

4.3 Assisted Living

Appendix material, which appears in shaded boxes at the bottom of the page, is advisory only.

*1 General Considerations

1.1 Applicability

1.1.1 Continuum of Care

For the purposes of this chapter, assisted living facilities are a vital and growing component of the continuum of care, providing a supportive residential environment for consumer-directed services.

1.1.2 Minimum Standards for New Facilities

1.1.2.1 This chapter acknowledges that the many resident-driven variations of assisted living facilities that can be found represent the programmatic needs and preferences of the individuals who choose to live in them. Therefore, the requirements and recommendations contained herein are intended to represent base-level standards that will ensure the safety, accessibility, and residential aspects of all assisted living facilities.

1.1.2.2 This chapter identifies the minimum requirements for assisted living facilities and recognizes various configurations of assisted living facilities, which must comply with applicable state and local requirements. Acknowledging that occupancy and building construction requirements vary among jurisdictions,

it is the intent of this chapter to establish minimal standards for safety and accessibility for a residential care environment, regardless of facility scope and scale. The common goal of this chapter and individual local and state requirements is to facilitate accountability as well as protection of the consumer.

1.2 Functional Program

The sponsor of each project shall provide a functional program that defines the scope and scale of the facility, facilitates the application of licensure and occupancy approvals by authorities having jurisdiction, and addresses applicability provisions of this chapter. See Section 1.2-2 for additional information.

1.3 Environment of Care

See Chapter 1.2 for general requirements.

1.3.1 Supportive Environment

1.3.1.1 Assisted living facilities are unique in that services provided are in large part driven by the service needs and lifestyle preferences of the residents being served. The architectural environment shall support these services and levels of care provided within the facility.

1.3.1.2 Assisted living facilities shall be designed and constructed to provide a supportive residential environment that is conducive to day-to-day activities consistent with the cultural, emotional, and spiritual needs of the individuals who need assistance. This supportive environment shall promote independence, privacy, and dignity; balance autonomy with safety; and provide choice for all residents in a manner that encourages family and community involvement.

1.3.2 Barrier-Free Environment

The architectural environment shall eliminate as many barriers as possible to effective access and use of the space, services, equipment, and utilities appropriate for daily living.

1.4 Auxiliary Services

Services such as home health, hospice, dietary, storage,

APPENDIX

A1 Assisted living facilities can be very different from one state to another and within each state. In some states, the building itself is not licensed; rather, the entity that provides services is licensed. In addition, the design of assisted living facilities varies, taking into consideration cultural, geographic, socioeconomic, and ethnic differences.

Assisted living facilities provide care for individuals who may need or desire assistance with medications and activities of daily living (e.g., eating, bathing, dressing, toileting, and ambulating). Some facilities care only for people requiring minimal assistance, while others may offer more intensive services, including dementia-specific care. The design and construction of assisted living facilities, as much as possible, should reflect the needs and preferences of the individuals who reside in the facility.

pharmacy, linen, and laundry in accordance with the functional program may be contractually provided or shared insofar as practical with other licensed or unlicensed entities.

APPENDIX

A1.9 Codes and Standards

a. Appropriate code. There has been a great deal of discussion about which building code or life safety code is appropriate for the design and construction of assisted living facilities. Facilities serving similar resident groups and providing similar services are considered residential occupancies in some jurisdictions and institutional occupancies in others.

The model codes do not adequately recognize the unique nature of assisted living as a distinct occupancy classification. Institutional codes place overly restrictive and costly requirements on facility construction. Residential codes, however, may not require adequate protection.

b. Residential construction type. To provide the flexibility needed to serve residents whose physical and mental capabilities may change over time, to eliminate the requirement for authorities having jurisdiction to continually monitor the evacuation capabilities of residents within assisted living facilities, and to provide additional protection for facilities occupied by physically and mentally frail occupants who may require physical assistance from others, use of a “Residential Plus” construction type is recommended for assisted living facilities with 24-hour staff. A “Residential Plus” occupancy allows use of residential construction, with the addition of several technological and institutional requirements. These additional requirements provide for prompt detection, notification, and suppression of fire within a facility and allow use of a “defend-in-place” approach that minimizes the need for evacuation of occupants.

c. Safety features. Assisted living facilities utilizing residential occupancy and construction types should be permitted with the addition of the following safety features:

Protection of the facilities throughout with a supervised automatic fire suppression system with quick-response sprinklers in smoke compartments containing sleeping rooms. Automatic fire suppression systems in facilities with more than 16 occupants should be installed in accordance with NFPA 13.

Smoke barriers subdividing every story into at least two smoke compartments. Such smoke compartments should be not more than 22,500 square feet (6,858 square meters), and the travel distance from any point in each smoke compartment to a smoke barrier door should not exceed 200 feet (61 meters).

1.5 Shared Services

When a facility shares or purchases services, appropriate modifications or deletions in space and parking requirements shall be permitted.

d. Resident waiting areas. The therapeutic and programmatic benefits of providing waiting areas and similar spaces open to the corridor have long been recognized within long-term care facilities. Spaces open to the corridor significantly enhance resident mobility and accessibility to programs, encouraging resident participation.

Spaces open to corridors should be allowed within assisted living facilities utilizing residential occupancy and construction types where the following criteria are met:

The spaces are not used as sleeping rooms or hazardous or incidental use areas, and the space is arranged so access to required exits is not obstructed.

The corridors and areas open to corridors are equipped with quick response sprinklers and an automatic smoke detection system, which automatically notifies emergency forces.

e. Programmatic considerations may call for the control of egress from some facilities or portions of facilities. Where such egress control is desired, the following should be followed:

The means of egress should not be locked except when clinical reasons are well documented and when such egress control is not a substitute for appropriate staffing.

When the means of egress is locked, a keyed or electronically released locking device must automatically open upon activation of the fire alarm system or loss of power.

No device operation sign should be posted when 24-hour awake and trained staff supervises the locking device.

f. Accessibility. Assisted living facilities should consider residents with varying and possibly increasing levels of acuity. To maximize the potential for aging in place, particular attention should be paid to overall accessibility. Locations where individuals may not require physical assistance from others in emergency situations typically require compliance with standards for multifamily housing (a specific subset is now used as “safe harbor” for Fair Housing architectural requirements). In addition, the Uniform Federal Accessibility Guidelines shall apply for structures built with federal assistance. Locations where individuals require physical assistance from others in emergency situations may require compliance with the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

4.3 ASSISTED LIVING

1.6 Site

1.6.1 Location

Assisted living facilities shall obtain applicable land use approval from the relevant jurisdiction. See Chapter 1.3 for other general requirements.

1.6.2 Roads

Roads shall be provided within the property for access to the main entrance and service areas. Fire department and emergency vehicle access shall be provided in accordance with local requirements. See Chapter 1.3 for other general requirements.

1.6.3 Parking

Each assisted living facility shall have parking space to satisfy the needs of the residents, families, staff, and

visitors. In the absence of local requirements or a formal parking study, a minimum of one space for every four resident units (or beds) shall be provided. See Chapter 1.3 for other general requirements.

1.7 Renovation

See Section 1.1-3.

1.8 Provisions for Disasters

See Section 1.1-5.

*1.9 Codes and Standards

1.9.1 General

A code-compliant, safe, and accessible environment shall be provided.

1.9.1.1 A facility that seeks accreditation, certification, licensure, or other credentials shall comply with applicable design and construction standards.

1.9.1.2 When institutional codes are required, the facility shall maintain the residential environment desired by residents.

1.9.2 Accessibility Codes

The facility shall comply with applicable federal, state, and local requirements (see Section 1.1-4).

1.10 Equipment

Assisted living facilities shall be equipped and furnished with facility and occupant items in accordance with the functional program. See Chapter 1.4 for other issues to consider.

1.11 Planning, Design, and Construction

See Chapter 1.5.

1.12 Record Drawings and Manuals

See Section 1.5-5.

2 Resident Living Environment

*2.1 General

2.1.1 Space Requirements

Facility spatial requirements shall be determined by the functional program.

APPENDIX

A2.1 Space Requirements

Assisted living has developed into a variety of models that are designed to meet differing social, economic, and therapeutic considerations. The many varieties of assisted living may generally be categorized into the following two types, although some facilities may combine elements from these approaches.

Apartment model. Apartment model facilities provide private resident units ranging in size from efficiency to two- or three-bedroom apartments. These apartments typically have cooking facilities (sometimes limited to a microwave) and are often indistinguishable from apartment units available to the general population. Common group activity areas that residents may utilize in addition to their private apartments are provided to promote the social and programmatic aspects of the facility.

Group living model. Group living model facilities provide smaller private spaces that are sometimes limited to a private or shared resident bedroom area. The focus of daily life is provided within shared activity spaces that are residential-scaled and organized similar to a typical house. These smaller-scale “homes” may be freestanding or grouped together in attached or detached configurations. At times, commons or community facilities are provided to allow residents to participate in activities outside of their “home.”

Alternative models. Many alternative facility configurations have been created that incorporate aspects from each of these approaches. These guidelines are intended to allow and encourage the continued evolution of this facility type without locking into a particular program or model.

2.1.2 Layout

Areas for the care and treatment of users not residing in the facility shall not interfere with or infringe upon the space of residents living in the facility.

2.2 Resident Rooms or Apartments

The facility shall provide adequately sized bedrooms or apartments (dwelling units) that allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the resident.

2.2.1 Capacity

Bedrooms shall be limited to single or double occupancy.

***2.2.2 Space Requirements**

2.2.2.1 Resident room size (area and dimensions) shall permit resident(s) to move about the room with the assistance of a walker or wheelchair, allowing access to at least one side of a bed, window, closet or wardrobe, chair, dresser, and nightstand.

2.2.2.2 Room size and configuration shall permit resident(s) options for bed location(s) and shall comply with spatial requirements of the authority having jurisdiction.

***2.2.2.3** Where cooking is permitted in resident rooms (apartments), additional floor area shall be provided for cooking and dining. The cooking area shall be equipped with a dedicated sink and cooking and refrigeration appliances.

2.2.3 Layout

Bedrooms shall not be used as passageways, corridors, or access to other bedrooms.

2.2.4 Windows

Resident bedrooms shall have a window that provides natural light with a maximum sill height of 3 feet (91.44 centimeters) above the finished floor.

***2.2.5 Toilet Room**

Each resident shall have access to a toilet room.

2.2.5.1 A minimum of one toilet room shall be provided for every four residents not otherwise served by toilet rooms adjoining resident rooms.

2.2.5.2 The toilet room shall contain a water closet, lavatory, and a horizontal surface for the personal effects of each resident.

2.2.6 Resident Storage

Each resident shall be provided separate and adequate enclosed storage volume within the resident room.

2.3 Support Areas for Resident Rooms/Apartments**2.3.1 Staff Work Area(s)**

These areas shall be provided in accordance with the functional program.

2.3.1.1 Lockable storage shall be provided for resident records.

2.3.1.2 Direct visualization of resident rooms or corridors from staff work areas is not required.

2.3.2 Medication Preparation

When required by the functional program, provision shall be made for 24-hour distribution of medications. A medicine preparation room, a self-contained medicine dispensing unit, or other system may be used for this purpose.

APPENDIX

A2.2.2 In cases where double-occupancy resident rooms are provided, configurations should be utilized that provide individual privacy and control of the environment. The design should not restrict access to shared, common elements within the room.

A2.2.2.3 Cooking equipment in resident rooms should be installed in a manner that allows it to be disabled by facility management as deemed necessary or appropriate.

A2.2.5 Toilet Room

a. Doors. Doors to toilet rooms may be hinged or, where local requirements permit, sliding, pocket, or folding doors may be used for toilet rooms in resident rooms, provided adequate provisions are made for acoustic and visual privacy and resident safety and usability.

b. Clearances. Toilets used by residents should have sufficient clearance on both sides of the water closet to enable physical access and maneuvering by staff, who may need to assist the resident in wheelchair-to-water closet transfers and returns.

c. Grab bars. Where independent transfers are feasible, alternative grab bar configurations should be permitted.

4.3 ASSISTED LIVING

2.3.2.1 Medicine preparation room

- (1) The medicine preparation room, if used, shall provide for security.
- (2) It shall contain a work counter, sink, refrigerator, and locked storage for controlled drugs.

2.3.2.2 Medicine dispensing unit. A self-contained medicine dispensing unit, if used, may be located at the staff work area, in the clean workroom, in an alcove, or in other space convenient for staff control. (Standard “cup” sinks provided in many self-contained units are not adequate for hand-washing.)

2.4 Support Areas for Staff

2.4.1 Staff Lounge Area

When required by the functional program, a staff lounge area shall be provided.

2.4.2 Toilet Room(s)

Toilet room(s) for staff and public use shall be provided.

2.4.2.1 These shall contain water closets with a hand-washing station.

2.4.2.2 Toilet rooms may be unisex and shared by public and residents.

2.4.3 Staff Storage

Lockable closets, drawers, or compartments shall be provided for safekeeping of staff personal effects such as handbags.

APPENDIX

A3.1 Dementia Units

These are secure units specifically designed for individuals with dementia. However, in some assisted living facilities, a significant percentage of individuals with some level of dementia may not reside in a dementia unit. Thus, the entire assisted living facility should be designed to facilitate the highest level of functioning for all residents. The living environment should be equipped with special features such as personalized resident bedrooms, features that support resident orientation to their surroundings, secured storage, safe outside areas, and security considerations to support individuals with varying levels of cognitive impairment.

2.5 Support Areas for Residents

2.5.1 Bathing facilities

2.5.1.1 Location. Bathing facilities shall be provided on each floor where resident sleeping areas are located.

2.5.1.2 Number. One bathtub or shower shall be provided for every eight residents (or fraction thereof) not otherwise served by bathing facilities in resident rooms. A bathtub shall be provided for resident use when required by the functional program.

2.5.1.3 Space requirements. Bathing fixtures shall be located in individual rooms or enclosures with space for private use of the bathing fixture and for drying and dressing, as well as convenient access to a grooming location with a lavatory, mirror, and counter or shelf.

2.5.1.4 Toilet. A toilet shall be provided within or directly accessible to each resident bathing facility without requiring entry into the general corridor.

3 Special Care Facilities

*3.1 Alzheimer’s and Other Dementia Units

A secure unit is a distinct living environment designed for the particular needs and behaviors of residents with dementia. Dementia units within assisted living facilities shall, in addition to the assisted living requirements, comply with the following:

3.1.1 Controlled Egress

Dementia units shall provide an appropriate controlled-egress system on all required exit doors and doors leading to other areas of the facility unless prior approval of an alternative method for prevention of resident elopement from the unit has been obtained from the authority having jurisdiction.

3.1.2 Windows

All operable windows shall be equipped with mechanisms to limit exterior window openings, to prevent elopement and accidental falls.

3.1.3 Leisure and Dining Space

A dementia unit operated as a portion of an assisted living facility must provide self-contained leisure and dining room space, unless it can be demonstrated to

the satisfaction of the authority having jurisdiction that use of shared common areas is appropriate to the needs of all residents.

3.1.4 Support Services and Areas

For operational efficiency, location of support services and areas within adjacent program areas shall be permitted.

3.1.5 Toilet and Bathing Fixtures

Alternative toilet and bathing fixture ratios (residents per fixture) shall be allowed in accordance with the functional program.

4 Resident Living Areas

4.1 Dining Areas

4.1.1 General

4.1.1.1 Space for dining, separate from social areas, shall be provided.

4.1.1.2 Dining areas shall be configured in accordance with the functional program.

4.1.1.3 Natural light shall be provided in resident dining areas.

4.1.2 Space Requirements

4.1.2.1 Dining areas shall provide 20 square feet (1.86 square meters) per occupant using the space at one time.

4.1.2.2 In a facility with more than 16 residents, dining and social areas shall not be confined to a single room.

4.1.3 Toilet Rooms

Toilet room(s) shall be provided convenient to dining and social areas.

4.2 Activity and Social Areas

4.2.1 Space Requirements

4.2.1.1 Activity areas shall accommodate both group and individual activities.

4.2.1.2 A minimum of 20 square feet (1.86 square meters) per facility resident shall be provided for activity areas for socialization, passive and active recreation, and social activities.

4.2.2 Outdoor Areas

Outdoor areas shall be provided for residents, visitors, and staff. Outdoor spaces may include solaria, porches, and balconies or gardens on grade or on roof decks.

4.2.3 Toilet Rooms

Toilet room(s) shall be provided convenient to activity areas.

4.3 Storage

The facility shall provide storage space for equipment and supplies required for the care of residents as required by the functional program.

5 Service Areas

5.1 Dietary Facilities

The food preparation and service area shall be provided with sufficient and suitable space and equipment to maintain efficient and sanitary operation of all required functions, in compliance with the applicable state and local sanitary codes.

5.2 Linen Services

Space shall be provided for laundry services, as defined by the functional program.

5.2.1 Contractual Linen Services

If contractual services are used, the facility shall provide the following:

5.2.1.1 An area for soiled linen awaiting pickup

5.2.1.2 A separate area for storage and distribution of clean linen

5.2.2 On-Site Linen Services

If on-site services are provided, the facility shall provide the following:

5.2.2.1 Areas dedicated to laundry that are separate from food preparation areas

5.2.2.2 A laundry area for facility-processed bulk laundry. This shall be divided into separate soiled (sort and washer area) and clean (drying, folding, and mending area) rooms.

4.3 ASSISTED LIVING

5.2.2.3 Separate soaking and hand-washing sinks and housekeeping room located convenient to laundry areas

5.2.3 Personal Laundry Areas

If shared personal laundry areas are provided, these areas shall be equipped with a washer and dryer for use by residents and a conveniently located hand-washing station.

5.3 Materials Management

5.3.1 Waste Management

Accommodations shall be made for the collection and storage of waste produced within the facility. Space shall be provided for enclosed waste storage that is separate from food preparation, personal hygiene, and other clean functions. See Section 4.1-6.3.1.

5.4 Environmental Services

5.4.1 Housekeeping Rooms

5.4.1.1 Space shall be provided for storage of housekeeping supplies and equipment.

5.4.1.2 A designated service sink shall be provided.

5.5 Engineering Services and Maintenance

Assisted living facilities shall provide the area necessary to effectively house building systems and maintenance functions in accordance with the functional program. See Section 4.1-6.5.

6 Administrative and Public Areas

6.1 Public Notice Area

Areas shall be provided that are suitable for posting required notices, documents, and other written materials in public locations visible to and accessible to residents, staff, and visitors.

6.2 Private Meeting Space(s)

Private space shall be provided for residents to meet with others.

APPENDIX

A9.3 To promote individual autonomy and control, consideration should be given to providing individual temperature control for resident sleeping rooms.

7 Construction Standards

7.1 Applicable Codes

See Section 4.1-8.1.

7.2 General Standards for Details and Finishes

7.2.1 See Section 4.1-8.2.

7.2.2 Assisted living facilities shall incorporate features and finishes that optimize sensory function and facilitate mobility, including ambulation and self-propulsion, as well as features that optimize independent wayfinding.

7.2.3 Potential hazards to residents, including sharp corners, slippery floors, loose carpets, and exposed hot surfaces, shall be avoided.

8 Special Systems

8.1 Elevators

Multistory assisted living facilities shall be provided with independent access to all resident use floors.

8.2 Waste Processing

Accommodations shall be made for the disposal of waste produced within the facility. See Section 4.1-9.3.

9 Building Systems

9.1 General

Assisted living facilities shall have building systems that are designed and installed in such a manner as to provide for the safety, comfort, and well-being of the residents. See Section 4.1-10.

9.2 Plumbing

Plumbing and other piping systems shall comply with applicable codes and regulations. See Sections 1.6-2.1 and 4.1-10.1.

*9.3 Heating, Ventilating, and Air-Conditioning Systems

Assisted living facilities shall have an HVAC system(s) to prevent the concentrations of contaminants and temperatures that impair health or cause discomfort to residents and employees. Airflow shall move generally from clean to soiled locations. See Section 1.6-2.2.

9.3.1 Heating System

The facility shall have a permanently installed heating system capable of maintaining an interior temperature of 72° Fahrenheit (22° Celsius) under heating design temperatures.

9.3.2 Cooling System

The facility shall be configured and equipped with a cooling system capable of maintaining an interior temperature of 75° F (24° C) under cooling design temperatures.

9.4 Electrical Systems

9.4.1 Power-Generating Equipment

9.4.1.1 Emergency electrical service. If life support equipment is permitted by the functional program, emergency power shall be provided.

*9.4.2 Lighting

9.4.2.1 General

*(1) Lighting shall be engineered to the specific application. Unless alternative lighting levels are justified by the approved functional program, Table 4.1-4 shall be used as a guide to minimum required ambient and task lighting levels in all rooms, spaces, and exterior walkways.

(2) Approaches to buildings and parking lots and all occupied spaces within buildings shall have fixtures for lighting. Consideration shall be given to both the quantity and quality of lighting, including the following:

(a) Even and consistent lighting levels

APPENDIX

A9.4.2 Lighting

a. Excessive differences in lighting levels should be avoided in transition areas between parking lots, building entrances and lobbies, or corridors; in transition zones between driveways and parking garages, etc. As the eye ages, pupils become smaller and less elastic, making visual adaptation to dark spaces slower. Upon entering a space with a considerably lower lighting level, elderly residents may need to stop or move to one side until their eyes adapt to excessive lighting changes. Elderly pedestrians may need several minutes to adjust to significant changes in brightness when entering a building from a sunlit walkway or terrace.

b. Consideration should be given to increasing both indoor and outdoor illumination levels in such transition spaces to avoid excessive differences between electric lighting levels and natural daytime and nighttime illumination levels. In addition, it is very helpful for pedestrians to have conveniently located places to wait, giving them time to adjust their eyes to different lighting environments.

c. Care should be taken to minimize extremes of brightness within spaces and in transitions between spaces. Excessive brightness contrast from windows or lighting systems can disorient residents.

d. Lighting that creates glare and colors that do not differentiate between horizontal and vertical planes, or between objects and their backgrounds (such as handrails or light switches from walls, hardware from doors, faucets from sinks, bathroom fixtures from wall colors, or control knobs from appliances) should be avoided, unless therapeutic benefits can be demonstrated. (For example, it

has been demonstrated that deliberately camouflaged door hardware may help control wandering and elopements by some cognitively impaired residents in Alzheimer's care facilities.)

e. Care should be taken to avoid injury from lighting fixtures. Light sources that may burn residents or ignite bed linen by direct contact should be covered or protected.

f. Ambient light levels are determined on a horizontal plane above the floor. The use of this method in areas such as those listed in Table 4.1-4 should result in values of average illuminance within 10 percent of the values that would be obtained by dividing the area into 2-foot (0.6-meter) squares, taking a reading in each square, and averaging.

The measuring instrument should be positioned so that when readings are taken, the surface of the light-sensitive cell is in a horizontal plane and 30 inches (760 millimeters) above the floor. This can be facilitated by means of a small portable stand of wood or other material that will support the cell at the correct height and in the proper plane. Daylight may be excluded during illuminance measurements. Readings can be taken at night or with shades, blinds, or other opaque covering on the fenestration.

A9.4.2.1 (1) The Illuminating Engineering Society of North America (IESNA) has developed recommended lighting design practices, including minimum lighting levels for senior living environments. Refer to ANSI/IESNA RP-28, Lighting and the Visual Environment for Senior Living, for additional information.

4.3 ASSISTED LIVING

- (b) Glare control
- (c) Special lighting needs of the elderly
- (d) Area-specific lighting solutions
- (e) Use of daylighting in all resident rooms and resident use areas
- (f) Life-cycle costs of lighting
- (g) Other lighting design practices as defined and described in ANSI/IESNA RP-28, Lighting and the Visual Environment for Senior Living

9.4.2.2 Lighting requirements for specific locations

*(1) Resident rooms and toilet rooms

- (a) Resident rooms and toilet rooms shall have provisions for general lighting and task lighting.
- (b) All light controls in resident areas shall be quiet-operating.

(2) Resident unit corridors

- (a) Resident unit corridors shall have general illumination with provisions for reducing light levels at night.
- (b) Corridors and common areas used by residents shall have even light distribution to avoid glare, shadows, and scalloped lighting effects.
- (c) Highly polished flooring or floors with glossy sheen shall not be used.

*9.4.3 Call System

9.5 Telecommunication and Information Systems

Telecommunication and information systems shall be provided in accordance with the functional program. See Section 4.1-10.4.

9.6 Fire Alarm and Detection Systems

Fire alarm and detection systems shall be provided in accordance with applicable codes and regulations. See Section 4.1-10.5.

APPENDIX

A9.4.2.2 (1) Consider separate low level night lights or general lighting which can be dimmed for resident toilet rooms. Experiencing bright light during the day and darkness at night is important to maintain circadian rhythm. Exposure to a bright light at night will disrupt an individual's circadian rhythm by shutting down the flow of melatonin. Also, when residents get up in the night to use the bathroom, exposure of their dark-adapted eyes to a bright light in the bathroom will compromise their night vision. It has been reported that more falls occur on the way back from the bathroom than on the way to the bathroom.

A9.4.3 Assisted living facilities with more than 16 residents or facilities where residents may not be heard effectively by staff members should have an emergency communication or call system. Such a system should be capable of activation/operation from resident toilets, bedrooms, and bathing areas. The signal should be transmitted to on-duty staff (through fixed locations or wearable devices).