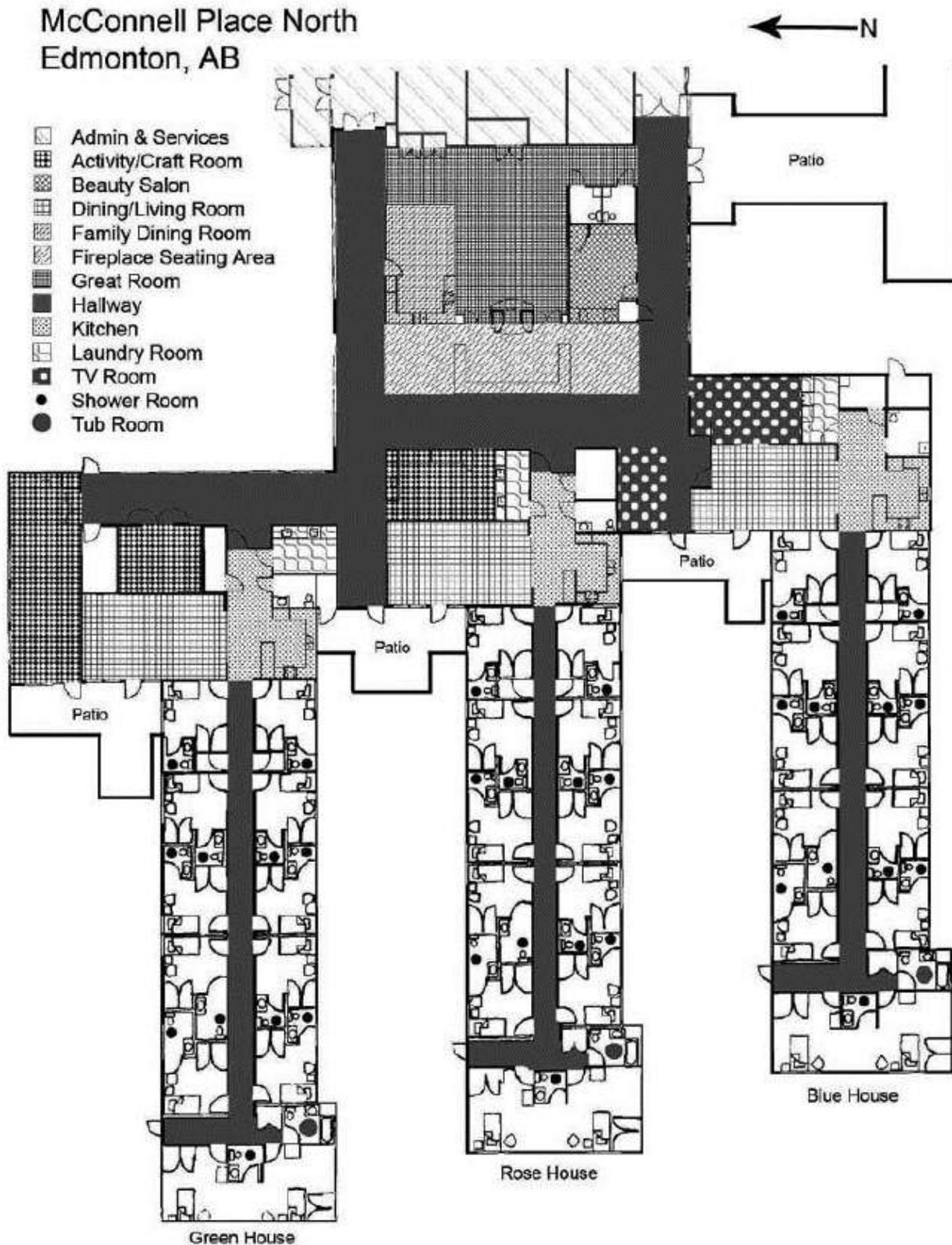


CANADIAN EXAMPLES OF HOUSEHOLD MODELS (shared Multipurpose area on same floor)

W.A.Benbow, September 2015

1. McConnell Place, Edmonton (1995)



McConnell Place is modelled after Woodside Place, Oakmont Pennsylvania (1991 – Perkins Eastman Architects).

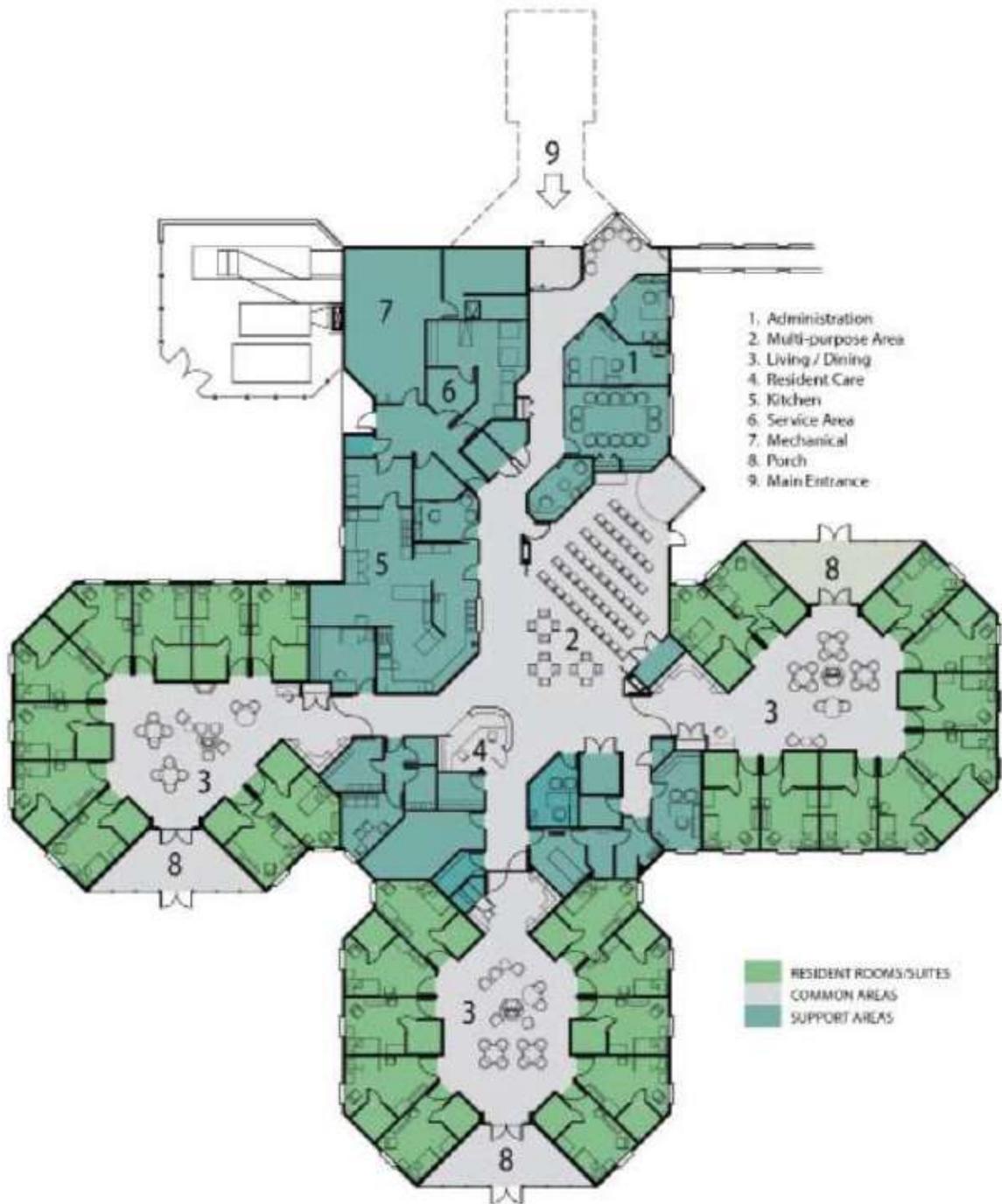
Special Features

The "E" shaped facility has:

- three houses with each house having 10 single rooms and one double room (2 people sharing)
- combined living room, dining room, kitchen and laundry room
- common areas including a great room, private dining room, and sitting area with a fireplace.
- Nursing stations do not exist: meds are kept in small closets and staff work out of the small kitchens.

An excellent study has been conducted in 2009 by Milke et al: "Behavioural Mapping of Residents' Activity in Five Residential Care Centers". This study compares the activity patterns of residents in three facilities of 12 resident Households and two facilities of 20 bed Households all of which share a centralized common area of a Great Room and fireplace seating area. Little difference was found between the 12 and 20 bed Households other than that the smaller Households tended to use the shared common area while the larger 20 bed Households utilized in House space more than the shared area. One other difference was that the residents in the smaller Households were involved in housekeeping and cooking whereas those in the larger Households were not.

2. Fisher Personal Care Home, 1999,
Fisher Branch, Manitoba,
Friesen Tokar Architects:



Fisher Personal Care Home

“In 1999, the Interlake community contracted Friesen Tokar Architects to design a unique Chez Nous-style personal care home. One of the aims was to eliminate the long, narrow hallways that have suites running off them, typical in PCHs.

Eliminating halls is huge. People with dementia -- on average of 80 per cent of PCH residents have some form of it -- tend to roam. When they get to the end of a hall, many become flustered. Some turn around, but others stand there, getting agitated, and don't know what to do.

So the architects designed a building with three circular pods -- think of giant light-bulb shapes -- with 10 suites in each, to replace halls. No more dead ends. Each pod connects to a spacious central hub that people can roam, like a walking track. The pods also create a more intimate atmosphere. There are 10 residences to a pod. The 10 residents share a kitchen, dining area, living room, and outdoor patio." (Bill Redekop, Winnipeg Free Press, 2014).

"The plan features:

- three connected cottage-like homes clustered around the village square
- ten resident rooms in each home, clustered around a great room
- different directional orientations for each home
- a village square that contains a gathering space, coffee counter, and hair salon
- folding partition that closes for private functions and opens to expand seating
- a nurses station that is used at night when staff is reduced to 3 people
- a link to the adjacent seniors residence

What makes the Fisher project innovative?

- clustered cottage-like home design
- no corridors
- refreshing ambience
- safe access to outdoors

What makes it functional?

- dining/living space next to bedrooms
- details, materials and colours sensitive to the residents' needs
- durable and practical finishes
- no wasted steps for staff
- easy to keep an eye on residents

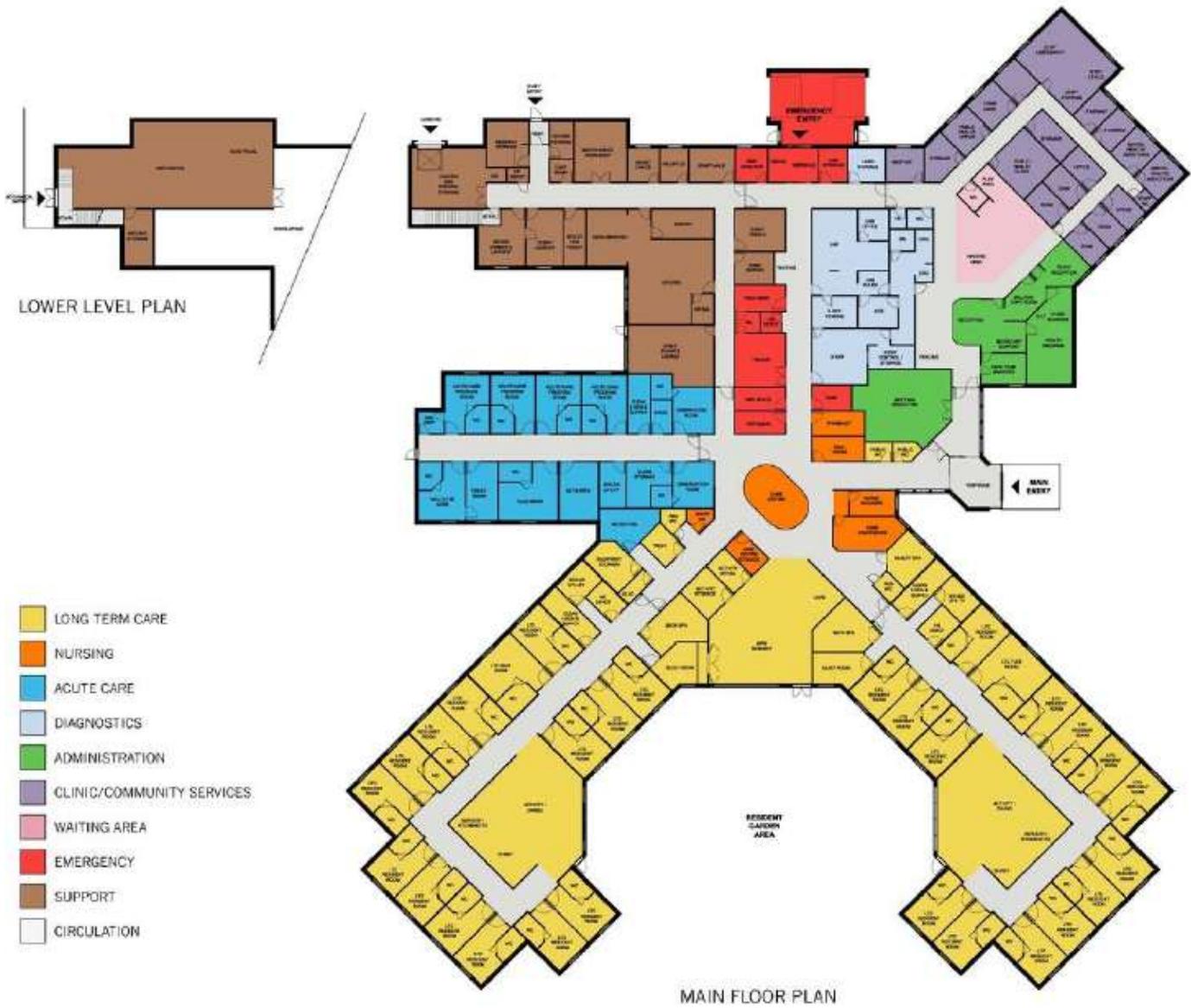
What makes it cost effective?

- reduction in drug use
- happier residents means happier staff
- multi-skilled staffing
- close proximity of all functions

What would we do differently next time?

- a more defined entrance to each home
- shower in each bathroom
- additional utility spaces and storage within each cottage-like home
- a small 'away room' in each cottage-like home for quiet conversation" ("Chez Nous", Rudy Friesen, Architect).

3. Kerrobert Health Centre, Saskatchewan, 2012 – ft3 architecture:

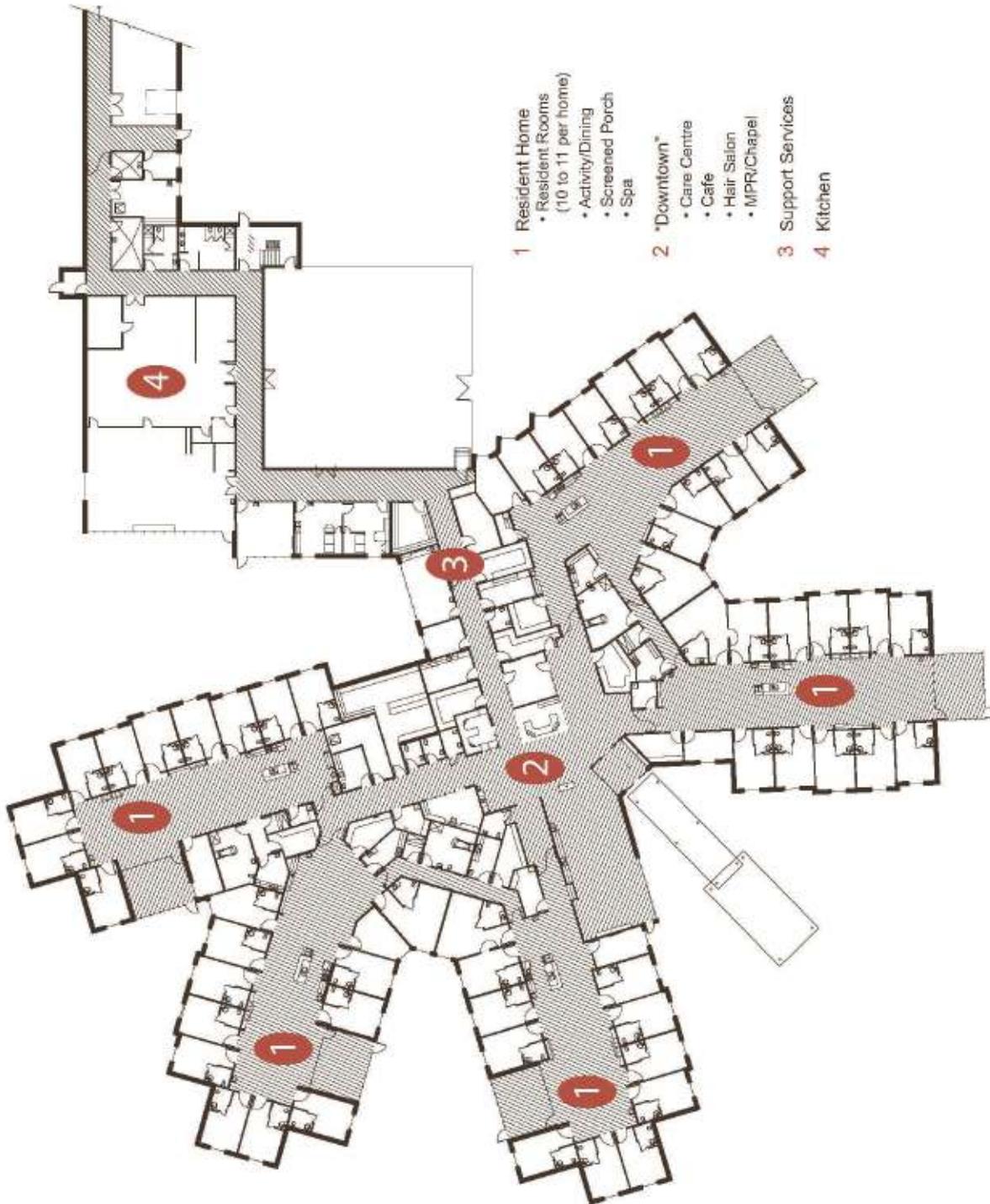


INTEGRATED COMMUNITY HEALTH CENTRE
KERROBERT, SASKATCHEWAN

Friesen Toker Architects, Winnipeg

Thirty Long Term Care Beds in two Households sharing common area.

5. Rosetown Health Centre, Saskatchewan (2014 – Ft3 Architecture):



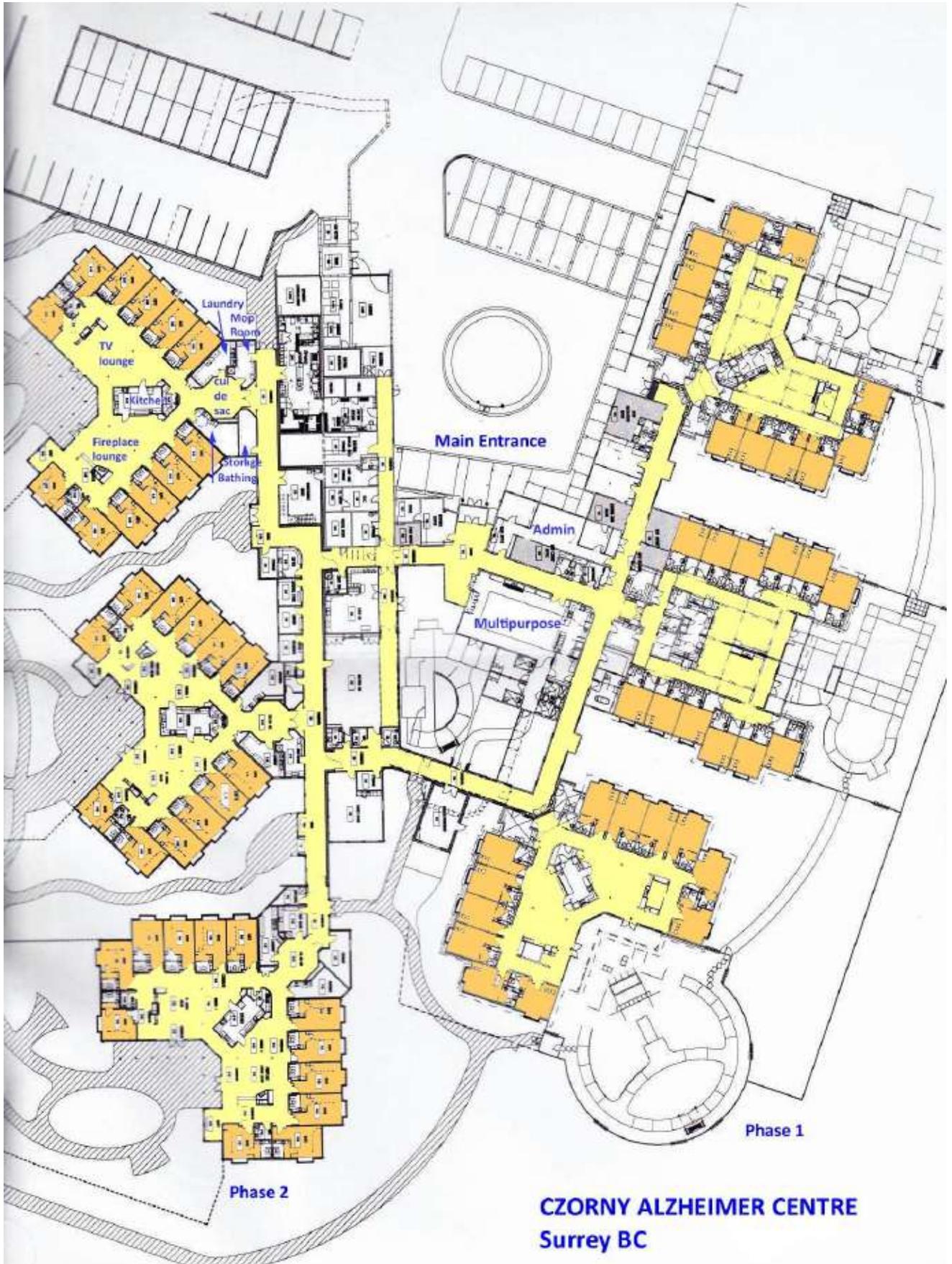
The Centre offers 54 private rooms for 54 residents, replacing the Centennial Wheatland Lodge. The Centre is configured as five homes, or cottages, with 10 or 11 residents living in each cottage in a home-like environment, sharing a kitchen, dining room, living room and screened porch.

6. Peguis First Nation, Manitoba - planned:



Personal Care Home, Peguis First Nation
Main Floor Plan

7. CZORNY ALZHEIMER CENTRE
Surrey BC, 2007:



Czorny Alzheimer Centre has 72 private beds in six 12 bed cottages all on ground level with courtyards. Each cottage has a central kitchen which divides the Household into two 6 bed subgroups, each with a dining area and lounge.

The entrance to the cottage can be disguised as a cul de sac.

Multipurpose space is generous and spread along the interior facility corridors that link the six cottages.

There are no nursing stations: meds are prepared in the pantry at one end of the kitchen.

There is a mop room (soiled utility), storage room (clean utility), bathing room, and laundry in each cottage.

The Centre operates as part of Peace Arch Hospital so has avoided some of the licensing restrictions usually applied to resident amenity space immediately adjacent to resident rooms without mitigating corridors.

The shared multipurpose space is not easily accessible to residents who must be accompanied by staff, volunteers or family to enjoy extraneous to the cottage activities.

The Households are an excellent size for resident/staff interactions and socialization but are not well laid out in terms of facilitating inter-cottage staff support.