

associated path of egress to arrive at these areas shall be designed to address weight support and clearances identified during the planning phase.

*2.2-4 Design Criteria for Dementia, Mental Health, and Cognitive and Developmental Disability Facilities

APPENDIX (continued)

- Exam rooms. Exam rooms should be programmed and sized to accommodate the user and the associated care team.
- Waiting rooms. Furnishings with capacity adequate for obese users should be interspersed with more traditional furnishings to avoid confining bariatric residents, participants, or outpatients to specific areas of the waiting environment.
- Community spaces. Living rooms, dining rooms, activity rooms, and similar interior spaces as well as exterior gardens and similar outdoor spaces should be sized to accommodate the number of bariatric residents or participants expected as identified during the planning phase.
- Additional staff/resident or participant interaction areas. These areas include resident assessment spaces, food service, physical rehabilitation areas, and family interaction areas.

A2.2-4 Residential mental health facilities.

Residential mental health facilities exist in a number of manifestations under a variety of names. All offer care to residents who do not require the level of care of a psychiatric hospital. Generally, these facilities are more residential in character and have programs for a specified period of time and diagnosis, such as for alcohol and drug abuse treatment. Residents can enter such a facility either voluntarily or involuntarily. Accreditation programs include the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities. This appendix section provides general information and guidance for this type of facility. State and local licensing authorities should be contacted for more specific requirements.

- a. Residential mental health facilities may include specific site features, clinical supports, and residential, common, and administrative areas that are similar to those provided at psychiatric hospitals. These services may be shared or provided by contract, depending on program requirements.
- b. When a facility serves any combination of pediatric, adolescent, or adult care populations, there should be a separation between the areas that serve them.
- c. An indoor activity area should be provided, and provision of an outdoor activity and exercise area is highly recommended.
- d. Spaces to accommodate educational therapy/services are recommended for all residents and typically required by individual states.

*2.2-4.1 General

2.2-4.1.1 The facility shall be designed to facilitate the highest level of functioning for all residents.

2.2-4.1.2 The resident living environment shall be equipped with special features (e.g., personalized resident bedrooms, features that support resident orientation to the surroundings, secured storage, safe outdoor areas, and security considerations) to

- e. All building systems accessible to residents should meet the requirements of the resident safety risk assessment; see Section 1.2-3 (Resident Safety Risk Assessment).

A2.2-4.1 Facilities for residents with dementia, mental health diagnoses, and cognitive or developmental disabilities

- a. These facilities are designed for the particular needs and behaviors of residents with dementia, mental health diagnoses, and cognitive and developmental disabilities. They are secured when required to be so in the functional program.
- b. Design recommendations for these facilities include the following:
 - A key architectural objective should be to minimize the institutional aspects of care and create a living environment for residents with furniture, furnishings, and fixtures that are appropriate from a safety standpoint and are residential in appearance.
 - Proper planning and design should elevate the spirit and sensibilities of both residents and care providers.
 - A sense of community with a respect for privacy should be encouraged.
 - Facilities should provide a healing environment that stimulates mind and body for people with dementia, mental health diagnoses, and cognitive and developmental disabilities.
 - Features that are included to provide resident safety and security should be unobtrusive and integrated in a manner that supports this concept.
- c. Resources regarding design for this population include the following:
 - Dementia Design Info database (Institute on Aging & Environment, School of Architecture & Urban Planning, University of Wisconsin-Milwaukee in partnership with I.D.E.A.S., Inc., and Polisher Research Institute). This resource provides information on space design, user needs, and levels of scale for site, building, room/space, details, finishes, FF&E, and experiential ambience, décor, and aesthetics.
 - Design Guide for the Built Environment of Behavioral Health Facilities* (National Association of Psychiatric Health Systems)
 - Mental Health Facilities Design Guide* (Department of Veterans Affairs, Office of Construction & Facilities Management)