

# Major Additions and Revisions

The 2022 edition of the *Guidelines* builds on the previous work of the Health Guidelines Revision Committee (HGRC) to provide minimum requirements for hospitals, outpatient facilities, and residential care facilities in three independent documents: *Guidelines for Design and Construction of Hospitals*; *Guidelines for Design and Construction of Outpatient Facilities*; and *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*. As with the 2018 *Guidelines* revision cycle, the HGRC was divided into three document groups to manage updates for each book.

In preparation for the 2022 edition of the *Guidelines*, several topic groups were formed to review the 2018 text, each through a specific lens, and to propose updates and revisions. Topic groups reviewed *Guidelines* language from the aspects of rural health, lighting, infection prevention, palliative care, inclusive environments, acoustics, and behavioral and mental health. The Residential Document Group also formed task groups to review the overall content of the 2018 edition. The proposals resulting from the work of all these groups were considered by the document group alongside other proposals from HGRC members and the public.

Although the three 2022 *Guidelines* documents were developed independently, special consideration was given to correlating language, structure, and new requirements across the documents. In this way, recommendations made to just one document could be considered by all three document groups. As part of this effort to increase consistency, the 2022 Residential *Guidelines* was restructured to improve usability and better align with the Hospital and Outpatient documents.

Significant changes to the Residential *Guidelines* are described below. As in past editions, new and revised requirements are marked throughout the document with vertical rules adjacent to the section numbers.

## Glossary

The HGRC Steering Committee made updates to the *Guidelines* glossary for the 2022 edition to clarify intent and address terms for which frequent inquiries have been received since the 2018 edition was published. For example, the terms for exam/treatment room, procedure room, and operating room were updated in the Hospital and Outpatient documents to make clearer the distinctions between the room types. In the Residential *Guidelines*, the definition for exam/treatment room was revised to provide a consistent term across the three *Guidelines* documents.

As well, several terms have been updated in the 2022 glossary to keep pace with evolving usage in the industry. The “clean utility room” has been revised to “clean workroom” and minimum requirements for a clean supply room have been added. Likewise, the “soiled utility room” has been renamed the “soiled workroom.”

The term “behavioral and mental health” replaces “psychiatric” when referencing facilities, residents, patients, and assessments as a result of input from two behavioral health-related topic groups, an industry survey of organizations operating in the medical behavioral and mental health sector, and careful consideration by the Steering Committee. A definition for “ligature-resistant” was added to the glossary to support new guidance for ligature-resistant design features.

## Part 1: General

As part of the effort to improve consistency across the *Guidelines* documents, the content of the safety risk assessment section was thoroughly revised, and a common elements chapter was created. The site selection and site elements chapters in the 2018 edition have been consolidated for the 2022 Residential *Guidelines* in Chapter 1.3, Site.

**Application.** Revisions have been made to clarify that the *Guidelines* encourages innovation or improvement in design and construction techniques when the intent of the standard is met. Clarifying text was added to permit the use of new or alternate concepts “when the requesting organization demonstrates an equal or higher operational goal is achieved and safety is not compromised.”

**Functional program.** Language has been added to the main text and the appendix to clarify how the functional program should connect the residential care organization’s operational needs and objectives with the scope and purpose of a project. The added language provides guidance on the use of the functional program and the importance of identifying the care population early in design.

**Safety risk assessment.** The process for developing a safety risk assessment (SRA) has been tweaked to add “generate solutions” to the two prior steps of “identify hazards” and “evaluate risks” from those hazards. The primary change in this section, however, is the addition of the disaster, emergency, and vulnerability assessment (DEVA) as part of the SRA. Built on the hazard vulnerability assessments many health and residential care organizations already must perform, the DEVA was a result of the development of FGI’s 2021 white paper “Guidance for Designing Health and Residential Care Facilities that Respond and Adapt to Emergency Conditions” (posted at <https://fgiguidelines.org>).

**Infection prevention.** The infection control risk assessment is now the deciding factor in whether an AII room is needed, and new appendix language provides guidance for designers and facility owners making this decision. Fabric drapes and privacy curtains are no longer permitted in AII rooms.

**Resident dementia and behavioral and mental health.** The behavioral and mental health elements of the SRA have been updated to assure that owners and designers consider resident safety concerns throughout the facility. Revised appendix language outlines risk levels recognized by the behavioral and mental health community that can be used to identify risks in particular spaces: “high level” (areas where residents are alone or under minimal supervision), “moderate-high level” (areas where residents interact with less direct supervision), “moderate-low level” (areas where residents are supervised and/or under direct

observation), and “low level” (e.g., staff service areas and public spaces).

**Diversity and inclusive environments.** As health and residential care organizations strive to meet the needs of the diverse populations they serve, the *Guidelines* likewise continues to foster accommodation of these populations through an inclusive approach to design of the built environment. Diversity considerations (e.g., age, body size, ability, cultural background, gender identity, visual acuity) for residents, patients, family members, visitors, and staff are addressed in the sections on user accommodations and cultural responsiveness in the 2022 Residential *Guidelines*. A new section on planning considerations for inclusive environments describes a universal design process that can be employed to create an environment that can be accessed, understood, and used to the greatest extent possible by all people, regardless of age, size, or ability.

**Acoustic design.** Guided by the expertise of the Acoustics Proposal Review Committee, the HGRC approved several changes in acoustic requirements, adding requirements for telemedicine rooms and updating required noise reduction coefficients.

New appendix language and updated requirements for dining areas were added in an effort to make these spaces more usable and enjoyable for populations with different hearing abilities. Large dining areas and small dining rooms are now addressed separately, and information on reverberation control and talker-to-listener distance has been provided.

**Sustainable design.** Code, reference, and green building rating system citations have been updated and, in the absence of a locally or state-adopted energy code, ANSI/ASHRAE/IES Standard 90.1: *Energy Standard for Buildings Except Low-Rise Residential Buildings* must be followed.

## Part 2: Common Elements

Elements that are common to most types of residential health, care, and support facilities are now presented in Chapter 2.1, Common Elements.

**Palliative care.** Design criteria for individuals receiving palliative care were added to the 2022 Residential

document. Appendix sections to these new requirements discuss the different types of palliative care, from a service in a residential setting to care in a hospice facility. Design guidance was written to encourage provision of restorative break spaces for caregivers, family, and/or friends; home-like spaces to promote resident quality of life and living with dignity; and quiet rooms to support sensory stabilization.

**Support areas for staff.** The 2022 Residential *Guidelines* is the first edition to recommend lactation rooms for staff. Appendix language in the section on support areas for staff provides design suggestions and notes that sharing a lactation room between service areas should be acceptable. Providing a lactation room for visitors is also recommended.

**Exam/treatment room for individuals of size.** The size of the exam/treatment room for individuals of size has been increased to assure the room can accommodate lift equipment (fixed or mobile) and expanded-capacity wheelchairs, exam table, and seating.

**Accommodations for telemedicine services.** The use of telemedicine continues to rapidly expand in the United States. Expanding on the minimal telemedicine guidance in the 2018 edition, the 2022 Residential *Guidelines* includes fundamental requirements for clinical telemedicine spaces as well as further design considerations in the appendix for spaces where telemedicine services will be provided. To support flexibility and accommodate the many different types of telemedicine services offered, the requirements are only for spaces where clinical telemedicine services will be provided. Use of a mobile telemedicine cart is allowed when moving an individual to a dedicated room is impractical or impossible (e.g., a hospice patient).

**Food service facilities.** Design requirements for the different kitchen types found in residential care facilities have been significantly restructured so the primary requirements appear in the Common Elements chapter rather than being embedded in the facility type chapters. The kitchen types have been consolidated and renamed as commercial, retail, household, social activity, outpatient therapy, and warming/serving kitchens.

**Lighting design.** Lighting design sections have been significantly revised, with particular emphasis given to

providing measures that allow residents to control their own lighting environment and supporting residents' circadian rhythm.

## Part 3: Residential Health Facilities

### Nursing homes

**Resident room requirements for new construction.** Following requests from authorities having jurisdiction to require minimum square footages for resident rooms, an interim amendment to the 2018 Residential *Guidelines* was released in 2020. The 2022 HGRC fine-tuned the requirements for the 2022 edition, and single-resident rooms in new nursing homes now require a minimum clear floor area of 121 square feet and a minimum clear dimension of 11 feet. Multiple-resident rooms require 108 square feet per resident and a minimum clear dimension of 9 feet 6 inches. Clearances in these rooms are required to support resident mobility and transfer.

**Resident room requirements for renovation.** In renovations of existing nursing homes, resident rooms are permitted to have a maximum capacity of four residents.

**Resident room requirements for individuals of size.** The 2020 interim amendment also added minimum square footages for resident rooms for individuals of size. As with the resident room for new construction, the Residential Document Group modified requirements from the interim amendment to assure care providers have enough room to maneuver residents using lift equipment. All resident rooms for individuals of size require a minimum clear dimension of 13 feet 2 inches to accommodate resident mobility and transfer. The required clear floor area varies depending on whether the room is single- or multiple-resident and whether the lifts used will be fixed (e.g., a ceiling lift on a track system) or mobile.

**Dialysis facilities.** A dialysis treatment area has been added to support nursing homes where dialysis services will be provided.

**Doors and door hardware.** Requirements for doors for resident bathing and toileting facilities have been updated to prevent blockage of the door and assure staff can quickly access a resident who has fallen and needs assistance.

## Hospice facilities

**Hospice patient room.** The Palliative Care Topic Group developed new design requirements and recommendations that support hospice patients and caregivers where hospice and palliative care services are offered. The new sections support the delivery of person-centered care and focus on promoting patient privacy and dignity and enhancing quality of life for hospice patients, their family, and their friends.

Hospice patient rooms must be designed for single occupancy, but exceptions are allowed for double-occupant rooms to accommodate married couples, partners, siblings, a parent and child, and other close relationships. Additional space for a family support zone is required in the hospice patient room.

## Part 4: Residential Care and Support Facilities

**Assisted living settings.** In the 2018 *Guidelines*, assisted living care models were identified as small, medium, and large. For the 2022 *Guidelines*, the Residential Document Group formed a task group to update and clarify assisted living care model descriptions and requirements. The “small model” has been re-termed the “residential model” because these facility types are predominantly located in single-family houses in a neighborhood and feature design elements common to a single-family home. The “medium model” has been renamed the “household model” because it offers the arrangement, scale, character, and autonomy of a residential household. This model is commonly located in residential neighborhoods or on campuses of larger retirement communities. The “large model” is now called the “apartment-style community” to reflect its centralized amenities and support areas and residential-style living spaces in apartments and/or double-occupancy resident rooms.

**Long-term residential substance abuse facilities.** Appendix guidance was added to this chapter to provide context for how these facilities support the continuum of care. Included is information on levels of care and programming and reimbursement considerations.

## Part 5: Nonresidential Support Facilities

**Adult day care and adult day health care facilities.** Requirements for recreation, lounge, and activity areas have been expanded to require at least two separate areas for small group socializing when participants with dementia will be included in the care population. Likewise, facilities serving individuals with intellectual and/or developmental disabilities must have space for activities requiring large equipment (e.g., ping pong) or large muscle movement.

## Part 6: Ventilation of Residential Facilities

FGI reprints ANSI/ASHRAE/ASHE Standard 170: *Ventilation of Health Care Facilities*, with permission, in the *Guidelines* documents as a convenience to its users. In the 2010 and 2014 editions of the *Guidelines*, Standard 170 was incorporated into the *Guidelines* as fundamental requirements for ventilation systems. The 2018 Residential *Guidelines* did not include Standard 170 and new ventilation requirements were written to take its place.

The 2022 Residential *Guidelines* includes the 2021 edition of Standard 170 dated November 2021, which incorporates addenda c and d. The 2021 edition of Standard 170 is the first to present distinct ventilation requirements for nursing homes, hospice facilities, and assisted living settings.

FGI continues to work with ASHRAE to revise and update Standard 170. ASHRAE keeps Standard 170 under a continuous maintenance process, which permits official changes to be made at any point over the life cycle of the document. It is FGI's intent that published addenda to ASHRAE Standard 170-2021 shall be considered part of the 2022 *Guidelines for Design and Construction of Residential Health, Care, and Support Facilities*.

# Glossary

*Specific terms and definitions are provided to facilitate consistency in the interpretation and application of the Guidelines. Some of these terms may have a broader definition in other contexts, but the definitions provided here reflect the use of the terms in the Guidelines. For words that do not appear here, please refer to the Merriam-Webster Collegiate Dictionary.*

**Accessible:** See Location terminology.

**Activity area:** An area of a residential care facility that is used by residents and activity directors/coordinators to engage in activities such as arts and crafts, individual or group games (e.g., cards, electronic games, board games), education, watching video/television. **Note:** This is differentiated from a recreation area.

**Adjacent:** See Location terminology.

**Administrative areas:** Designated spaces such as offices and meeting rooms that accommodate admission and discharge processes, medical records storage, medical and nursing administration, business management and financial services, human resources, purchasing, community services, education, and public relations.

**Airborne infection isolation (AII) room:** A room designated for persons having or suspected of having an infection that is spread through coughing or other ways of suspending droplets of pathogens (e.g., tuberculosis, varicella-zoster virus, measles) into the air.

**Ambulate:** To walk or move about from place to place with or without assistance.

**Area:** A particular extent of space or surface serving a defined function.

**Authority having jurisdiction (AHJ):** An individual or organization designated by a state or government agency to enforce building codes and other regulations related to construction projects.

**Centralized services:** As used in this document, a resident unit, facility, or setting that provides central services.

**Clear dimension:** An unobstructed room dimension exclusive of built-in casework and equipment and available for functional use.

**Clear floor area:** The floor area of a defined space that is available for functional use excluding toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, anterooms, and auxiliary work areas. **Note:** Door swings and floor space below sinks, counters, cabinets, modular units, or other wall-hung equipment that is mounted to provide usable floor space count toward “clear floor area.” Space taken up by fixed encroachments that do not interfere with room functions can be included in calculating clear floor area.

**Clearance:** The required minimum distance between the outermost dimensions of a specified object (e.g., a patient/resident bed or exam table) and any fixed or immovable element of the environment. Outside corners can be measured radially. **Note:** Movable equipment and furniture that do not interfere with functions or could be easily moved out of the way are not used when calculating minimum clearance.

**Clinical sink:** A flushing-rim sink or “hopper” used for disposal of blood or body fluids (e.g., bedpan washing). **Note:** This is not the same as a handwashing sink or an instrument-cleaning sink (single- or double-sink type).

**Community area:** See Public area.

**Community residence:** A residential facility that provides supervised and supportive living environments. **Note:** In a supervised community residence, staff are immediately available on-site 24/7 and supplies for daily living (e.g., food, toiletries) are provided. Supervised community residences are designed to provide a home-like atmosphere where individuals with developmental disabilities can acquire the skills needed to live as independently as possible.

**Culture change:** Common name given to person-centered care processes for transforming health, care, and supportive services based on person-directed values and practices in which the voices of residents, their families, and those working with them are considered and respected and *person* always comes before *task*.

**Curbless shower:** An area of a room that serves as the shower. **Note:** Other terms may include open shower, European shower, or European wet room.

**Differential pressure:** A measurable difference in air pressure that creates a directional airflow between adjacent spaces.

**Directly accessible:** *See* Location terminology.

**Documentation area:** A work area associated with or near a resident care area where information specific to residents is recorded, stored, and reviewed to facilitate ready access by authorized individuals.

**Emergency call system:** Devices that are activated to indicate the need for staff assistance. **Note:** Such devices produce an audible and/or visual indication or may be connected or transmit to an area alert monitor or personal hand-held device.

**Environment of care:** Those physical environment features in a residential health, care, or support facility that are created, structured, and maintained to support and enhance the delivery of care and services.

**Environmental services (housekeeping):** Services anywhere in a residential health, care, or support facility that provide general cleaning and supply identified cleaning materials (e.g., soaps, towels). **Note:** Although routine disinfection protocols can be included in such a definition, the definition is not intended to include complex, non-routine disinfection procedures nor the non-routine disposition of hazardous materials such as potentially toxic drugs or other chemicals.

**Exam room:** A room designated for the performance of patient care activities that may require high-level disinfected or sterile instruments.

**Facility:** A discrete physical entity composed of various functional units as described in the *Guidelines*.

**Fixed equipment:** Equipment with track systems attached at some point in the room. **Note:** Fixed equipment includes ceiling-mounted or overhead lifts, wall-mounted lifts, and other lifting devices with fixed tracking. An

alternative would be a demountable track that may be fully or partially disassembled and removed from the space.

**Functional program:** A record of the key environment of care considerations and facility functional and operational parameters that drive the space program for a project. **Note:** The governing body or its delegate develops the functional program, which is intended to inform the designers of record, authority having jurisdiction, and users of the facility. The size and complexity of the project will determine the length and complexity of the functional program.

**Governing body:** The person or entity that has overall legal and fiscal responsibility for operating the health care facility. For residential health, care, and support facilities, this may be the owner/operator. **Note:** The authority having jurisdiction is not the governing body.

**Hand sanitation dispenser:** A dispenser that contains a liquid solution that has been approved by the FDA for hand hygiene.

**Handwashing station:** An area that has cleansing agents, a means for drying hands, and a sink with a faucet that can be operated without using hands. *See* Hands-free faucets (or fittings).

**Hands-free faucets (or fittings):** Faucets that can be operated without using hands. This includes faucets controlled by single-lever or wrist-blade devices, knee- or foot-operated pedals, or motion sensors such as electric eye controls.

**Hazard:** Anything that has the potential to cause harm.

**Healing garden:** A space, usually outdoors but sometimes indoors, that promotes physical and emotional health and well-being through passive and/or active engagement with nature. These spaces are sometimes called “restorative” or “therapeutic” gardens. **Note:** At best, these spaces are designed based on research (evidence-based design) for a specific population, site, and intended outcome (e.g., stress reduction, positive distraction, exercise, facilitating social connection, rehabilitation, play).

**Health, care, or support facility:** Any facility type listed in the table of contents of this book.

**Household (or country) kitchen:** An activity component usually connected to a great room or other activity room that is intended for use by residents, participants,

or outpatients as well as staff. **Note:** A household kitchen is used for activities and for warming food and serving food as part of an integrated food service program.

**Hospice:** A specialized form of palliative care provided during the last phase of a person's life that is intended to address the total suffering and well-being of an individual, those closest to the individual, and caregivers through physical, emotional, social, and spiritual support.

**Immediately accessible:** See Location terminology.

**In:** See Location terminology.

**In the same building:** See Location terminology.

**Independent living:** Category of residential living that often includes supportive services for residents.

**Individual of size:** A person whose height, body width, weight, and weight distribution throughout the body require increased space for care and mobilization as well as for use of expanded-capacity devices, equipment, furniture, technology, and supplies.

**Infection control risk assessment:** An interdisciplinary process that focuses on reducing risk from infection throughout facility planning, design, and construction (including renovation) activities. The environment, infectious agents, and human factors and the impact of the proposed project are considered by a multidisciplinary team that includes, at minimum, those with expertise in infection prevention, resident care, facility design, engineering, construction, and safety, as circumstances dictate.

**Intermediate care facility for individuals with intellectual disabilities:** A residential institution (or distinct part of an institution) for individuals with intellectual disabilities or related conditions that is primarily for the diagnosis, treatment, or rehabilitation of the intellectually disabled or persons with related conditions. Intermediate care facilities provide ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitation services in a protected residential setting to help each individual function to his or her greatest ability.

**Ligature-resistant:** Without points where a cord, rope, bed sheet, or other fabric/material can be looped or tied to create a sustainable point of attachment that may result in self-harm or loss of life.

**Location terminology** (terms for relationship to an area or room):

<b>In</b>	Located within the identified area or room
<b>Directly accessible</b>	Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space
<b>Adjacent</b>	Located next to but not necessarily connected to the identified area or room
<b>Immediately accessible</b>	Available either in or adjacent to the identified area or room
<b>Readily accessible</b>	Available on the same floor as the identified area or room
<b>In the same building</b>	Available in the same building or an adjoining building as the identified area or room, but not necessarily on the same floor

**Major fraction:** One-half or more.

**Medication errors:** Any preventable event that may cause or lead to inappropriate medication use or resident, participant, or outpatient harm while a medication is in the control of a health care professional, resident, or consumer, whether that person is prescribing; communicating an order for; dispensing; distributing; administering; educating about; monitoring use of; or using a medication. (Definition adapted from the National Coordinating Council for Medication Error Reporting and Prevention definition; see [www.nccmerp.org](http://www.nccmerp.org).)

**Minimum clearance:** See Clear dimension *and* Clearance.

**Mobility:** The functional ability of a resident, participant, or outpatient to move readily from place to place, with or without the use of mobility-related assistive devices.

**Mobilize or mobilization:** The application of resources necessary to cause or enable a resident, participant, or outpatient or limb of a resident, participant, or outpatient to move or continue to move to help the resident, participant, or outpatient maintain or increase physical activity and movement.

**Monolithic ceiling:** A ceiling constructed with a surface free of fissures, cracks, and crevices. Any penetrations such as lights, diffusers, and access panels shall be

sealed or gasketed. (“Lay-in” ceilings are not considered “monolithic.”)

**Movement:** Staff-assisted transfers of a dependent resident (e.g., from a bed to a chair or toilet or from a room to another location). **Note:** “Movement” can apply to repositioning a dependent resident in a bed or chair and can be the result of ambulation or mobilization. *See also* Ambulate, Mobilization.

**Nature:** An organic environment in which the majority of ecosystem processes are present (e.g., birth, death, reproduction, relationships between species) or any single element of the natural environment (e.g., plants, animals, soil, water, air). **Note:** This includes the spectrum of habitats from wilderness areas to farms and gardens as well as domestic and companion animals and cultivated potted plants. Nature can also refer collectively to the geological, evolutionary, biophysical, and biochemical processes that have occurred throughout time to create the Earth as it is today.

**Noise:** Unwanted, interfering, and/or harmful sound.

**Nonresidential support facilities:** Category of facilities such as adult day care and wellness centers in which health, care, and/or support services that do not require overnight accommodation are provided.

**Nurse call system:** A hardwired or wireless system for calling care staff to a resident room or other location when a resident, participant, or outpatient needs assistance.

**Nurse station:** A multipurpose staff work area used by all caretakers in a resident unit in centralized care models.

**Office:** *See* Room.

**Owner/operator:** *See* Governing body.

**Palliative care:** A superordinate term that encompasses a variety of types of care intended to address the total suffering and well-being of an individual, those closest to the individual, and caregivers through physical, emotional, social, and spiritual support.

**Participant:** A person receiving care and services in an adult day care, adult day health care, or PACE facility or a wellness center that provides day services only and no overnight stays.

**Patient:** A person receiving hospice care in a residential health, care, or support facility or a person receiving medical care or rehabilitation therapy in an outpatient facility.

**Person-centered care:** A philosophical approach that honors and respects the voice of individuals being served and those working most closely with them. **Note:** This care model process is intended to individualize care and deinstitutionalize the care environment.

**Personal care home:** A residence that provides residents with shelter, meals, supervision, and assistance with personal care tasks. **Note:** The services provided vary and are based on the individual needs of each resident. These facilities typically house older people or individuals with physical, behavioral health, or cognitive disabilities who are unable to care for themselves but do not need medical or nursing home care.

**Places of respite:** Spaces within a residential health, care, or support facility or on a campus provided to connect residents, participants, outpatients, visitors, and staff to the health benefits of the natural environment. (Green Guide for Health Care, Sustainable Site Design: Places of Respite Technical Brief, [www.gghc.org/tools.technical.php](http://www.gghc.org/tools.technical.php))

**Post-acute care:** Care for residents who are discharged from acute care hospitals to inpatient rehabilitation facilities, nursing homes, or home health care providers.

**Public area:** Designated spaces freely accessible to the public. **Note:** These spaces include parking areas, entrances, entrance lobbies, reception and waiting areas, public toilets, snack bars, cafes, vending areas, gift shops and other retail locations, resource libraries and meeting rooms, chapels, and gardens.

**Quiet room:** A room that offers a low-stimulation and positive distraction environment for respite during periods of personal conflict, agitation, episodic cognitive disturbance, or similar condition.

**Readily accessible:** *See* Location terminology.

**Recreation area:** An area in a residential care facility that is used by residents and recreation therapists/coaches for physical exercise and movement. **Note:** This is different from an activity area.

**Resident:** A person living and receiving health, care, and/or support services in a nursing home, hospice facility, assisted living setting, independent living setting, long-term residential substance abuse treatment facility, or setting for individuals with intellectual and/or developmental disabilities.



**Resident unit:** Groups of resident rooms and support areas. *Note:* Size and layout of resident units are based on care model staffing patterns, functional operations, and communication systems used in the facility.

**Residential care and support facilities:** Category of facilities such as assisted living and independent living settings in which services such as assistance with activities of daily living and/or instrumental activities of daily living are provided to residents.

**Residential health facilities:** Category of facilities such as nursing homes and hospice facilities in which long-term health services are provided.

**Resident-operated mobility devices:** Equipment (e.g., wheelchairs, walkers, ambulation-assistance equipment, battery-operated mobile chairs) used by residents, participants, and outpatients in residential health, care, and support facilities to enable them to mobilize.

**Room:** A space enclosed by hard walls and having a door. *Note:* Where the word “room” or “office” is used in the *Guidelines*, a separate, enclosed space for the one named function is intended. Otherwise, the described area may be a specific space in another room or common area.

**Safety risk assessment (SRA):** An interdisciplinary process that focuses on reducing risk from infections, mobility and transfer activities, resident falls, dementia and mental health issues, medication errors, security issues, and disasters throughout planning, design, and construction (including renovation). *Note:* For each space or component, this safety risk assessment defines each specific hazard’s likelihood of occurrence based on historical data and its potential to harm occupants.

**Service areas:** Designated spaces that house auxiliary functions that do not routinely involve contact with residents, participants, or the public. *Note:* Examples of these spaces include supply, processing, storage, and maintenance services such as dietary, laundry processing and storage, environmental services/housekeeping, maintenance operations, and clean supply and soiled holding rooms.

**Space program:** A translation of the owner/operator’s operational needs into architectural and engineering requirements. *Note:* The size and complexity of the project will determine the length and complexity of the space program.

**Speech intelligibility/articulation:** Measures of how comprehensible speech is to residents, participants,

patients, families, health and residential care professionals, and staff in health and residential care settings.

**Speech privacy:** Techniques to render speech unintelligible to casual listeners. (Definition from ANSI T1.523-2001: Glossary, a standard maintained by the U.S. Department of Commerce, National Telecommunications and Information Administration, Information Security Program.) *Note:* This definition matches earlier ones in ANSI S3.5 (1969) and ASTM E1130 (1997 & 2001) and is consistent with ASTM E2638 (2011). See ASTM E1130 and ASTM E2638 for four defined, measurable levels of speech privacy. Speech privacy is a condition required by HIPAA (the Health Insurance Portability and Accountability Act) and is the subject of the “noise-at-night question” on the HCAHPS patient satisfaction survey.

**Station:** *See* Handwashing station, Nurse station.

**Subacute care:** Category of care requiring less intensity of care/resources than acute care. *Note:* Subacute care falls within a continuum of care determined by resident acuity, clinical stability, and resource needs.

**Support areas (for resident units, diagnostic and treatment areas, etc.):** Designated spaces or areas in which staff members perform auxiliary functions that support the main purpose of the unit or other location. *Note:* Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended. Otherwise, the described area is permitted to be a specific space in another room or common area.

**Support areas (for residents, families, and/or visitors):** Designated spaces for the use of residents, clients, participants, patients, or visitors (e.g., changing areas, dining rooms, toilet rooms, activity rooms) or families and visitors (e.g., waiting areas and lounges, children’s play areas, toilet rooms). *Note:* Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended. Otherwise, the described area is permitted to be a specific space in another room or common area.

**Support areas (for staff):** Designated spaces for the personal use of staff (e.g., changing areas, toilet rooms, showers, lounges, dining areas). *Note:* Where the word “room” or “office” is used, a separate, enclosed space for the one named function is intended. Otherwise, the described area is permitted to be a specific space in another room or common area.

## GLOSSARY

**Telemedicine:** The use of electronic communications for the exchange of medical information from one site to another.

**Unit:** An area or space usually dedicated to a single defined organizational function.

**Universal design:** The concept of designing all products and the built environment to be usable and non-stigmatizing to the greatest extent possible by everyone, regardless of age, ability, or status in life.