

## 1.2 PLANNING/PREDESIGN PROCESS

surfaces, furnishings, and plumbing, mechanical, fire protection, and electrical devices and components.

### 1.2-3.5.2 Resources

One of the following standards shall be used to evaluate dementia and mental health risk:

**1.2-3.5.2.1** *Design Guide for the Built Environment of Behavioral Health Facilities*, distributed by the National Association of Psychiatric Health Systems

**1.2-3.5.2.2** *Patient Safety Standards, Materials and Systems Guidelines*, recommended by the New York State Office of Mental Health

### \*1.2-3.5.3 Design Considerations

**1.2-3.5.3.1** The design of care settings for residents with Alzheimer's, dementia, and cognitive or mental health diagnoses shall address the need for a safe living and care environment for those who may present unique challenges and risks as a result of their condition.

**1.2-3.5.3.2** The resident environment shall be designed to protect the residents' experience of choice,

dignity, privacy, meaningful engagement, and courtesy as well as health and to address the potential risks related to resident elopement and harm to self, others, and the environment.

**1.2-3.5.3.3** An evaluation of the means available to reduce the possibility of residents causing unacceptable levels of harm to themselves or others, including suicide risks, shall be completed. Simultaneous consideration of the following elements shall be part of the evaluation:

- (1) Resident profile and acuity
- (2) Staffing levels
- (3) Space visibility and supervision
- (4) Inherent danger from any individual physical environment feature

**1.2-3.5.3.4** Evaluation of resident dementia and mental health risk shall address the following specific design elements:

- (1) Security systems and monitoring
- (2) Areas to be secured
- \* (3) Elopement and unsafe exiting
- (4) Doors and windows to be secured

## APPENDIX (continued)

mental health diagnoses, and cognitive and developmental disabilities who will be served in each program area and develop a detailed assessment of the level of risk for each area. This assessment should inform the development of the functional program so that facilities and details can be appropriately designed for the population served. See appendix Section A2.2-4.1 (Facilities for residents with dementia, mental health diagnoses, and cognitive or developmental disabilities) for additional information.

### A1.2-3.5.3 Sample mental health residential risk assessment

#### a. Highest risk level

- Seclusion rooms (where resident acuity poses an increased risk)
- Resident bedrooms and toilet rooms (areas where residents spend long periods of time out of direct supervision of the staff)

#### b. Medium risk level

- Activity spaces, living rooms, and treatment spaces (supervised with good visibility)
- Dining rooms and recreation spaces, both indoor and outdoor
- Corridors

#### c. Lower risk level

- Exam rooms, private offices, and conciliation rooms (always supervised)
- Staff and support area (not accessible to residents)

### A1.2-3.5.3.4 (3) Resident elopement and unsafe exiting.

Unsafe exiting is a special problem in long-term care settings, especially for residents with dementia or cognitive and mental health concerns. Residents exhibit fewer unsafe exiting behaviors in an environment that provides the following:

#### a. A soothing atmosphere

- Wander gardens help reduce aggressive behavior among residents with dementia and cognitive and mental health concerns.
- Provision of safe exits and transitions from residential areas to wander gardens reduces exit-seeking behavior or provides a safe outlet for such behavior.

#### b. Appropriate sensory stimulation

#### c. Positive distractions

- Nature scenes, artwork
- Plants
- Nature sounds