

***14. ASSISTED LIVING**

In this edition appendix material appears in the main body of the document; however, it remains advisory only.

~~*A14. ASSISTED LIVING~~

~~Assisted living residences are an important concept in the continuum of care. They encompass a wide spectrum of provider models. The design should accommodate residents with a range of cognitive and physical abilities. Flexibility and innovation in facility design are encouraged in this evolving field.~~

~~An assisted living setting should be designed in a way that maximizes the quality of life, independence, autonomy, safety, dignity, choice, and privacy of residents. Settings should also be designed in a manner that promotes family and community involvement. In accordance with program parameters, facility design should allow residents to interact freely with others in the assisted living residence and with others in the community.~~

~~Readers interested in design, construction, and environmental issues related to assisted living are referred to the following organizations:~~

~~Your state's licensing authority~~

~~AAHSA — American Association of Homes and Services for the Aging (www.aahsa.org)~~

~~AARP — (www.aarp.org)~~

~~AHCA NCAL — National Center for Assisted Living of the American Health Care Association (www.ncal.org)~~

~~ALFA — Assisted Living Federation of America (www.alfa.org)~~

~~Alzheimer's Association (www.alz.org)~~

~~ASHA — American Seniors Housing Association (www.seniorshousing.org)~~

~~ICC — International Code Council (www.icbo.org)~~

~~NASHP — National Academy for State Health Policy (www.nashp.org)~~

~~NFPA — National Fire Protection Association (www.nfpa.org)~~

***14.1 General Considerations**

For the purposes of this chapter, assisted living facilities are a vital and growing component of the continuum of care, providing a supportive residential environment for consumer-directed services. This chapter acknowledges that the many resident-driven variations of assisted living facilities that can be found represent the programmatic needs and preferences of the individuals who choose to live there. The requirements and recommendations contained herein therefore, are intended to represent the base-level standards that will ensure the safety, accessibility, and residential aspects of all assisted living facilities.

14.1.A. Applicability

This chapter identifies the minimum requirements for assisted living facilities and recognizes various configurations of assisted living facilities, which must comply with applicable state and local requirements. Acknowledging that occupancy and building construction requirements will vary among jurisdictions, it is the intent of this chapter to establish minimal standards for safety and accessibility for a residential care

environment, regardless of facility scope and scale. The common goal of this chapter and individual local and state requirements is to facilitate accountability as well as protection of the consumer.

14.1.B. Ancillary Services

When a facility shares or purchases services, appropriate modifications or deletions in space and parking requirements may be required.

14.1.C. Environment of Care

Assisted living facilities shall be designed and constructed to provide a supportive environment, conducive to the day-to-day activities of typical family life consistent with applicable cultural, emotional, and spiritual needs of individuals who need limited assistance. This supportive environment shall promote independence and dignity, balance autonomy with safety, and provide choice for all residents in a manner that encourages family and community involvement. The architectural environment shall eliminate as many barriers as possible to effective access and use of the space, services, equipment and utilities appropriate for daily living. See Chapter XX of this document for other general requirements.

14.1.D. Location

Assisted living facilities shall obtain applicable land use approval from the relevant jurisdiction. See Chapter 3 of this document for other general requirements.

14.1.E. Roads

Roads shall be provided within the property for access to the main entrance and service areas. Fire department and emergency vehicle access shall be provided in accordance with local requirements. See Chapter 3 of this document for other general requirements.

14.1.F. Parking

Each assisted living facility shall have parking space to satisfy the needs of the residents, families, staff, and visitors. In the absence of local requirements or a formal parking study, a minimum of one space for every four resident units (or beds) shall be provided. See Chapter 3 of this document for other general requirements.

14.1.G. Functional Program

The sponsor of each project shall provide a functional program, which defines the scope and scale of the facility, facilitates authorities having jurisdiction in the application of licensure and occupancy approvals, and addresses applicability provisions of this chapter. See section 1.1.F of this document for additional information.

14.1.H. Services

Assisted living facilities are unique in that services provided are in large part driven by the service needs and lifestyle preferences of the residents being served. The architectural environment shall support these services and levels of care provided within the facility. Services such as home health, hospice, dietary, storage, pharmacy, linen, and laundry in accordance with the functional program may be contractually provided or shared insofar as practical with other licensed or unlicensed entities.

14.1.I. Renovation

See Chapter 1 of this document for other issues to consider.

14.1.J. Provisions for Disasters

See Chapter 1 of this document for other issues to consider.

***14.1.K. Codes and Standards**

A code-compliant, safe, and accessible environment shall be provided. Other design and construction standards may apply when a facility seeks accreditation, certification, licensure, or other credentials. When institutional codes are required, the facility shall maintain the residential environment desired by residents.

14.1.K1. Accessibility codes. The facility shall comply with applicable federal, state, and local requirements (see Section 1.4).

14.1.L. Equipment

Assisted living facilities shall be equipped and furnished with facility and occupant items in accordance with the functional program. See Chapter 4 of this document for other issues to consider.

14.1.M. Construction

See Chapter 5 of this document for other issues to consider.

14.1.N. Record Drawings and Manuals

See Chapter 6 of this document for other requirements.

14.2 Resident Living Environment

***14.2A. Size and Configuration**

14.2.A1. Facility spatial requirements shall be determined by the functional program.

14.2.A2. Areas for the care and treatment of users not residing in the facility shall not interfere with or infringe upon the space of residents living in the facility.

14.2.B. Resident Accommodations

The facility shall provide adequately sized bedrooms or apartments (dwelling units) that allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the resident.

***14.2.B1.** Resident room size (area and dimensions) shall permit resident(s) to move with assistance of a walker or wheelchair about the room, allowing access to at least one side of a bed, window, closet or wardrobe, chair, dresser, and night stand.

a. Room size and configuration shall permit resident(s) options for bed location(s) and shall comply with spatial requirements of the authority having jurisdiction.

b. Bedrooms shall be limited to single or double occupancy.

c. Where cooking is permitted in resident rooms (apartment), additional floor area shall be provided for

cooking and dining. The cooking area shall be equipped with a dedicated sink, and cooking and refrigeration appliances.

14.2.B2. Bedrooms shall not be used as a passageway, corridor, or access to other bedrooms.

14.2.B3. Resident bedrooms shall have a window that provides natural light with a maximum sill height of 36 inches (0.91 meter) above the finished floor.

14.2.B4. Each resident shall be provided separate and adequate enclosed storage volume within the resident room.

*14.2.B5. Each resident shall have access to a toilet room. A minimum of one toilet room shall be provided for every four residents not otherwise served by toilet rooms adjoining resident rooms. The toilet room shall contain a water closet, lavatory, and a horizontal surface for the personal effects of each resident.

14.2.B6. One bathtub or shower shall be provided for every eight residents (or fraction thereof) not otherwise served by bathing facilities in resident rooms. Bathing facilities shall be provided on each floor where resident sleeping areas are located.

a. A bathtub shall be provided for resident use when required by the functional program.

b. Bathing fixtures shall be located in individual rooms or enclosures, with space for private use of the bathing fixture, for drying and dressing, with convenient access to a grooming location containing a lavatory, mirror, and counter or shelf. A toilet shall be provided within or directly accessible to each resident bathing facility without requiring entry into the general corridor.

14.2.C. Service Areas

14.2.C1. Staff work area(s) shall be provided in accordance with the functional program.

a. Lockable storage shall be provided for resident records.

b. Direct visualization of resident rooms or corridors from staff work areas is not required.

14.2.C2. Toilet room(s) for staff and public use shall be provided, and shall contain water closets with a handwashing station. Toilet rooms may be unisex, and shared by public and residents.

14.2.C3. Lockable closets, drawers, or compartments shall be provided for safekeeping of staff personal effects such as handbags.

14.2.C4. Staff lounge area shall be provided when required by the functional program.

14.2.C5. When required by the functional program, provision shall be made for 24-hour distribution of medications. A medicine preparation room, a self-contained medicine dispensing unit, or other system may be used for this purpose. The medicine preparation room, if used, shall provide for security. It shall contain

a work counter, sink, refrigerator, and locked storage for controlled drugs. A self-contained medicine dispensing unit, if used, may be located at the staff work area, in the clean workroom, in an alcove, or in other space convenient for staff control. (Standard "cup" sinks provided in many self-contained units are not adequate for handwashing.)

14.3. Resident Support Areas

14.3.A. Dining Areas

14.3.A1. Space for dining, separate from social areas, shall be provided.

14.3.A2. In a facility with more than 16 residents, dining and social areas shall not be confined to a single room.

14.3.A3. Natural light shall be provided at resident dining areas.

14.3.A4. Dining areas shall be configured in accordance with the functional program.

14.3.A5. Dining areas shall provide 20 square feet (6.09 square meters) per occupant using the space at one time.

14.3.A6. Toilet room(s) shall be provided convenient to dining and social areas.

14.3.B. Storage

The facility shall provide storage space for equipment and supplies required for the care of residents as required by the functional program.

14.4 Activities and Social Areas

Activity areas shall accommodate both group and individual activities.

14.4.A. A minimum of 20 square feet (6.09 square meters) per facility resident shall be provided for activity areas for socialization, passive and active recreation, and social activities.

*14.4.B. Outdoor areas shall be provided for residents, visitors, and staff. Outdoor spaces may include gardens on grade or on roof decks, or solaria, porches, and balconies.

14.4.C. Toilet room(s) shall be provided convenient to activity areas.

14.5–14.7. Reserved.

***14.8 Alzheimer's and Other Dementia Units**

A secure unit is a distinct living environment designed for the particular needs and behaviors of residents with dementia. Dementia units within assisted living facilities shall, in addition to the assisted living

requirements, comply with the following:

14.8.A. A dementia unit operated as a portion of an assisted living facility must provide self-contained leisure and dining room space, unless it can be demonstrated to the satisfaction of the authority having jurisdiction that use of shared common areas is appropriate to the needs of all residents.

14.8.B. For operational efficiency, support services and spaces may be located within adjacent programs.

14.8.C. Dementia units shall provide an appropriate controlled-egress system on all required exit doors or those leading to other areas of the facility, unless prior approval of an alternative method for the prevention of resident elopement from the unit has been obtained from the authority having jurisdiction.

14.8.D. All operable windows shall be equipped with mechanisms to limit exterior window openings, to prevent elopement and prevent accidental falls.

14.8.E. Alternative toilet and bathing fixture ratios shall be allowed in accordance with the functional program.

14.9 Dietary Facilities

The food preparation and service area shall be provided with sufficient and suitable space and equipment to maintain efficient and sanitary operation of all required functions, in compliance with the applicable state and local sanitary codes.

14.10 Administration and Public Areas

14.10.A. Areas shall be provided suitable for posting required notices, documents, and other written materials in public locations visible to and accessible to residents, staff, and visitors.

14.10.B. Private space shall be provided for residents to meet with others.

14.11 Linen Services

Space shall be provided for laundry services, as defined by the functional program.

14.11.A. If contractual services are used, the facility shall provide an area for soiled linen awaiting pickup and a separate area for storage and distribution of clean linen.

14.11.B. If on-site services are provided, the facility shall have areas dedicated to laundry and separate from food preparation areas. The facility laundry area for facility-processed bulk laundry shall be divided into separate soiled (sort and washer area) and clean (drying, folding and mending area) rooms. Separate soaking and handwashing sinks and housekeeping room shall be conveniently located to laundry areas.

14.11.C. If shared personal laundry areas are provided, the areas shall be equipped with a washer and dryer for use by residents and a conveniently located handwashing station.

14.12 Housekeeping

Space shall be provided for storage of housekeeping supplies and equipment. A designated service sink shall be provided.

14.13 Engineering Service and Equipment Areas

Assisted living facilities shall provide the necessary area to effectively house building systems and maintenance functions in accordance with the functional program. See chapter XX for common elements.

14.14–14.27. Reserved.

14.28 General Standards for Details and Finishes

Assisted living facilities shall incorporate features and finishes that optimize sensory function and facilitate mobility, including ambulation and self-propulsion, including the incorporation of features that optimize independent way-finding. Potential hazards to residents, including sharp corners, slippery floors, loose carpets, and exposed hot surfaces, shall be avoided.

14.29 Construction Features

See chapter XX for common elements.

14.30 Special Systems

14.30.A. (reserved)

14.30.B. Vertical Transportation and Elevators

Multistory assisted living facilities shall be provided with independent access to all resident use floors.

14.30.C. Waste Storage and Processing Service

Accommodations shall be made for the collection and disposal of waste produced within the facility. Space shall be provided for enclosed waste storage that is separate from food preparation, personal hygiene, and other clean functions. See chapter XX for common elements.

14.31 Mechanical Standards

14.31.A. General

Assisted living facilities shall have building systems that are designed and installed in such a manner as to provide for the safety, comfort, and well-being of the residents. See chapter XX for common elements.

14.31.B. Reserved.

14.31.C. Reserved.

14.31.D. Heating, Ventilation, and Air Conditioning Systems

Assisted living facilities shall have an HVAC system(s) to prevent the concentrations of contaminants and temperatures that impair health or cause discomfort to residents and employees. Airflow shall move from generally from clean to soiled locations. See chapter XX for common elements.

14.31.D1. The facility shall have a permanently installed heating system capable of maintaining an interior temperature of 72 degrees Fahrenheit (22 degrees Celsius) under heating design temperatures.

14.31.D2. The facility shall be configured and equipped with a cooling system capable of maintaining an interior temperature of 75 degrees Fahrenheit (24 degrees Celsius) under cooling design temperatures.

14.31.E. Plumbing and other piping systems shall comply with applicable codes and regulations. See chapter XX for common elements.

14.32 Electrical Standards

Lighting shall be engineered to the specific application. Unless alternative lighting levels are justified by the approved functional program, Table 8.4 shall be used as a guide to minimum required ambient and task lighting levels in all rooms, spaces and exterior walkways.

***14.32.A.** The Illuminating Engineering Society of North America (IESNA) has developed recommended lighting design practices, including minimum lighting levels for senior living environments.

***14.32.B.** Approaches to buildings and parking lots, and all occupied spaces within buildings, shall have fixtures for lighting. Consideration shall be given to both the quantity and quality of lighting, including contrast in lighting levels, glare control, the special lighting needs of the elderly, area-specific lighting solutions, the use of daylighting, the life cycle costs of lighting, and other lighting design practices as defined and described in ANSI/IESNA RP-28-01.

14.32.C. Resident rooms and toilet rooms shall have provisions for general lighting and task lighting. All light controls in resident areas shall be quiet-operating.

14.32.D. Resident unit corridors shall have general illumination with provisions for reducing light levels at night. Corridors and common areas used by residents shall have even light distribution to avoid glare, shadows and scalloped lighting effects. Highly reflective floors shall be avoided.

14.32.E-14.32. Reserved.

***14.32.G Call System**

14.32.H Emergency Electrical Service

Emergency power provisions shall be provided for life support equipment.

14.32.I Fire Alarm System

Fire alarm and detection systems shall be provided in accordance with applicable codes and regulations. See chapter XX for common elements.

14.32.J Telecommunication and Information Systems

Telecommunication and information systems shall be provided in accordance with the functional program.
See chapter XX for common elements.

A14.1. Assisted living facilities can be very different from one state to another and within each state. In some states, the building itself is not licensed. The entity that provides services is the licensed entity. The design of assisted living facilities varies, taking into consideration cultural, geographic, socioeconomic, and ethnic differences.

Assisted living facilities provide care for individuals who need or desire assistance with medications and activities of daily living (e.g. eating, bathing, dressing, toileting, and ambulating). Some facilities care only for people requiring minimal assistance with activities of daily living, while others may offer more intensive services, including dementia-specific care. The design and construction of assisted living facilities, as much as possible, shall reflect the needs and preferences of the individuals who reside in the facility.

A14.1.K There has been a great deal of discussion as to the appropriate Building Code or Life Safety Code under which assisted living facilities should be designed and constructed. Facilities serving similar resident groups and providing similar services are considered residential occupancies in some jurisdictions and institutional occupancies in others. The model codes do not adequately recognize the unique nature of assisted living as a distinct occupancy classification.

Institutional codes place overly restrictive and costly requirements on facility construction. Residential codes, however, may not require adequate protection.

To provide the flexibility needed to serve residents whose physical and mental capabilities may change over time; to eliminate the requirement for jurisdictions having authority to continually monitor the evacuation capabilities of residents within assisted living facilities; and to provide additional protection for facilities occupied by physically and mentally frail occupants who may require physical assistance from others, it is recommended that a “Residential Plus” construction type for assisted living facilities with 24-hour staff be utilized. A “Residential Plus” occupancy allows construction of facilities using residential construction, with the addition of several technological and institutional requirements. These additional requirements provide for prompt detection, notification, and suppression of fire within a facility and allow use of a “defend in place” approach that minimizes the need for evacuation of occupants.

Assisted living facilities utilizing residential occupancy and construction types should be allowed with the following additional safety features:

a. Facilities are protected throughout by a supervised automatic fire suppression system with quick response sprinklers within smoke compartments containing sleeping rooms. Automatic fire suppression systems in facilities with more than 16 occupants should be installed in accordance with NFPA 13.

b. Smoke barriers subdividing every story into at least two smoke compartments are provided. Such smoke compartments should be not more than 22,500 square feet (6,858 square meters) and with a travel distance from any point in each smoke compartment to a smoke barrier door not to exceed 200 feet (60.96 meters).

The therapeutic and programmatic benefits of providing waiting areas and similar spaces open to the corridor have long been recognized within long-term care facilities. Spaces open to the corridor significantly enhance resident mobility and accessibility to programs, encouraging resident participation.

Spaces open to corridors should be allowed within assisted living facilities utilizing residential occupancy and construction types where the following criteria are met:

- a. The spaces are not used as sleeping rooms, or hazardous or incidental use areas, and the space is arranged so as not to obstruct access to required exits.
- b. The corridors and areas open to corridors are equipped with quick response sprinklers and an automatic smoke detection system, which automatically notifies emergency forces.

Programmatic considerations may call for the control of egress from some facilities or portions of facilities. In the case such egress control is desired, the following should be followed:

- a. The means of egress should not be locked except when clinical reasons are well documented and when such egress control is not a substitute for appropriate staffing.
- b. When the means of egress is locked, a keyed or electronically released locking device must automatically open upon activation of the fire alarm system or lost of power.
- c. No device operation sign should be posted when 24-hour awake and trained staff supervises the locking device.

A14.1.K1. Assisted living facilities should consider residents with varying and possibly increasing levels of acuity. To maximize the potential for aging in place, particular attention should be paid to overall accessibility. Locations where individuals may not require physical assistance from others in emergency situations typically require compliance with standards for multifamily housing (a specific subset is now used as “safe harbor” for Fair Housing architectural requirements). In addition, the Uniform Federal Accessibility Guidelines shall apply for structures built with federal assistance. Locations where individuals require physical assistance from others in emergency situations may require compliance with the Americans with Disabilities Act Accessibility Guidelines.

A14.2A. Assisted living has developed into a variety of models that are designed to meet differing social, economic, and therapeutic considerations. The many varieties of assisted living may generally be categorized into the following two types:

- a. Apartment model facilities provide private resident units ranging in size from efficiency to two- or even three-bedroom apartments. These apartments are typically provided with cooking facilities (sometimes limited to a microwave) and are often indistinguishable from apartment units available to the general population. Common, group activity areas that residents may utilize in addition to their private apartment are provided to promote the social and programmatic aspects of the facility.
- b. Group living model facilities provide smaller private spaces that are sometimes limited to a private or shared resident bedroom area. The focus of daily life is provided within shared activity spaces that are residential-scaled and organized similar to a typical house. These smaller-scale “homes” may be freestanding or grouped together in attached or detached configurations. At times, commons or community facilities are provided to allow residents to participate in activities outside of their “home.”

Many alternative facility configurations have been created that incorporate aspects from each of these approaches. These guidelines are intended to allow and encourage the continued evolution of this facility type without locking into a particular program or model.

A14.2.B1. In cases where double-occupancy resident rooms are provided, configurations should be utilized that provide individual privacy and control of the environment. The design should not restrict access to shared, common elements within the room.

A14.2.B5. Doors to toilet rooms may be hinged, or where local requirements permit, sliding, pocket, or folding doors may be used for toilet rooms in resident rooms provided adequate provisions are made for acoustic and visual privacy and resident safety and usability. Toilets used by residents should be provided sufficient clearance on both sides of the water closet to enable physical access and maneuvering by staff, who may need to assist the resident in wheelchair-to-water closet transfers and returns. Where independent transfers are feasible, alternative grab bar configurations should be permitted.

A14.8. These are purpose-designed, secure units for individuals with dementia. Additionally, in some assisted living facilities there may be a significant percentage of individuals with some level of dementia who are not in a purpose-designed secured unit. This has a direct impact on appropriate design for all assisted living facilities to facilitate the highest level of functioning for these residents. The living environment should be equipped with special features, such as personalized resident bedrooms, features that support resident orientation to their surroundings, secured storage, safe outside areas, and security considerations to support individuals with varying levels of cognitive impairment.

A14.32.A. Refer to ANSI/IESNA RP-28, *Lighting and the Visual Environment for Senior Living*, for additional information.

A14.32.B. Refer to the *IES Lighting Handbook* and ANSI/IESNA RP-29, *Lighting for Health Care Facilities*, for additional information.

Excessive differences in lighting levels should be avoided in transition areas between parking lots, building entrances and lobbies or corridors, in transition zones between driveways and parking garages, etc. As the eye ages, pupils become smaller and less elastic, making visual adaptation to dark spaces slower. Upon entering a space with a considerably lower lighting level, elderly residents may need to stop or move to one side until their eyes adapt to excessive lighting changes. Elderly pedestrians may need several minutes to adjust to significant changes in brightness when entering a building from a sunlit walkway or terrace.

Consideration should be given to increasing both indoor and outdoor illumination levels in such transition spaces to avoid excessive differences between electric lighting levels and natural daytime and nighttime illumination levels. In addition, it is very helpful for pedestrians to have conveniently located places to wait, giving them time to adjust their eyes to different lighting environments. Seating areas off busy lobbies or corridors can minimize the potential for accidents by giving them the time they need.

Care should be taken to minimize extremes of brightness within spaces and in transitions between spaces. Excessive brightness contrast from windows or lighting systems can disorient residents.

Lighting that creates glare and colors that do not differentiate between horizontal and vertical planes, or

between objects and their backgrounds (such as handrails or light switches from walls, hardware from doors, faucets from sinks, or control knobs from appliances) should be avoided, unless therapeutic benefits can be demonstrated. (For example, it has been demonstrated that deliberately camouflaged door hardware may help control wandering and elopements by some cognitively impaired residents in Alzheimer's care facilities.)

Care should be taken to avoid injury from lighting fixtures. Light sources that may burn residents or ignite bed linen by direct contact should be covered or protected.

Ambient light levels are determined on a horizontal plane above the floor. The use of this method in the types of areas described should result in values of average illuminance within 10 percent of the values that would be obtained by dividing the area into 2-foot (0.6-meter) squares, taking a reading in each square, and averaging.

The measuring instrument should be positioned so that when readings are taken, the surface of the light-sensitive cell is in a horizontal plane and 30 inches (760 millimeters) above the floor. This can be facilitated by means of a small portable stand of wood or other material that will support the cell at the correct height and in the proper plane. Daylight may be excluded during illuminance measurements. Readings can be taken at night or with shades, blinds, or other opaque covering on the fenestration.

A14.32.G. Assisted living facilities with more than 16 residents or where residents may not be effectively heard by staff members should have an emergency communication or call system. Such a system should be capable of activation/operation from resident use toilets, bedrooms, and bathing areas. The signal should be transmitted to on-duty staff (through fixed locations or wearable devices).