

**\*1.2-4.5.3.1** An organized approach to wayfinding/ clarity of access for the entire campus or facility shall be provided.

**\*1.2-4.5.3.2** The wayfinding approach shall include an integrated system with coordinated wayfinding elements.

#### **\*1.2-4.5.4 User Control of Environment**

How, by what means, and to what extent users of the

finished project (residents, participants, outpatients, staff, and visitors) are able to control their environment shall be considered in the design of the physical environment.

#### **\*1.2-4.5.5 Privacy and Confidentiality**

How the privacy and confidentiality of users of the finished project will be protected shall be considered in the design of the physical environment.

### **APPENDIX (continued)**

modes (roadways, bus stops, vehicular parking).

- b. Planning for wayfinding should begin with the concept that the average visitor or staff member will be able to easily find his or her way throughout the facility.
- c. Outside wayfinding should be considered for both those walking and those driving to the facility. If public transportation is available, directions and signage to and from transportation sites should be provided.

#### **A1.2-4.5.3.1 Organized approach to clarity of**

**access.** During the functional programming process, input from hands-on care staff, facility managers, visitors, families, and residents should be sought regarding wayfinding. This should include evaluation of the most common and problematic scenarios to identify shortcomings in the wayfinding approach and help develop design criteria to address them.

- a. Consider use of the following in the design of a wayfinding system:
  - Universal Symbols in Health Care™, where possible
  - Unique landmarks (e.g., design elements such as color, artwork, texture, change in architecture, plants)
- b. Consider the need for the wayfinding approach to:
  - Accommodate the needs of a particular care population (e.g., the elderly, children, cognitively impaired, visually impaired, and other particularly vulnerable populations, including residents with dementia and Alzheimer's).
  - Offer varied presentations of the same information to accommodate users with different cognitive processes.
  - Accommodate users with limited English proficiency (LEP) and speakers of multiple languages.
  - Address the stress experienced by residents and families while finding their way to unfamiliar areas in the facility.
  - Address the needs of first-time users.
- c. The wayfinding plan should be integrated with relevant security plans.

**A1.2-4.5.3.2 Wayfinding elements.** The wayfinding approach should coordinate elements such as:

- a. Visible and easy-to-understand signs and numbers
- b. Landmarks
- c. Distinctive exterior views

- d. Distinctive changes in interior décor (surface color and texture, furnishings, and window treatments)
- e. Provision of verbal directions
- f. Paper information
- g. Electronic information

**A1.2-4.5.4 User control of environment.** During the functional programming process, all opportunities to provide individual control over as many elements of the environment as possible and reasonable (including but not limited to temperature, lighting, sound, and privacy) should be evaluated.

- a. Lighting in resident and staff areas should allow for individual control and provide variety in lighting types and levels.
  - Residents should have control in their dwelling unit of all lighting.
  - Residents should have control of varied lighting in resident bathrooms.
  - Staff should have control of varying lighting levels in corridors outside resident rooms, at caregiver areas, and at central caregiver areas to ensure that resident sleep is not disturbed by general lighting not under control of residents/visitors.
- b. Building systems design should incorporate individual control over the thermal environment, including zoning of mechanical systems that allow heating and cooling to achieve thermal comfort for individual residents.
- c. Noise should be minimized in the design of the physical environment and the selection of operational systems and equipment. Residents should have the ability to control their auditory environment where feasible and clinically safe. In community spaces that include televisions, audio presentations, or other types of performances, alternative listening devices should be provided for residents who need supplemental amplification.

**A1.2-4.5.5 Privacy and confidentiality.** The Health Insurance Portability and Accountability Act (HIPAA) requires that residents' health care information be kept private in all residential health, care, and support settings that include discussion of medical conditions.

- a. In traditional settings, public circulation and staff/resident circulation should be separated wherever possible.