

## (4) Short- and long-term planning considerations.

These shall include the following:

- (a) Flexibility and future growth
- (b) Impact on existing adjacent facilities
- (c) Effect on existing operations
- (d) Integration of technology and equipment
- (e) Changes in resident population over time, including cognitive and physical abilities
- (f) Provisions for end-of-life care for residents and support of families

## ■ 1.2-3 Resident Safety Risk Assessment (RSRA)

### 1.2-3.1 General

#### 1.2-3.1.1 RSRA Requirement

**\*1.2-3.1.1.1** Every new or renovated residential health, care, or support facility shall be designed to facilitate safe delivery of care consistent with the level of care outlined in the functional program.

**1.2-3.1.1.2** To support this goal, a resident safety risk assessment shall be developed and completed by an interdisciplinary team.

#### \*1.2-3.1.2 RSRA Components

The RSRA shall address how the physical environment of the residential health, care, or support facility

may affect resident safety outcomes and shall include assessment of the components identified in Table 1.2-1 (Resident Safety Risk Assessment Components).

#### 1.2-3.1.3 RSRA Timing

**1.2-3.1.3.1** The resident safety risk assessment shall be initiated by the care provider during the functional programming phase of the health, care, or support facility project (i.e., before construction begins) and continue through project construction and commissioning as applicable.

**\*1.2-3.1.3.2** The RSRA shall be updated with additional detail as required to support a safe environment throughout the design, construction, and commissioning phases of the project.

#### 1.2-3.1.4 RSRA Team

**1.2-3.1.4.1** The care provider shall appoint an interdisciplinary team to conduct the resident safety risk assessment.

**\*1.2-3.1.4.2** The RSRA team shall include appropriate stakeholders for the identified project.

#### 1.2-3.1.5 RSRA Process

The care provider shall complete a resident safety risk assessment to determine the potential risks to residents and caregivers for each space and building component that is part of the project.

## APPENDIX

**A1.2-3.1.1.1** The RSRA should be evaluated in terms of the care population, including residents' cognitive ability, to allow flexibility for individual resident quality of life.

#### A1.2-3.1.2 RSRA components

The resident safety risk assessment should also address how the physical environment of the residential health, care, or support facility can help maintain residents' functional capabilities.

For additional information on safety outcome categories incorporated in the RSRA component descriptions, see a literature review undertaken by the Center for Health Design (CHD): "Summary of Literature Review: Resident Safety Risk Assessment" (July 2012) on the CHD website ([www.healthdesign.org](http://www.healthdesign.org)). See the Facility Guidelines Institute website ([www.fgiguidelines.org](http://www.fgiguidelines.org)) for a RSRA matrix based on six categories of resident safety outcomes identified in the CHD literature review.

**A1.2-3.1.3.2** Postoccupancy evaluations should be undertaken, and information from these evaluations should be included in the RSRA updates.

**A1.2-3.1.4.2 RSRA team members.** Project stakeholders may include the following as well as others, depending on the nature and needs of the project:

- a. Maintenance and environmental services staff
- b. Safety, security, and transportation staff
- c. Direct care staff
- d. Quality assurance staff
- e. Activity staff
- f. Management staff
- g. Therapy staff
- h. Planning and design professionals
- i. Residents and family members