

■ 1.2-5 Planning Considerations and Requirements

1.2-5.1 Lighting Planning

1.2-5.1.1 General

The planning of new and renovated residential health, care, and support facilities shall include identification of daylighting, artificial lighting, and vision and health needs during the programming phase to determine desired outcomes based on the resident care population.

1.2-5.1.2 Lighting Planning Process

The process for lighting planning for new and renovated residential health, care, and support facilities shall include the following:

1.2-5.1.2.1 Evaluation of site conditions and building orientation. See Section 1.2-2.2.2.2 (1) (Site) for requirements.

1.2-5.1.2.2 Evaluation of care population and access to daylighting

- * (1) Access to daylighting shall be included in the project. See Sections 1.2-4.5.1 (Light) and 1.2-4.5.2 (Views of and Access to Nature) for additional information.
- (2) Daylighting goals shall be established for the project.
- (3) Fenestration, types of glazing, and window treatments for exterior windows and doors shall be evaluated in relation to the use of interior spaces to assure access to daylight is provided.

1.2-5.1.2.3 Verification that artificial lighting and daylighting in a project responds to the needs of the care population described in the functional program

1.2-5.1.3 See Section 2.5-7 (Daylighting and Artificial Lighting Systems) for additional requirements.

1.2-5.2 Acoustic Planning

1.2-5.2.1 General

The planning of new and renovated residential health, care, and support facilities shall include identification of acoustic needs during the programming phase to determine desired outcomes based on the resident care population.

APPENDIX (continued)

- sometimes interpreted by their families, provide the primary guidance for the services, support, and care provided. Staff are trained to make the development of a positive relationship with the resident as important as the service/care task being completed.
- b. Person-centered care may require changes in organizational values and practices, management philosophy, workplace models, and staff relationships at all levels, with an emphasis on teamwork. The goal is to provide better outcomes for residents, families, and care providers.
 - c. Integral to person-centered care is the recognition that the built environment has a significant effect on quality of life. Both long- and short-term living environments should be designed to minimize institutional spaces and maximize home-like spaces. Person-centered outcomes are the result of the interaction between care practices and the built environment.
 - d. Information on person-centered care (and the larger, more encompassing term of culture change) is available at:
 - Planetree (www.planetree.org)
 - Pioneer Network (www.pioneernetwork.net). Business case information for culture change is available at www.pioneernetwork.net/Providers/CaseStudies and www.pioneernetwork.net.

- net/Data/Documents/MedicaidCongresslongreljune12007.pdf.
- Action Pact (www.actionpact.com)
- Society for the Advancement of Gerontological Environments (SAGE) (www.sagefederation.org)
- “Senior Living Sustainability Guide®” (www.withseniorsinmind.org)
- Institute for Patient- and Family-Centered Care (www.ipfcc.org/advance/supporting.html)
- The Joint Commission monograph “Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals”

A1.2-5.1.2.2 (1) Access to daylighting

- a. Due to the significant health benefits of the natural environment (e.g., circadian rhythm entrainment, Vitamin D synthesis, reduced depression), access to exterior spaces with daylight should be provided for all residents, participants, and outpatients.
- b. Windows, skylights, and other sources of daylighting should be considered to minimize the need for artificial light during the daytime and to allow residents to experience the natural daylight cycle, which supports circadian rhythm entrainment.