

## APPENDIX (continued)

- information is presented at the right time. The destination hierarchy should manage the number of symbols by building, zone, or floor. Users have difficulty differentiating more than 16 unique symbols in one set.
- b. Boundaries between public and private areas should be well-marked or implied and clearly distinguished.
  - c. A wayfinding system should be designed for consistency in the overall wayfinding plan. This should include:
    - Directional and orientation signs (overhead, wall-mounted, maps, etc.)
    - Destination signs
    - Room identification signs
    - Regulatory signs, including provisions for residential health, care and support facility-specific policy and information signs
    - Interior “landmarks” to aid occupants in cognitive understanding of destinations
      - To be effective, landmarks should be unique. Landmarks may include water features, major artworks, distinctive colors, or decorative treatments at major decision points in the building.
      - Design of landmarks should attempt to involve tactile, auditory, and language cues as well as visual recognition.
      - Landmarks should only be used at decision points.
  - d. Each sign should be accurate, legible, and functional.
    - Nomenclature should be consistent and understandable to the general public. Signs should be written at a sixth grade level.
    - Letters should contrast with the background to conform to ADA requirements.
      - Signs in areas with housing and services primarily for older adult residents should have letters that contrast with the background by a minimum of 70 percent.
      - Greatest readability is usually achieved through the use of light-colored characters or symbols on a dark background.
    - Signs should have an eggshell finish (11 to 19 degree gloss on 60 degree glossimeter).
    - When used, symbols and pictographs should be recognizable to the general public and the community served. (The Universal Symbols in Healthcare have been tested for usability and comprehension.)
      - The number of symbols used on a single sign should be limited and should indicate primary destinations only.
      - When combining health care symbols with other universal symbols used in transportation or accessibility, the different sets of symbols should be clearly differentiated.
  - e. Signage systems should be flexible, expandable, adaptable, and easy to maintain.
    - Fabrication should allow messages to be changed.
    - Signage should be consistent with other resident and family communications, supporting printed collaterals, Web and electronic media, and branding of a facility or community.
  - f. “You Are Here” (YAH) map recommendations
    - YAH maps should be oriented so that forward is up.
    - It is preferable to use a perspective view. Where vertical navigation is required, consider illustrating the relationship between levels and which elevator cores serve which areas, especially when floors are not contiguous.
    - Inset maps should be used to locate details in the overall map when appropriate.
  - g. Exterior signage (general)
    - Directional signs should be easily visible from the street and located and sized so that drivers can easily read them when traveling at the local speed limit.
    - Consistency should be used in the nomenclature of buildings.
    - Directions should be clear to all users.
    - Signage should be placed within an individual’s 60-degree “cone of vision,” whether the person is walking or driving.
    - Exterior directional signs should be visible at night.
    - Signage should be located where it may easily be seen.
  - h. Exterior signage (parking)
    - Directions should be provided to the various parking locations, where applicable.
    - Directions should be provided from the parking structure to the entrance of the facility.
    - Signage should clearly indicate short-term and long-term parking rates if applicable.
    - If valet parking is provided, its location should be clearly marked.
    - Directional signage should be provided for automobile and pedestrian traffic at an appropriate scale for each.
    - Floor numbers or sections should be clearly marked.
  - i. Interior signage (entrance and exit)
    - A well-designed and located set of interior signs and clearly labeled directional maps should be located near the entrance. Symbols used on directional signage should also be used in orientation maps for consistency and to help users find primary destinations.
    - Signage should clearly identify all publicly accessible functional and community spaces in the facility (cafeteria/dining, gift shop, restrooms, etc.).
    - When symbols are used, a single symbol should be used to represent a single primary destination.
    - Adequate signage should be provided to direct people out of the facility and back to parking and public transportation.
  - j. Interior wayfinding (room numbering)
    - Room numbering should be of a consistent nature from floor to floor and area to area.
    - The numbering system should be simple and continuous.
    - Design of the numbering system should be flexible to allow for future expansion and renovation.
    - Room numbering should take into account the need for sequential strategies for public wayfinding that may be different from operational and maintenance numbering.