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Breaking Bad: Resident-Centered Regulatory Improvements

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The Facility Guidelines Institute's Guidelines for Design and Construction of Residential Health, Care, and Support Facilities provides an innovative resource for development of person-centered care environments including nursing homes, hospice, assisted living, independent living, adult day care, outpatient rehabilitation facilities, and wellness centers. The updated 2018 Guidelines includes two new chapters on alcohol and drug abuse treatment centers and settings for those with developmental disabilities. In this presentation, a designer, a provider, and a former authority having jurisdiction will provide an overview of the revised Guidelines, highlighting changes and updates as well as critical information for understanding the importance of the Guidelines to providers, regulators, and designers.

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Learning Objectives

1. Obtain information on the developments of updated regulations that remove barriers to innovation.
2. Understand the relevance of the Guidelines from a provider, regulator, and designer perspective.
3. Learn how to implement a resident safety risk assessment as a tool for improving resident and family satisfaction.
4. Demonstrate support for state adoption of the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities.

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Disclaimer

The views and opinions expressed in this presentation are the opinion of the speaker and may not be the official position of FGI or the Health Guidelines Revision Committee.

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Residential Document Group

- Providers of different types of care settings
- Design professionals that work in senior living
- Acoustic Experts
- Lighting Experts
- Researchers
- Gerontologists
- Regulators / Authorities Having Jurisdiction
- Advocates
- Consultants

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Residential Document Group



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Three Guidelines Books



Jane Rohde www.fgiguuidelines.org

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Guidelines for Design and Construction of Residential Health, Care, and Support Facilities

- 2018 Edition
- Published by the Facility Guidelines Institute
- Available at www.fgiguuidelines.org

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New Resource: CEU

Super Star Cast!

- AKA Douglas Erickson, CEO, Facility Guidelines Institute
- AKA Steve Lindsey, CEO, Garden Spot Village
- AKA Skip Gregory, Health Facility Consulting, LLC
- AKA Jane Rohde, Principal, JSR Associates, Inc.



Jane Rohde

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Importance of Guidelines



As a provider, I support the utilization of the Guidelines because they provide a really practical resource that can guide us as we participate in the planning and designing of person-centered environments.

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Importance of Guidelines



Many of us in the provider world don't have a design background, so the Guidelines become the "Go-To" source for ideas and issues that we need to pay attention to through the design process.

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Importance of Guidelines

- In addition to planning and design, utilizing the Guidelines supports a positive return on investment (ROI).
 - This impact can result in significant cost savings.
 - Often results in less change orders and shorter construction timeframes for projects.
 - By providing environments that support positive resident outcomes and high satisfaction results.

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Importance of Guidelines

- Creating a better work environment can keep staff turnover in check - this is an opportunity to save real money.
- Research indicates that each employee that is replaced costs the organization 30% of their annual salary – never mind the lack of continuity in the care of the residents.

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Importance of Guidelines

- An example that supports staff retention and positive resident outcomes include:
 - Having storage at point of service and reducing overall walking distances for care staff;
 - Provide staff the opportunity to have more time to spend directly with residents.

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Importance of Guidelines

- It takes an interdisciplinary team approach to evaluate the desired outcomes and operational flows. We have found that focus groups are the best way to glean information:
 - Front Line Staff
 - Administration
 - Family Members
 - Residents

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Positive Resident Outcomes

To develop a supportive built environment – the provider AND the design team need to understand:

1. Management philosophy
2. Organizational structure
3. Staff roles
4. Staff education and training
5. Resident quality of life
6. Operational processes and procedures
7. Provisions for Resident & Staff safety

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Positive Resident Outcomes



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Positive Resident Outcomes



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Positive Resident Outcomes

Spaces that support activities that provide

1. Resident involvement and opportunities for purposeful living.
2. Understanding and development of the care model and functional program first; allows the physical environment to be supportive of the resident and desired outcomes.
3. Maximizing resident independence and choice.

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Living Life Fully



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The Functional Program

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Importance of Functional Program

Depending upon the size of the project, there are often two levels to the Functional Program Process.



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Importance of Functional Program

One that looks at the 30,000 foot level of a project and evaluates alternative care models with an interdisciplinary team.



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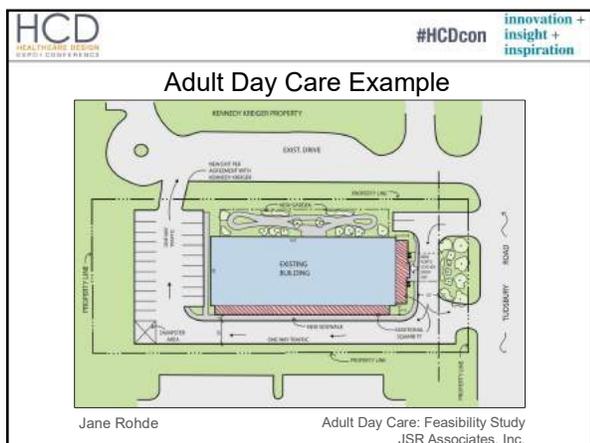
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Importance of Guidelines

This includes assessing and documenting the care and operational goals of the project – and builds consensus around different aspects of the project.



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Adult Day Care Example



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Adult Day Care: Final Plan
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Adult Day Care Example



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Adult Day Care: Completed Project
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Details, Details,
Details!



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- Details can actually limit resident independence & choice through not completing a functional program, mockups, and supportive design that meets the needs of a care population.
- These are common types of bathroom design errors that can be avoided by completing interdisciplinary planning.

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Need for Detailed Functional Program



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Need for Detailed Functional Program



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From an AHJ perspective, the Functional Program component is meant to be a planning tool that clarifies the intent of the project.



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The narrative needs to support what the plans show as well as meet the minimum requirements of the Guidelines.



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The document ends up being a resource as a written check and balance for the design team as well – cross referencing the functional program to the plans prior to submittal to reduce any surprises during the review and approval process.



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Completing a Functional Program

- The provider and design team to develop responses to the following questions:
 - Who?
 - What?
 - Where?
 - When?
 - How?
 - And Why?

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These responses support the final narrative that should be developed into a written document that meaningfully guides one through the construction plans.



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Importance of Environment of Care

- The EOC purposefully ties to the language utilized by the Joint Commission, and for residential care facilities includes several considerations:
 - Delivery of Care Model Concepts
 - Identification of all Users
 - Systems design approach – identifying the interconnectivity between various operational systems
 - Layout and operational planning – understanding the movements required through spaces
 - Identifying items that are supportive of person-centered care – and committing to inclusion of these items.

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Person-Centered Care Example



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The Environment of Care

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EOC: Physical Environment Elements

- Physical Environment Elements
 - Lights and Views
 - Signage and Wayfinding
 - User Control of Environment
 - Privacy and Confidentiality
 - Safety and Security
 - Architectural Details, Surfaces, & Furnishings
 - Cultural Responsiveness
 - Access to Nature

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Lighting & Views



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Wayfinding



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Wayfinding



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Resident Control & Choice



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Architectural Details, Finishes & Furnishings

- Appropriate Use of Contrast
- Information on Details
- All organized in one location within the Guidelines
- Additional description in the Appendices



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Cultural Responsiveness



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Access to Nature



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Resident Safety Risk Assessment

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Resident Safety Risk Assessment is important for identifying operational concerns that can be positively addressed through design.



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Different components have been rolled into one assessment. It is recommended to use an interdisciplinary team to complete the evaluation with the ultimate goal of supporting positive resident outcomes.



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The overarching goal is to provide input on the care population and their needs, staff needs, and other operational influencers that inform the design of a more supportive environment.



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Utilizing the Resident Safety Risk Assessment as part of the programming and planning process to enhance the success of the ultimate built solution.



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- Resident Safety Risk Assessment components
 - Infection Control Risk
 - Resident Mobility & Transfer Risk
 - Resident Fall Risk & Prevention
 - Resident Dementia & Mental Health Risk
 - Security Risk
 - Disaster Risk & Emergency Preparedness

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Mobility and Transfer



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Citizens Care: Havre de Grace: Morris Ritchie Associates, Inc. / JSR Associates, Inc. ©2017 JSR Photographer: Nicole Lowder

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Fall Risk



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Dementia & Mental Health Risk

Any and all environments can include residents with dementia or other mental health issues of varying types.



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Dementia & Mental Health Risk

The discussions also can include the balance of risk and safety – in an effort to support opportunities within a community that maximizes a resident's abilities with the designed physical setting.



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Types of Settings

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Types of Settings

- There are three Facility Parts within the Guidelines that have minimum requirements and supportive Appendix Material for types of settings:
 - Part 3 is Residential Health Facilities that include Nursing Homes and Hospice Facilities.
 - Part 4 is Residential Support and Care Facilities that include Assisted Living and Independent Living – and 2 new chapters
 - Part 5 is Non-Residential Support and Care Facilities that include ADC/ADHC, Wellness Centers, and Outpatient Rehabilitation

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Nursing Home: Household / Small House



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Hospice



Steve Lindsey Rainbow Hospice, Chicago, Illinois
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Assisted Living Facilities: Small Medium Large



Jane Rohde Brooke Grove: Meadows Cottage

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Independent Living



Jane Rohde Mabuhay Court: David Baker Architects
San Jose, California: Image: Cesar Rubio

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Adult Day & DD Day Care Center



Jane Rohde JSR Associates, Inc. Easter Seals Adult Day Care
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Adult Day & Adult Night Care



Jane Rohde Peabody Club at Copper Ridge

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Health & Wellness Community Amenity



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Partnership: Evergreen Retirement Community

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New Chapters

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Because the Guidelines address nursing homes and hospice settings that are reimbursed through CMS, in the 2018 cycle we decided to include a new facility chapter on Settings for Individuals with Intellectual and/or Development Disabilities.



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The design guidance is intended to cover intermediate care facilities for individuals with intellectual disabilities (referred to as ICF/ID), community residences and personal care homes.



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New ID/DD Facility Chapter

- The care models include
 - Small Setting Care Model, which typically includes
 - 4 or fewer residents living in a shared house setting
 - Bedrooms are usually directly accessible to common living areas that include a kitchen, living room, dining room, and other shared community spaces.

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New ID/DD Facility Chapter

- Medium Setting Care Model includes community residences and intermediate care facilities with intellectual disabilities (ICF/ID), which typically include:
 - Resident rooms for up to and including 16 residents and shared common space
 - Combination of private and shared resident rooms based on resident choice and the care population being served.
 - Integration into the community at-large.

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New ID/DD Facility Chapter

- Large Setting Care Model typically includes
 - More than 16 residents with resident rooms assembled in smaller groups with shared common space to create "households".
 - Share common spaces that serve 12 – 16 residents within a household – dining area, living area, den and residentially scaled kitchen.
 - Neighborhood(s) of 2 or more households that may or may not be integrated into the community at-large – an overall community composed of one or more neighborhoods.

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New ID/DD Facility Chapter



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New Treatment Facility Chapter



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The other new section that is included in Part 4, provides guidance for Long-Term Residential Substance Abuse Treatment Facilities.

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New Treatment Facility Chapter



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This section came about based upon requests to the Facilities Guidelines Institute from design professionals seeking guidance on the design of treatment facilities.

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New Treatment Facility Chapter

This is in part due to the opiate epidemic that has been sweeping the US – and the need for more long-term residential treatment facilities needed to meet the demand.



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New Treatment Facility Chapter

- Guidance for treatment facilities provide 24/7 care, generally in non-clinical or acute care settings. The therapeutic community is a common type of long-term residential treatment setting for substance abuse disorders.
- Typical stays are 18 – 24 months.
- Treatment is typically highly structured and can be modified for specific care populations and treatment plans are individualized.

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New Treatment Facility Chapter

- The physical setting includes group or community living and activities to drive individual change and attain therapeutic goals.
- Typically resident rooms – both single and shared are provided with shared community spaces; including a communal kitchen as a food service option, depending upon the care population.
- There is guidance provided for recreational spaces, as well as diagnostic and treatment areas.

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Community Based Services



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Creative Health Services in Pottstown, NY:
Dr. Andy Trentacoste

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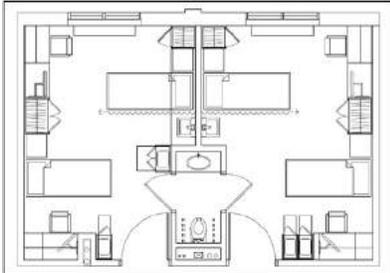
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CMS Ruling Impacts to Nursing Homes

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CMS: Existing Facility Requirements

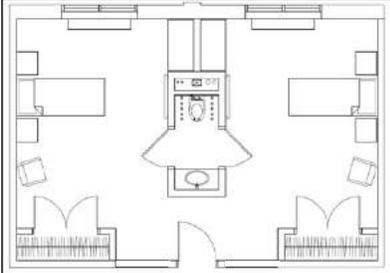
- New or renovation: current language does NOT support a shared bathroom between resident rooms.
- Information for consideration has been provided to CMS.

Common Existing Plan

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CMS: Existing Facility Requirements

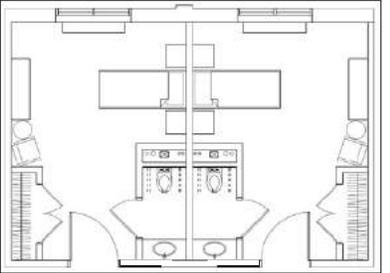
- Accessibility Requirements need to be met
- Clearances and performance requirements to be met when adopting FGI Guidelines

Example of Existing Plan

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CMS: Existing Facility Requirements

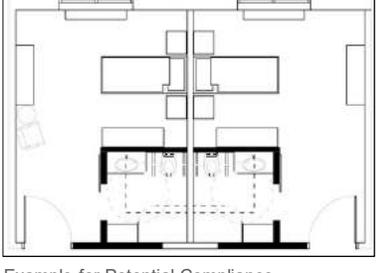
- Accessibility Requirements need to be met
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Example of Existing Plan

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CMS: Existing Facility Requirements

- Accessibility Requirements need to be met
- Clearances and performance requirements to be met when adopting FGI Guidelines

Example for Potential Compliance

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Thank you!



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FGI Supports Person-Centered Models for Successful Communities!

Supporting the Guidelines, Supports Person-Centered Models!

Questions & Answers

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Jane Rohde: jane@jrsassociates.net

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 - Vermont
 - Assisted Living Facilities
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- * Adopted 2014 **In process of Adopting 2014

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 - West Virginia*
- * Adopted 2014 **In process of Adopting 2014

																										
<p>▪ Nursing Homes</p> <table><tr><td>▪ Alaska</td><td>▪ Louisiana</td><td>▪ Rhode Island</td></tr><tr><td>▪ Arizona</td><td>▪ Nebraska</td><td>▪ Tennessee</td></tr><tr><td>▪ Colorado</td><td>▪ Nevada</td><td>▪ Utah</td></tr><tr><td>▪ Connecticut</td><td>▪ New Hampshire</td><td>▪ Vermont</td></tr><tr><td>▪ Delaware*</td><td>▪ New Jersey*</td><td>▪ Virginia*</td></tr><tr><td>▪ Florida*</td><td>▪ New York</td><td>▪ West Virginia*</td></tr><tr><td>▪ Georgia</td><td>▪ North Dakota*</td><td>▪ Wyoming</td></tr><tr><td>▪ Iowa</td><td>▪ Pennsylvania**</td><td></td></tr></table>			▪ Alaska	▪ Louisiana	▪ Rhode Island	▪ Arizona	▪ Nebraska	▪ Tennessee	▪ Colorado	▪ Nevada	▪ Utah	▪ Connecticut	▪ New Hampshire	▪ Vermont	▪ Delaware*	▪ New Jersey*	▪ Virginia*	▪ Florida*	▪ New York	▪ West Virginia*	▪ Georgia	▪ North Dakota*	▪ Wyoming	▪ Iowa	▪ Pennsylvania**	
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