Major Additions and Revisions

The 2018 *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities* is the first revision of the inaugural edition of this document, which was published in 2014. The 2018 Residential Document Group responsible for revising the 2014 *Guidelines* approached the revision as an opportunity to refine the 2014 text, restructure the document for clarity, and—based on needs in the residential long-term care marketplace—provide guidance for additional facility types. For information that was revised, added, or moved from the appendix into the main body requirements, the document group's approach included a concerted effort to base changes on evidence-based research, information from subject matter experts, and experience in the field across a broad spectrum of interrelated disciplines.

The following revisions are global to the 2018 Residential *Guidelines* document:

- A shift in terminology was made from "bariatric resident" to "person of size." This distinction recognizes that persons of size include those who are very tall as well as those who are very large in relation to their height. Bariatric is a term used specifically for those undergoing bariatric treatment.
- On the topics of acoustics and lighting, subject matter experts actively collaborated with the document group to refine requirements and provide additional guidance based on acoustics research conducted in a continuing care retirement community and updated Illuminating Engineering Society (IES) standard requirements for aging and disabled populations. For example, the notion of "speech privacy" has been employed to make clear the benefit residents, staff, and participants gain when acoustic design is considered during project design. Evaluation and decibel levels in various community spaces have been revised based on the research completed.
- Common element chapters for the facility type categories in Parts 3 (residential health facilities), 4 (residential care and support facilities), and 5 (non-residential support facilities) were removed. The content from these chapters was integrated into the facility chapters, which include cross-references to Part 2—now the only common element section referenced from facility chapters. This change reduces the number of times a reader may need to reference another section of the document to find a minimum requirement or guidance.
- Requirements for food service and kitchen facilities were corrected, added to, and/or aligned across facility types to increase clarity and consistency.

Updates were made to the Residential *Guidelines* glossary to support new material and editorial changes, clarify intent, and remove inconsistencies for the user.

As in past editions of the *Guidelines*, significant changes have been marked throughout the print version of the 2018 Residential *Guidelines* with vertical rules beside the text.

Part 1: General

In Part 1, additional guidance has been provided to clarify the definition, purpose, and function of the resident safety risk assessment (RSRA) in Section 1.2-3. Advisory information was revised to emphasize the importance of balancing the need for safety and mitigation of risks with recognition of residents' rights to self-determination and personal decision-making. The additional information supports the execution of a RSRA that balances opportunities for providing a person-centered approach with maintenance of or improvements to resident quality of life.

Advisory appendix information was added to Section 1.2-3.2 (Infection Control Risk Assessment) to highlight some of the common risks to staff and residents based on the latest research.

Hallways and corridors were added as locations to be assessed as part of the resident mobility and transfer risk assessment (Section 1.2-3.3) because of the impact the design of these areas has on independent resident mobility. The goal is to provide design interventions that maximize resident freedom of movement.

Also as part of the resident mobility and transfer risk assessment, a new requirement and associated recommendations were added for bed safety under Section 1.2-3.3.2.10 (Coordination between mobility and transfer equipment and other aspects of the physical environment). The goal for this change was to require evaluation of bed options to reduce the risk of injury related to bed rails, mattresses, and bed configurations.

Recommendations were added as guidance to support development of the security plan required in Section 1.2-3.7.1.4 (Security considerations for project design).

Several clarifications were made in Section 1.2-4 (Environment of Care). In Section 1.2-4.5.2, views of nature were distinguished from access to nature to clarify each element. Added advisory information further defines views of nature, which can include views of the sky, vegetation, natural light, precipitation, birds, and other living organisms. The goal is for the resident to be able to sense seasonal and weather changes and the change of time throughout the day. In Section 1.2-4.5.5, the sensory components for visual and auditory privacy were separated to further define requirements for privacy and confidentiality in the design of the physical environment. This change is intended to address issues such as the use of cubicle curtains, which provide visual privacy but do not support speech privacy.

In Section 1.2-5.8 (Resident Quality of Life), additions and refinements were made to the core values of person-centered care and explanatory appendix material was added to describe each attribute to help users of the *Guidelines* apply these important concepts to facility designs.

Part 2: Common Elements for Residential Health, Care, and Support Facilities

The sustainable design requirements have been updated to reflect current industry standards for whole building life cycle and product selection criteria. Advisory information in appendix section A2.2-2.5 (Use of reduced-impact materials for building assemblies and interior fit-outs) includes updates to related standards, including ANSI/ASHRAE/ASHE 189.3: *Design, Construction and Operation of Sustainable High-Performance Health Care Facilities* and newer life cycle assessment tools and resources that have become available since publication of the 2014 Residential *Guidelines*.

New Section 2.3-3.5 (Care Consultation Area) was added to recognize that in the residential environment care consultation often takes place outside of examination or treatment rooms. Minimum requirements for this type of space were added to support the concept that settings for these care consultation areas, like resident living environments overall, should be homelike rather than clinical.

New Section 2.3-4.2.9 (Accommodations for Telemedicine Services) was added to reflect the increasing use of telemedicine services in residential health, care, and support facilities. The requirements are minimal with advisory information in the appendix listing components to consider for spaces where telemedicine will occur.

Guidance was added to Section 2.4-2.2.9 (Grab Bars) based on the latest research on alternative configurations for swing-up grab bar placement at the toilet, which was published in the *Health Environments Research & Design Journal* article "Beyond ADA Accessibility Requirements: Meeting Seniors' Needs for Toilet Transfers" in September 2017. New appendix table A2.4-a (Resources for Grab Bar Configurations) provides advisory information for consideration in design, including research findings about preferred alternative configurations for one-person, two-person, or equipment-assisted transfers as compared to ADA accessibility standards.

Section 2.4-2.2.10 (Handrails and Lean Rails) was expanded to include lean rails. Residential long-term care settings often rely on lean rails or handrails or a combination of both, depending on the resident care population, to support residents' mobility.

The title of Section 2.5-2.3.3.2 was changed from "Showers" to "Accessible showers" to better align with accessibility standards related to designing showers to maximize resident independence. Appendix language was added to recommend provision of a "zero" height threshold or transition between the shower and adjacent floor because the ADA guidance that allows for a difference in transition height can limit resident mobility and access to a shower, whether independently or with assistance from a caregiver.

The requirement in Section 2.5-3.5.2.2 (Duct humidifiers) in the 2014 Residential *Guidelines* was

stricken to allow other standards to prevail, specifically ANSI/ASHRAE/ASHE Standard 170: *Ventilation of Health Care Facilities,* ANSI/ASHRAE Standard 62.1: *Ventilation for Acceptable Indoor Air Quality,* and ANSI/ASHRAE Standard 62.2: *Ventilation and Acceptable Indoor Air Quality in Residential Buildings*.

Part 3: Specific Requirements for Residential Health Facilities

Late in the development of this edition, the Centers for Medicare & Medicaid Services (CMS) published a final rule on the "Reform of Requirements for Long-Term Care Facilities" affecting the maximum capacity of resident rooms in nursing homes. A maximum of two persons is permitted in a resident room, and each room is required to have a bathroom with toilet and sink. This requirement no longer allows for a bathroom to be located between two double-occupancy or two single-occupancy rooms that have separate resident room entry doors. Section 3.1-2.2.2 (Resident Room) was revised to align with the new CMS requirement. The maximum number of occupants in a resident room after a renovation changed from four to two people in Section 3.1-2.2.2.1 (Capacity) to allow facilities to remain compliant and eligible for reimbursement from CMS.

New text in Section 3.1-2.2.2.2 (Space requirements) requires nursing home rooms to be configured so each resident can view the television from a resident chair. Additional recommendations suggest dimensions for determining space needs. Similar revisions were made for Section 3.2-2.2.2.2 (Space requirements) for hospice rooms.

New Section 3.1-2.2.4.2 (Post-acute care facilities), with accompanying advisory information in the appendix, was added to respond to changing reimbursement rules and shorter hospital stays. Post-acute care facilities are intended for residents receiving rehabilitation services rather than long-term or palliative care services.

Part 4: Specific Requirements for Residential Care and Support Facilities

In Chapter 4.1, Specific Requirements for Assisted Living Facilities, Section 4.1-4.2.3 (Central Bathing or Spa Room or Area) was revised to clarify the requirements for central bathing facilities. Provision of a central bathing or spa room or area remains optional, and the decision whether to have one depends on the needs of the care population. The options for the bathing fixture if a central one is provided have been expanded to include a spa tub as well as a bathtub or shower.

New chapters on two facility types were added to Part 4:

- Chapter 4.3, Specific Requirements for Long-Term Residential Substance Abuse Treatment Facilities, presents new requirements and guidance for facilities that provide a 24-hour-a-day therapeutic community setting for treatment and counseling of individuals with substance use disorders. The chapter was developed in response to requests from the industry to provide design guidance for these community-based settings, which are becoming more prevalent in response to the opiate epidemic.
- Chapter 4.4, Specific Requirements for Settings for Individuals with Intellectual and/or Developmental Disabilities, presents new design requirements and guidance for intermediate care facilities such as a community residence or personal care home for individuals with intellectual and/or developmental disabilities. The chapter does not address larger residential health settings (nursing homes) or hospitals for residents or patients who have intellectual and/or developmental disabilities. This chapter was added because these facilities may be regulated as recipients of reimbursements from CMS.

Part 5: Specific Requirements for Non-Residential Support Facilities

Minimal and editorial revisions were made to Part 5 to make the language clearer. As well, in the chapter on adult day care facilities, the minimum requirement for location of a toilet room in Section 5.1-2.3.3.4 (Support areas for dining, recreation, lounge, and activity locations) was relaxed to allow location adjacent to dining, recreation, lounge, and activity areas rather than a specific distance measured in linear feet. For Chapter 5.3, Outpatient Rehabilitation Therapy Facilities, the minimum space requirements in Section 5.3-3.2.4.2 were revised to make them more flexible and thus more easily applied to the services an organization provides and the care population it serves.