supplies. Invest \$50 at Target for 10 simple line black frames to display the work. Create a dynamic display that changes on a regular basis. The same

frames can be used over and over again. Ask school children to create an exhibition of their artwork and display that during education month, usually in October. Invite families for an “opening night” celebration. Invite community artists to put on a show for a month at a time. Many hospitals use this opportunity to adorn their walls and seldom does an artist refuse a chance to display their work. Stagger the height that the pictures are placed on the wall so that those persons using a wheelchair have an equal opportunity to enjoy the pictures. Lighting is especially important to showcase the gallery. IKEA has lighting track starting at \$29 and Menards has a 44” track lighting fixture with 4 frosted glass lights for \$59.97.

Along with being attractive, a corridor must be functional. Grab bars are necessary, should not be obscured by items placed against the wall and should be painted or stained a contrasting color from the wall. The wall directly behind grab bars can be a maintenance challenge if the wall surface is painted. Consider placing wallpaper borders that are commonly used near the ceiling of a room directly on the wall behind and slightly above the handrails. The borders are usually 6 – 9 inches high, come in rolls of 12’ or more, are easy to install and cost as little as \$5 for a 12’ roll at Home Depot. This simple improvement can have a dramatic effect on how the corridor looks; it simplifies maintenance and increases the contrast between the grab bars and the wall.

Maintenance

Maintenance and cleanliness are possibly the most cost effective improvements that can be made to a space within the facility. Chances are the facility is older, built in the mid 70’s and in dire need of a facelift. Look around the reception or corridor area and see if

some paneling is covering stonework or if beautiful wood has been painted. Start in a small area and restore any surfaces that have been altered from their original form. Clean the wood with AlWood, (\$4) a product that restores scratches in wood and cleans as it restores. There are an abundance of environmental friendly products that cleans stone and terrazzo surfaces. These products are standard and can be purchased in most hardware departments in a multitude of stores. The cleanser Bar Keepers Friend is inexpensive, (under \$1.50) and is an absolutely wonderful product that cleans stains, including rust stains that have been in place for a very long time.

Dining area at facility level

The main dining room in nursing homes is utilized in many different ways depending on the organization and policies of that home. In some, it literally is the only dining room and it serves all residents and functions on a set schedule providing three meals a day but remaining unused during the other times. Some facilities will utilize it to serve their higher functioning residents from throughout the facility. As other homes move towards the household model, dining at the facility level is being phased out in favor of dining at the unit level. (Unit level dining will be discussed later). What remains is often a large underused space that is perfect to accommodate a variety of activities. The main focus of the dining room is to provide nutrition for the residents but dining and food are such a huge part of the life of the nursing home that more attention can be given to create an experience as well as a source of nutrition. Think of the dining room as that formal dining room that is found in older homes, the one that was used for special occasions. If the room is large, devote a corner of it to recreating the formal dining room complete with

parlor seating. Because the dining room in the modern home has become more obsolete, second hand stores have an abundance of formal dining room tables and chairs. These are often sturdy and cheap to purchase but they go along way in creating an ambient space reminiscent of the past. Recreate those special occasions and create an environment that accommodates receptions, showers, happy hour for the residents, and especially a place that residents can gather throughout the day for a beverage. The most common complaint of the household model is that at times residents feel confined because they do not get out of their household enough. The facility wide dining room can become the destination for an outing. It is discouraging to walk through nursing home corridors the hour preceding the scheduled mealtime and watch residents gather in front of the closed doors of the dining room. Accommodate those residents by devoting a small area close to the entrance of the dining room for a conversation corner. Furnishings can be minimal, basically just chairs grouped together with adequate maneuvering space between them. No table is needed because the residents simply want to gather before the meal.

The foreseeable problem might be that so many residents come early; the small grouping of chairs cannot accommodate them in a small conversational area. The response to that would be incorporating a salad bar and/or appetizers into their dining room. Not the large restaurant style salad bar, but rather a table where residents can come, choose from a selection of plated salads and enjoy a portion of their meal at a leisurely pace. The salads could be displayed in a large shallow container that is kept cool with a Thin Ice Mat. (Improvements) This flexible ice mat measures 10" x 16" x ½ 'thick is reusable and priced at \$9.97. Of course it is mandatory to constantly monitor the temperature and limit the time of food exposure but a limited salad bar is an inexpensive

way to provide residents with a choice of several salad options, the ability to eat at a leisurely pace and not sit and wait until all diners are transported to the dining room.

The amenities of a dining room are pretty standard – tables and chairs. Table coverings are not standard as they vary from the paper placemat placed on top of some sort of table covering to a table cloth that often hangs over the edge or to a heavy clear Plexiglas that shows the placemat below but prevents the placemat from being soiled. Unfortunately, little effort is made to change the coverings under the Plexiglas and often they are faded, damaged, and used well past their prime condition. But with a little bit of initiative and imagination, table coverings can inexpensively transform a room into a gingham checked picnic area, or battery powered lighted lanterns or battery candles can transform the room into an elegant dining spot for a special evening out or for the increasingly popular social hour that features alcoholic and nonalcoholic wine, beer and snacks. Battery powered lanterns and candles are available for about \$2.99 each at most crafts shops, garden shops or paper warehouse stores. They are often used for outdoor weddings and can be used over again. It has been difficult to find round table cloths and when they are located, usually from a dining supply company, they are very expensive. A 48” diameter heavy-duty moisture proof vinyl tablecloth with soft fleece backing is available in 7 different patterns at a cost of \$12.99 each is available from Solutions. These can be wiped off, sanitized, and for that price the patterns can be rotated frequently.

Above all, work towards creating a room that provides a comfortable experience. If the room is very large consider groupings of tables separated with lattice screens that

have plastic ivy interwoven between the slats or create separate areas throughout the room by varying the table coverings and table and chairs.

A main consideration is to keep the noise level at a minimum and this can best be achieved by minimizing hard surfaces, covering tables, abundant use of drapes and shutting down background music. If there are large windows notice what the view is beyond those windows. One facility took great effort and expense to create a beautiful dining room with massive windows on one side of the room. No one noticed the huge garbage dumpster stationed directly outside the window and in full view of the diners as they sat at the tables.

Considering additional uses for the dining room is a challenge. One facility that has reorganized into households, utilizes its former dining room by catering meals for community functions. It has proven to be income producing with very little expense to the facility and a lot of exposure and good will was gained in the community. Another has turned the dining room into a large bingo parlor one evening a week inviting family members and the outside community to join with the residents for an evening of bingo. Tablecloths are removed, the light levels are increased, the popcorn is popped, a microphone is in place and the local merchants have donated prizes. Visiting bingo players help the residents and most everyone has a good time. Art classes are increasing in their popularity and the tables in the dining room give each participant ample space to spread their work out. Whatever the activity, utilize the dining room throughout the day and evening.

Facility wide amenities and central gathering places

Lounge/social spaces tend to be located both at the facility level where users come from all over the facility and on individual units where the expectation is that residents and visitors of that unit use those lounges. A way to think about facility wide social spaces is to think of a neighborhood coffee shop – a place a short distance from your home that you walk to for the purpose of enjoying the company of someone else or just for a change of scenery. In a nursing home this is the place where visitors, staff and residents can interact with each other. On the other hand, a lounge on the unit could be thought of as a family room within a private home and a resident room as a private space within that home.

With the image in mind of the “coffee shop down the street” create an area where beverages and snacks are available, there is something to watch such as an aviary, there are an abundance of moveable chairs to create conversation groupings and there are quiet corners with a chair adjacent to a table with a reading lamp and the daily newspaper or current magazines close at hand. Many residents will use a lounge simply as a place to watch what others are doing, not with the intent of interacting with others but just sitting there and watching. Creating an ambient setting is the easy part; the real challenge is the ability of a resident to leave their nursing unit and travel to the “coffee shop” down the corridor. In reality, residents seldom have the opportunity to take advantage of those amenities unless they have a family member or visitor to escort them to the coffee or gift shop or they can transport themselves to the location. Some nursing homes have purchased ice cream carts or outfitted carts with sundries that are then delivered to a resident’s room. This may be convenient but eating ice cream in the isolated environment of the resident room does not lead to the socialization of residents. Instead, consider

designating a regular time when residents, visitor, and staff can gather on the unit for an “ice cream” social or a shopping trip. Work at creating a central social space accessible to all users of the facility or bring the social amenities to each unit for the group to enjoy.

As more facilities are reorganizing or decentralizing into unit focused spaces, there tends to be an abundant supply of underused space on the first floor of many facilities. There are many ideas for the use of that space that do not require major renovations; they just require a creative and flexible use of the space. The first step to determining what form any underused space might take is to complete the assessment of what amenities are available and then determine what additional amenities might enhance the life of the users of the facility.

Innovative Main Street

Eventide nursing home in northern Minnesota created a Main Street that is innovative and used by members of the larger community as well as residents, staff, and visitors to the nursing home. Children routinely visit to watch the birds in the aviary or just have an ice cream cone with their grandparent. Eventide’s Main Street concept is grandiose but it is possible to replicate just a small section of the overall plan. The center of activity at Eventide nursing home is Main Street, an area that includes the following services and features:

- The Kaffe Hus – serving breakfast & lunch
- Wegner’s Gift Shop
- Post office and bank
- Soda fountain
- Barber/beauty parlor
- Millard’s library
- Outdoor patio access
- Bird aviary

In this close knit community everyone seems to be related to someone else so it is not uncommon to see siblings and cousins, whether they are residents, staff, or visitors, meeting in the main street area for lunch, ice cream or just to chat. Over 350 volunteers are involved in making this “community” work. They serve functions such as staffing the bank where residents can cash checks or buy stamps (Picture 2), working in the coffee shop (Picture 4), assisting in the gift shop, selling ice cream, etc. The list goes on and on.



Picture 2-Bank

The gift shop is interesting in that it includes consignment items that members in the larger communities of Moorhead and Fargo make as well as items that residents make.

The atrium central area of Main Street (Picture 3) is a splendid well-lighted area



Picture 3 – Atrium seating area

that is used for an abundance of activities. At Christmas time the area takes on the appearance of a decorated village complete with multiple decorated trees and lights on the storefronts. There is ample and varied seating including benches placed along the wall. Notice the effective use of the lampposts that continue the main street theme. Even on a dark winter day, the abundance of high ceiling windows in the atrium creates an aura that raises the spirits. In an effort to reduce glare on bright sunny days the high windows are placed at an angle that reduces the direct sunlight. The individual shops are located on the perimeter on Main Street with a seating area in the middle. The Kaffee Hus, (Picture 4) a small cafeteria-style restaurant with a Scandinavian theme, is open for



Picture 4 – Kauffe Hus (Coffee Shop)

breakfast and lunch. The main kitchen of Eventide provides food for the restaurant. Other features of Main Street include a beauty shop, library, volunteer office, vending machine alcove, ice cream counter, gift shop, bank and several store fronts that are disguised as a flower shop (Picture 5) and a hardware store that is in reality a storage space for maintenance items. It would be inexpensive to create storefronts such as these. Large wood letters that can be painted are readily available at Mennards at a cost of \$3 a letter



Picture 5 – Flower shop facade

and plywood for the background can be purchased and painted for under \$25.

A bank of mailboxes (Picture 6) that were formerly located in a nearby rural town, is installed in the wall adjacent to the library. An outgoing mailbox is located in this post office area as well. The residents originally used the mailboxes to receive their mail but now mail is delivered to them on their individual units.



Picture 6 – Library and mailbox

The aviary (picture 7) is a fascination for both the young and old just as the parrot is both a joy and a nuisance when it starts squawking and can't be quieted. The laughter, greetings, and chatter between residents, staff, and visitors provide a welcome relief from the usual subdued setting of a nursing home. In picture 6 notice how a large space has been separated into two spaces: the casual seating area facing the aviary that utilized patio style furniture and the adjacent ice cream parlor that sets the tone with bistro type furniture included an umbrella table.



Picture 7 – Aviary and ice cream shop

Future plans for Main Street focus on adding more shops. Examples include a shop that features clothing that is designed with the handicapped user in mind as well as other items that assist the resident with dressing, a larger soda fountain and a kiosk that sells Eventide logo merchandise.

In seeking the advice of the administrator of Eventide as to how other facilities could replicate Main Street, the suggestion was made that a coffee shop should be the first stage of any development. It gives the users of the nursing home a place to get away to and it can be an effective way to make money. The main facility kitchen is already in place so providing extra food for a coffee shop is a natural extension of the kitchen's main function. A combination of paid employees and volunteers are used to staff the café. Another example is a nursing home in South Minneapolis that created a successful coffee shop on a much smaller scale than Eventide's Main Street.

Small coffee shop

This nursing home created a coffee/lunch shop in the lobby of their facility for under \$800. The expenses included a refrigerator, crock-pots, and a small bar sink. Eight assorted tables and chairs were gathered from area thrift shops and rescued from the facility dining room that was being renovated. The shop is located next to a patio so in the summer months customers have the option of taking their food outside for a picnic thereby increasing the seating capacity of the coffee shop.

Each day the menu includes a hot sandwich item that is cooked in the main kitchen and placed in a crock-pot along with a choice of cold sandwiches. Desserts include pies and ice cream treats, and beverages include the usual assortment of pop and coffee. Bagels and cream cheese are available for morning breaks. All dishes are disposable and serving pieces are cleaned in the facility kitchen. One hired staff person operates the coffee shop Monday through Friday and high school volunteers operate the shop on weekends. The prices are kept low, the food choices change daily, and the popularity of the shop exceeds its space, especially in winter months when the outdoor patio cannot be used. The income from this shop has paid for staff amenities such as computers, a pool table and exercise equipment.

This coffee shop is easily replicated in other facilities. The main task would be to designate a space, preferably close to a water source, accumulate tables and chairs and serving pieces and schedule a grand opening. It is not necessary to designate a specific room, rather just designate an open space with flexible boundaries only defined by the placement of tables. The coffee shop could just as easily be an “old fashioned ice cream parlor”.

Soft serve ice cream is a popular treat among all age groups, comes in a variety of flavors, can be sugar free, is inexpensive, requires minimal equipment, and operation hours are usually limited to the afternoon. After a space is designated decorate the space with an ice cream parlor motif to set it off from the surrounding areas. Either purchase some red and white striped denim fabric for an awning or simply purchase an awning to place over the counter. Several small patio tables and chairs placed around the counter designate the area. Sturdy patio tables and chairs can be purchased at many convenient locations. Restoration Hardware has an abundance of tables and chairs at affordable prices. They have bistro armchairs that measure 17”h x 20W x 36” H for \$59 each. These chairs with arms are sturdy but yet light weight. When purchasing a table the most important consideration is that it be at least 30” high to accommodate a wheelchair. Contact your local creamery and ask if they might donate an ice cream server and also give a reduced price on the supplies.

Because most residents cannot take advantage of these amenities on their own, it is important to either replicate the amenities throughout the facility, assemble a portable “ice cream wagon” or concentrate on creating an “outing” for the residents where they are escorted to a special area on a regular basis. At one facility, the husband of a resident brings his wife each day to the ice cream parlor for an ice-cream cone. He talked about how his wife was gaining weight and he felt guilty about buying her ice cream each day but he rationalized his concern by seeing the joy she received from eating that ice cream. He in turn enjoys the interaction with other residents, visitors and staff as they come to his table to greet him and his wife who are longtime residents of the community. In

another facility, several staff members bring each resident down to the ice cream parlor on their birthday for a special one-on-one celebration.

Library

Boredom is a condition expressed by many residents in nursing homes. Often, they have the ability to read or work on projects; they just don't have the opportunity. In some nursing homes there are designated libraries complete with comfortable wing back chairs and large print books but most of these facilities admit that the room is not used enough to justify the space. Instead, a library cart that also includes individual activities is more versatile in that it delivers books directly to the resident's room. Many times there is not sufficient storage space for books in a lounge space or the collection of books consists of donated encyclopedias and the last ten years of National Geographic. In most communities, there is a traveling Book Mobile that visits nursing homes and senior apartment buildings on a regular schedule. A rolling table (30 3/4" X14"DX34"H) that folds and stores in less than 3" would be an efficient method to deliver a selection of books to a resident's room and then the cart can be stored in a closet when not in use (Solutions catalog \$49.50). Once again, this amenity is only valuable when it is made available to all the residents who desire to use it.

Chapel

If there is not a designated chapel in your nursing home consider creating a small mediation area in a quiet corner of a large room or use an underutilized small room for this purpose. Picture 8 shows an underused space in a large room that could easily



Picture 8 – Create quiet corner

become a quiet corner with several chairs and a window covered as described below. The space can be small with furnishings limited to several chairs, a table and a lamp. Window coverings are important in this area, not only to keep the light level low and avoid glare but to also give a sense that this is a place of meditation. Solutions catalog carries several patterns of window covering panels that resemble stained glass. The cost of these panels is \$29 for a 3' X 5' panel and they simply adhere to the window when placed against the glass. This is a unique solution that will set any section of a room apart from the rest of the room without building in room dividers. Add a few larger plants for privacy.

If your facility is fortunate enough to have a designated chapel consider the multitude of uses for that chapel in addition to religious services. Residents love old time movies, reruns of the Lawrence Welk Show and other familiar television shows. Often, the movies are shown in a lounge with curtains drawn as tight as possible but yet still letting in considerable light. By darkening the lounge, it also drastically limits the use for other residents who are particularly interested in watching the movie. Instead, make better use of the chapel by moving the large screen television into the chapel, by conducting activities in the chapel, by bringing in speakers and musical groups, and basically turning

the chapel into a community room with times set aside when it is used exclusively for religious services. If a large screen television or a movie screen is not available for presentations or movies and there is access to a projector, hang a white sheet against a darkened wall and the results will be an acceptable alternative. Most importantly, think of the chapel as an auditorium or community spaces as well as a place of worship.

Pets

Pets in nursing homes have become a very popular addition as many facilities work towards Edenizing their facility. In some situations those same pets became very unpopular because of the increased burden on staff for caring for those pets, the cost of maintaining the pets and an increase in maintenance issues. One nursing home invited in 14 dogs and 13 cats and 18 birds. This facility partnered with a local university veterinary clinic for medical services and a local PetCo store donated pet supplies. Several of the pets became very good friends with the residents, especially one resident who was both blind and deaf. But for the most part, the pets went their own way. Each animal was outfitted with a wander-guard collar that automatically locked the front door and set off an alarm when an animal went near the main entrance. Birdcages were located in corridors and litter boxes were located in lounges and even the shower/tub room. This is an extreme example of pets in a nursing home that ultimately polarized staff and residents who were pet lovers against those residents who wanted pets kept out of their room and staff members who resented the extra burden of caring for them.

Another nursing home purchased 40 birdcages and 40 parakeets with the idea that each resident would love to have a bird in his or her room. Six months later, 32 bird cages

are lined up on a shelf in the storage room, two are in resident rooms and six are in lounges throughout the facility. The point is that extra money was spent without first determining that most residents did not want a bird in their room and those parakeets, although inexpensive to maintain, were not hardy creatures and many died prematurely. A more successful solution for bringing in pets was a nursing home that adopted a beautiful Labrador dog and installed an *Invisible Fence* (Picture 9) across the corridor 40 feet before the main entrance. The dog lies at the border of his territory, there are no alarms going off, and he is a welcome addition to this facility.



Picture 9 – Dog behind Invisible Fence

Bird aviaries are expensive and can be a wonderful asset to a facility depending on where they are placed. If they are located in a secluded corner of the activity room they will not be worth the expense. If they are placed in the main lobby, as they are at Main Street in Eventide, with a large grouping of patio furniture including a glider, placed in front of the aviary, then the aviary can become a source of excitement and wonderment for all age groups. With an aviary there is continuous activity to watch and also the added dimension of anticipation when the eggs begin hatching.

Many nursing homes have acquired an aquarium, either given as a memorial or purchased as an activity. Consider the size and color of the fish placed in the aquarium. Several residents commented that the fish were so small they could not see them and the blue-green color against the water did not have the contrast that their eyes could follow. If an aquarium is available, place it in the main lobby where children might see it while visiting, or use it as an attractive night light in a corridor. An aquarium can be a meaningful activity if a resident is given the responsibility for maintaining it.

Rabbits are also popular pets. One facility caught one in their parking lot and provided a home for the rabbit on the balcony outside the activity room. Although inexpensive, capturing a rabbit from the wild was probably not Bill Thomas's idea of Edenizing. Several facilities maintained a collection of rabbits in their inner courtyards. Their presence was noted by the residents to visitors but otherwise mostly ignored because the animals were difficult to see when hidden behind the plants and shrubs. When considering a pet for a nursing home, plan ahead and think about possibly borrowing a pet for a trial period (all vaccinations up to date), invite school children to bring their pets for show and tell or even better, encourage staff members to bring their pets to work.

Staff provisions

Staff members need a place to get away from it all and they need sufficient space and a diversity of space to accommodate different activities during break time. Often it is not a matter of spaces that staff can use, it is the communication to staff members that they are welcome to share the space with residents, even encouraged to partake along side the

residents. Bill Thomas (Thomas, 2003) suggests that it is unnatural for staff members to feed residents and then go to a separate dining room to eat by themselves. He contends that it is more natural for staff to eat a meal while sitting with a resident, even while assisting that resident with their meal. The cost of food for staff could be insignificant when considering the good will and the potential for increased employee satisfaction. Eating with a resident should not be construed as break time for the caregiver.

The majority of staff break rooms are located in the basement of the facility, usually in windowless rooms with an assortment of exposed pipes overhead. Most often there is a television in the room but the room is not divided to accommodate a quiet activity such as reading a book or eating alone. The seating capacity should take into account the highest number of employees on duty at any given time. If the room is large, every effort should be made to create smaller subdivisions within the room to accommodate both private and shared activities.

Employee retention in nursing homes is an industry wide concern. One nursing home in a large urban area in Minnesota has posted a sign at the main entrance announcing that the facility is not taking applications at this time. One reason they can retain care-giving staff is because they have concentrated on providing staff with an abundant of extra amenities at very little cost.

The employee break rooms are located in the basement and include an exercise room, a separate room with a television and couches, a dining room, and a room with a pool table. In a separate location there are two computer stations devoted to staff personal use. Every piece of equipment was donated to the facility; all the facility needs to do is to allocate and maintain the space.

One facility has a “give-away” table (actually an inexpensive card table) that is permanently located in the corridor by the main staff lounge. The table is a popular gathering space during the summer when it is loaded with extra produce from the garden and in the winter when it is loaded with items of clothing. The husband of the administrator manages a local ice arena in an affluent section of the city and often the children who skate there leave articles of clothing behind and never reclaim them. The administrator brings in the items and sets out a table full of mittens and sweatshirts, and hats and shoes for a first come give away. Some nursing homes have created stores within their nursing home to sell donated items while others hold regularly scheduled “fashion give-away” days for the residents. Requests for donated items can be made in the facility newsletter or in local church bulletins but be prepared for receiving more merchandise than were expected.

Employees are equally important for the work they provide and for the people they are. Just as the physical environment of the workplace is expected to support the daily tasks in an efficient way it should also support the emotional needs of the caregiver when the resident she/he has cared for has just died. If your facility has a chapel designate a small corner of it for staff use and if not, create a meditation room as described above for staff use.

Outdoor Amenities

Many residents in nursing homes go weeks without spending time outdoors. Often there is no access directly from their nursing unit and the distance to the outdoor space is so overwhelming that it precludes any enjoyment. Once that resident is outdoors, the space

is often not conducive to an enjoyable experience or is lacking a view of activity. A common mistake is not paying enough attention to covering the spaces where a resident might be sitting. This requires more than the simple umbrella over the table. Often umbrella tables have bases that prevent a wheel chair from getting close to the table or the resident wants to sit by the colorful flowerbeds and not at the table. A heavy-duty 48" umbrella is available that attaches easily to wheelchairs, scooters, walkers, with a base clamp. The 2' stainless steel stem is height adjustable and has a joint that adjusts the angle of the umbrella. This umbrella collapses for compact storage, weighs 2 lbs. and costs \$40.25. The benches in picture 10 and 11 are inappropriate for resident use because they are not covered and there are no armrests. In picture 10, the walkway is built out of wood planking with a space between the boards. This is uneven surface (although attractive) is dangerous because it is raised with no handrails preventing a wheelchair from slipping off the edge and also a cane or walker leg could slip between the cracks.



Picture 10 – Bench without covering

A separate option for creating shade without major renovations are Coolaroo Shade Sails that comes in 4 sizes that range from a 16'5" triangle for \$89.99 to a 17'9" square for \$179.99. These sails can easily be attached to existing structures or trees, are



Picture 11– Fixed benches without cover

guaranteed for 10 years, can be cleaned with a hose and can be easily taken down and stored when not in use. The flexibility of these sails could provide shade for a picnic or could be used to cover the seating area in picture 10. Both of these products are from Solutions.

Security of the resident is another issue that prevents a resident from using an outdoor area independently. Of course the optimal solution would be to have the outdoor area in view of a staffing station but this is not always possible. One facility provides the resident with a portable doorbell that the resident can ring when he/she wishes to come indoors. If this solution is used, be sure and set a timer to remind staff to check on the resident. It is easy to forget about the resident outside and often residents fall asleep in the comfort of the summer air.

Provide raised flowerbeds, not that residents will routinely tend to the plants, but so that they may enjoy the view without looking towards the ground. One dementia unit in a rural Minnesota community created an outdoor area that became an activity setting. The residents of this unit were accustomed to spending the majority of their day outside, especially in the summer months. The residents planted vegetable and flower gardens in the spring and throughout the summer those same residents tended the gardens. They picked tomatoes, cucumbers, and corn and prepared them in their little kitchen for serving. One resident could not remember her name but she was able to give the recipe for cucumber salad. There was considerable bantering amongst the residents about the best way to fry green tomatoes or can red tomatoes. A push lawnmower was available for a gentleman who has abundant energy and had used such a mower for the last 70 years of his life. Bird feeders were strategically placed at different eye levels and the residents were able to fill those feeders. It was amazing to see the difference in behavior of the residents when they were forced to remain inside on a rainy day.

Recreate the front porch where residents, neighbors, and staff are invited to gather. This can be as simple as designating an area in the front of the facility, covering the floor with indoor-outdoor carpet or even just paint the concrete, add a few patriotic banners, gather or purchase chairs, cover with an awning or trellis and invite the neighbors for an ice cream social.

If at all possible, provide an automatic door opener into an outdoor space or assign the task of opening the door to one of the residents. In a Florida facility a resident took great delight and purpose in greeting and opening the door to the inner courtyard for residents,

visitors and staff. Finally, separate the smoking area from the nonsmoking area and do not make smoking automatically available in all patios and courtyards.

8

NURSING UNIT

This section is about the nursing unit, organization of that unit and ways to create an individual unit identity. The nursing unit is sometimes identified by a name such as Memory Lane but usually a name such as Unit 2West identifies it. It is difficult for a unit to create ownership and an identity when the only difference between Unit 2 West and Unit 2East is its direction. The challenge is to create each unit as a separate entity with its own name, decoration, and personality. Think of a house on a city street and how that house is decorated different from the next house even if it is the same track-house design. Strive to be unique. Most often the foot print of each nursing unit is basically the same with the lounge, nurse's station and shower/tub room each located in the same position on the unit but the challenge then becomes creating a lounge that looks different from the other lounges, or a shower tub room with a different motif than the room one floor below, even if it is just the color of paint.

It is probably safe to say that today many nursing homes are aware of the culture change movement and understand there is a better way of organization of a unit than the traditional medical model. They also understand that there are not the funds available for major renovation into smaller households. But there are opportunities to create households within an existing unit without major expense. Sometimes it is just a matter

of creating units that are organized to focus on the care of a smaller number of residents – 10 to 12 residents, or a household can be achieved by creating a gathering space similar to a “family room” using the space where the huge nursing counter once stood, or it can be achieved by creating a small dining nook in one corner of the lounge where residents can choose to eat rather than eating in the main facility dining room. The options are boundless, limited only by a lack of imagination and a resistant administration. The following section describes the philosophy behind one facility’s change from hallways to households. As you read the description think about how your nursing home could be reorganized into households and then add the separate pieces of the model such as self-contained dining later.

Household/cluster model

The household or cluster model is slowly gaining acceptance in nursing homes. Basically, it involves decentralizing the facility into self-sustained units that serve all the resident needs within that unit (Picture 12). Think of it as a home with a kitchen, family



Picture 12 – Household with bedroom off kitchen

room, bedroom, and possibly laundry. Reorganization into the household model does not have to be as elaborate as the example given here; it can be simply redefining and clustering resident rooms and social spaces around an existing lounge. Furniture can be relocated from other lounges and amenities such as computers can be redistributed from a common computer room to each household. If a facility wide dining room has an abundance of smaller tables and chairs utilize those as seen in picture 13 or one go to a local antique store and purchase a large dining table (Picture 14) where all residents can



Picture 13 – Family room with small dining tables

eat together. Create a small seating area around a television.



Picture 14 – Family room of household

There are activities in the household but visits to the chapel, the bingo parlor or to the facility coffee shop become outings for the residents. Some facilities such as Fairport Baptist Home in Fairport, New York went through a major renovation project to achieve households but they also advise that it is possible to reorganize into household without major renovations. One of their households was achieved by reorganizing a traditional double loaded corridor. The original footprint of the unit remained the same with a household being created by transforming the first two resident rooms on the corridor into a kitchen, dining, family room, and nursing station. The walls and bathroom fixtures were removed and the space measuring 42 feet X 20 feet became one large room. The major expense was installing a full kitchen including a commercial dishwasher. The hot main entrée for meals is brought into the unit but the kitchen is stocked with ingredients to cook other meals and snacks for the residents. Meals are served family style at a large table. A nursing station is along the wall and chairs and couches are clustered around a television. Even though the scope of renovation into households that Fairport and other nursing homes have accomplished is beyond the scope of this book there are still lessons to be learned that can be incorporated in a smaller scale.

The philosophy behind transforming Fairport Baptist from hallways to households was moving from the nursing home medical model with *staff*-centered care to *resident*-centered care. The concept of the medical model is that based on the hospital example, the “patients” are in their beds in their rooms waiting for the cure. The hallways (corridors) belong to the staff and are used to transport staff and necessary equipment from room to room to provide treatment to the “patient”. The environment in this model is designed around “bed care” and not on creating a long-term home for the residents.

Fairport's philosophy is that there are five elements essential to a resident-centered care. Each is dependent on the physical environment in some way.

The first element is the *physical surroundings* or physical environment – how the household is laid out. The resident centered environment offers each resident *choices* in how the rooms are decorated, *control* by eliminating long hallways and shortens the distance to meals and activities. A goal is that each resident room has a direct line of sight into the family/kitchen room, which is the center of all activity. It is assumed that if a resident sees activity, that resident is more likely to join in rather than become isolated. This in turn, encourages community. With only 10-12 residents in a household, family relationships are easier to establish.

The second element is *staff efficiency*. All supplies are decentralized so that staff does not have to travel long distances to acquire their supplies. For example, each room has a resident server between the bathroom and the room. This is a small cubbyhole or storage area that is accessible from either the bathroom or the resident room and it contains items that are particular for that resident's needs.

The third element is continuing *quality improvement management (CQI)*. This is the process of cross training the staff for working in a household. The CQI focuses on three areas, the customer or resident and their family, the second focus is on teamwork, and the third focus is the recognition that if there are problems they are with the process or system of managing a household and not the people.

The fourth element is the *medical information system (MIS) and communication technology*. This system allows a resident to call staff via a lavalier call device that goes

directly to the radio pack the staff carriers allowing the staff to communicate with the resident while en route to assist that resident.

The fifth element is *unit-based organization*. The organization chart becomes a relationship chart that has one operational focus: the resident. The Certified Resident Assistant (CRA) has complete responsibility for being the bridge between the resident and other professional workers who are engaged with that resident. Households are clustered into a neighborhood for which there is a neighborhood coordinator. Portions of these five elements can be incorporated into the traditional medical model structure with minimal monetary costs that can ultimately result in major rewards for the residents.

Special Care-rethinking the best possible environment

Designated special care units are a relatively recent addition to the traditional nursing home that quickly became popular. It is interesting to note that a special care unit is actually a household within the larger facility; only it is designed as a secure unit.

Initially, this new concept was the subject of many books and articles that described what the unit should look like, often without identifying how the space would be used and how that use differs for the cognitively impaired resident from higher functioning residents.

Research has shown that the use of space by cognitively impaired residents is different from how the space is used in a rehabilitation/short stay unit, or by residents in a non-dementia unit. (Ref-GH &AL paper) In a special care unit the setting becomes blurred between resident rooms and shared spaces with residents spending much of their awake hours outside of their own room preferring the shared space around the nursing unit.

The unique identifying feature of all special care units is that they are designated as “locked units” and indeed they are. The main focus is to keep the resident safe from the outside world –mainly the rest of the facility – but that can contribute to a very limited life style. Initially, most special care units were designed following a generic model that was assumed to benefit all residents with dementia. This model neglected to take into account that the behavior of cognitively impaired residents differs greatly between residents depending on their dementia diagnosis. Initially, assumptions were made about what constituted a supportive physical environment. Current research has found that some of those environments are not as supportive as originally thought. Facilitating way finding for residents was an initial design focus. One study found (Hoglund & Ledewitz, 1999)) found that it is important not to assume that painting each wall a different color will enhance way finding for all residents or that each resident will benefit from a circular wandering path or that familiar household items in view will trigger the memory to use that item as intended. One nursing home did not install bathroom doors because of the preconceived notion that a resident seeing the toilet from their bed would be inclined to use the toilet independently. Unfortunately, the unintended consequence was that several residents used the toilet inappropriately by attempting to flush their sheets, towels and other items down the toilet. This design of the room did not allow for the option of installing a door on those specific bathrooms. The design directive for special care units is to create a flexible environment prototype that can be easily altered to fit the specific behavior and needs of the resident.

Sound, especially music, is an underused tool for modifying behavior in special care units. The soothing sound of a pastor can quiet even the most agitated resident and

religious music and spirituals often bring back a sense of familiarity for the resident. It was amazing to watch a table of diners in a dementia unit transition from being disruptive and not eating their food into a quiet focused group who started eating their lunch when a minister stood at the end of the table and started preaching.

A separate study (Hoglund & Ledewitz, 1999) found that color cueing and object cueing to facilitate way finding was not useful for the resident with dementia, instead strategically placing small staffed kiosks that function as satellite nursing stations throughout the unit was more effective. By replacing the central nursing station with multiple stations that include resident seating, the large gathering around the station is avoided and it is easier to keep an eye on the wanderer and redirecting when necessary.

It is possible to create attractive and functional kiosks inexpensively while still maintaining HIPPA regulations. A small version of the roll top desk that can be locked and closed to store the computer is available from Sears for under \$350. A white finish wall-mounted enclosed workstation with storage on the top is available from IKEA for \$129. The dimensions of this product are W26 x D15 $\frac{3}{4}$ x H 76 $\frac{3}{4}$ allowing for installation in the middle of a corridor while in most cases still maintaining the required corridor width or in the corner of a lounge or in a variety of other small spaces. Chairs that were used in the central nursing unit can be used in these new locations. In a special care unit the physical environment cannot support the residents in the same way that it can in other nursing units. People, whether they be staff, family members, or volunteers are more of an asset to residents with dementia than devoting resources to redesign the furnishing in their environment. Keep the furnishing simple and traditional.

By necessity, the resident rooms on dementia special care units contain a minimum of items but that in no way translates into a room void of personalization. Install shelving around the perimeter of the room about 3 feet from the ceiling and place items that are reminiscent of years gone by such as a china tea pot and cups or sports paraphernalia on those shelves. Murals painted on the wall can transpose even the barest wall into a cabin or nature setting. Recruit high school and college students to paint a different scene in each room transposing identical rooms into very different rooms accommodating very different residents. Paint stores routinely donate paint that has been returned to the store because of customer dissatisfaction with color. Solicit painting supplies from Target or Wal-Mart and acknowledge the donations in the local press. Open blinds or curtains and let the sunshine in. Place a chair in a position to capture the heat of the sunrays.

Initially, it was expected that certain strategically placed items in the environment such as memory boxes at the entrance to a resident's room would serve as a cue for that resident. Staff members report that for the majority of cognitively impaired residents, memory boxes do not serve a cueing function, family members resist taking responsibility for maintain the boxes, and they are very expensive to install. Some facilities that have installed the memory boxes report that the money could have been spent more wisely. Conversations with staff members of facilities who have installed special closets that are designed to assist a cognitively impaired resident with dressing themselves by putting only one set of clothes in view say that the majority of residents do not benefit from them, they are extremely expensive to install, and are often a nuisance for staff members. The resident with dementia has needs that are similar to other residents in the nursing home they just don't use the environment in the same way. The

residents are not territorial, spaces and objects become communal, and a person is more effective at cueing the resident than the environment.

Corridors

Unit corridors should serve as more than conduits to move from one place to another. If the corridors are especially long provide seating along the way. One facility established small nursing desks with seating along the corridor. The facility was designed with long single loaded corridors around central shared spaces and rather than having only one central nursing station that was not in view of most of the rooms they created stations, each with an individual name, along the way. One or two residents would gather at the desk for socialization throughout the day and each room was within easy reach of a caregiver. In this facility the incessant sound of an unanswered call bell was not heard. This facility still maintained the main nursing station with the medication room but the need for the residents to come to the main nursing station was alleviated, instead, the nursing station came to them similar to a household organization. This was accomplished all within a normal width corridor. It was also amazing to see the corridors not serving as cluttered storage spaces for occasionally used medical equipment as seen in picture 15. Removing clutter from the corridors does not cost a single cent; it only takes assessing how often the equipment is used, for which residents and then taking the initiative and some ingenuity in finding underused space in proximity to the resident who needs the equipment that can serve as small storage space.



Picture 15 – Equipment becomes clutter

Once the clutter is removed create a unit identity with a theme such as “the cabin” and then carry out that theme throughout the unit corridors. Wall covers that simulate logs or murals that portray a lake or cabin are just two suggestions. Quilts hanging on the walls are an especially effective way of decorating. Engage the residents into the decorating process by creating theme quilts as activity projects or requests donated quilts from family members. Or purchase a large American flag and display it as you would a quilt. A 4’ x 6’ embroidered flag is available from Improvements for \$59. An extra bonus of fabric hanging in corridors or on any wall space is the reduction in noise level.

All the efforts to create an attractive and functional corridor can be undone with excessive signage and/or signs that are institutional in appearance. The nursing home is not a government building or hospital it is a home and in most homes signage is limited to identifying the address. Regulations require that each room be identified with signage but this can be done in an attractive and unobtrusive style. Each resident room should have an attractive sign at its entrance identifying the resident(s) and a sign with the name of the unit should be posted near the entrance.

Pleasant and noxious stimuli

Our senses are powerful receptors for what goes on around us whether it is the sound of laughter that makes us smile, the cacophony of noise that is stressful, the pleasant smell of frying bacon that whets the appetite or the nauseating smell of incontinence that permeates the air. Smells and sounds require an acknowledgement of their presence or absence. Take individual segments of 10 minutes at various times throughout the day and at various locations throughout the unit and listen to the sounds you hear. Is the call bell ringing incessantly? One unit changed the tone of the call bell to the sound of a ringing telephone for several reasons. The main reason was that there is more of a natural urgency to answer the telephone than a beeping tone and also, because this was a special care unit, the residents were so used to the sound of a telephone ringing that they did not react as they did when the tone was a beeping sound.

Count the sounds during a typical ten-minute period and determine which are intrusive and which are welcoming. Residents should have some control over the sounds they hear on a regular basis while in their rooms. If the ice machine is located in close proximity to resident rooms and the clanging of the ice is heard every 30 minutes move the ice machine. If Musak is piped into each room make sure there are individual controls that allow the residents to determine if they want to hear that music or not. Intercoms are probably the most inconsiderate and intrusive sounds heard on a regular basis in a nursing home. The message is usually for one person, yet the announcement gets the full attention of all users of that facility. The use of intercom may be very efficient for staff messaging but its use is intrusive to the resident who may be napping. In today's world of

technology small pagers are inexpensive and the announcement for the resident council is much more effective when given person to person.

The only smell that is as offensive as the lingering smell of incontinence is the smell of a strong fragrance that is sprayed around the room to cover up the smell of incontinence. Just as sound, consider the source of the noxious smell. A large dirty linen cart or incontinence product disposal container stored in the corridor is a constant source of noxious smells. Consider placing small plastic containers with tight fitting lids in each resident's room and then emptying them into a bin on a regular basis. Do not simply hide dirty linen carts in the shower/tub rooms discard them altogether and create individual storage in resident rooms. If using slip covers for furniture, purchase several sets so one set can be laundered without disrupting the use of the furniture.

Nursing Station/Staff work space

Nursing stations are necessary – but the traditional station behind the high counter is not necessary. Notice in pictures 15,16, 17 and 18 very different styles of nursing stations.

Each provides an efficient workspace for staff. In pictures 14 and 15 the station



Picture 15 – Traditional behind counter nursing station

serves as a barrier between the resident and the staff while pictures 16 and 17 show stations that are a part of the space that residents use where the boundary between work and socialization becomes less distinct. Consider the large amount of space that a traditional nursing station takes up and visualize that space if the counter was removed.



Picture 16 – Traditional style nursing station

If your station is the behind-the-counter version, consider removing the counter altogether and creating a gathering space. If removing the counter would be too costly because the floor covering would need to be replaced, consider simply cutting down the height of the counter and creating a snack counter or activity work station.



Picture 17 – Non-traditional nursing station

An ideal situation would incorporate a nurses' station with a lounge creating a family room of sorts. Kitchen type cabinets are available for under \$50 from IKEA. They are easy to hang, easy to clean and when located on the wall they free up space that can then be designed to store some of the hallway clutter or create additional shared social space.



Picture 18 – Roll-top desk nursing station

Shower/Tub Room

Most nursing home shower/tub rooms across this country need some degree of renovation. Dr. Cutler has assessed over 150 shower/tub rooms and the majority of these were dark, dank, dismal places to bathe and work. Possibly because this room is off stage, not routinely seen by visitors to the facility, the room is often ignored, used for storage of extra wheel chairs and other equipment, serves as the collection spot for can recycling and even was used to house the cat litter box in the 40 nursing facilities we studied indepth. Granted, bathing is often not a pleasant experience for either staff or residents but by creating a pleasant environment it could become a more pleasurable care-giving

task. Often signs are on the wall, maintenance items are in view and cabinetry is sparse (Picture 19).



Picture 19 – Typical shower tub room

If possible, consider purchasing new equipment such as the Classic Walk-In Bath with contoured and cushioned seat that is available for \$4950 or the air massage deluxe model with 16 small jets that gently massages and helps relieve aches and pains for \$6175. (Seabridge) This small size of this tub at 48” L x 27” W x 36” H is a wonderful solution for a smaller space and the walk-in capability is much more comfortable and dignified than the common Hoyer lift method. A portable model is also available that rolls into a resident’s bathroom where the residents can take a bath in the privacy of their very own bathrooms. The water and drainage hoses connect to the sink for easy filling and emptying. Purchasing new equipment that can be used in resident’s rooms can be cost effective when amortizing the expense over several units.

Replacement tubs are the dream for most facilities but reality is recreating an inviting shower/tub room for under \$1500. The room should be warm, adequately lighted, well ventilated; maintenance materials stored out of sight, walls decorated and brightly

colored and most of all the room should be clean and well maintained. The room should not be used for storage. Think Spa like!

The first step towards creating your spa is to identify any items in the shower/tub room that are not necessary for bathing a resident. Either relocate or discard the unnecessary clutter. Next identify signs on the wall that typically say: “clean the tub after every use”. If the signs are really necessary, print them on very bright paper and post them on the inside door of a cabinet. Since most shower/tub rooms have not been maintained to the highest level and deep-cleaned on a regular basis, the next and most important step is to either enlist your cleaning staff or hire an independent cleaner for 10 hours of intense cleaning at \$20 an hour. Cleaning services such as Merry Maids are located across the country and are available for a one-time cleaning job. Bar Friends Cleanser is an excellent product for cleaning tile and ceramic surfaces and is available at most grocery stores for under \$1.50 a can. Probably the grout of the tile is extremely discolored. Products to restore grout are easy to apply and available for under \$5. Most likely there is a sink in the room and the faucets are well past their prime. Replace the faucet with a single lever handled faucet for \$150. This is well worth the money because it is easier to use, brightens up an old sink and is easier to clean than the typical small knobs on older faucets.

There is generally not much that can inexpensively be done to improve an existing bathtub but there is a lot that can be done to a shower stall. The first thing is to throw away all the existing shower curtains and travel to Wal-Mart or Target and purchase the brightest shower curtains available. Choose a color that accents your tile because the tile will not be replaced. A good quality shower curtain and new shower rings costs

approximately \$35 times the number of shower stalls in the room. If there are flexible hoses leading from the shower nozzle that are past their prime, replacements are available for \$39 from Home Depot and other home improvement stores.

Storage cabinets are often located on the wall. If these cabinets provide adequate storage and are in good condition just paint them. Wood tone paint, white or bright color paint would give an updated look. Cover shelves with contact paper. It is available in a variety of colors and patterns at \$5.74 a 24' x 18" roll. If the cabinets do not function well as a central storage space, replace them with an assortment of smaller storage units that serve a single storage function. Home Depot carries a series of white cabinets called "Perfect Home" that are inexpensive, sturdy, easy to hang, and easy to clean. For example, a bathroom wall shelf (for storage and/or decorations) costs \$29, a glass double door cabinet with drawers measuring 23'H x 23W x 7D costs \$59, a tower shelving unit that fits in a narrow space and could store towels measures 32"H x 18"w X 12"D costs \$49. Smaller separate storage spaces located around the room are more efficient and attractive than one large storage unit.

In most shower/tub rooms there is no space dedicated to combing, styling or even drying the wet hair of a resident. If you were to add one amenity to your shower tub room, it should be a vanity where the residents can sit after their bath or shower, look into a well-lighted mirror and enjoy the experience of having their hair attended to. The first step is to allocate about 3 or 4 feet of wall space. A beveled 36"H x 5 1/2" D mirror with top lights and decorated crown moldings is available in 5 different widths from Home Depot. The 24" W is \$109, 30"W \$136, 36"W \$156 and 48" W is \$179. The vanity could be a simple wood shelf covered in bright colored Formica or a vintage style vanity from

Pottery Barn. This vanity has 3 drawers, measures 44”L x 19”W x 31”H and costs \$399. If a vanity or any table is too low, 6” cone shaped blocks are available to raise the height. The blocks are 5” in diameter, and come in sets of 4 for \$15 from Improvements. For residents not in wheelchairs, a chair with a plastic cushion and casters (remove front casters) is available from Office Max for under \$100 or an attractive “All-Weather Wicker” chair in hunter, green, white or natural is available for \$99 from Solutions. Another source for water resistant chairs is Boats US. They have a wide variety of comfortable boat deck chairs that would hold up well in the humid environment of a shower tub room. An additional benefit of a deck chair is that they can be folded and stored when not in use, a valuable attribute when space is limited. One facility devoted an entire wall to creating a special area stocked with supplies for nail polishing and hair styling. Several daughters commented that they enjoyed styling their mom’s hair and polishing their nails in the privacy of this spa room.

Finish off the room with stenciling borders around the perimeter of the room, hanging plants and don’t forget to provide hooks or shelves to place the resident’s belongings on. Simple inexpensive bright colored hooks are available or Pottery Barn has a glazed white porcelain tile plaque with the French word for bath (bain) spelled out in raised letters with 3 hooks for \$39. If possible, provide the residents with lightweight terry robes and last, provide a heated towel holder. One is available from Preferred Living Collection that measures 12”H x 21”W x 12½ “D, can be used as a freestanding unit or mounted on the wall and costs \$129. The cost of your new shower/tub room is under \$1500.

Lounge/Social Spaces

By necessity, most lounges support both formal and informal activities. The location of the lounge in relation to the main nursing station will determine how the lounge is used. A secluded lounge at the end of a corridor is not going to be used often no matter how elaborate the furnishings and equipment is. If a lounge is located at the end of a corridor or other dead end location, consider trading spaces with a similar sized room in closer proximity to the central hub of the unit. One facility moved the boardroom to the far location at the end of the corridor and turned the former boardroom that was in close proximity to the nursing station into a game room with tables where residents play cards and checkers daily. Another facility had put great expense into creating a “family” visiting lounge at the end of the corridor that went unused. While privacy is a desired feature during visiting isolation is not.

Many residents will use a lounge simply as a place to watch what others are doing, not with the intent of interacting with others, while at other times that same resident will engage in a group activity such as a game of bingo or motion exercises. At a minimum, the space should include small conversation groupings with a chair next to a table, moveable furniture, adequate task lighting and provisions for a beverage and/or snack. The most successful lounge is in close proximity to the nurse’s station, has a table that easily accommodates a spread out newspaper and there is a light directly over the table. Residents often enjoy reading the newspaper but their arms may get tired while holding up the paper. That is why a table with good lighting is important. The table also becomes a popular place to eat lunch after a meal in the dining room was missed because of a doctor’s appointment.

Each lounge needs at least one computer. Ask local businesses, or schools to donate computers. The residents do not need a high speed, high performing machine; they simply need a large screen with email and the capability to play a game of solitaire. If several computers are located in a lounge do not line them up on a long table, (picture 20)



Picture 20 – Computers in a row are a bad arrangement

instead purchase, or request the donation of computer stations. Individual stations are important for concentration, comfort and especially privacy. Consider requesting local high school students to teach residents to use the computer. Previously many older facilities could not provide Internet access without installing costly wiring. Now, wireless Internet connections have opened up a new world for residents. Do not place the computer station in front of a window. It is much easier to see the screen when there is a solid or dark background.

A fireplace (Picture 21) is an amenity that has aesthetic and enjoyment value but is usually not found in a nursing home because of the perceived danger of a resident being burned. The fireplace pictured below has several layers of glass screen to control the heat and new designs of electric fireplaces have improved dramatically over previous designs.



Picture 21 – Fireplace

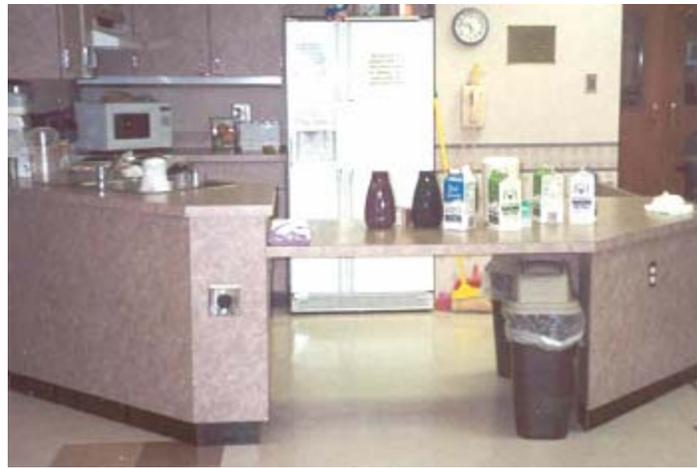
They are available with optional heat out-put, a feature that gas fireplaces do not have, thus making them acceptable for nursing home use. A 43”W x 54”H x 18D model that includes a mantel and uses a standard electric outlet is available at Menards for \$300.

Dining at the unit level

Providing multiple dining options for the residents should be the goal of the facility-dining program not just in choices of food but also in choices of where to dine. Gear the dining program towards providing residents with nutrition but it also aim for resident autonomy and enjoyment. Since noise abatement techniques are a priority in dining rooms, the considerations should include the number of residents the space can comfortably support and that the surface coverings absorb sound. Calculate the square footage of the room and divide it by the number of residents and staff using the space at one time. A restaurant standard is 25 square feet per person but this allowance does not consider an abundance of wheel chair users. If the room is used mainly for dining it is

easier to achieve an ambience associated with a fine dining room. If the room is a multi-purpose room consider designating a special dining corner.

A kitchen on a nursing unit does not need to take a tremendous amount of space. Picture 22 shows a small kitchen in a dementia unit that could be replicated on other nursing stations. Meals can be reheated in the microwave to meet regulatory temperatures, snacks are in the refrigerator and the counter is used for residents to create salads from produce picked from their gardens.



Picture 22 – Kitchen on unit

Too often, meals have been served on trays with all courses served together on that tray. While many unit dining rooms still utilize the tray service arriving on carts pushed through the corridors, others are more innovative in their approach. Picture 23 shows a hot rolling steam table that moves between nursing units and is plugged into electricity immediately to retain the temperature. Trays personalized for each resident arrive with empty dishes via carts just before mealtime. Because the staff is familiar with what food each resident likes, they are able to fill a plate specific to each resident. Beverages and cold food choices are stored in the refrigerator on this unit.



Picture 23 – Rolling steam Table

Picture 24 shows an alternate option of the steam table being built directly into the counter space in the kitchen on the unit. The dishes are stored in the cabinets (and washed) on the unit and salads, sandwiches, and breakfasts are prepared individually for each resident whenever they choose to eat. There definitely are costs associated with each service pattern but facility administrators say that soon savings are realized from lower staffing and reduced



Picture 24 - Built in steam table

food waste that cover the expense of the equipment. Deciding how and where the meals are to be served is the first step in determining the necessary equipment.

Many facilities still utilize 4 person tables but more are using large tables as seen in picture 25. The benefits of the large table are a sense of community among the diners, more efficient use of space and movement between tables is limited.



Picture 25 – Family style dining

How long has it been since new dishes were purchased for your nursing home? Dishes in most nursing homes are a single color, mostly rose or beige, and are often discolored from overuse. Color contrast between the food or beverage and the color of the dish is important. For example, when using a brown cup it is difficult for a resident to determine how full the cup is or also using a white glass for milk is problematic. Consider purchasing new dishes in a colorful pattern not just a solid color. The administrator of one nursing home that purchased new dishes in the traditional blue bonnet pattern claimed that food intake increased measurably after the purchase of the new dishes. Remember that for many residents, dining is activity that they look forward to several times a day so create a welcoming ambience as well as an attractive nutritious meal.

Resident Room & Bathroom

The overall goal of the environment of each resident's room and bath are to replicate the space the resident enjoyed while living in their own home. The room needs to be supportive of the individual needs of that resident whether it be memory loss or accessibility issues and on top of all that, the space must support caregivers. Even in shared rooms it is possible to create two separate spaces that are not identical but are personalized to each individual resident and their needs. The focus of the room should be to include items that support the quality of life domains of: autonomy; functional competence; meaningful activities; privacy; dignity; relationships; individuality; and safety for the resident. Strive to identify at least one feature in the room that is supportive of each quality of life domain. Is there a space for a resident to work on a craft project or a computer in their room? Is the room able to accommodate at least one visitor without either the visitor or the resident sitting on the bed? These are simple but often overlooked characteristics that when present have the ability to increase a resident's quality of life.

The main consideration for staff is efficiency of workspace. Are supplies conveniently located and well stocked or is it necessary to run down the hall to procure supplies? Most resident rooms do not have designated space to store supplies needed to

assist the resident. As one experienced Director of Nursing said: “the really good C N A’s hide supplies in the room for their convenience.”

Match between resident and room characteristics

We have become accustomed to a one-size-fits-all type of resident room – the nursing home generic room – where it is assumed that each resident has the same needs and wants. Instead, look at the person living in that room, her specific needs, her preferences, the expected length of stay and other factors that are specific to the resident. Most are old but many are not. Many have some level of dementia but many do not. Some are able to walk long distances and some are dependent on a wheelchair for mobility and others are totally dependent on someone pushing that wheel chair. Some want to engage and interact with other residents and some do not. Some want privacy and some want companionship. This is just a short list of differences between residents. Unfortunately, there is no long list of environmental differences between rooms but there could be by identifying the individual characteristics of the resident and creating an environment that supports those characteristics. This author will never forget the resident who enjoyed painting pictures in the privacy of his room but the only flat surface available to him to paint on was the top of his bed. His completed pictures were stored behind his nightstand but readily available to show any interested viewer. A simple and cheap solution would have been to attach a fold-down shelf on the wall or an adjustable table that folds up for storage available from IKEA for \$29.99. This gentleman was a long term resident of the nursing home with a specific need. Other residents are there on a short-term basis but they too may have individualized desires. At the very least, consider each room, or room

section as the private space of the resident and work towards maximizing privacy and keeping unwanted intrusion to a minimum.

Traditional shared room

The American Institute of Architects has identified five distinct uses of space in the traditional resident's room (Noakes, E.H., 1985). The areas as shown in Figure 1 include:

1. Resting/sleeping space
2. Private social space used for activities or visiting
3. Open, social shared space where staff and visitors are acknowledged before entering private space
4. Resident bathroom
5. Threshold area that provides demarcation between corridor and room

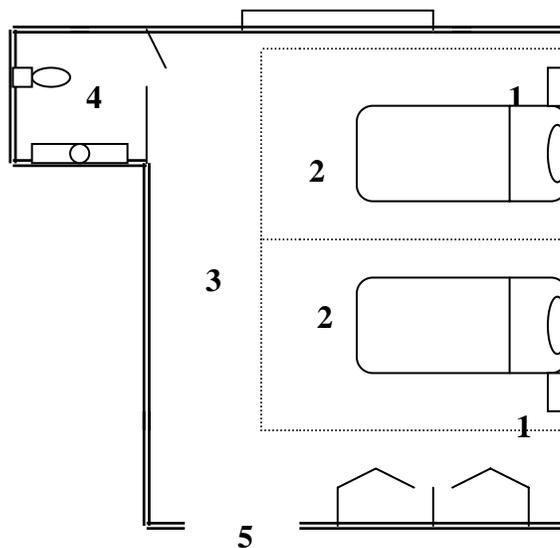


Figure 1. Private & Shared Spaces

These distinct spaces hold for private rooms as well as multiple bedrooms. It is useful to consider each of these areas individually when assessing the resident room.

Rehab/short stay room

A resident in the nursing home for rehabilitation has very different expectations and needs than the long-stay resident. Most often, they don't want to associate with other residents preferring the privacy of their room to the shared environment of a lounge. They are in your nursing home for rehabilitation and want to stay the shortest length of time possible. It is preferable to create a separate area within the nursing home for short stay rehabilitation residents. The goal is to create a "home-away-from home" type atmosphere with the conveniences of home and with the therapy treatments in close proximity to the resident's room. Create a room that accommodates "a guest resident", their family members, and staff. Think of a motel room and the amenities that are routinely found in them. This would include a small dorm type refrigerator as seen in picture 26 (available at Target for under \$50), a coffee maker or carafe with an abundant supply of hot coffee or tea and cups that are a contrasting color to the beverage, a writing desk or table, task lighting, a telephone, television, adjustable window coverings, several chairs, a night stand and bed, and provide bathrobes with the nursing home logo on them. (Not every resident will need the bathrobe but it would be an amenity available if needed.)



Picture 26 – Refrigerator and desk add convenience

If the room is shared every effort must be made to designate separate spaces within the room and separate storage space both in the room and in the bathroom. It is informative to visit a college dorm room and see how the roommates are able to live in such close proximity while maintaining their independent space. Provide display shelves sufficient in size to place family pictures, flowers, or gifts and also provide a place for visitors to hang their coats, whether it be in the closet or separate hooks. Closet space can be minimal but there should be room for a small suitcase. By all means, too, purchase a few plastic hangars and resist using the metal ones that come from the dry cleaner.

If your facility does not have an identifying logo, contact a local college or high school art class and hold a competition for students to design one. Spend a small amount of money on mugs imprinted with the logo and encourage the resident to take the coffee mug home with them. Likewise, print some stationary and envelopes with the identifying logo and place them in the room. Take pictures of the nursing home and have postcards printed for the residents to use – not just the short stay residents but also for all the residents. This is an expensive but effective marketing tool. Most likely the resident has

not stayed in this nursing home (or any nursing home) before and may not know about the amenities located throughout the facility such as the chapel space or designated library. Develop a hand book that lists the amenities and location of those amenities within the facility and as well as other relevant information such as a schedule of church services, activities, dining options and times for dining and even a listing of nearby restaurants for family members who are not familiar with the area. These items are part of the standard equipment that we have all come to expect when we check into a motel.

Most often the “guest resident” is not accustomed to an inflexible mealtime schedule. Consider varied dining times as well as several small dining locations. Encourage family participation at mealtime. Often a resident is very tired after a long day of therapy and they prefer eating in their room, similar to room service in a hotel. This is a desire not often fulfilled but easily accommodated. With the doctor’s permission, snacks from home can be stored in the small dorm refrigerator. Also, it is unfair to expect a short stay resident to provide their own television just as it is undesirable to expect roommates to share a television so please don’t mount a single television high on the wall between both beds. Televisions as well as dorm-sized refrigerators are portable, inexpensive and can be moved from room to room as needed or they can be positioned higher on the wall on each side of a shared room to save floor space. Some facilities have gone to great effort to decorate the room with large potted plastic plants and extensive murals painted on the wall. Before making the decision to add decorations to a rehab room that probably take up valuable space and cost money to purchase, consider using the funds for amenities that can make the stay a little bit more comfortable for the resident.

Room entrance

Think of the threshold area as the front door to your house or your apartment. Although this area encompasses only the width of the door and area adjacent to the doorframe, it creates a first impression of this being hospital room 327 or the home of Ms. Elder. Besides identifying those living in the room, the entrance is a separation and central barrier between the private space of the resident's room and the shared space in the corridor. Create an entrance that is reminiscent of that house down the block that you always wanted to be invited into. The entrance should include the name(s) of those living in this room and some personalization item that is specific to each resident. Paint each door a different color.

Possibly the cheapest and most effective project for the door entrance would be to install a mailbox adjacent to the door (Picture 27). A black mailbox, 9



Picture 27 – Mailbox adjacent to resident door

¾" H x 6" W X 2 ½" D is available from Menards for \$5.78. The possibilities for filling this mailbox are unlimited. Local churches could deliver the weekly church bulletin.

Consider starting a daily or weekly facility newsletter if your facility does not have one. The local journalism class could assist with developing such a newsletter and residents, family members and volunteers can be contributing editors. One facility that writes a daily newsletter has found an increase in attendance at activities, an increase in socialization between residents resulting from reading a family concern or other item about a specific resident and an increased cohesiveness between nursing units as information is shared. This facility simply hands out the newsletters but think how great it would be if the “mail” could be delivered. Elementary school children can be enlisted to communicate with the elders of the community picking a pen-pal to write to and then visit. The simple project of installing mailboxes has the potential of connecting the inner community with the outer community and who doesn’t like to get “mail”?

In nursing homes when doors to resident rooms are often left open, (even when a sign next to the door requests the door be closed), the threshold does not need to be crossed to invade a resident’s privacy for they are constantly in full view of each person that walks past that door. Consider creating a visual barrier, such as a hanging a sheer curtain over the door. A rod extended past the doorframe onto the wall allows for a curtain to be pushed to the side when the door is closed. This curtain is also effective in deterring intrusion from a wandering resident. Create Dutch doors out of existing resident room doors by simply cutting the door in half. This type of door enables a resident to feel secure in their room but yet they are able to look into the corridor and staff can observe the resident as they pass by the room or both panels of the door can be closed. Dutch doors are an especially effective way to discourage residents from entering rooms other than their own.

The open, social shared space where staff and visitors are acknowledged before entering a resident's private space (3 in figure 1) serves the same purpose as a vestibule in a private residence. In new construction it would be important to identify this space in some way such as different colored floor coverings but in existing nursing homes it is more difficult to differentiate the space.

Personal and social space

In a private room, the resting/sleeping space and private social space used for individual activities or visiting (1 & 2 in figure 1) "belongs" to a single resident but in a shared room a special effort must be made to identify these two spaces as "belonging" to each resident. Only then can the resident claim some ownership or territoriality over the space. In an environmental study of 1988 nursing home resident room (Cutler, Kane, 2002), obvious disparities in allocation of space in shared rooms were observed. To fairly allocate the limited space in the shared room it is necessary to either create a fixed (but moveable) separate space using armoires or wardrobes or utilize different wall coverings or paint color on each side of the room.

Regulations state, "each resident bedroom must be designed and equipped for adequate nursing care, comfort, and privacy of residents, including full visual privacy of residents." The most common and least innovative solution to this regulation is the floor to ceiling privacy curtain surrounding the bed. Most often these are purchased from a hospital supply company where the color and style choices are limited. Instead consider purchasing privacy curtains from Target or a similar store. If standard stock drapes are purchased, combining several attaching rings together can increase the length and the

only privacy that is lost is close to the ceiling. For a novel approach, consider hanging tieback draperies similar to those that frame our windows in many of our homes. They can be purchased in a multitude of stores for a multitude of prices starting as low as \$16 a set at Target for a 10 ft width. The colors and patterns are unlimited. Velcro straps can hold the curtains in place when the curtains are not drawn closed. The curtain rod is in place. The curtain can be attached to the rod using curtain rings (\$3).

Window coverings often consist of monochromatic blinds. The goal is to have adjustable blinds or window coverings but in reality often those blinds remained closed throughout the day because a resident can't adjust them. A potential solution to privacy yet allowing for sunshine is covering the lower part of the window with a semi-opaque window cover. It self clings to the window, is easy to position, is washable with soap and water, comes in a 35" x 72" roll and costs \$9.99 from Improvements. If a resident's window looks into an inner courtyard and the resident is concerned about privacy, this would be an ideal solution, as would café style curtains that cover only the lower part of the window.

Furnishings, personalization and decorations

The private social space (2 on Figure 1) along with the private bed space is really the only space a resident can claim as their own and other than an individualized bed covering the bed space is pretty much predetermined. Picture 28 shows simple wallpaper border placed around the perimeter of the room near the ceiling. This is an effective yet inexpensive way to personalize a room.



Picture 28 – Wallpaper border personalizes resident room

If the room is shared, adequate space to work on projects is a major obstacle to meaningful activity but not an impossibility. Often a resident has a chair for their use but no flat workspace. A portable table that is 20”W x 30”L, adjusts to five different heights from 21” to 28”, and costs \$29.50 is available from Solutions. The tabletop is constructed of plastic and folds to 2” for storage. A clever solution is a wall mounted drop-leaf table constructed of pine that measures 31” W x 21” D. This table can be mounted at a convenient height for the resident and only costs \$29.99 from IKEA. Many residents enjoy working on jigsaw puzzles but do not have adequate space to leave the puzzle up. Milton Bradley has designed a Roll & Go Puzzle carrier for \$10. The puzzle is assembled on top of the carrier and then it can be rolled up to store the puzzle until it is ready to be worked on again. In the future, more residents will be bringing computers with them when they enter the nursing home. Flexible use of space will be the key to accommodating individual activities in a resident room.

Lighting

Lamps are an attractive addition to a resident's room and are often one of the few pieces small enough for a resident can bring with them from their former home. But often these lamps are difficult to turn on and off because the switches are small or in an awkward location to reach. If the base of the lamp is metal there is a Lamp Touch Converter that screws into the light socket and allows for the light to be turned on simply by touching any part of the metal base. The cost of this "Light Touch" is \$12.95 from Access with Ease. An additional solution to controlling the light in a room is a remote control Touch Pad for \$13.95 also from Access with Ease. A simple touch of the finger allows a resident to select three light levels and an eight foot cord allows a resident to lie in bed and control the level of light from the lamp without depending on the overhead fixture.

There are so many solutions for replacing the fixed over-the-bed light fixture that are so much more attractive and functional for task lighting. Regulations state that adequate lighting must be provided at the head of the bed and the control switch for that lighting must be within reach of a resident reclining in bed. Other than that subjective regulation there is great flexibility in providing adequate and attractive lighting within the room. Night-lights are a comfort to some residents and a service to staff that need to check a resident at night. Often the night-lights are built into the wall and their placement either limit where furniture can be located or furniture blocks the night-light. An alternative to the nightlight is a tabletop lamp dimmer that turns a reading lamp into a night-light is available for \$19.50 from Solutions.

Storage

Resident storage in resident rooms is usually built into the wall, identical in size and location in each room, poorly designed, placed unfairly on one side of a shared room and is not accessible with drawers either being located too close to the floor or closet rods located too high. When not in use, wheelchairs in resident rooms are often obstacles and use valuable floor space. Consider building in a “wheelchair bin” with a flat surface on top for display or to be used as a workspace. The same is true for a cane. Install “cane hooks” within easy reach of the bed and chair.

Take an inventory of how the current storage space is being used in a room and the specific storage needs of that resident. Does that storage unit take up an incredible amount of space when smaller flexible storage units could serve the individual needs of the resident more efficiently? Strongly consider removing built in storage and recycling that large unit into smaller, moveable units that can be placed on each side of the room in a shared room. Often a huge amount of room square footage can be gained by dismantling the existing units.

If the existing storage units cannot be redesigned consider purchasing flexible storage units that are available from multiple companies such as California Closets and IKEA. The prices vary from \$99 for 32”W x 20”D x 71” wardrobe to much more expensive units. The goal is to provide units are moveable and of a size that meets the specific needs of the resident. A wardrobe or armoire on wheels can be moved around the room, even serving as a room divider in a shared room. Flexible storage units are available in varied designs and colors. Mix and match colors for there is no need for each resident to have

identical units. A separate option is to purchase an entertainment center that provides space for storing the television as well as storage for personal items.

Adequate and functional storage will only be achieved when it is designed specific to the user. If dismantling or purchasing flexible storage is not an option and the large closet fixated to the wall is empty or nearly empty simply install pull out shelves in that empty closet. Hardware for pull out shelves or drawers is available from every hardware store for under \$5. Wood or plastic shelves cost about the same and installation is equally minimal. The result is reuse of an underused space that can be changed back to its original design for the next occupant.

Resident bathroom

Residents are fortunate if they do not have to share a bathroom with other residents but unfortunately that is seldom the case so the challenge becomes how to personalize that bathroom to the specific needs of the resident while creating an attractive and clean environment. Unfortunately, there is usually considerable cost to renovating resident bathrooms. If some funds become available or the maintenance schedule dictates replacements are in order consider these small changes that improve the functionality of the bathrooms. When replacing the faucet hardware, replace with single lever handles. They are easier to adjust to the proper water temperature and especially, in special care units, residents usually remember to turn off one lever or handle but forget to turn off the second. At the minimum, install illuminated light switches but if at all possible install motion sensor light switches that automatically turn on when someone enters the bathroom and turn off when cessation of motion is detected. Most light fixtures in

resident bathrooms are very institutional in appearance and could be replaced with attractive residential style light fixtures with little effort and little cost. If the mirror is the standard basic rectangular mirror consider buying decorative wood moldings from a home improvement store or lumber yard, painting or staining the moldings and place the moldings as a border around the mirror. The cost for such an improvement would depend on the moldings chosen but would be minimal compared to purchasing a new mirror.

Painting bathroom walls are routinely completed as part of the maintenance schedule but instead of painting the usual off white color consider adding a color or paint the door or just the doorframe. Paint stores will either donate or sell at a reduced cost paint that has been improperly mixed.

Adequate enclosed storage is often not available or is not of a sufficient size to store incontinence products. Home Depot carries a series of white cabinets called “Perfect Home” that are inexpensive, sturdy, easy to hang, and easy to clean. For example, a bathroom wall shelf (for storage and/or decorations) costs \$29, a glass double door cabinet with drawers measuring 23”H x 23W x 7D costs \$59, a tower shelving unit that fits in a narrow space and could store towels measures 32”H x 18”w X 12”D costs \$49. Provide each resident with their “own” storage space and consider painting each one a different bright color.

And last but not least, clean the bathroom tile and resurface the grout to a new color or its original color. Visit outlet stores and purchase bath accessories such as Kleenex box covers that are cheap, bright and colorful. There is no reason each accessory has to match those in the next bathroom.

IV

Conclusions

Emphasis on the environment

The physical environments of nursing homes are a vitally important but under-studied aspect of nursing home life, affecting resident functioning, self-esteem, and quality of life. As the movement towards culture change in the long-term care industry picks up momentum, there is urgency as providers consider how to improve old nursing home stock while reimbursements shrink. In addition, federal and state regulators are considering whether environmental regulations should be changed for nursing homes and how, as well as what rules should govern assisted living settings that serve nursing-home level residents. Thus, there is great pressure for providers to change the physical environment but practical tools and ideas for re-shaping their physical environments in ways that enhance resident quality of life and without major expenditures are limited and those that are available are developed to be used by design professionals. The 7-Task Workbook and Manual were developed to fill this void of practical assessment tools that nursing home staff can use and to provide ideas and examples of innovative environments.

In addition to the resulting products this project identified three categories of findings that are relevant to future work on the environment. They include: 1) the intense interest by providers and consumers in the potential of the physical environment to enhance quality of life, 2) the lack of understanding of how this can be accomplished – even at the simplest level, and 3) the role of federal and state regulations are powerful detractors to change.

The original concept of this manual was to describe low-cost strategies for improving the physical environment of the traditional nursing home. Because of a clamor from administrators for more information on innovative nursing home environments we also included several examples of innovative facilities. Currently, The Green House Project is an exciting new nursing home concept with lessons that can be learned and procedures that can be incorporated into a more traditional nursing home. It is our goal to expand this project by producing additional materials that capture and explain culture change trends and innovations.

V

Products

<p>Access With Ease</p> <p>PO Box 1150 Chino Valley, AZ 86323 1-800-531-9479 Fax: 1-928-636-0292 kmjc@northlink.com</p>	<p>ClosetMaid</p> <p>P.O. Box 4400 Ocala, FL 34478 1-800-874-0008</p> <p>www.closetmaid.com</p>
<p>Improvements</p> <p>Hanover, PA 17333 1-800-642-2112 Fax: 1-800-757-9997</p>	<p>Solutions</p> <p>P.O. Box 6878 Portland, OR 97228 1-800-342-9988</p>
<p>Sporty's Preferred Living Collection</p> <p>Clermont County/Sporty's Airport Batavia, OH 45103 1-800-776-7897</p> <p>Preferred Living.com</p>	<p>Seabridge</p> <p>Unit 9-6110 Ordan Drive Mississauga, ON Canada L5T 2B4 1-800-330-3317</p>
<p>Hard-To-Find Tools Brookstone, Inc</p> <p>17 Riverside Street Nashua, NH 03062 1-800-926-7000 www.brookstone.com</p>	<p>Plow & Hearth</p> <p>P.O. Box 6000 Madison, Virginia 22727 1-800-627-1712 Fax: 1-800-843-2509 plowandhearth.com</p>
<p>Sammons Preston Rolyan</p> <p>An AbilityOne Company P.O. Box 5071 Bolingbrook, IL 60440 1-800-323-5547</p> <p>www.sammonsprestonrolyan.com</p>	<p>Restoration Hardware</p> <p>104 Challenger Drive Portland, TN 37148 1-800-762-1005</p> <p>www.RestorationHardware.com</p>

<p>IKEA</p> <p>2930 Pine Avenue PMB # 800 Niagara Falls, NY 14301 1-800-434-4532</p> <p>www.IKEA.com</p>	<p>Pottery Barn Bed and Bath</p> <p>P.O. Box 7044 San Francisco, CA 94120 1-888-779-4044</p> <p>www.potterybarn.com</p>
<p>The Company Store</p> <p>500 Company Store Road LaCrosse, WI 54601 1-800-285-3696</p> <p>thecompanystore.com</p>	<p>PB Teen</p> <p>P.O. Box 7044 San Francisco, CA 94120 1-866-472-8336</p> <p>www.pbteen.com</p>
<p>Smith + Noble</p> <p>P.O Box 1838 Corona, CA 92878 1-800-248-8888</p> <p>smithnoble.com</p>	<p>JCPenny Catalog</p> <p>P.O. Box 2021 Milwaukee, WI 53201 1-800-222-6161</p> <p>jcpenny.com</p>
<p>Hasbro, Inc.</p> <p>1027 Newport Avenue Pawtucket, RI 02861 1-888-836-7025</p> <p>www.hasbro.com</p>	

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