

**\*1.2-4.5.6 Safety and Security**

How the safety and security of residents, staff, and visitors will be addressed shall be considered in the overall planning of the facility. See Section 1.2-3.7 (Security Risk) for additional information and requirements.

**\*1.2-4.5.7 Characteristics and criteria for selection of materials and products for architectural details, surfaces, and furnishings**

**1.2-4.5.7.1** The effects of materials, details, colors, textures, and patterns on residents, staff, and visitors shall be considered in the overall planning and design of the facility. See Section 2.4-2 (Architectural Details, Surfaces, and Furnishings) for specific requirements.

**1.2-4.5.7.2** Maintenance and performance shall be considered when selecting these items.

**\*1.2-4.5.8 Cultural Responsiveness**

The culture of residents, staff, and visitors shall be considered in the overall planning of the facility.

**\*1.2-4.5.9 Support for Person-Centered Care**

The relationship between the physical environment and the person-centered care approach to planning, delivering, and evaluating residential health, care, and support services shall be considered during the functional programming process. See Section 1.2-5.8 (Resident Quality of Life) for core values information.

**APPENDIX (continued)**

- b. In neighborhoods/clusters and small house/household settings, public and private circulation paths should be provided and identified to support privacy for resident rooms.
- c. Private spaces should be provided for all communication concerning personal information relative to resident illness, care plans, life programming, and insurance and financial matters.
- d. In facilities with multi-occupant resident rooms, private spaces should be provided to permit residents and families to communicate privately.

**A1.2-4.5.6 Safety and security**

- a. The primary access points to the facility should be clearly visible from outside. A system to control and secure all access points at certain times of day and in the event of an emergency should be provided. During these times, electronic locks and monitoring cameras should be provided to permit entry by authorized persons. Exterior lighting should be provided for parking lots and all entry points to the facility. At primary access points, provision of local or remote reception or security services may enhance security.
- b. Since strict physical control of access to a residential health, care, or support facility is neither possible nor appropriate, security is enhanced through staff and resident training.
- c. Provisions should be made to allow residents to secure some personal belongings in locked drawers or cabinets. Staff should be provided with means to lock up small items (e.g., purses, wallets, phones) during work hours.
- d. The physical environment should be designed to support the overall safety and security policies and protocols of the organization.
- e. Safety and security monitoring, when provided, should respect resident privacy and dignity.
- f. Provision of safety features such as adequate lighting, non-tripping surfaces, and landscaping that does not provide locations for hiding should be considered for exterior spaces.

**A1.2-4.5.7 Selecting materials and products**

- a. Testing standards can verify whether a product provides specific characteristics. When selecting architectural details, surfaces, and furnishings, verification of third-party independent testing can ensure that surfaces meet necessary code requirements.
- b. In certain areas of a residential health, care, or support facility, it will not be possible to use products with all of these characteristics; the goal is to choose products with as many of these characteristics as possible.

**A1.2-4.5.8 Cultural responsiveness**

- a. Organizational culture is defined by the history of the organization, leadership philosophy, management style, and caregivers' backgrounds.
- b. Regional culture is defined by the physical location and demographics (including age, nationality, religion, and economics) of the communities served.
- c. Built environment design, finishes, and color palettes should respond to the geographic location of the residential health, care, or support facility, taking into account climate and light; regional responses to color; the cultural characteristics of the community served, including resident choice; and the cultural background of the staff.

**A1.2-4.5.9 Support for person-centered care.**

Person-centered care is an approach to the planning, delivery, and evaluation of residential health, care, and support services with the objective of providing a personalized living environment for each resident. The physical setting is designed to support the personalization of services by staff, with an emphasis on the development and maintenance of relationships and of activities that are meaningful for each resident.

- a. The person-centered care movement strives to transform health, care, and support services based on person-directed values and practices. The voices of the residents, both spoken and unspoken and