

15. ADULT DAY HEALTH CARE FACILITIES

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

*15.1 Statement of Purpose

~~Adult day care facilities shall have a functional program in accordance with Section 1.1.F, indicating their focus as a social or medical model.~~

Adult day health care (ADHC) services are group programs designed to meet the needs of functionally and/or cognitively impaired adults. Adult day health care facilities provide a caring, noninstitutional setting for individuals who, for their own safety and well-being, can no longer be left at home alone. Adult day health care facilities offer protected settings and include a mixture of health and support services. Many offer specialized services such as programs for individuals with Alzheimer's disease, developmental disabilities, traumatic brain injury, mental illness, HIV/AIDS, and vision and hearing impairments. Adult day health care facilities are an integral component of the continuum of care for the elderly and disabled.

15.2 Design Considerations

15.2.A. When possible, the ADHC facility shall be located on the street level or shall be equipped with ramps or elevators to allow easy access for persons with disabilities.

15.2.B. Each adult day health care center, when it is located in facility housing other services, shall have its own identifiable space. When permitted by the approved functional program, support spaces may be shared.

15.2.C. The facility shall have sufficient space to accommodate the full range of program activities and services as required by the functional program. This shall include designated area(s) to be utilized when the privacy of the participants requires it.

15.2.D. The adult day health care facility shall provide social activities and dining areas. Sufficient functional net area shall be at least 30 square feet (9.14 square meters) per intended participant capacity; but not less than 300 net square feet (91.4 square meters).

Additional separate space shall be provided to accommodate individual quiet space(s) within the program area relevant to the program space. This area can be a rest area and/or a designated space that permits privacy and/or to isolate participants who become ill or disruptive or may require rest. It shall be located in an area that can be clearly monitored and near a toilet room.

15.2.E. Appropriate secure medication storage shall be provided.

15.2.F. If required by the functional program, physical rehabilitation therapy areas shall be designed to provide sufficient functional net area of at least 50 square feet (15.24 square meters) per intended participant capacity during a scheduled period to accommodate a full range of approved activities. It shall be flexible and adaptable for both individual and group treatment.

15.2.G. The facility shall provide appropriate space for staff activities. Staff must have access to a nonparticipant toilet.

15.2.H. The center shall provide at least one toilet and one lavatory for each ten participants. Alternative toilet configurations facilitating staff-assisted transfers shall be permitted. At least one assisted bathing fixture shall be provided. The adult day health care toilet and shower rooms shall have an emergency signaling system.

15.2.I. There shall be a space available for participants and family/care givers to have private meeting with staff.

15.2.J. There shall be storage space for program and operating supplies.

15.2.K. Outdoor recreation and/or relaxation area for participants, if provided, shall be accessible to indoor areas. Outdoor areas shall have a fence or landscaping to create a boundary that prevents participants from wandering away.

15.2.L. Ventilation by natural and mechanical means shall be provided. Air conditioning and heating equipment shall be adequate and capable of maintaining the temperature in each room used by participants between 70° F (21° C) and 80° F (27° C).

15.2.M. 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.

*15.2.M1. The Illuminating Engineering Society of North America (IESNA) has developed recommended lighting design practices, including minimum lighting levels for nursing facilities and other senior living environments, which in 2001 were adopted as an ANSI standard.

*15.2.M2. 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.

*15.2.M3. Resident rooms and toilet rooms shall have general lighting, task lighting, and night lighting. At least one task light shall be provided for each resident. Task light controls shall be readily accessible to residents. At least one low-level night light fixture in each room shall be located close to the floor and controlled at the room entrance. When the approved functional program stipulates staff shall use portable light sources, flexibility may be permitted to omit night lights in resident rooms. All light controls in resident areas shall be quiet-operating.

15.2.M4. 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.

15.2.N. A telephone(s) shall be available for participant(s) in an area that affords privacy during use.

15.2.O. A housekeeping closet shall be provided that will contain a service sink and provide for the locked safe storage of housekeeping items.

15.2.P. Drinking water shall be easily accessible to the participants.

A15.1. The design of the adult day health care facility's physical environment shall include supports and cues to enhance the participants' ability to function as independently as possible as well as to engage in program activities. The physical environment is intended to accomplish the following:

a. Facilitate the participant's sense of control and self-determination, regardless of his or her level of functioning.

b. Optimize his or her functional level while encouraging independence.

c. Build on the participants' strengths while recognizing their limitations and impairments.

Furniture should be sturdy and secure so that it cannot easily tip when used for support while walking or seating. Furniture should be scaled so that it is easily used by persons with limited agility and shall permit feet to rest on the floor.

The ADHC should have access to a medical/health treatment room.

A covered entrance should be provided to protect participants from inclement weather.

A15.2.M1. The reader should refer to ANSI/IESNA RP-28-01, *Lighting and the Visual Environment for Senior Living*, for additional information.

A15.2.M2. 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.

Research has established that older adults sleep best in total darkness. Therefore, to minimize resident sleep disruption, night lights should: (1) provide very low levels of illumination; (2) be so located as to minimize light scatter and reflections on room surfaces; and (3) be switched off when not needed. However, even when properly specified, located and operated, night lights often disturb resident sleep. Therefore, many providers prefer to have staff wear portable light sources instead of using night lights that were installed primarily to satisfy a code requirement.

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.)

A15.2.M3. 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.

A15.1 Statement of Purpose

a. To provide for the establishment of day care centers and services for adults.

b. To allow individuals to remain at home.

Adult Day Care facilities should make provisions in accordance with Section 1.1.F, Section 1.4, Section 1.6, Section 3, Section 4, and Section 5.

Proposed Services

Services that may be provided by Adult Day Care Centers include the following:

? Therapeutic arts and crafts

? Community excursions, if appropriate

? Hobby cultivation

? Health services

? Personal care services

? Counseling services for elderly individuals and their families

? Activities of daily living

? Exercise and rest

Space Guidelines

Spaces should be provided as follows:

a. A minimum of 100 square feet for each of the first five participants and 60 square feet for each additional participant thereafter served at any one time, not including office space, bathrooms, storage rooms, examination rooms, and kitchens.

b. A quiet room with bed.

c. One toilet and lavatory for each ten participants.

d. Staff toilet room

e. One drinking fountain for participant and staff use

f. Nurse office with handwashing station

g. Food preparation and storage in accordance with the functional program.

h. Demonstration residential kitchen if required by the functional program.