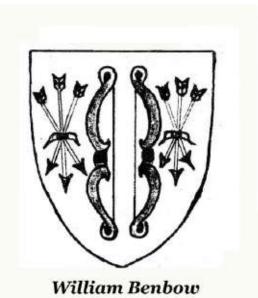
## SMALL HOUSE FLOOR PLAN DESIGNS for Nursing Homes

December 2011



billbenbow@shaw.ca www.wabenbow.com

## SMALL HOUSE LAYOUT: FLOOR PLAN DESIGN

Key elements to review for efficiency and effectiveness (functionality) are the overall lay-out of Homes in terms of grouping of core services and amenities, location of bathing rooms, short corridors and privacy zones. The functionality and co-location of components is critical in reducing distances travelled and facilitating wayfinding. A rectangle of rooms around a large courtyard is probably the least successful in achieving this. In larger Houses, layouts that utilize wing designs such as an L shape with short corridors and amenities grouped together work best. To function well the Homes need to be laid out in a way that organizes day time amenity areas in an efficient way for staff and residents, provides a privacy zone for bedrooms and bathing, and keeps corridors short for the frail elderly, for wayfinding and for staff. Nelson in his article discusses a "Hierarchy of Space" with movement from a public zone, to a semi-public, to a semi-private, to a private zone. The idea is to achieve short corridors with functional grouping of spaces. In particular it is important in larger Houses to achieve some physical sub-grouping within the House so that 7 to 12 residents can meet in more intimate social spaces.

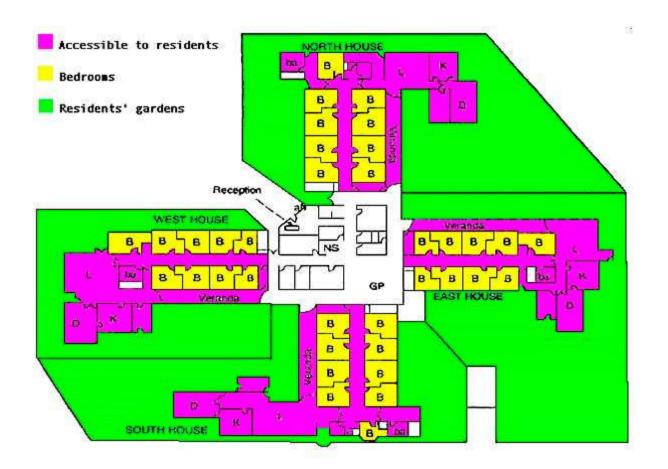
Small house layouts can be grouped in two sub-sets:

- 1. Household or Neighbourhood Model like Dr. Tooths's Adards and Nelson's Creekview with linked groups;
- **2. Independent Small House Model** of which the trademarked Green House is the most predominant. Several examples follow of Small House designs.

## **NEIGHBOURHOOD or HOUSEHOLD MODELS**

## **ADARDS MODEL**, Australia

One of the original models for small house design is the Adards Model by Dr. Tooth of Australia, first built in 1991 in Tasmania. This design featured four wings or houses of eight or nine resident rooms formed around a central administrative core. Each house was self-contained during the day time with its own lounge, dining, and kitchen areas. At night, staffing could be drastically reduced by opening the units up to the administrative core, and closing off the daytime amenities.

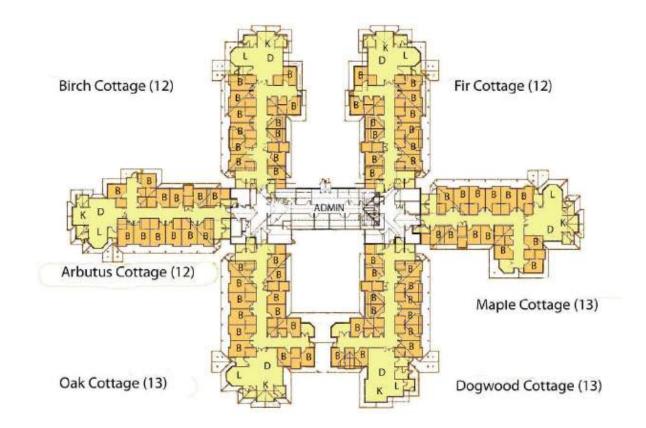


## HERITAGE WOODS, Victoria, BC

Heritage Woods (1999) in Victoria, BC (Jensen Group Architects) is a good Canadian example of this model. Six cottages are linked to the centre administrative core making for staff efficiencies. Each cottage has amenities grouped near a front entrance, with resident rooms in a more private zone. Food is delivered in bulk to be served from the in-house Kitchen.

www.wabenbow.com

HERITAGE WOODS: Six Cottages linked to core admin area.

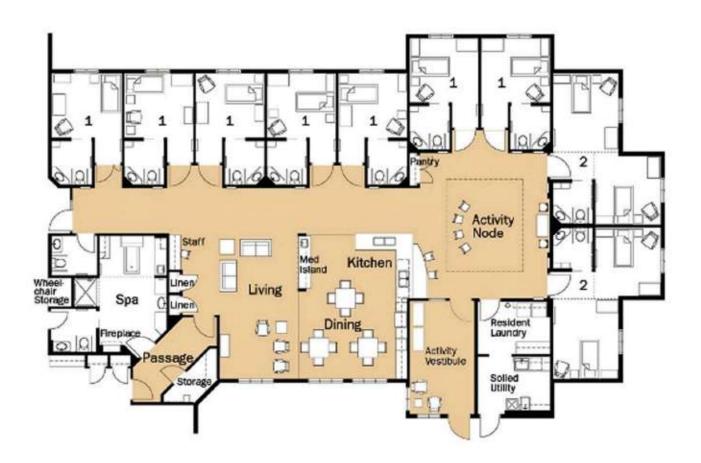


## HERITAGE WOODS: INDIVIDUAL HOUSE (13 beds)

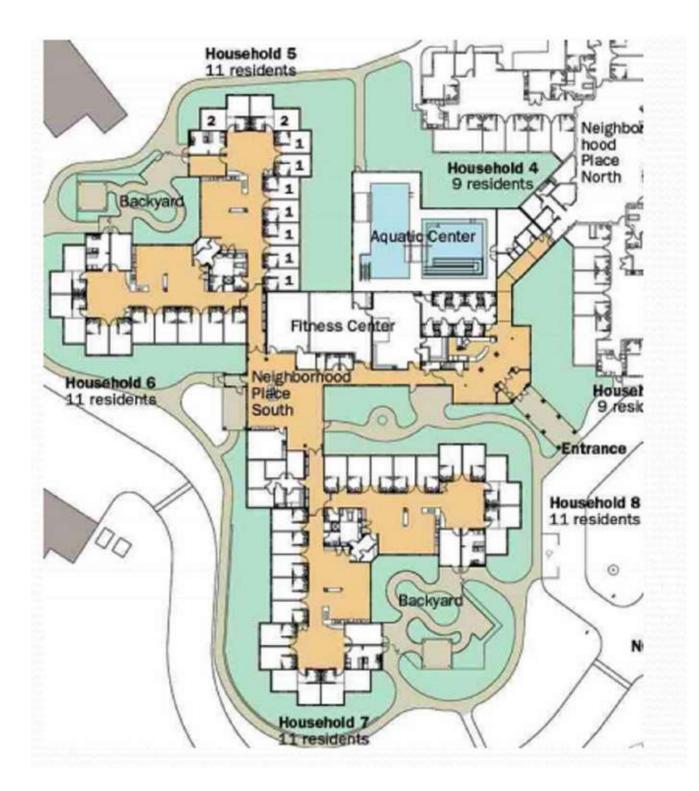


## **CREEKVIEW MODEL, Oshkosh, Wisconsin**

Architect Gaius Nelson helped to develop the Household model at Creekview Evergreen Retirement Community in Oshkosh, Wisconsin which opened in 1997and expanded in 2005. Creekview provides care for 80 residents in eight households. These 9 - 11 bed wings actually function quite independently with their own dining as well as lounge and activity areas. Small kitchens act as Serveries for plating bulk food as well as serving as Country kitchens. Two Households are linked into L shaped Pairs which allows easy staff movement between households and privacy for the Spa. The small scale of the household with its open floor plan eliminates much corridor space and allows easy orientation to all daily activities. The pairs of combined households are again linked with another two households to form a 4 household Nursing Unit with a Neighbourhood Centre. These linkages facilitate staffing efficiencies. http://www.evergreenoshkosh.com/main/living-options/skilled-nursing/creekview



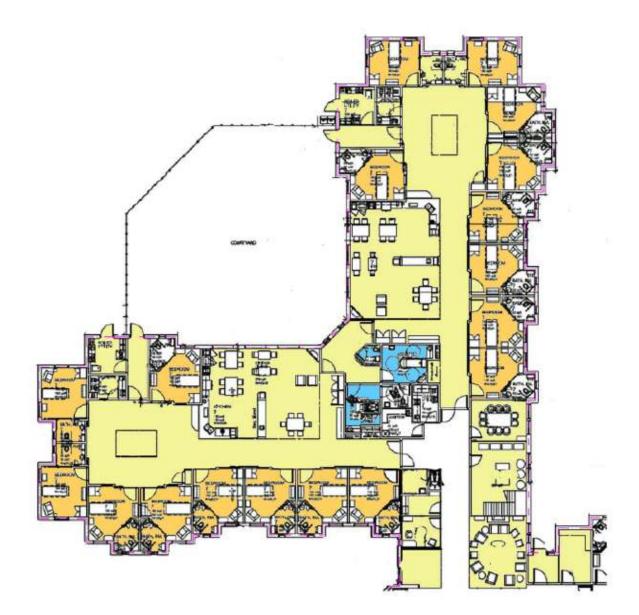
One 11 bed Household or wing: Creekview http://www.pioneernetwork.net/Data/Documents/NelsonHousehold-ResidentialPaper.pdf http://www.evergreenoshkosh.com/main/living-options/skilled-nursing/creekview



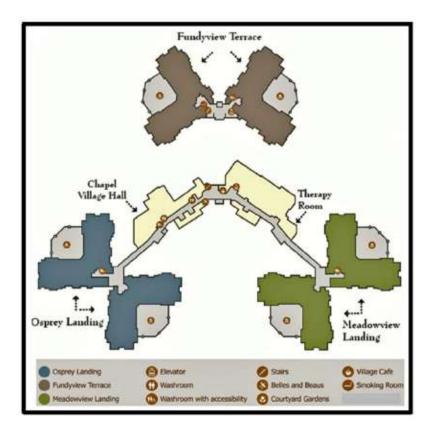
Creekview Neighbourhood: four 11 bed Households or wings combined into a Neighbourhood <u>http://www.pioneernetwork.net/Data/Documents/NelsonHousehold-ResidentialPaper.pdf</u> <u>http://www.evergreenoshkosh.com/main/living-options/skilled-nursing/creekview</u>

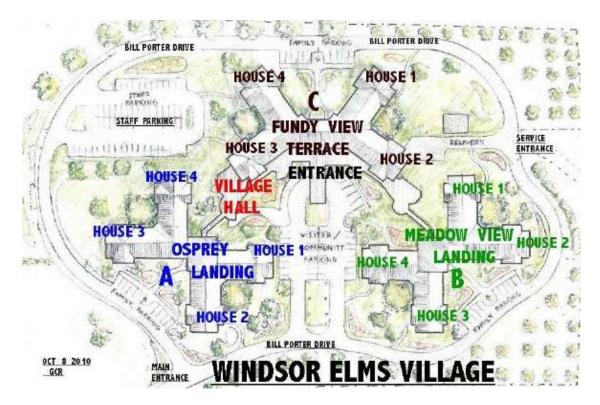
#### WINDSOR ELMS, Falmouth NS

Architect James Torbert of Halifax has suggested a Canadian example, which opened in 2010, Windsor Elms Village in Falmouth, Nova Scotia (108 beds - Architect: William Nycum & Associates). He refers to this as a "resident centred care" model with each house consisting of between 9 and 12 residents. He states that this model of care results in short travel distances for all residents between their bedrooms and the dining/living room areas. Pairs of houses are linked together by a passage to access the shared Spa services. New generic staff positions were developed to streamline staffing in order to make the model operationally cost effective. Again, corridors are short, and amenities are close with lounge, dining, and kitchen co-located. There is a lack of transition from private to semi-private zones.



Two Houses combined at Windsor Elms, Falmouth NS <u>http://www.windsorelms.com/</u>





http://www.windsorelms.com/

## Shirley Chapman Sholom Home East, Saint Paul Minnesota

Nelson points out that the Creekview model utilizes a layout where private resident rooms open directly onto the semi-private lounge and activity areas. He provides an example of a floor plan that separates the privacy zone from the semi-private living areas: Chapman Shalom Home East in Saint Paul Minnesota.. This is akin to the Adards model with a short corridor of 10 or so Resident Rooms separate from the amenity areas.

The two story building has eight Households with four on each floor divided into pairs. All four Households link together in an H shaped layout with a Neighbourhood Centre in the cross link.



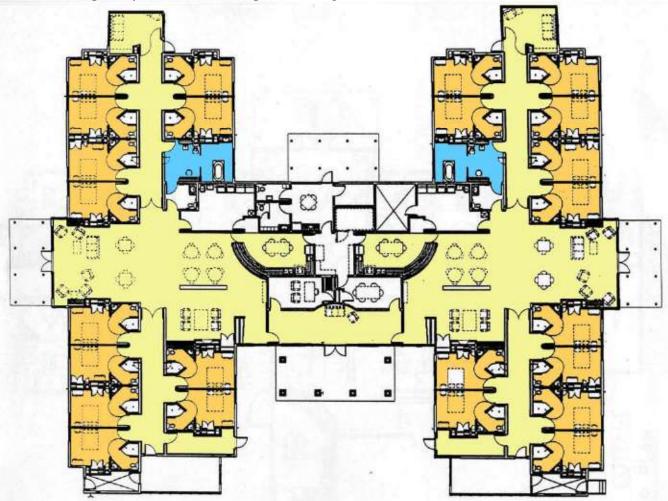
One 10 bed House of a four House grouping: Shirley Chapman Sholom Home East, Saint Paul Minnesota

http://www.sholom.com/chapman.html

## **HIGHVIEW RESIDENCES, London, Ontario**

Another excellent example of small House design is the Highview Residences, London Ontario. (Cornerstone Architecture).

Highview is a one storey home built in 2003 comprised of two twelve resident cottages within one building which provides secure residential care for individuals with early to mid stage Alzheimer Disease with a focus on providing a home-like environment. Residents are required to be mobile. Much of the functional program and design is based on Dr. Uriel Cohen's concepts. Each cottage is T shaped and when linked form an H shaped building. Each cottage is self-contained in dining, lounge, activity, bathing, laundry and kitchen. Each functions as a distinct home. There is good transition from the resident room privacy zone to the semi-private lounge areas.



Two 12 bed cottages combined into one Neighbourhood of 24 residents.

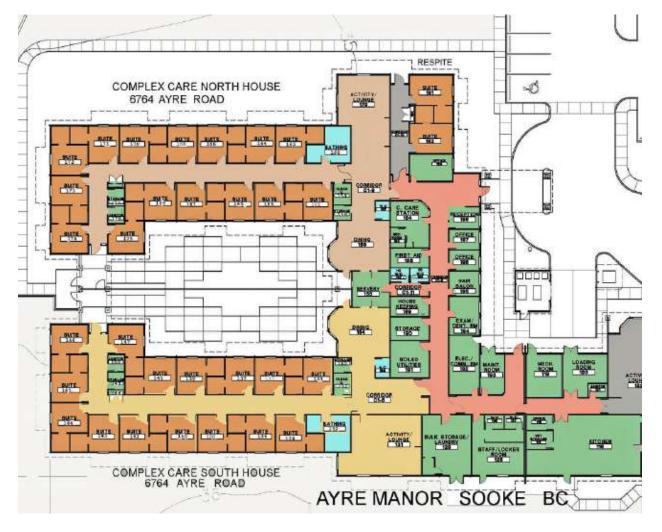
http://www.highviewres.com/

# FACILITY PROFILE: Ayre Manor

6764 Ayre Ro OPERATOR: Contact: Mela	Sooke	Elderly		Year built: 2008						
Complex Care	Beds:	32		Subsidize	d:	30	Private Pay: 2			
Number of Pri	vate (si	ngle):	32	Number of	of do	ubles:				
Residential Flo	oors: 1									
Houses: 2										
Exit Controls: yes, on both Houses										
Beds per House: 15 plus 2 bed annex										
Layout: Two houses around divided central courtyard; co-located amenities in each house.										
Resident Room size (excluding ensuite): 18.4 Paired Ensuite design:										
Resident ensui	ite size:	5.3								
Ceiling lifts: yes Ceiling tracks into ensuite: yes: curtain only for privacy										
Bathing:	-	l per Ho e showe								
Amenities (in House):			Lounges/Activity: Size: 59.3			North House; 78.8 South House				
			Combined Lounge/Activity per Resident: 3.95 and 5							
			Dining Siz	e: 47 and 49	)		Dining per resident: 3			
Multipurpose (shared):			no							
Care Station:	1 in ac	lmin co	re							
Shared service	es: Soile	d Utilit	y, Servery, I	Iairdressing						
Kitchen (com	nercial)	: locatio	on: shared v	vith AL						
Staff rooms: location: shared with AL										
Building Gros	s Squar	e Metre	s (excluding	Kitchen):						

## **Ayre Manor**

A successful Courtyard design is Ayre Manor of Sooke BC (Jensen Group Architects). The single story Complex Care building is divided into two Homes of 15 private resident rooms, each with their own ensuite including shower. The two Homes are laid out around a courtyard and together form a Neighbourhood for staffing. In addition there are 2 respite/hospice beds adjacent to one of the Homes. The Homes are U shaped with amenity areas grouped near the entrance to each Home, and the resident bedrooms forming an L shape privacy zone. Each home is fully self contained with good sized dining, lounge/activity, and assisted bathing rooms. One servery is shared between the two dining rooms. Staff use the Servery to move between the Houses which allows the 30 beds to function with staff efficiency. In addition each Home has janitorial, storage and clean utility areas. Exit controls facilitate special grouping such as one home dedicated to dementia and one to frail elderly. The courtyard is divided so that residents can loop through their own portion of the courtyard. The Support Wing includes Offices, Hair Salon, Exam/Treatment room, Central Storage, Soiled Utility, Housekeeping, Commercial Laundry, commercial Kitchen, storage and Staff Room.



http://www.ayremanor.ca/complexcare.php

## FACILITY PROFILE: Arrowsmith Lodge

266A & B Moilliet St., Parksville, BC V9P 1M9OPERATOR: Arrowsmith Rest Home SocietyYear built: 2005Contact: Administrator: David McDowell: 250.248.4331; 5; 1.Complex Care Beds: 75Subsidized: Private Pay:

Number of Private (single): 75 Number of doubles:

Residential Floors: 1

Houses: 5; paired A&B; C&D; Secure E

Exit Controls: Only on secure House E; no controls on other four units, difficult wayfinding.

Beds per House: 15

Layout: One floor; Pairs of Houses around inner outdoor courtyard, secure unit has own courtyard. Amenities are formed by areas where "corridors" widen much like Green House. A bit too open, no definition of space. Limited quiet areas.

Resident Room size (excluding ensuite): 192 sq.f.? 18 sq.m.? Vestibule design:

Resident ensuite size:

Ceiling lifts: Ceiling tracks into ensuite: with swing door

Bathing: Spas: 3: pairs of Houses share a Spa; Secure unit has its own. Ensuite showers: Yes

Amenities (in House):Lounges:Size:Activity:Size:Combined Lounge/Activity per Resident:Dining Size:Dining per resident:

Multipurpose: Four houses share adjacent Activity Centre; Size: apr. 1000 sq.f. (30 x 35)

Care Station: A and B share one Care Station; C and D and Secure E share another.

Shared services: SU and CU at conjunction of pairs of Houses with Spa.

Kitchen (commercial) and Laundry: location: basement, good sizes

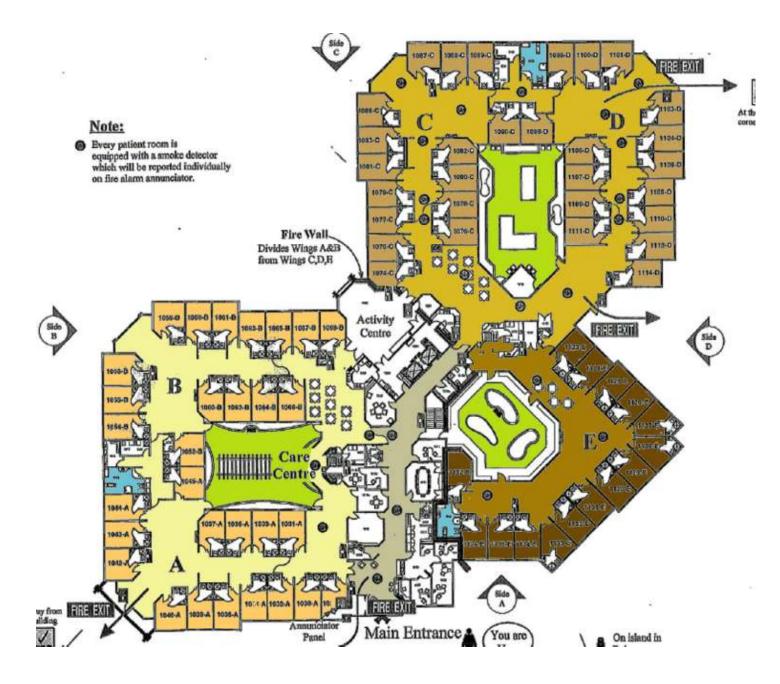
Staff rooms: location: basement: large allocation of space

Clinical space: no PT/OT or Exam/Treatment rooms; one small board room/conference room.

Storage: lots especially in basement.

## **ARROWSMITH LODGE**

#### http://arrowsmithlodge.ca/



# FACILITY PROFILE: Lodge on 4<sup>th</sup>

1127 Fourth Ave, Ladysmith, BC V9G 1A6OPERATOR: Jerry Huard, CEO: 250.245.3318Year built: 2007Contact: Andrew Butler, Kathy Lamb 250 886.0598

Complex Care Beds: 101 Subsidized: 101 Private Pay: 0

Number of Private (single): 101 Number of doubles:

**Residential Floors: 3** 

Houses: 2 CC per floor on 3<sup>rd</sup> and 4<sup>th</sup> floor; 1 CC and 1 Geriatric Mental Health (MH) on Main.

Exit Controls: only on MH House

Beds per House: 15 and 16; two 6 bed add-ons for total of 37 on 3<sup>rd</sup> and 4<sup>th</sup>; 12 for MH House.

Layout: Squared off Z; two L shaped self sufficient Houses per floor; amenities co-located in open plan.

Resident Room size (excluding ensuite): 20 sq.m. Vestibule design:

Resident ensuite size: 4 - 4.5 sq.m.

Ceiling lifts: yes Ceiling tracks into ensuite: yes; saloon doors

Bathing: Spas: 6 (1 per House) Ensuite showers: no

Amenities (in House):

 Lounge: Size: 32.5 (16 res) or 25.7(15 res); 20.3 (Main North – 15 res) Activity: Size: 29.5 (16 res) or 22.9 (15 res); 21 (Main North – 15 res)
Combined Lounge/Activity per resident: 3.87 (16 bed Houses) or 3.24 (15 bed Houses) Dining: Size: 47.1 or 39.7; per resident: 2.34 (37 residents) Note: - on 3<sup>rd</sup> and 4<sup>th</sup> floors 6 res add on dine with North and South Houses - Add on has good size activity room

Multipurpose (shared): no Size:

Care Station: One per floor Clinical Space: PT/OT room – used daily by appointment, one resident at a time; meeting room. Storage: good alcoves for equipment Shared services: On each floor: Soiled Utility, personal laundry, housekeeping, Servery. Ground floor – Hairdressing, Tuck shop, Volunteer room, unused Café Outdoor Access: limited: not from main floor CC unit.

Kitchen (commercial): location: Ground Floor Staff rooms: location: Ground floor

# **FUNCTIONAL DESCRIPTION:**

http://4allseasonscare.com/residential-options/lodge-on-fourth/

## LODGE ON 4<sup>TH</sup>: Lady Smith

This recently built Complex Care facility has capacity for 101 residents. Each of the three floors is divided into two House units, of which five are Complex Care and one is a 12 bed Geriatric Mental Health Unit on the ground floor.

There are two L shaped Complex Care Houses per floor have 15 and 16 beds.

Resident rooms average 25 sq. m. and are of the panhandle or vestibule design. This design does waste about 2 sq. m. of manoeuvring space so is similar to a 23 sq. m. room designed with a paired ensuite.

Each House has its own Bathing Spa which includes an assisted tub and shower.

Each House has Dining, Lounge and Activity areas that are co-located for a nice open design. The 16 bed units have a combined Activity/Lounge area of 62 sq. m. or 3.87 per resident which is quite generous. The 15 bed Houses have 48.6 sq. m. or 3.24 sq. m. per resident, again more than the bare minimum of 2.5 that licensing requires. This allocation bodes well for wheelchair manoeuvrability.

The dining allowance meets the 1994 MLC recommendation of 3 sq. m. per resident.

Each House has its own clean utility, linen and equipment storage.

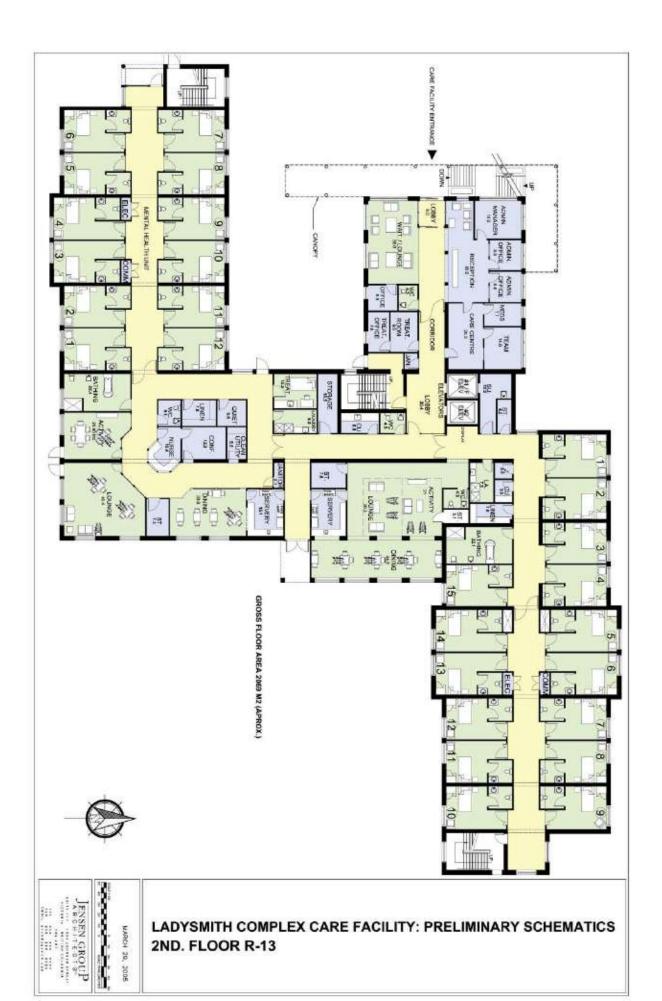
Houses share Soiled Utility, personal laundry room, housekeeping and Servery on each floor.

There is no shared multipurpose space.

The Admin and Care support area provides Reception, Waiting lounge, offices, a Care Station, Team meeting room and Treatment room.

A ground level contains the commercial kitchen, bulk storage and other support areas.

Graphics follow. These do not show a more recent renovation which added 6 resident rooms on each of the third and fourth floors over the admin wing. The additional beds and area are included in the calculation of the bgsm.





## **FACILITY PROFILE: The Madison**

1399 Foster Ave., Coquitlam, BC V3J 2N1 **OPERATOR:** Lynn Arvold Year built: 2008 Contact: 604.939.9277 Subsidized: 96 Complex Care Beds: 137 **Private Pay:** Number of doubles: 9 Number of Private (single): 119 **Residential Floors: 3** Houses: 6 Exit Controls: no Beds per House: Main: 18 & 25; 2<sup>nd</sup> floor: 19 & 28; 3<sup>rd</sup> floor: 19 & 28. Layout: Inside courtyard design for each House with resident rooms opening onto an Activity area; one Main Dining Hall per floor; 1 small lounge per House. Resident Room size (excluding ensuite): Vestibule design: Resident ensuite size: Ceiling lifts: no Ceiling tracks into ensuite: no Bathing: Spas: 6: one per House Ensuite showers: no Amenities (in House): Lounges/Activity: Size: Combined Lounge/Activity per Resident: Dining Size: Dining per resident: Multipurpose (shared): no Care Station: 6 (one in each House) Shared services: Kitchen (commercial): location: basement Staff rooms: location: basement

## FUNCTIONAL DESCRIPTION

## THE MADISON

Coquitlam

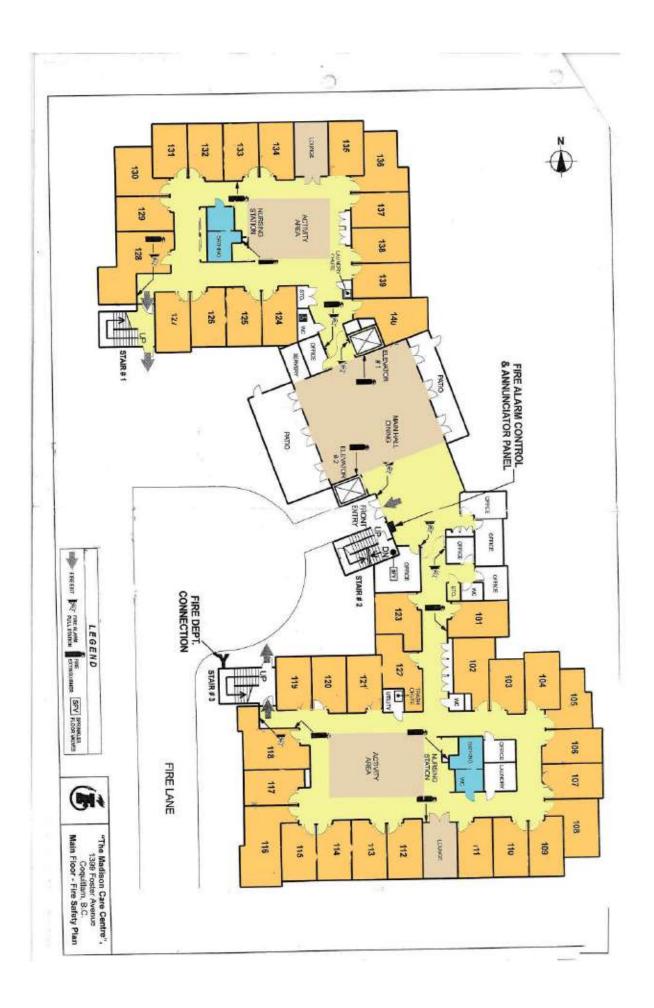
#### http://www.tcgcare.com/the\_madison.html

The Madison is a recently built adjacent sister facility to Lakeshore. It consists of 137 Complex Care beds which are primarily singles, with nine doubles.

There are three floors, each with two Houses. The six House sizes vary between 18 and 28. The Houses follow an inside courtyard design with resident rooms opening directly without corridors on to an inner activity core. Dining occurs in a large shared central area between the two Houses. Each House has a prominent nursing station and bathing room which includes a shower. A basement floor has the commercial kitchen, laundry, storage, staff rooms etc.

Excluding the basement support areas, the building gross is 5721 sq. m. or 41.75 per resident.

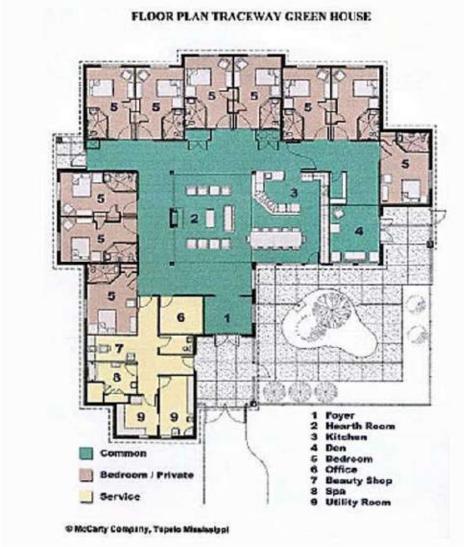
This low bgsm is achieved partly due to the inside courtyard design which minimizes corridors.



## INDEPENDENT SMALL-HOUSE MODEL

## GREEN HOUSE MODEL, Tupelo, Mississippi

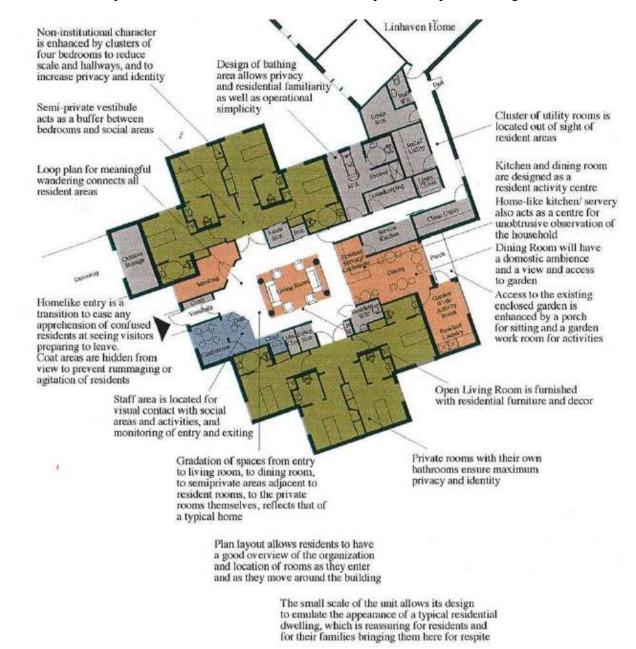
Nelson also shows examples of the trademark "Green House" model of 7 to 10 residents developed by William Thomas in Tupelo, Mississippi. These independent houses have the resident rooms grouped directly around the amenities of dining, lounge, activity and kitchen. One draw back with the Green House model is they tend to be designed to function independently in terms of staffing so operating efficiencies could be an issue. Also, there may be some privacy concerns as there is typically not a transition from the resident room privacy zone to the more public amenity area. These designs also tend to be used more for enhanced Assisted Living and the lighter levels of care as they are not always fully wheelchair accessible. <a href="http://thegreenhouseproject.com/">http://thegreenhouseproject.com/</a>



http://www.allhealth.org/briefingmaterials/GreenHouseDesign-919.pdf http://thegreenhouseproject.com/

#### LINDHAVEN HOME, St. Catherines, Ontario

The Linhaven Home in St. Catherines is a Canadian example of this type of Small House (Snyder and Associates Architects). Here the resident rooms are grouped in two clusters of four bedrooms with both clusters opening onto a central Living Room and adjacent Dining. This addresses the issue of creating some transition from the private resident rooms to the more semi-private or public lounge areas.

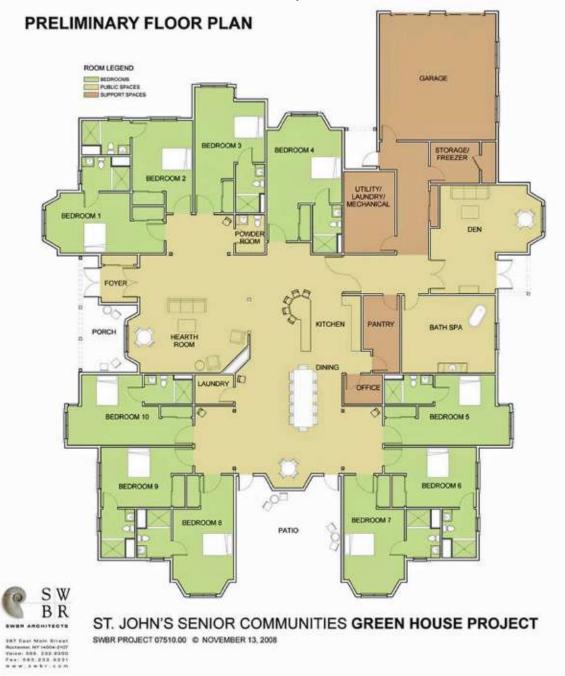


Linhaven Home, St. Catherines, Ontario

http://www.niagararegion.ca/living/seniors/pdf/Linhaven-Brochure-nov-2005.pdf

## ST. JOHN'S GREEN HOUSE, Rochester, New York

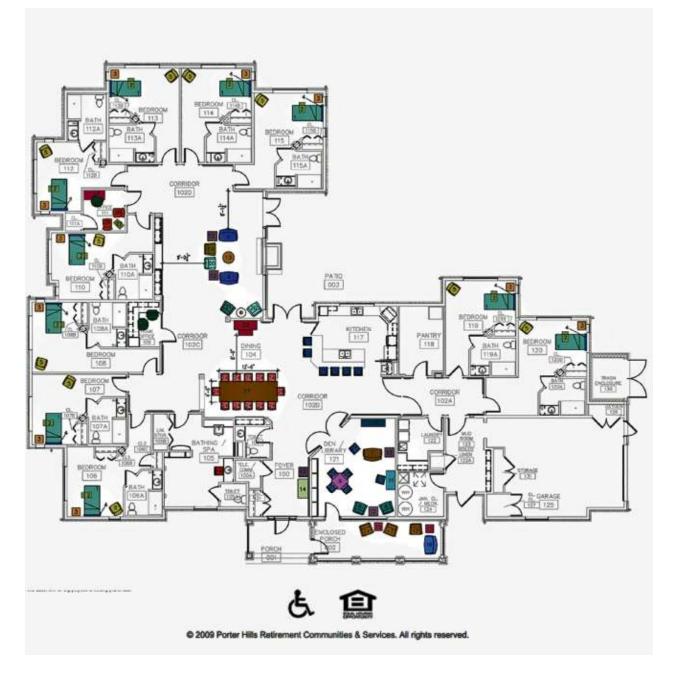
This Green House example from Rochester New York illustrates an effort to provide some transition from the resident rooms to the amenity areas by clustering the resident rooms and including a vestibule or corridor allowance. This is a 10 bed 8000 square foot version.



http://www.stjohnsliving.org/green\_house.php

## PORTER HILLS GREEN HOUSE, Grand Rapids, Michigan

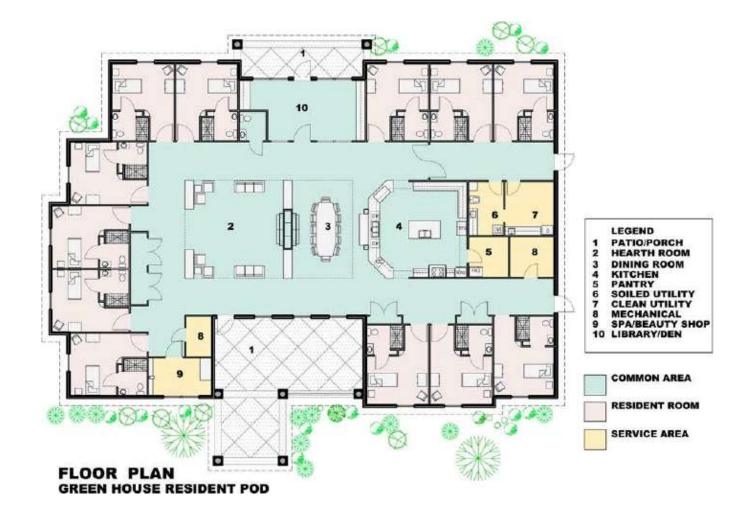
This 10 bed example is another attempt to create some transition space from the resident rooms to the amenity areas.



http://www.porterhills.org/greenhouse/WhatIsGreenHouse.asp

## The Green House Cottages of Wentworth Place, Magnolia, Arkansas

Summit Health Resources, a for-profit company, operates five Green Houses of 12 beds each in Magnolia, Arkansas. Twelve may be a better number of residents for staff efficiency. This one-story Green House is 7,400 square feet with bedrooms approximately 210 square feet. The ensuites include a shower. Staff are considered 'universal' and provide personal care, meal planning and preparation, light housekeeping, and laundry. In addition there are clinical staff available to the Houses.

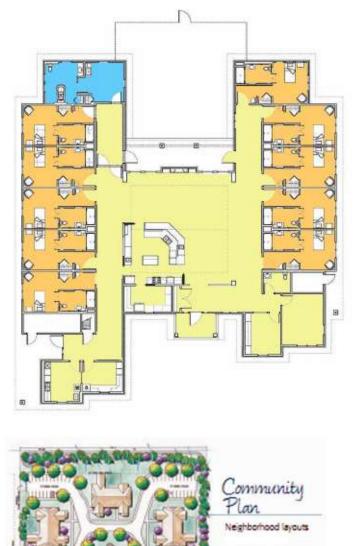


http://www.summithealthresources.com/assets/Green-House-Floor-Plan.pdf

## SMALL-HOUSE VILLAGES

## **OTTERBEIN Skilled Nursing and Rehab Neighbourhood at Perrysburg, OHIO**

Gerontologist Rosalie Kane has found improved outcomes for residents in Small House designed Nursing Homes. In their article, Cutler and Kane "Transforming Nursing Homes", they refer to a Small-House model, the Avalon by Otterbein at Perrysburg Ohio. This example is more of a village with five Houses each with ten resident rooms laid out individually around a cul-de-sack. The floor plan is a small H design with the resident rooms divided into clusters of five on each side and the centre link wide enough to accommodate the lounge/dining area. The resident rooms have some separation from the amenities. Staffing efficiencies may be possible with the Village design.



http://www.otterbein.org/

www.wabenbow.com

#### SHERBROOK KINSMAN AND VETERANS VILLAGE, Saskatoon, Saskatchewan

Sherbrook has combined 11 "Green Houses" into two villages, the Kinsmen and the Veterans, with a total of 103 residents (1999). The Houses are paired which is a good model for achieving staffing efficiencies and sharing support utilities. The link is actually a service corridor with storage rooms, a housekeeping room, and tub room. The Houses are grouped along an internal street which simulates a residential neighbourhood. The Daily Living Assistants multitask, participating in housekeeping, food service, medication administration and personal care. Registered Nurses function like Home Care visitors. At night staffing is shared between pairs of houses; i.e. with 4 staff covering 7 houses in the Kinsmen Village grouping. <a href="http://www.sherbrookecommunitycentre.ca/exploring.php?id=321">http://www.sherbrookecommunitycentre.ca/exploring.php?id=321</a>

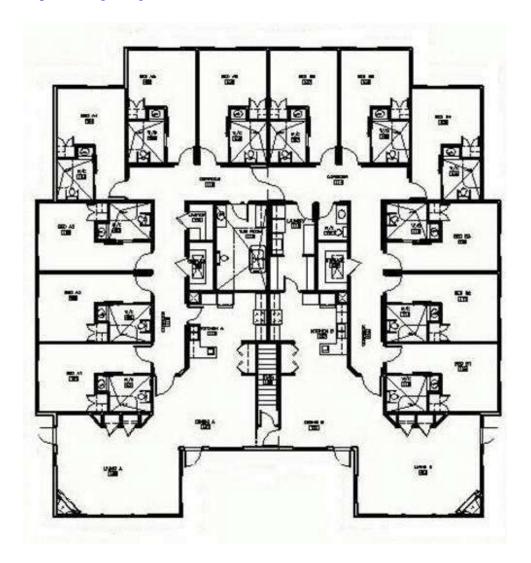


House 9

#### GOOD SAMARITAN WEDMAN DUPLEX MODEL: Alberta and British Columbia

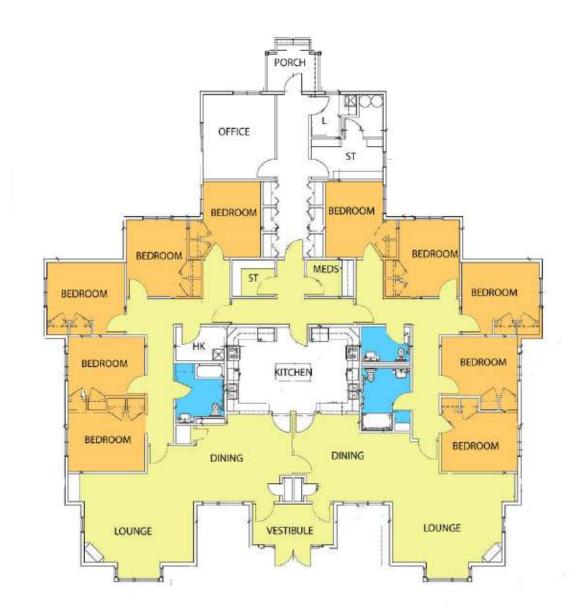
The Good Samaritans operate several Dementia Care Cottages in British Columbia and Alberta. They first opened three duplex style Dementia/Alzheimer Care Cottages adjacent to Wedman House in 1997 to house 30 residents. The cottages are co-located but not linked. The Wedman Model cottages provide assistance and residence for persons with Alzheimer's or other types of dementia, particularly in the early and mid stages of the disease. Each side of the duplex has 5 bedrooms, kitchen, dining room, living room with fireplace and secure access to a fenced yard. Staff multitask with two per cottage on days and one on nights on twelve hour shifts. Initially these cottages were designed as Enhanced Assisted Living homes with each group of residents sharing one washroom. In more recent designs such as in Vernon BC they have made 12 and 14 bed cottages that are full Complex Care with larger rooms and ensuites for each resident bedroom. These cottages function best when co-located with a larger Community of Care in order to share resources and economies of scale. A Neighbourhood or Household model may work best for Complex Care residents.

#### http://www.gss.org/locations/british-columbia/vernon/



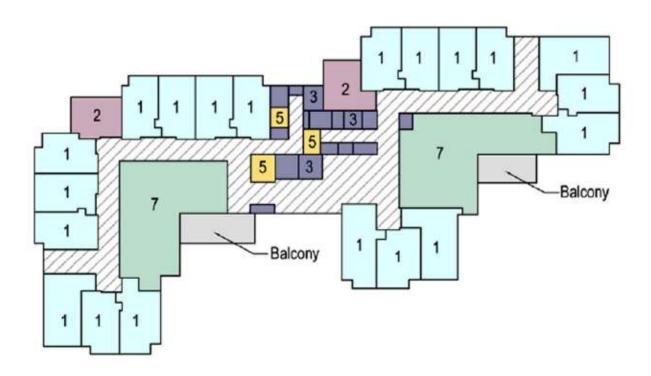
## **CORNER BROOK**, Newfoundland

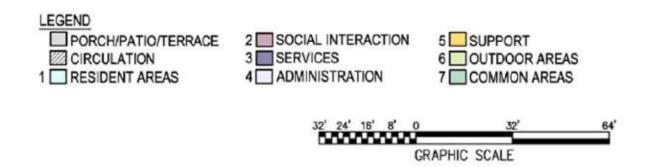
Newfoundland and Labrador opened four Wedman style duplex bungalows that provide an "enhanced assisted living model" in Corner Brook NL (2008 - Sheppard Case Architects). Each "Protective Community Residence" can accommodate 10 residents with mild to moderate dementia, with potential accommodation of 40 residents in total. The residences have the look and feel of a home-like environment and are arranged to encourage residents to carry on normal household routines. Staffing is 1:5 in days and 1:10 at night in three of the cottages; and 1:5 day and night with a float as well for cottage four which cares for more complex needs. In the Corner Brook bungalows the kitchen is shared for efficiency. Staff recommend co-locating such cottages to a larger Community of Care in order to share RN and other professional resources. <u>http://westernhealth.nl.ca/index.php/locations/long-term-care-centres/protective-community-residences</u>



# THE LEONARD FLORENCE CENTRE FOR LIVING: GREEN HOUSE HIGHRISE Chelsea, Boston, Massachusetts

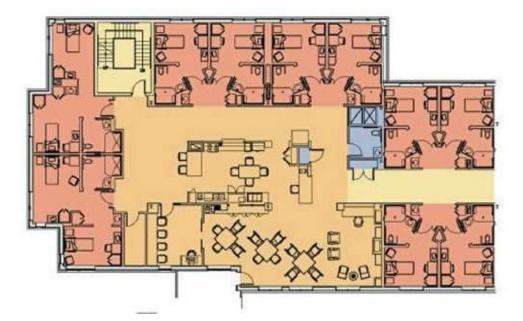
A creative urban version of the Green House model was opened in 2010: The Leonard Florence Centre for Living in Chelsea, Boston, Massachusetts. This 93,000 square foot, six story, 100 bed Nursing Home consists of ten condo-style Green Houses, with each *home* containing ten private bedrooms complete with bath and shower, arranged around a dining area, open kitchen and common living room. Two 7,000-square-foot Green Houses are linked on each of five floors. Staffing is the Green House multitask model with supporting professional resources. http://www.leonardflorencecenter.org/lfcl/about.html

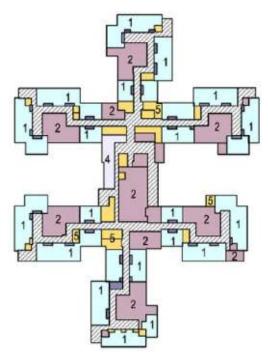




#### HEBREW SENIOR LIFE: NEWBRIDGE ON THE CHARLES, Dedham, Massachusetts

Hebrew Senior Life opened a 268 bed, four story, urban Small-House building in 2009. The health care center is a resident-focused community made up of small households, with 14-16 residents (each having their own private bedroom, bathroom, and shower). Every household features a country kitchen, dining area and living areas where residents can socialize. Each floor has six Small Houses linked to a central core. Residents have private or double occupancy bedrooms with ensuite showers. There is a bathing Spa on each floor and multipurpose space. <a href="http://www.hebrewseniorlife.org/hrc-newbridge">http://www.hebrewseniorlife.org/hrc-newbridge</a> <a href="http://files.cosential.com/FirmTemplates201/2/webdocs/Can\_It\_Be\_Done.pdf">http://files.cosential.com/FirmTemplates201/2/webdocs/Can\_It\_Be\_Done.pdf</a>





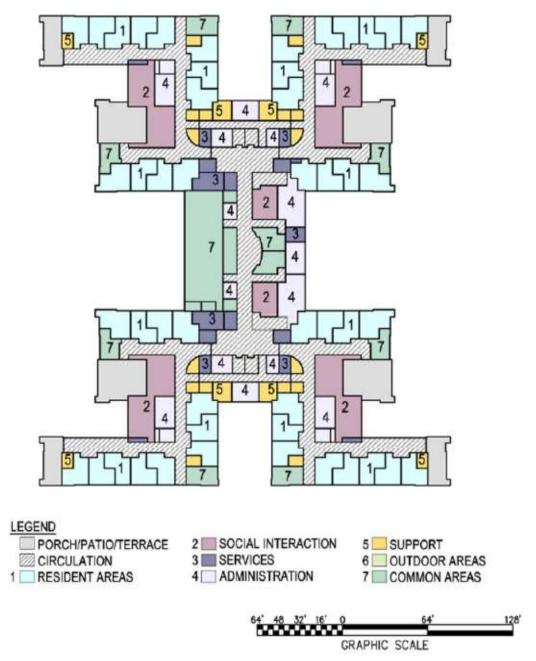
## CHILDERS PLACE, Amarillo, Texas

This 60 bed facility was build in 2007 and has 10 beds in each of six households with pairs linked into three neighbourhoods. Resident rooms are 350 square feet which includes a large bath and shower. http://www.childersplace.org/



## VA Medical Centre Long Beach Community Living Centre

This newly designed three story 120 bed facility has four twelve bed houses on each floor. The typical house is 10,900 square feet. Every two houses are grouped into a neighbourhood that shares support space. Food is delivered in bulk for re-heating and serving in the House kitchens. Each house has its own living and dining area. Each resident bedroom has an ensuite with accessible shower.



http://www.cfm.va.gov/til/dGuide/dgCLC.pdf

## FACILITY PROFILE: NANAIMO SENIORS VILLAGE

6085 Uplands Drive, Nanaimo, BC, V9V 1T8OPERATOR: Retirement ConceptsYear built: 2001Contact: Kat Theus, Marketing Coordinator250.760.2325

Complex Care Beds: 150		Subsid	lized: 132	Priva	Private Pay: 18						
Number of Pri	vate (single):	150	some couples	s rooms with ac	djoining doors (shared ensuite)						
Residential Floors: 2											
Houses: 10 (5 per floor)											
Exit Controls: only one Secure Unit; facility is secure.											
Beds per House: 15											
Layout: Five Spokes of a wheel, with central admin core. Each House has an inner set of rooms that form a wandering loop, including Spa, utilities, activity room.											
Resident Room size (including ensuite): 250 sq.f. (24 sq.m.) Vestibule or Paired Ensuite design:											
Resident ensuite size:											
Ceiling lifts:	Ceiling lifts: no										
Bathing:	Spas: 10: One per House Ensuite showers: no (did have a few but shut off due to resident use)										
Amenities (in House):		Lounges:	Size:	Activity:	Size:						
		Combined Lounge/Activity per Resident:									
		Dining: Size:	Dinin	ng per resident:							
Multipurpose	(shared):	no	Size:								
Care Station: One per floor, shared: quite large Clinical Space: no OT/PT; no exam/treatment; Shared services: Servery for pairs of Houses, except secure unit which has its own. Storage: Outdoor access:											
Kitchen (commercial): location: basement											

Staff rooms: location: basement

## **FUNCTIONAL DESCRIPTION:**

Nanaimo Seniors Village, Retirement Concepts

http://www.nanaimoseniorsvillage.com/

This 150 bed facility is designed as five 15 bed Homes, on each of two floors. The layout is like five spokes on a wheel, with an administrative core and courtyard.

Each House is self-sufficient in dining and lounge areas, and each has an Assisted Bathing Spa. Only one house is secure with exit controls. For the rest residents are able to wander to other Houses

There is no shared multipurpose area.

Pairs of Houses share a Servery or small Kitchen.

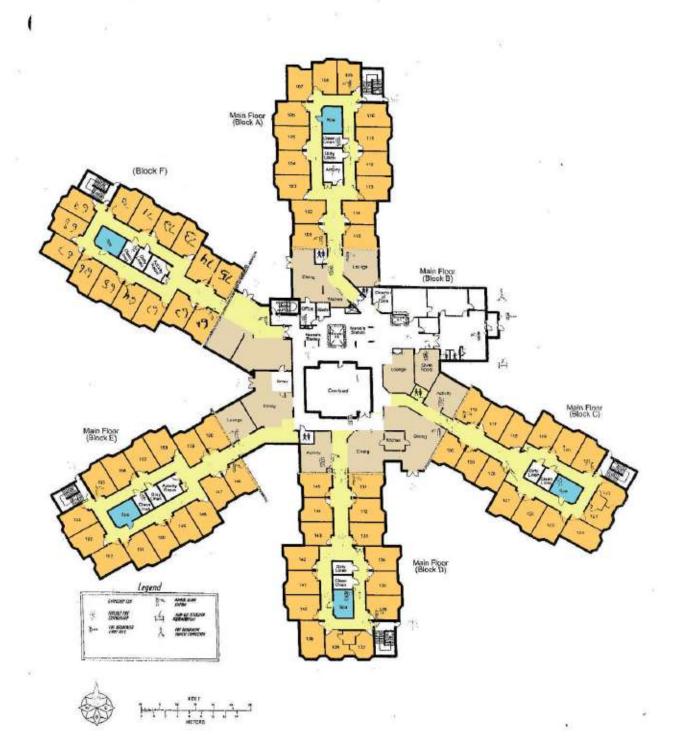
Each House is designed with an inner set of rooms including the Spa, small activity, and utility rooms which form a wandering loop.

All resident rooms are private, with 12 having adjoining doors. There are no ensuite showers.

Each floor shares a Care Station

A basement level houses the commercial Kitchen, staff rooms and other support areas.

## NANAIMO SENIORS VILLAGE



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Small-House Models and Neighbourhood/Household Models for Nursing Home care are emerging across Canada and the United States and are proving to be operationally feasible, particularly if linked or grouped together. More research is needed to compare capital and operating costs of these models with more traditional Nursing Homes.

Bill Benbow is a Health Planner and Consultant on seniors health care and housing projects. He assists in coordinating with Health Authorities to ensure quality, value and efficiency; and compliance with regulations and guidelines. Recently he was the Development Consultant for a combined Complex Care and Assisted Living facility in Sooke BC. He has extensive experience as a Project Manager of capital projects and as a Capital Treasury Board Analyst with the BC Provincial Government. He chaired the Multilevel Care Design Guidelines Review committee. He is particularly interested in the development and implementation of functional design guidelines in the fields of seniors housing and care facilities and has been published in this area.

#### PUBLICATIONS:

"Are facility design standards short-changing LTC residents?" <u>Canadian Nursing Home</u>, Oct., 2008 "Advantages of 'Small House' designs in dementia care" <u>Canadian Nursing Home</u>, March 2012

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