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Practical Strategies
to Transform Nursing Home Environments:

Towards Better
Quality of Life

Workbook
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Instructional Workbook

Introduction

The focus of this workbook will be on self-assessment of either the complete nursing home facility or specific shared spaces or nursing units that nursing home staff wants to improve. Evaluating environmental design influences on quality of life is the ultimate goal of the assessments. Quality of life does not have to be limited to just residents; a facility may choose to evaluate the goal of all users including staff, residents, visitors or volunteers. It is important to note that the physical environment should not be judged in isolation from the users and organizational policies of the facility. Rather, it is a supportive (or not so supportive) component of the interaction between the users and organization policies. Although each assessment is customized to the perceived needs of the facility the following list of questions provides an overall summary of what the assessment should answer. (Preiser, et al, 1988)

- Does setting increase opportunities for individual choice?
- Does setting encourage personal independence?
- Does setting reinforce the individual level of competency?
- Does setting compensate for sensory and perceptual changes?
- Is setting totally accessible?
- Does setting support comprehension and orientation?
- Does setting encourage social interaction?
- Does setting stimulate the user?
- Is setting aesthetically pleasing?
- Does setting provide for individual privacy?
- Does setting reduce distractions?
- Does setting provide a safe and secure environment?
- Does setting improve public image of the residents?

Why self-assessment is important but can it be done?
- Don’t have time or staff
- Don’t have money for improvements
- Regulations don’t permit change
- Self help & autonomy reduces reimbursement
Zgola and Bordillion in their book Dining Rooms (2001) explained that the predominant thinking in long-term care is that nothing can change without additional funds, staffing, and endorsement from regulators. This message has become internalized because it has been communicated to staff within individual nursing homes and to the long-term care industry for so long, possibly too long. With further cuts in reimbursements and regulations more stringent than ever, it is easy to throw up our hands and say we will continue to do as we have been doing.

But change is necessary and possible. The long-term care industry is facing new challenges from assisted living facilities that offer more person centered care than a medical model nursing home, from residents needing a higher level of care and from short stay rehab residents to name a few. The change necessary to meet these challenges must come from within each individual nursing home. This usually means moving away from the standard medical model of care and creating a setting that is homelike and relationship based and one that promotes a normal lifestyle as much as possible for the residents. In this way, the care setting respects the individual needs of those living in the facility, provides support for those working in the facility and provides a more inviting environment for those visiting the facility.

Additional monetary resources will not necessarily result in change. A change in attitude, in culture and in organization is necessary. But the question remains where to start. The first step is to commit to self-assessment.

**How can a self-assessment be accomplished?**

This workbook will illustrate 7 tasks that when accomplished will ultimately provide answers to the questions listed on page 2 and target areas of improvement. The supplies necessary to complete the tasks are minimal including a box of 8 crayons, copies of the
Assessment tool, a measuring tape and a camera. (Disposal cameras work great!) The 7 tasks include:

**Form environmental task force**

- Begin the discussion (SWOT tool)
- Revisit or develop mission/value statement
- Floor plan analysis
- Self-assessment of facility, nursing unit(s), room & bath
- Resident, staff and visitor/volunteer questionnaires
- Define goals
Task I – Create environmental task force

The first task is to assemble a committee of stakeholders who are directly involved with the environment, are uses of the environment, are board members or are interested members of the community. This committee will look at strengths and weaknesses of the current environment, complete the self-assessment, and ultimately make recommendations as to potential changes to the environment. This step of creating a committee is probably the most important because the members will need to work together, understand the needs of the other members, refrain from being territorial of the area of the environment they are directly involved with, be adventuresome, and especially be creative in looking at new ways to do things. Ideally, the group will include 8 to 12 members, with numbers being evenly distributed so that no individual department is over represented. The committee should consist of all users of the facility including management, direct care staff, representatives from activities, dining and housekeeping, and could even include a representative from the Board of Directors and a member from the community at large. An effort should be made to meet with resident, family, and volunteer councils or focus groups so that their input can be heard. A board member and member from the community are especially valuable because they bring an outside perspective to the process, often have access to resources and could be valuable in bringing network partners to a specific project. Previous design experience is not necessary although an awareness and interest in improving the physical environment is. Do not hesitate to bring in outside speakers on a regular basis. Interior decorators love to talk about decorating options, architecture and design students from you local college are enthusiastically receptive to being involved with a real work experience. Gain ideas by visiting residential care settings for young adults, day care centers for
children, assisted living facilities and other nursing homes that are known for innovative environments.

On the following page there is a form to list the members of the environmental task force. Rather than management personnel exclusively recruiting members, consider inviting staff to participate but put a limit on the number participating.
Environmental Task Force

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>DEPARTMENT OR POSITION</th>
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<tbody>
<tr>
<td>1)</td>
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<td>15)</td>
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</tbody>
</table>
Task II – Begin the discussion

The purpose of this exercise is to use the SWOT tool to analyze the potential of your facility physical environment by identifying the strengths and weaknesses of the current physical environment of your nursing home and also, the external opportunities and threats that may affect your facility. This task is a minimal version of strategic planning; a process that opens a dialogue of what your nursing home values, the overall mission of your organization and especially what your nursing home looks like to day.

The SWOT analysis is a global assessment of the internal strengths and weaknesses and external threats and opportunities that have implications for how you function in the future. For example, the nursing home population will be more heterogeneous in the future with residents who are in rehab for a short stay or residents who enter the hospice program. Are those threats or opportunities for your facility? For the successful and enduring facility the physical environment must accommodate this changing population. This is easily achieved when acknowledged and planned for. A SWOT analysis is commonly used to assess the overall organization and policies of a business. For this purpose, the focus is on the physical environment. Using one meeting, complete the SWOT tool as a group and use if for overall discussion of the following issues:

1) What are the greatest strengths of the physical environment of your facility?
   • How is your physical environment different from your competition?
   • What are the best and innovative features of your environment?
   • Do you have accessible outdoor spaces for all residents?

2) What are the greatest weaknesses of your physical environment?
   • What areas do you want to improve on?
   • What areas cause problems or complaints?
   • Is the old age and deterioration of your physical plant a concern?
• What percentage of shared rooms do you currently have and can that number be lowered?
• Do you have too many large common spaces and not enough spaces for small groups?
• Are shared spaces a long distance from resident rooms?

3) What are the greatest external opportunities available to your facility?
• Changes in technology
• Partnerships with community enterprises
• Future increase of Medicare short stay rehabilitation residents
• Donation of materials and furnishings

4) What are the greatest external threats to your facility and to the long-term care industry?
• Continued growth of assisted living model
• Government regulations

Don’t rush this task, provide an opportunity for every committee member to talk, and at the beginning assign someone to take notes and write up the results following the meeting. Don’t hesitate to ask people not on your committee and even the Board of Directors to complete the SWOT analysis. It is amazing how such a simple tool can produce such varied responses by those that use the setting and those that govern the setting.
Begin the Discussion

<table>
<thead>
<tr>
<th>+ + +</th>
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<tbody>
<tr>
<td><strong>Strengths of physical environment</strong></td>
<td><strong>Weaknesses of physical environment</strong></td>
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<table>
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<tr>
<th>Internal</th>
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<table>
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<tr>
<th>External</th>
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</thead>
<tbody>
<tr>
<td><strong>Opportunities for improving environment (i.e. donations, partnerships)</strong></td>
</tr>
<tr>
<td><strong>Threats to nursing home (i.e. assisted living home-like environment, staff retention)</strong></td>
</tr>
</tbody>
</table>
SWOT planning questionnaire

• What is greatest strength of facility physical environment? (private rooms, chapel, dining, tub-shower room, main street area, etc.)
• What is greatest weakness of facility physical environment? (shared rooms, age of facility, huge dining room, limited staff break space, etc.)
• What is greatest external opportunity available to facility? (partnership with Starbucks, donation of computer equipment, grant funds, rehab unit, etc.)
• What is greatest external threat to facility? (assisted living environments, staff retention, reduction of Medicaid funds, etc.)
• Prioritize 3 goals for improving physical environment
• What are obstacles to reaching these goals?
Task III- Revisit or develop vision, mission, value statement

The first step is to revisit your mission and value statement. All organizations need a succinct mission/vision statement that speaks to the services they provide, their philosophy and the core values that they wish to convey and uphold. What values does your facility strongly uphold beyond those regulated such as security and safety? Does your organization value a strong spirituality support system for your residents, or does it place value on companionship and relationships or does it value aesthetics such as enhanced outdoor spaces or a special dining experience, or possibly it values life-long learning or all of the above. The goal is to identify the values of your facility and apply those values to the physical environment. If companionship is a value then the environment must provide abundant small spaces that can accommodate quiet conversation as well as card playing. If spirituality is important then the environment should provide quiet meditation space as well as chapel space. If life-long learning is a value then computer stations and large-print books should be scattered throughout the facility – not just in one central location. The list of environmental features that have the potential to support values is limited only by a lack of imagination. There is a form on the following page for writing down your current mission/value statement and also a revised mission/value statement.
Current Mission/Value Statement

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Revised Mission/Value Statement

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Task IV- Floor Plan Analysis

The purpose of this task is to visually understand the different spaces in your facility and recognize locations and number of shared spaces. The first step is to obtain a copy of the floor plan of your facility. There is always one located in the “fire code book” at the front desk. Borrow it to make copies but please return the original to the book as it is a fire marshal requirement. The second step is to take a box of crayons (or magic markers) and color in the different spaces. (Crayons are in folder at end of workbook) Resident rooms will not be colored but can be identified as remaining space. For example use the following colors to identify spaces:

- Blue = Dining spaces (if part of room used for dining, color part of room)
- Yellow = Lounge space, shared amenities such as coffee shops
- Red = Tub/bathing room
- Black = Corridors
- Brown = Nursing stations
- Orange = Storage space – clean utility room, med room, etc.
- Purple = Staff break-room, lockers, restroom, anything exclusively for staff
- Green = Outdoor space that residents can use

This approach will enable you to eyeball allotted space for different functions, distance and locations in different areas within the entire facility. The goal is to have shared spaces fairly distributed throughout the facility.
**Task V - Self-assessment of physical environment – including photographs**

The previous task provided a global overview of what the facility looks like. This task will identify the presence or absence of characteristics specific to a location. It is an inventory of sorts and is the most important task. The items on the checklist have been included because they have been identified as either contributing to the well-being and quality of life of the resident or detracting from it as is the case when the corridors are cluttered with so much paraphernalia that the handrails are obscured or these is a cacophony of noise creating a stressful environment.

There are three separate checklists, each separated into sub lists. The room and bath checklist is specifically designed to be used in the resident rooms, the unit checklist is structured for assessing each nursing unit separately and the facility checklist is designed to identify facility wide amenities that are not located on a nursing unit. The three checklists can be completed together, as a set, or the decision can be made to just assess one room such as a lounge or shower/tub room on a specific unit. This task can be accomplished by a single individual or as a group with one person reading and checking off the items. At times it can become somewhat of a scavenger hunt. The recommendation is that at least 2 persons, rather than one person, work together on completing each assessment.

Time required to complete a checklist varies according to the size of the area being assessed and the purpose of the area. When the resident room is assessed it is important that all rooms are assessed. It is helpful to divide the assessment of resident rooms between nursing units because then a comparison can be made. Most often the resident rooms differ between units and it is helpful to identify differences. Allow time for discussion during the assessment.
Total the score at the bottom of each section by adding up the number of yes marks. In most cases the more characteristics present the better the environment. In some sections such as noise or clutter, the lower the score the better. It is possible to compare the scores of resident rooms as well as lounge space or dining rooms on separate units to determine might be lacking in one.
Task VI - Resident, staff and visitor/volunteer questionnaires (Optional)

The intent of this task is to solicit information from users of the facility that are not members of the environmental task force. This information can be obtained through focus groups or individual responses to the user survey. These surveys as written are very generic and contain broad questions but it would be easy to customize them to a specific area. Family and resident councils are excellent formats to gather information. It seems as if most of the users have an opinion of the physical environment and are generally quite willing to share it. The three questionnaires are included on the following pages.
VISITOR SURVEY
Please rate the overall quality of space provided for visiting
(Including resident room)

Identify location surveyed ____________________________

Key for the following quality ratings:  4 = Excellent
                                             3 = Good
                                             2 = Fair
                                             1 = Poor

1. Adequacy of space (crowded)_______________
2. Lighting ______________________________
3. Acoustics ______________________________
4. Temperature ____________________________
5. Odor _________________________________
6. Esthetic appeal __________________________
7. Accessibility __________________________
8. Flexibility of use ________________________
9. Other ________________________________

Please answer the following questions with a yes or no response.

1a. What improvements, if any, do you think could be made to this space?
    __________________________________________________________

2a. What do you like the “most” about this space?
    __________________________________________________________

3a. What do you like the “least” about this space?
    __________________________________________________________

4a. How often do you visit? _____________________________________
RESIDENT SURVEY

Please rate the overall quality of your room.
Key for the following quality ratings:  
4 = Excellent  
3 = Good  
2 = Fair  
1 = Poor  

1. Adequacy of space (crowded)__________________
2. Lighting ___________________________
3. Acoustics ___________________________
4. Temperature ___________________________
5. Odor ___________________________
6. Esthetic appeal ___________________________
7. Accessibility ___________________________
8. Flexibility of use ___________________________
9. Other ___________________________

1a. How long have you lived here?___________________
2a. Where did you live previous to coming to here?_______
3a. What do you enjoy most about your room?_____________

________________________________________________________

4a. What do you like least about your room?_____________

________________________________________________________

5a. Do you feel safe and secure in your room?___________________
6a. Do you prefer to stay in your room rather than go to a lounge or other shared space?___________________________

7a. What improvements could be made to your room?___________________

________________________________________________________
STAFF SURVEY

Please rate the overall quality of the space allocated for staff breaks
Key for the following quality ratings:  
4 = Excellent
3 = Good
2 = Fair
1 = Poor

1. Adequacy of space (crowded) _______________
2. Lighting _______________
3. Acoustics _______________
4. Temperature _______________
5. Odor _______________
6. Esthetic appeal _______________
7. Accessibility _______________
8. Flexibility of use _______________
9. Other _______________

1a. How long have you worked here? ____________________

2a. Have you previously worked in a different nursing home? ____________

3a. If you worked in a different nursing home, compare those areas for staff breaks to this space_______________________________________________________

4a. Besides this immediate area, what other areas in the building do you use for breaks?
___________________________________________________________

5a. What improvements could be made to this area to better serve staff members?
___________________________________________________________

6a. Do you have any other comments on how administration can improve the break time for staff?
___________________________________________________________
**Task VII – Final Goals**

This is the time to create specific goals. Task 2 provided a framework for overall priorities but this is the phase to identify specific goals, gather information on costs and decide if the goals are feasible either in total or in parts. Don’t rush this final task. Consider all resources available to your facility before finalizing your goals. These can include monetary grants and cash donations, in-kind donations from a supplier or local charitable groups such as churches, legions, or even schools that are upgrading computer or kitchen facilities.

Architectural and design information is very expensive but an important asset in the community that is often ignored is the talent in the local colleges or universities. Students love “real life” projects. Consider inviting a design class to provide ideas for a specific project you have in mind such as creating an open workstation in place of the central nurse’s station. Or, work with a nutrition class on devising creative, nutritious food choices or dining options that enable greater flexibility in an elder’s dining schedule. Bring in students or an intern from the school of business to work on organization changes that empower staff and decentralize decisions making closer to residents.

Projects that are purpose specific and well defined, have the potential to create an improved quality of life for the residents, are visible, have an emotional appeal to a potential benefactor, increase staff efficiency and satisfaction have a better chance of being looked upon favorably by a benefactor than those that are generic in scope. Prioritize your goals not only on their importance to the committee but also of those that have the greatest potential to be accomplished in a short time change. Visible changes to the environment create an enthusiasm and momentum for further changes.
After completing all the tasks, you should be able to answer each of the following questions.

- Does setting increase opportunities for individual choice?
- Does setting encourage personal independence?
- Does setting reinforce the individual level of competency?
- Does setting compensate for sensory and perceptual changes?
- Is setting totally accessible?
- Does setting support comprehension and orientation?
- Does setting encourage social interaction?
- Does setting stimulate the user?
- Is setting aesthetically pleasing?
- Does setting provide for individual privacy?
- Does setting reduce distractions?
- Does setting provide a safe and secure environment?
- Does setting improve public image of the residents?

Good luck!
ENVIRONMENTAL CHECKLIST—RESIDENT ROOM & BATH

Room # ___________________________
Unit ID# ___________________________
Room & Bath  
Goal: The idea is to replicate this space to that which the resident enjoyed in their own home with the added dimension that it also must support caregivers. Even in shared rooms it is possible to create 2 separate spaces that are not identical but are personalized to each individual. Features in the room should support the quality of life domains of: autonomy, functional competence, meaningful activities, privacy, dignity, relationships, individuality, and safety for the resident. Strive to identify at least one feature in the room that is supportive of each quality of life domain. The main consideration for staff is efficiency of workspace. Are supplies conveniently located and well stocked or is it necessary to run down the hall to procure supplies?

1. **Number of residents in room**  
   - 1- Private room  
   - 2- Double room  
   - 3- More than 2, write in _______

2. **Room configuration**  
   Describe and diagram room configuration in space below.

3. **Bed arrangement**  
   Describe and diagram bed arrangement  
   **Private room ⇔ Go to 6**

4. **Rearrangement of furniture**  
   Describe and diagram alternative bed and furniture placement

5. **Separation and privacy features**  
   Describe any feature that serves as a room divider that provides each resident with a private space (don’t count privacy curtain around bed)
6. Room Entrance

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>-1-</td>
<td>-0-</td>
</tr>
<tr>
<td>a.</td>
<td>Signage identifying R’s name in 5/8” or larger letters</td>
</tr>
<tr>
<td>b.</td>
<td>Personalization of wall or door of resident—e.g. photos, biographies, or unique objects</td>
</tr>
<tr>
<td>c.</td>
<td>Doorbell or knocker</td>
</tr>
<tr>
<td>d.</td>
<td>Lever type hardware, push-release hardware, or other hardware that passes the “fist test”</td>
</tr>
<tr>
<td>e.</td>
<td>Entry door locks from inside</td>
</tr>
<tr>
<td>f.</td>
<td>Individual mailbox outside door</td>
</tr>
</tbody>
</table>

Summary of room entrance

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable as is

Summary statement of room entrance

________________________

Improvement ideas: how can we improve room entrance

• ______________________
• ______________________
• ______________________

7. Personal and Social Space

<table>
<thead>
<tr>
<th>-1-</th>
<th>-0-</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Chair or chairs in R’s sleeping area for own or visitor use</td>
</tr>
<tr>
<td>Number of chair(s) in R's part of room:</td>
<td>________________</td>
</tr>
<tr>
<td>b.</td>
<td>Chair is not folding type</td>
</tr>
<tr>
<td>c.</td>
<td>Table or shelf unit adjacent to at least one chair</td>
</tr>
</tbody>
</table>
- d. R has horizontal work surface at least 30" wide and 16" deep (e.g., table or fixed work counter) (Not food trays or adjustable rolling stands)
- e. Respondent has own television
- f. Closet space is subdivided into equal sections for separate compartments for each resident
- g. Total area of closet space dedicated to respondent (Width of Closet ___ x Depth of Closet ___)
- h. R has own drawer type storage (e.g., in bureau or cabinet)
- i. R has own lockable storage in room (e., closet, or cupboard, or drawer with lock) (Ask if can’t see)
- j. Some closet rods located 3 to 4 feet from floor
- k. R has own telephone in room (Count also if chargeable portable phone can be dialed from anywhere in room)

Summary of personal and social space
- Unacceptable – needs immediate attention
- OK – needs some work
- Acceptable as is

Summary statement of personal and social space

____________________________________________________________________

Improvement ideas: how can we improve personal and social space

• ______________________
• ______________________
• ______________________

8. Lighting
- a. Fixed task lighting provided at R’s bed (e.g., wall or ceiling mounted light fixture directly overhead or attached to wall adjacent to bed)
- b. Number of ceiling-mounted light fixtures in R’s room __________
- c. Number of wall-mounted light fixtures in R’s room ________________
-1- -0- d. Moveable task lighting (e.g., floor, table or desk lamp) provided at R's bed

-1- -0- e. On/off switch for moveable task lighting located within 18 inches of R’s pillow or top 2 feet of mattress

-1- -0- f. Number of moveable lamps ____________________

-1- -0- g. One or more lighting fixtures or lamps on a dimmer switch, rheostat or 3-way switch

-1- -0- h. Illuminated light switches in R's room

-1- -0- i. Pressure or rocker type wall switches (as opposed to conventional toggle switches)

**Summary of lighting**

____ Unacceptable – needs immediate attention

____ OK – needs some work

____ Acceptable as is

**Summary statement of lighting**

__________________________________________________________

**Improvement ideas: how can we improve lighting**

• ________________________

• ________________________

• ________________________

9. **Furnishings, Personalization, Decoration**

-1- -0- a. Resident has brought own bed (Not a hospital bed)

-1- -0- b. Resident has brought own bureau

-1- -0- c. Resident has brought one or more chairs

-1- -0- d. Resident has brought lamp(s)

-1- -0- e. Resident has individualized bedspread (different than roommate)
- f. Resident's drapes/blinds individualized
- g. Wall has paintings, photos, or other items displayed that are individual to resident
- h. Signs of hobbies or interests—e.g. beanie babies, card table, books, knitting (creates identity that is different from roommate or next room)
- i. Display space for personalization—e.g. shelves, window ledges, bulletin board
- j. Resident has flowers (natural or artificial)
- k. Resident has living plants
- l. Resident has personal computer
- m. Resident has a refrigerator in room
- n. Resident has table similar to small kitchen table in room
- o. Other (i.e., cook-top, microwave, kitchen sink, food storage)

Describe___________________________________________

Summary of furnishings, personalization and decorations

_____ Unacceptable – needs immediate attention
_____ OK – needs some work
_____ Acceptable as is

Summary statement of furnishings, personalization and decorations

____________________________________________________________________

Improve ideas: how can we improve furnishings, personalization and decorations

• __________________________
• __________________________
• __________________________
10. Floor and Wall Coverings

-1- -0- a. What is floor covering in room (not bathroom)
   ___ carpet, low (i.e. industrial) pile
   ___ carpet, high pile
   ___ sheet vinyl
   ___ composite tile
   ___ rubber
   ___ terrazzo
   ___ other (SPECIFY)

-1- -0- b. Floor covering is well maintained (not stained or dirty)

-1- -0- c. What is the wall covering/treatment.
   ___ painted sheetrock/ plaster
   ___ partially or completely papered (count borders of wall paper)
   ___ paneling
   ___ painted concrete blocks or brick
   ___ other specify _____________________________________________

-1- -0- d. Wall covering is well maintained (not stained, torn, or dirty)

Summary of floor and wall coverings
   _____ Unacceptable – needs immediate attention
   _____ OK – needs some work
   _____ Acceptable as is

Summary statement of floor and wall coverings

____________________________________________________________________

Imagagement ideas: how can we improve floor and wall covering
   • ______________________
   • ______________________
   • ______________________
11. Resident's Toilet Room

a. Number of residents using bathroom. ______________________

-1-  -0- b. If bathroom is shared, each resident has identified individual space

-1-  -0- c. Bathroom door handle is lever type hardware, push-release hardware, or other hardware that passes the "fist test"

-1-  -0- d. Counter space surrounding or near sink for personalization

-1-  -0- e. Sink has single lever faucet that meets the fist test

-1-  -0- f. Cloth towels a color other than white

-1-  -0- g. Soiled laundry in not public view

-1-  -0- h. At least one thing that is not institutional looking (decorated Kleenex holder)

-1-  -0- i. Incontinence products are not visible

-1-  -0- j. Enclosed storage space sufficient in size to store a supply of Depends (At least 2' x 2' x 2')

-1-  -0- k. Fixed task lighting provided at bathroom mirror (e.g., wall- or ceiling-mounted light fixture directly overhead or attached to wall adjacent to mirror)

l. Number of ceiling-mounted lights in R's bathroom ________________
m. Number of wall-mounted light fixtures in R's bathroom ________________

-1-  -0- n. Illuminated light switches in R's bathroom

-1-  -0- o. Pressure or rocker type wall switches (as opposed to conventional toggle switches)

-1-  -0- p. Heat Lamp

-1-  -0- q. Bathroom is clean and well maintained
Summary of bathroom

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable as is

Summary statement of bathroom

____________________________________________________________________

Improvement ideas: how can we improve bathroom

• ______________________

• ______________________

• ______________________
ENVIRONMENTAL ASSESSMENT -- NURSING UNIT

Complete for Each Unit in Study
General Information

Unit Number or name  __________

Date of assessment  __________

Type of Unit
   General  _____
   Alzheimer  _____
   Rehab-Sub-acute  _____
   Other  _____  Specify: ____________________

Number of beds ______

Number of private rooms ______

Current number of residents on unit ______
1. Corridors

Goal: Corridors are for traveling to a destination and the distance and functionality of a corridor can either facilitate or be a barrier for a resident who would like to visit the coffee shop or other amenity. A corridor filled with clutter that obscures the handrails, even on one side, limits the mobility of the resident and presents a hazard for falling. Autonomy is achieved when a resident can take advantage of amenities and outdoor spaces that are within a comfortable distance from their room. To measure distance, count the steps to the following destinations and enter the number of feet traveled. (Omit if area not available)

a. Distance from end to end of longest corridor ______ feet
b. Distance from farthest resident bedroom to entrance of unit ______ feet
c. Distance from farthest resident bedroom to main activity area ______ feet
d. Distance from farthest resident bedroom to bathing area ______ feet
e. Distance from farthest resident bedroom to dining room on unit ______ feet
f. Distance from unit entrance to main front entrance ______ feet
g. Distance from unit entrance to facility main dining room ______ feet
h. Distance from unit entrance to facility chapel ______ feet
i. Distance to nearest outdoor access ______ feet
j. Distance to coffee shop ______ feet
k. Distance to gift shop ______ feet

Yes  No

-1- -0-  l. A cognitively intact resident can exit unit without assistance from staff

-1- -0-  m. There is an automatic door available

-1- -0-  n. Art work or decorations on corridor walls

-1- -0-  o. Handrails contrasting color with walls

-1- -0-  p. Handrails are not obscured by even a single object

-1- -0-  q. Light level is adequate (not too bright or too dark)

-1- -0-  r. Floor covering is well maintained (not stained or dirty)

-1- -0-  s. What is wall covering treatment? (Check all that apply)

____ painted sheetrock/plaster
____ partially or completely papered (count borders as wall paper)
____ paneling
____ brick
____ painted concrete blocks
1-0- t. Wall covering is well maintained (not stained, torn, or dirty)
   u. Cleaning or medical equipment present in corridors (Check all)
      ____ Hoyer lifts
      ____ Dirty laundry carts
      ____ Linen carts
      ____ Trash containers
      ____ Incontinence product disposal
      ____ Food trays
      ____ Weight scales
      ____ Other

________ Total yes observations of corridors

Summary of Corridor assessment

____ Unacceptable – In need of total facelift
____ OK – needs some work
____ Acceptable – works well as is

Summary statement describing corridor

______________________________________________________________________________
______________________________________________________________________________

Improvement ideas: how can we improve this corridor

• ________________
• ________________
• ________________
• ________________
• ________________
2. Noxious and Pleasant Stimuli:
Goal: At times noise or unpleasant odors go unnoticed because they have always been there. This is a simple checklist that creates an awareness of an excess of either category. It is equally important to note pleasant smells or the sound of laughter. Generally, if personal laundry is done on the unit there is a pleasant smell of laundry products present.

a. During the assessment were any of the following noises present? (Check all that apply)
   _____ 1. Laughter
   _____ 2. Screaming or calling out by residents
   _____ 3. Yelling or calling out by staff
   _____ 4. Loud TV/radio
   _____ 5. Intercom or paging
   _____ 6. Loudspeaker with background music (Musak)
   _____ 7. Machinery (dishwasher, ice machine, mechanical system motor/blower, etc.)
   _____ 8. Call bell not being answered

b. Olfactory – Are any of the following unpleasant odors/smells present? (Check all that apply)
   _____ 1. Cleaning solutions (e.g., ammonia, alcohol, pine-sol)
   _____ 2. Urine
   _____ 3. Feces
   _____ 4. Garbage
   _____ 5. Other unpleasant or negative odor (specify)________________

   c. Olfactory – Are any of the following pleasant odors/smells present?
      _____ 1. Food smells (eg., coffee, cookies, bread, popcorn)
      _____ 2. Laundry odors such as fabric softener
      _____ 3. Other pleasant odors/aromas (Specify)________________

      _______ Total yes observations of unpleasant stimuli
      _______ Total yes observations of pleasant stimuli

Summary of stimuli assessment
   _____ Unacceptable – needs immediate attention
   _____ OK – needs some work
   _____ Acceptable
Summary statement of stimuli

______________________________________________________________________________
______________________________________________________________________________

Improvement ideas: how can we improve the stimuli

• ______________________
• ______________________
• ______________________
• ______________________
• ______________________
• ______________________

3. Nursing Station/Staff space

Goal of nursing station: Create efficient pleasant workspace for staff. Understand that residents will congregate in area and provide space for interaction between staff, residents, and visitors. Attempt to alleviate the station being a physical barrier between staff and residents. Create a welcoming gathering place where work can also be accomplished. Neighborhood design encourages the completion of tasks at the “kitchen table” vs. being secluded behind a nursing station desk. In this situation, the boundary between work and relaxation becomes less distinct. Think of it as a “work oasis”.

a. Type of Nurse’ Station
   ___ Nurses’ Station behind counter
   ___ Nurses’ Station in separate alcove
   ___ Nurses’ Station is a desk or counter that is in area shared with residents
   ___ Other (Describe)

b. Describe this nurses’ station e.g., where are charts kept, where do staff sit when writing, etc.

______________________________________________________________________________

 c. Describe where nurses’ station is relative to rest of unit

______________________________________________________________________________

-d. All corridors visible from station

-e. Sufficient space for residents to gather in area

-f. Provisions for providing snacks or juice

-g. Nurse’s work space or counter not barrier to interaction (high counter)
Total yes observations of nursing station

Summary of nurses’ station

Unacceptable – needs immediate attention

OK – needs some work

Acceptable

Summary statement of nurses’ station

______________________________________________________________________________
______________________________________________________________________________

Improvement ideas: how can we improve this nurses’ station

• ____________________
• ____________________
• ____________________
• ____________________
• ____________________
• ____________________
4. **Shower/Tub Room(s)**

**Goal:** The goal of this room is to create the ambience that is similar to a bathroom in a home. The room should be warm, adequately lighted, well ventilated; maintenance materials stored out of sight, walls decorated and brightly colored and most of all the room should be clean and well maintained. The room should not be used for storage. **Think Spa like!** (Assess each room on unit separately)

a. How many rooms with showers, tubs or combinations are there on unit (excluding those in individual resident rooms)
   - ___ Room(s) with tub/s only
   - ___ Room(s) with shower only
   - ___ Room(s) with tub/shower combination

b. What is the tub/shower configuration of this room
   - ___ Room with tub/s only
   - ___ Room with shower/s only
   - ___ Room with tub/shower combination

c. Identify any unnecessary items in room that are not involved with bathing process (e.g. storage of bins or wheelchairs, recycling material, cat litter box)
   
   - 1- -0-  d. All tub/shower(s) are useable and function properly
   - 1- -0-  e. Shampoo bowel located in tub/shower room
   - 1- - 0-  f. Sink has lever faucet that meets the fist test
   - 1- - 0-  g. Counter area in front of mirror to hold hair dryer, etc.
   - 1- 0-h. Chairs available at counter for those not in wheelchairs
   - 1- -0-  i. Shower curtain has color and/or pattern (not white)
   - 1- -0-  j. Shower curtain in good condition
   - 1- -0-  k. Floor is clean without debris
   - 1- -0-  l. Floor covering is well maintained (not stained or tiles missing)
   - 1- -0-  m. Decorations on wall
   - 1- -0-  n. Walls have some color other than white (paint or tile)
-1- -0- o. Wall finish is well maintained (not stained, torn, or dirty)

-1- -0- p. More than one tub or shower in the room  **IF NO GO TO R**

-1- -0- q. Individual enclosures for each tub or shower

-1- -0- r. Chair other than wheelchair (place to sit and put on slippers)

-1- -0- s. Shelves and/or hooks for temporary storage of personal items

-1- -0- t. Heat lamp

-1- -0- u. Towels a color other than white

-1- -0- v. Towel warmer

_______ Total yes observations of shower/tub room

Summary of shower tub room

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable

Summary statement of shower/tub room

______________________________________________________________________________

______________________________________________________________________________

Improvement ideas: how can we improve this tub/shower room

• ________________

• ________________

• ________________

• ________________

• ________________
5. Lounge/Social Spaces

Goal: If this space serves the dual purpose of an activity space where organized activities are held as well as a lounge space where residents “hang out” then it is important to assess those two categories separately. It should be designed to accommodate both individual activities as well as group activities. Many residents will use a lounge simply as a place to watch what others are doing, not with the intent of interacting with others. At a minimum, the space should include small conversation groupings with a chair next to a table, moveable furniture, adequate task lighting and provisions for a beverage and a cookie. Portable furniture such as sturdy card tables can be stored when not in use. Specifications will differ depending on the type of unit. In a rehab unit, expect residents to use the space for sitting with their visitors, especially if they are in a shared room. Provide small separate conversation areas. Residents who need direction throughout the day will generally not utilize a lounge on their own, preferring to position themselves around the nursing station. An ideal situation would incorporate a nurses’ station with a lounge creating a family room of sorts. Consider how the space could accommodate group activities such as bingo or art classes. Assess each lounge space separately.

<table>
<thead>
<tr>
<th>Lounge location</th>
<th>List all activities that take place in this lounge</th>
<th>Times during day lounge used most often</th>
<th>Average number of residents who use lounge per day</th>
<th>Used only by this unit yes/no</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

a. Number of lounge areas on unit for resident and family use. __________ Number

-1- 0- b. Number of chairs or sofas available for seating ________ Number

-1- 0- c. All chairs are a comfortable height from floor

-1- 0- d. All chairs are in good repair

-1- 0- e. Waterproof covering on chairs is not clear plastic

-1- 0- f. All chairs have arms

-1- 0- g. Some moveable seating is supplied, allowing residents or families to create their own arrangements
- h. Choice of one, two, or multiple person seating
- i. At least one table available for a card game
- j. Table adjacent to chair has lamp
- k. Current daily newspaper for shared use
- l. At least one piece of reading material is in large print
- m. Television
- n. One seating area in room away from television
- o. Television not on when no one is watching it
- p. Telephone for resident use that is not a pay phone
- q. Telephone is portable type
- r. Telephone has large numbers
- s. Decorations appropriate to holiday
- t. dog, cat or birds
- u. Flowers in lounge area (natural or artificial)
- v. Living plants in lounge area
- w. Fireplace
- x. Any of the following equipment (Check all)
  _____ Games and/or cards
  _____ Arts and crafts
  _____ Large motor skill activities
  _____ Exercise equipment (treadmill, bike, etc.)
  _____ Musical activities
  _____ Food preparation (bread making, baking, etc.)
  _____ Popcorn machine
  _____ Jigsaw puzzle
-1-  y.  Kitchenette in lounge area for resident/family use (refrigerator, sink, microwave/cooktop)

-1-  z.  Beverage and snack available throughout the day in lounge

-1-  aa. Lounge floors are well maintained

-1-  bb. Lounge walls are well maintained

-1-  cc. Computer(s) for resident use

-1-  ii. Provide dimensions of major areas of lounge/day room space

<table>
<thead>
<tr>
<th>Length</th>
<th>Width</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_______  Total yes observations of lounges

Summary of lounge equipment and furniture

____  Unacceptable – needs immediate attention

____  OK – needs some work

____  Acceptable

Summary of layout of lounge and furniture placement

____  Unacceptable – needs immediate attention

____  OK – needs some work

____  Acceptable

Summary statement of lounge

______________________________________________________________________________
______________________________________________________________________________

Improvment ideas: how can we improve this lounge

• _________________
• _________________
• _________________
• _________________
• _________________
6. Dining Area in Unit

Goal: Creating a pleasant dining experience is achievable by careful attention to the ambience of the room, noise level, attractive table settings, pace of meal, fewer residents using room, smaller size of tables, and clustering of tables. If the room is multipurpose, effort should be made to separate dining area from activity area. This assessment looks at the following categories: ambience in dining room, dining dignity, functional competence issues, arriving at the dining room, social interaction during meal, menu choices, serving methods, ending the meal, noise, lighting-glare

a. Purpose of this dining space
   _____Dining room only
   _____Multipurpose room (combines multiple functions, e.g., activities, dining)

b. Number of dining room(s) throughout facility that residents on this unit can use_____

c. Number of residents who routinely dine in this space _____

d. Provide dimensions of major areas of dining space
   Length _______ by width ___________

e. Space per person: calculate room size/number of residents (25 sq. ft is restaurant standard)
   sq. ft _____/# of residents _____ = space per person ________

f. Meals served in this room include (check all that apply)
   _____Breakfast
   _____Brunch
   _____Lunch
   _____Afternoon snack
   _____Dinner
   _____Other (Describe)_____________________________________

-1- -0-  g. Dining room has pictures or decorations on wall, etc.

-1- -0-  h. Flowers or centerpiece on table

-1- -0-  i. Tablecloths and/or place mats at table setting

-1- -0-  j. Table coverings or decorations changed during day so each meal setting looks a “little bit different”

-1- -0-  k. Plates and/or bowls have small colored pattern (Not all solid colored dishes)
-1- -0- l. Dining room looks like dining room (material for activities not in view)

-1- -0- m. No horseshoe or circular feeding table(s)

-1- -0- n. No large open trashcans in dining room

-1- -0- o. No visible “bib bins” for soiled aprons

-1- -0- q. Medication carts kept out of sight

-1- -0- p. Strong visual color contrast between dishes and tabletop

-1- -0- q. Color contrast between floor and chairs

-1- -0- r. Sufficient space between diners that permit staff or residents to leave room without requiring someone to move out of the way

-1- -0- s. Dining room doors are left open so resident can come in at will

-1- -0- t. Some food is waiting at table for resident

-1- -0- u. Resident can alter seating arrangement at will

-1- -0- v. Resident can arrive in dining room 1 hour later than appointed time and still be served a meal (flexible meal timing)

-1- -0- w. Effort made to separate residents who need a great deal of assistance from those who are able to eat independently

-1- -0- x. Menu posted on nearby wall at both wheelchair and standing height

-1- -0- y. Menu with lettering a minimum of 5/8” in size

-1- -0- z. Color contrast between menu lettering and background

-1- -0- aa. Resident is personally asked food choice at time of dining

-1- -0- bb. Tray service used exclusively

-1- -0- cc. Number of courses included on tray__________

-1- -0- dd. Trolley service (trolleys carrying each course are moved about room permitting resident to select from available food)
-1-  -0-  ee. Family-style service at table

-1-  -2-  ff. Combination service Describe_____________________________

-1-  -2-  gg. Heating and cooling capabilities to store and serve meal later

-1-  -2-  hh. Resident can linger at table (no set pattern of returning residents to rooms)

-1-  -2-  ii. Resident has opportunity to assist with table setting/clearing if they choose

-1-  -2-  jj. No television on

-1-  -2-  kk. No intercom

-1-  -2-  ll. No staff voices heard beyond immediate area of resident being assisted

-1-  -2-  mm. No scraping or other noise from chairs being moved

-1-  -2-  nn. No clatter between dishes, cutlery and table

-1-  -2-  oo. Music that is age appropriate (No rock radio station)

_______  Total yes observations of dining

Summary of dining room furnishings

_____  Unacceptable – needs immediate attention

_____  OK – needs some work

_____  Acceptable

Summary of dining room layout

_____  Unacceptable – needs immediate attention

_____  OK – needs some work

_____  Acceptable

Summary statement of dining room
Improvement ideas: how can we improve this dining room

• ___________________
• ___________________
• ___________________

7. Outdoor Amenities:

Goal: It is ideal if a resident can access outdoor space without assistance from a staff member. This is often the case when an automatic door opener is in place. One facility provides the resident with a portable doorbell that the resident can ring when he/she wishes to come indoors. Covering tables and chairs with umbrellas protect residents from too much sun exposure. Moveable seating should be available for creating a private visiting area.

-1- -0- a. There is direct access from this unit to outdoor amenities
   b. Access is available from the following location______________

-1- -0- c. Automatic door opener available
   d. Number of chairs or benches available______________
   e. Number of tables available______________

-1- -0- f. There is some covered seating available

-1- -0- g. Moveable seating is available

-1- -0- h. Enclosed secured outdoor area (e.g. walled for fenced in courtyard)

-1- -0- i. Raised garden planters (at least 36 inches from ground)

-1- -0- j. Outdoor area is visible from nurse’s station or main resident area

_______ Total yes observations of outdoor amenities
Summary of outdoor area

_____ Unacceptable – needs immediate attention
_____ OK – needs some work
_____ Acceptable

Summary statement of outdoor area

Improvement ideas: how can we improve this outdoor space
• __________________
• __________________
• __________________
• __________________
• __________________
• __________________

8. Staff provisions

Goal: Staff members need a place to get away from it all. It is preferential that it not be located in a windowless basement room. Provisions should support a quiet activity such as reading a book or eating alone as well as watching television. The seating capacity should take into account the highest number of employees on duty at any given time. If the room is large, every effort should be made to create smaller subdivisions of the room for private and shared activities. There should be an area large enough to support a group activity such as a potluck lunch or buffet breakfast. A clear distinction between staff space and resident space should be identified and if possible this space should not be shared. Consider multiple locations for staff rooms. Is there a lounge that is seldom used – possibly at the end of a corridor – that could be better used by staff? A pool table is a wonderful amenity that provides an activity during breaks as well as a way to interact and socialize with other workers.

-1- -0- a. More than one staff break area throughout facility

 b. List all spaces throughout facility that staff are encouraged to use for breaks


-1- -0- c. Separate reading area (chair with a lamp)

-1- -0- d. Assorted sizes of tables
- e. Telephone available
- f. Activity equipment such as pool table or foosball
- g. Area with comfortable chairs (not dining chairs) for napping
- h. Separate area with television
- i. Is there a window to the outside in main break room
- j. List all appliances available for storing and preparing food

- k. Are all appliances in good working order
- l. Is exercise equipment available
- m. Are beverages such as coffee and juice available for free
- n. Is food available at a reduced cost
- o. Are vending machines located in staff area
- p. Are lockers available for staff
- q. Are there decorations/pictures on the walls
- r. Rules and notices to staff are not posted in the main break room
- s. There is no broken furniture in the break room
- t. The room is well maintained (doesn’t need painting or cleaning)

Total yes observations of staff provisions
Summary of staff break area

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable

Summary statement of staff break area

_____________________________________________________________________
_____________________________________________________________________

Improvement ideas: how can we improve this staff break area

• __________________
• __________________
• __________________
• __________________
• __________________
• __________________
ENVIRONMENTAL ASSESSMENT – FACILITY LEVEL

General Information

Date of assessment

Number of nursing units

Number of beds

Number of private rooms

Current census

Number of staff
   Full time
   Part time
1. Entrance

Goal: The entrance should signal welcome to all who come. Create a non-institutional appearance with residential type light fixtures and welcome signs at front entrance. Decorate area with decorations appropriate for the season. Parking should be convenient to the front entrance, adequate in numbers and clearly marked as visitor parking.

Yes  No  
-1- -0- a. Clearly marked signage identifying entrance to building.  
     b. Number of reserved visitor parking spaces____________

-1- -0- c. Wheel chair curb cutout at entrance

-1- -0- d. Covered drop off/pickup area directly outside main entrance

-1- -0- e. Attractive well maintained grounds

-1- -0- f. Automatic door opener at entrance

-1- -0- g. Decorations that are appropriate for the seasons (Christmas tree, pumpkins, etc.)

_______  Total yes observations of entrance out of 6

Summary of entrance assessment

_____ Unacceptable – In need of total facelift

_____ OK – needs some work

_____ Acceptable – works well as is

Summary statement describing entrance
Improvement ideas: how can we improve this entrance

• __________________________________________________
• __________________________________________________
• __________________________________________________

2. Reception area

The primary reasons for the reception area are to greet visitors, provide information, keep a log of visitors and often provide visitor badges. This function should not be incorporated into a nurses’ station, rather consider providing a residential type desk that is non-institutional in appearance. Monitoring for security purposes is being an increased function of the reception desk.

-1- -0- a. Reception desk at entrance (different from nurses’ station)
-1- -0- b. Reception desk residential in design
-1- -0- c. Visitor sing-in/sign-out book
-1- -0- d. Chairs in reception area for viewing activity and waiting for transportation
-1- -0- e. Public toilet near entrance that resident may use without need for key
-1- -0- f. Public telephone in reception area

_______ Total yes observations of reception area out of 6

Summary of reception area assessment

_____ Unacceptable – In need of total facelift
_____ OK – needs some work
_____ Acceptable – works well as is

Summary statement describing reception area
Improvement ideas: how can we improve this reception area

• __________________________________________________
• __________________________________________________
• __________________________________________________

3. Corridors
Goal: Corridors are for traveling to a destination and the distance and functionality of a corridor can either facilitate or be a barrier for a resident who would like to visit areas outside their unit such as the coffee shop or chapel. A corridor filled with clutter that obscures the handrails, even on one side, limits the mobility of the resident and presents a hazard for falling. Autonomy is achieved when a resident can take advantage of amenities and outdoor spaces that are within a comfortable distance from their room and that they can access without assistance.

-1- -0- a. Artwork or decorations on corridor walls

-1- -0- b. Handrails contrasting color with walls

-1- -0- c. Handrails are not obscured by even a single object

-1- -0- d. Light level is adequate (not too bright or too dark)

-1- -0- e. Floor covering is well maintained (not stained or dirty)

f. What is color of wall covering?
   SPECIFY COLOR: __________________________

-1- -0- g. Wall covering is well maintained (not stained, torn, or dirty)

h. Cleaning or medical equipment present in corridors (Check all)
   ____ Hoyer lifts
   ____ Dirty laundry carts
   ____ Linen carts
   ____ Trash containers
   ____ Incontinence product disposal
   ____ Food trays
   ____ Weight scales
   ____ Other

_______ Total yes observations of corridors out of 6
Summary of Corridor assessment

_____ Unacceptable – In need of total facelift
_____ OK – needs some work
_____ Acceptable – works well as is

Summary statement describing corridor

______________________________________________________________________________
______________________________________________________________________________

Improvement ideas: how can we improve this corridor

• __________________________________________________

• __________________________________________________

• __________________________________________________

4. Noxious and pleasant stimuli:

Goal: At times noise or unpleasant odors go unnoticed because they have always been there. This is a simple checklist that creates an awareness of an excess of either category. It is equally important to note pleasant smells or the sound of laughter. Generally, if personal laundry is done on the unit there is a pleasant smell of laundry products.

a. During the assessment were any of the following noises present? (Check all that apply)
   _____  1. Screaming or calling out by residents
   _____  2. Yelling or calling out by staff
   _____  3. Loud TV/radio
   _____  4. Intercom or paging
   _____  5. Loudspeaker with background music (Musak)
   _____  6. Machinery (dishwasher, ice machine, mechanical system motor/blower, etc.)
   _____  7. Call bell not being answered
b. Olfactory – Are any of the following unpleasant odors/smells present? (Check all that apply)
   _____  1. Cleaning solutions (e.g., ammonia, alcohol, pine-sol)
   _____  2. Urine
   _____  3. Feces
   _____  4. Garbage
   _____  5. Other unpleasant or negative odor (specify)________________

c. Olfactory – Are any of the following pleasant odors/smells present?
   _____  1. Food smells (e.g., coffee, cookies, bread, popcorn)
   _____  2. Laundry odors such as fabric softener
   _____  3. Other pleasant odors/aromas (Specify)________________
      _______  Total yes observations of pleasant stimuli
      _______  Total yes observations of unpleasant stimuli

Summary of stimuli assessment
   _____  Unacceptable – needs immediate attention
   _____  OK – needs some work
   _____  Acceptable

Summary statement of stimuli

______________________________________________________________________________
______________________________________________________________________________

Improvement ideas: how can we improve odors or noise

• __________________________________________________________________________

• __________________________________________________________________________

• __________________________________________________________________________

• __________________________________________________________________________
5. Lounge/Social Spaces

Goal: The facility lounge/social spaces are somewhat different from the individual unit lounges because they are intended to accommodate users from throughout the facility. This is the place where visitors, staff and residents can interact with each other. Make an effort to provide beverages and snack in at least one lounge. If this space serves the dual purpose of an activity space where organized activities are held as well as a lounge space where residents “hang out” then it is important to assess those two categories separately. It should be designed to accommodate both individual activities as well as group activities. Many residents will use a lounge simply as a place to watch what others are doing, not with the intent of interacting with others. At a minimum, the space should include small conversation groupings with a chair next to a table, moveable furniture, adequate task lighting and reading material.

<table>
<thead>
<tr>
<th>Lounge location</th>
<th>List all activities that take place in this lounge</th>
<th>Times during day lounge used most often</th>
<th>Average number of people who use lounge per day</th>
<th>Used only by this unit yes/no</th>
</tr>
</thead>
</table>

a. Number of lounge areas for resident, visitor and staff use. ____________ Number

b. Number of chairs or sofas available for seating ________ Number

-1- -0- c. All chairs are a comfortable height from floor

-1- -0- d. All chairs are in good repair

-1- -0- e. Waterproof covering on chairs is not clear plastic

-1- -0- f. All chairs have arms

-1- -0- g. Some moveable seating is supplied, allowing residents or families to create their own arrangements

-1- -0- h. Choice of one, two, or multiple person seating

-1- -0- i. At least one table available for card game, puzzle or other small group activity
-1- 0- j. Table adjacent to chair has lamp

-1- 0- k Current daily newspaper for shared use

-1- 0- l. At least one piece of reading material is in large print

-1- 0- m. Television

-1- 0- n. One seating area in room away from television

-1- 0- o. Television not on when no one is watching it

-1- 0- p. Telephone that is not a pay phone

-1- 0- q. Telephone is portable type

-1- 0- r. Telephone has large numbers

-1- 0- s. Decorations appropriate to holiday

-1- 0- t. Dog, cat or birds

-1- 0- u. Flowers and/or living plants in lounge area

-1- 0- v. Fireplace

-1- 0- w. Kitchenette in lounge area for resident/family use (refrigerator, sink, microwave/cooktop)

-1- 0- x. Beverage and snack available throughout the day in lounge

-1- 0- y. Lounge floors are well maintained

-1- 0- z. Lounge walls are well maintained

-1- 0- aa. Computer(s) for personal use

Total yes observations of lounge space out of 25
Summary of lounge equipment and furniture

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable

Summary of layout of lounge and furniture placement

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable

Summary statement of lounge

______________________________________________________________________________
______________________________________________________________________________
Improvement ideas: how can we improve this lounge

• __________________
• __________________
• __________________
• __________________
• __________________

6. Dining area

Goal: A lovely room that is reminiscent of a formal dining room or fine restaurant is the goal. Creating a pleasant dining experience is achieved by careful attention to the ambience of the room, noise level, attractive table settings, pace of meal, fewer residents using room at one time and smaller size of tables. Main dining rooms are becoming somewhat obsolete with more dining taking place on individual units. If your dining room is underused or has extra space, consider scheduling occasional formal dining experiences or social hours when residents are encouraged to dress up. If the room is multipurpose, an effort should be made to separate the dining area from activity area. This assessment looks at the following categories: ambience in dining room, dining dignity, functional competence issues, arriving at the dining room, social interaction during meal, menu choices, serving methods, ending the meal, noise, lighting-glare

a. Purpose of this dining space
   _____Dining room only
   _____Multipurpose room (combines multiple functions, e.g., activities, dining)

b. Number of dining room(s) throughout facility that residents can use_____

c. Number of residents who routinely dine in this space ______

d. Provide dimensions of major areas of dining space
   Length_______ by width ___________

e. Space per person: calculate room size/number of residents (25 sq. ft is restaurant standard)
   sq. ft_______/# of residents_______ = space per person_______

f. Meals served in this room include (check all that apply)
   _____Breakfast
   _____Brunch
   _____Lunch
   _____Afternoon snack
   _____Dinner
   _____Other (Describe)__________________________________

-1- 0- g. Dining room has pictures or decorations on wall, etc.
- h. Flowers or centerpiece on table
- i. Tablecloths and/or place mats at table setting
- j. Table coverings or decorations changed during day so each meal setting looks a “little bit different”
- k. Plates and/or bowls have small colored pattern (Not all solid colored dishes)
- l. Dining room looks like dining room (activity equipment not in view)
- m. No horseshoe or circular feeding table(s)
- n. No large open trashcans in dining room
- o. No visible “bib bins” for soiled aprons
- p. Medication carts kept out of sight
- q. Strong visual color contrast between dishes and tabletop
- r. Color contrast between floor and chairs
- s. Sufficient space between diners that permit staff or residents to leave room without requiring someone to move out of the way
- t. Dining room doors are left open so resident can come in at will
- u. Some food is waiting at table for resident
- v. Resident can alter seating arrangement at will
- w. Resident can arrive in dining room 1 hour later than appointed time and still be served a meal (flexible meal timing)
- x. Effort made to separate residents who need a great deal of assistance from those who are able to eat independently
- y. Menu posted on nearby wall at both wheelchair and standing height
- z. Menu with lettering a minimum of 5/8” in size
- aa. Color contrast between menu lettering and background
- bb. Resident is personally asked food choice at time of dining
- cc. Tray service used exclusively
  - dd. Number of courses included on tray
- ee. Trolley service (trolleys carrying each course are moved about room permitting resident to select from available food)
- ff. Family-style service at table
  - gg. Combination service Describe
- hh. Heating and cooling capabilities to store and serve meal later
- ii. Resident can linger at table (no set pattern of returning residents to rooms)
- jj. Resident has opportunity to assist with table setting/clearing if they choose
- kk. No television on
- ll. No intercom
- mm. No staff voices heard beyond immediate area of resident being assisted
- nn. No scraping or other noise from chairs being moved
- oo. No clatter between dishes, cutlery and table
- pp. Music that is age appropriate (No rock radio station)
- qq. Overhead lighting on a rheostat

________ Total yes observations of dining space out of 35

Summary of dining room furnishings

_____ Unacceptable – needs immediate attention

_____ OK – needs some work

_____ Acceptable
Summary of dining room layout

_____ Unacceptable – needs immediate attention
_____ OK – needs some work
_____ Acceptable

Summary statement of dining room

Improvement ideas: how can we improve this dining room
7. __________________
8. __________________
9. __________________
10. __________________
11. __________________

7. Outdoor Amenities:

Goal: It is ideal if a resident can access outdoor space without assistance from a staff member. This is often the case when an automatic door opener is in place. One facility provides the resident with a portable doorbell that the resident can ring when he/she wishes to come indoors. Covering tables and chairs with umbrellas protect residents from too much sun exposure. Moveable seating should be available for creating a private visiting area.

-1- -0- a. There is direct access to outdoor amenities

   b. Access is available from the following location______________

-1- -0- c. Automatic door opener available

   d. Number of chairs or benches available______________

   e. Number of tables available______________

-1- -0- f. There is some covered seating available

-1- -0- g. Moveable seating is available
- h. Enclosed secured outdoor area (e.g. walled or fenced in courtyard)
- i. Raised garden planters (at least 36 inches from ground)
- j. Outdoor area is visible from nurse’s station or main resident area
- k. Outdoor area is well maintained
- l. Smoking is not allowed or limited to specific area

Total yes observations of outdoor space out of 9

Summary of outdoor area

Unacceptable – needs immediate attention
OK – needs some work
Acceptable

Summary statement of outdoor area

Improvement ideas: how can we improve this outdoor space
7. ____________________
8. ____________________
9. ____________________
10. ____________________

8. Facility Amenities

Goal: Facility wide amenities should be available to all residents in the facility. It is great to have a coffee shop but also plan on providing a way for residents to visit the coffee shop. Visitors especially appreciate areas away from resident rooms where they can visit and interact with other visitors, residents and staff members.

a. Gift shop that is wheelchair accessible. (Not just a counter or display case.)

b. Coffee or snack bar with complimentary beverages for residents and visitors

c. Vending machines for visitor and resident use
- Assorted sizes of tables in close proximity to vending machines
- Café where light meals (soup/sandwiches) are served
- Library or library cart available
- Greenhouse or sunroom filled with plants
- Aviary or birdcage
- Aquarium or fish tank
- Dogs or cats
- Separate chapel or meditation room
- Vigil room for family members to use when resident is in grave condition
- Guest room for family to stay overnight
- Intergenerational activities such as a child daycare
- Equipment and toys to entertain small children who are visiting
- Volunteer lounge
- Laundry room family or residents can use

_______ Total yes observations of facility amenities out of 17

Summary of facility amenities

_____ Unacceptable – needs immediate attention
_____ OK – needs some work
_____ Acceptable
Summary statement of facility amenities

______________________________________________________________________

______________________________________________________________________

Improvement ideas: how can we improve facility amenities
11. ________________
12. ________________
13. ________________
14. ________________
List of Goals

Prioritize Goals

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)