

Table A4.2-a

Assisted Living Facility Type Characteristics*

Unit Type	Typical # of Units	Food Service/ Dining Type	Resident Accommodations	Bathing Facility Type	Design Drivers	Environment of Care and Relevant Descriptions
Small	5 or fewer	Centralized	Primarily private rooms with a bathroom shared by no more than 2 residents	Centralized	<ul style="list-style-type: none"> • Integrated household-based team • Resident-directed care • Reduced travel distances • Support for deep and meaningful relationships • Family meeting areas recommended 	<ol style="list-style-type: none"> 1. Light and views: Maximal access to daylight, pleasing views, and outside spaces should be priorities, both in private bedroom spaces and shared social spaces. 2. Clarity of access: The smaller size of this facility type generally makes it easier to provide a layout with direct visual access to key destinations. 3. Control of environment: The goal is to support greater resident autonomy in all aspects of the environment. 4. Privacy and confidentiality: Provision of all single-occupancy rooms enhances privacy, although availability of another space outside the bedroom to allow for visiting is important. 5. Safety and security: The smaller scale makes staff monitoring easier. Outside spaces should be visible from indoors. Multi-story residences need to conform to accessibility standards. All residences shall conform to local and state fire and life safety standards. 6. Finishes: Personalization of individual spaces should be promoted. 7. Resident-directed approach: The goal of this model is to offer residents a full experience of home.
Medium	16 or fewer	Centralized (Note: if more than one medium-size household is connected, each household has its own dining area, but food may be supplied from a central kitchen.)	A mixture of shared and private rooms with private or shared full bathrooms (shared by no more than 2 residents)	Decentralized and/or centralized	<ul style="list-style-type: none"> • Integrated household-based team • Resident-directed care • Reduced travel distances • Support for deep and meaningful relationships • Evaluation of need for some decentralized services and activity areas recommended 	<ol style="list-style-type: none"> 1. Light and views: Maximal access to daylight, pleasing views, and outside spaces should be priorities, both in private bedroom spaces and shared social spaces. 2. Clarity of access: The smaller size of this facility type generally makes it easier to provide a layout with direct visual access to key destinations. 3. Control of environment: The goal is to support resident autonomy in all aspects of the environment. 4. Privacy and confidentiality: Provision of all single-occupancy rooms enhances privacy, although availability of another space outside the bedroom to allow for visiting is important. 5. Safety and security: The smaller scale makes staff monitoring easier. Outside spaces should be visible from indoors. Multi-story residences need to conform to accessibility standards. All residences shall conform to local and state fire and life safety standards. 6. Finishes: Personalization of individual spaces should be promoted. 7. Resident-directed approach: The goal of this model is to offer residents a full experience of home.

*Unit characteristics should be modified for special populations such as residents with dementia, mental health diagnoses, and cognitive and developmental disabilities. See Section 2.2-4 (Design Criteria for Dementia, Mental Health, and Cognitive and Development Disability Facilities) for additional information. Payment source and inclusion of the assisted living facility as part of a campus may also influence design characteristics.