

***1.2-3.3.2.1 Specific design recommendations to support safe mobility and transfer tasks.** This shall include accommodations for charging batteries for battery-operated equipment.

***1.2-3.3.2.2 Types of resident mobility and transfer equipment**

(1) Implementation of any architectural solution that supports ambulation and incentivizes mobility and ambulation using the equipment available on-site shall be considered.

(2) Provision of any furnishings that offer usable alternatives to extended bed-stays shall be considered.

***1.2-3.3.2.3 Minimization of physical environment impediments to resident, participant, and outpatient mobility and mobilization.** Evaluation of cognitive ability of the care population shall be included in determining how impediments can be minimized for a particular facility.

***1.2-3.3.2.4 Quantity of each type of resident mobility and transfer equipment**

APPENDIX

A1.2-3.3.2.1 Design recommendations for safe mobility and transfer. Technology, equipment, and architectural details can be used to address evaluations of structural, electrical, mechanical, and other design considerations.

a. Resident mobility and transfer tasks for which risk can be minimized using equipment or other measures include the following:

- Vertical transfers (from/to a bed, chair, commode, toilet, or wheelchair)
- Lateral transfers (from/to a bed, stretcher, gurney, or trolley)
- Positioning/repositioning in bed (side to side, up to the head of the bed, raising or lowering head or feet)
- Repositioning in chair
- Showering/bathing
- Lifting appendages
- Transporting residents
- Assistance with resident ambulation
- Weighing residents on bed scales
- Exiting furniture or beds (e.g., bedrails, extended chair arm fronts)
- Supported ambulation extending beyond the resident room (e.g., room-to-hallway ceiling track-supported walkway system), if indicated in the functional program
- Transfers from resident chairs or other seats (e.g., adequate clearances)

To correctly identify all resident mobility and transfer tasks and impediments or hindrances to mobility in an area, care providers and other staff should be interviewed for their perceptions of which tasks carry a high risk.

b. Types of resident mobility and transfer equipment that may be used to minimize risk include:

- Sit-to-stand lifts. For a resident who requires partial assistance and possesses some weight-bearing ability, sit-to-stand lifts are used to assist in vertical transfers, toileting, dressing, and ambulation.
- Floor-based sling lifts and ceiling-mounted lifts. Both of these

lift types are used for residents who are completely or substantially unable to assist caregivers. Residents requiring these levels of care are often described as “dependent” or requiring “extensive assistance.” The utility of these lifts for this population includes—but is not limited to—vertical transfers, lateral transfers, repositioning in bed and chair, lifting appendages, and lifting residents from the floor. These lifts can also be used for assistance with ambulation rehabilitation or mobilization of residents with some weight-bearing capability.

—Resident-operated mobility devices. These are devices residents can use on their own and are intended to foster their independence.

A1.2-3.3.2.2 Identifying resident mobility and transfer equipment for a project. Direct resident care providers who are familiar with the characteristics of their unique resident populations should be included in the functional programming process to ensure appropriate equipment is identified for use in the facility. Equipment may include manual or power-assisted fixed ceiling or wall-mounted lifts, manual or power-assisted portable/floor-mounted lifts, electric height-adjustable beds, or a combination thereof.

When developing an equipment list, any existing equipment that will be used in the facility should be included. Preparation of a log is suggested to relay information on existing equipment, the percentage of time it is used, and if this is not 100 percent, the reasons for the percentage of time actually used.

A1.2-3.3.2.3 Minimizing impediments to resident, participant, and outpatient mobility and mobilization supports an active lifestyle during a resident’s long-term stay or rehabilitation recovery process.

Consideration of bariatric resident weight and size is important to assure that equipment capacities and dimensions for other accommodations are appropriate.

A1.2-3.3.2.4 The community should have sufficient lifts to meet the needs of the current resident population based on the outcome of the resident safety risk assessment.