

***2.2-4.2.3 Resident Stress**

Provision of relaxation spaces for agitated residents shall be considered to reduce stress for residents.

2.2-4.3 Resident Areas

2.2-4.3.1 General

For further requirements, see the resident safety risk assessment component described in Section 1.2-3.5 (Resident Dementia and Mental Health Risks) and the common element and facility chapters in Parts 3 through 5.

***2.2-4.3.2 Resident Unit**

2.2-4.3.2.1 Reserved

***2.2-4.3.2.2 Resident room.** Special design elements for dementia residents shall be considered in addition to those in Section 2.2-4.2 (Physical Environment Elements for Risk Reduction).

***2.2-4.3.3 Resident Living Areas**

2.2-4.3.3.1 Reserved

***2.2-4.3.3.2 Dining Areas**

APPENDIX (continued)

- Architectural elements that cannot be used as weapons for self-harm or to harm others
- Abuse-resistant architectural details and materials in areas where residents are sometimes left alone
- Technology to allow observation of areas not readily visible to staff
- Sufficient locked storage for equipment, carts, and supplies. Corridor alcoves should not be used for storing or parking equipment, carts, and assistive devices.
- b. Elevated platforms, balconies, or low openings or sills, from which residents could jump, should be avoided.
- c. The use of lifts, whether ceiling-mounted or portable, is a special issue for which potentially conflicting safety considerations should be evaluated.

A2.2-4.2.3 Relaxation spaces for agitated residents. Resident areas that allow for relaxation and control of the social environment, such as quiet rooms and secure outdoor space, should be provided. Positive distraction(s) for residents are often supplied by creating designated spaces for residents who are agitated, irritated, or need time to regroup. One example is a Snoezelen room, which provides different types of calming and relaxing features such as artwork (fixed as well as moving), lighting, sound, and comfortable seating for an individual in a hyper-agitated state for short periods of time. Another example is a comfort room, which is typically used as a low-stimulus environment for stress reduction in the care of residents.

Resident stress is identified as a concern in the following appendix sections in Chapter 1.2 (Planning/Predesign Process): A1.2-1.3.1 (How environment of care . . .), A1.2-3.1.5.2 (Evaluation of risks), A1.2-4.5.3.1 (Organized approach to clarity of access), and A1.2-4.5.4 (User control of environment).

A2.2-4.3.2 Support areas for the resident unit

- a. Support areas for staff. Due to the level of staff stress in caring for residents with cognitive impairment and in working with family

caregivers, places of respite and staff break areas that include access to views, secured storage for personal items, and food preparation areas should be provided.

- b. Support areas for residents. Due to the need for private time with a spouse or other family member, resident area(s) that includes privacy with a loved one should be provided.

A2.2-4.3.2.2 Special design elements for dementia resident rooms

- a. Private rooms are recommended. Research indicates psychosocial and physical/clinical benefits from single-resident rooms, such as improved sleep patterns, reduced irritability, and reduced conflict between residents.
- b. The toilet should be placed in direct line of sight from the resident toilet room doorway and should be directly visible from the sleeping area.
- c. Closets should be designed to provide the resident with limited daily clothing choices.
- d. Simple, single-mixer control devices should be provided on faucets.
- e. Designs that could promote unintended behavior (e.g., location of trash can by toilet, high-contrast grilles on packaged terminal air conditioner (PTAC) units, etc.) should be avoided.
- f. To increase usability of architectural features (e.g., toilets, handrails, doors), a value contrast should be provided between the features and adjacent surfaces (e.g., walls, door frames).
- g. Use visual cueing elements, such as a memory box or shelf, outside each resident's door to aid in wayfinding.

A2.2-4.3.3 Family area. A private room for residents and families should be provided.

A2.2-4.3.3.2 Dining areas

- a. For those residents requiring extra assistance or time for eating meals, space shall be provided to allow staff and/or residents to complete their meals with dignity.