Hines Jr. VA Hospital

5000 South 5th Avenue Hines, IL 60141

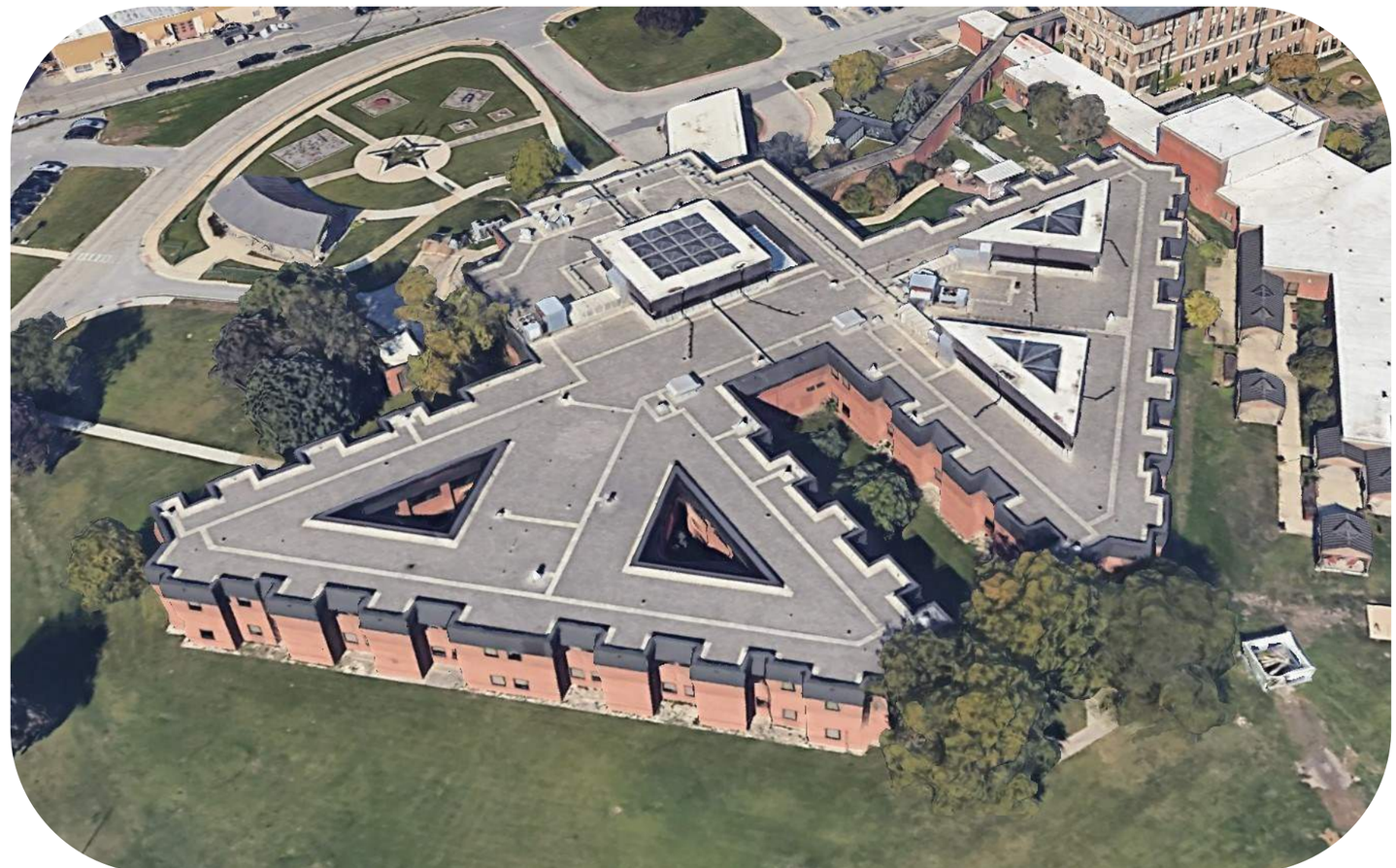
U.S. Department of Veterans Affairs

Renovations to Bldg. 217 CLC

Basis of Design | 100% Construction Documents

December 09, 2024

VA Project No: 578-20-002
VA Contract No: 36C25223C007
Bancroft-AE Project No: 23-009



BANCROFT ARCHITECTS + ENGINEERS
3300 Dundee Road | Northbrook, Illinois 60062
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BASIS OF DESIGN

Edward Hines Jr. VA Hospital

Renovations to Building 217 CLC

VA Contract Number: 36C25223C007

Bancroft Project Number: 23-0019

Issued For: User and VA approval

By:

Bancroft Architects + Engineers
3300 Dundee Road
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6. 100% Renderings

- Primary Entry and Clinic
- First Floor Dining
- Easy Street
- Second Floor Dining
- Outdoor Patio
- Dementia Unit

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Executive Summary

Introduction and overview of the project

- Introduction
- Design Team
- Applicable Codes & Standards
- Overview
- Project Scope
- Budget

INTRODUCTION

This document is a Conceptual Design Summary which will serve as the starting point for the Basis of Design (BOD), a living document that will evolve through the duration of this project. This document was created starting from the following key elements of developmental discovery:

- Kickoff Meeting on August 8, 2023
- Design Meeting on August 20, 2023
- Design Meeting on October 20, 2023
- Conference Call October 30, 2023
- Interiors Conference Call November 3, 2023

It is not the BOD's function or intent to document every element of this entire process as it is developed; rather it is to perform as an organized summary of the key developments of the project process. In addition to the BOD, total documentation of the design process consists of project minutes of meetings, numerous design studies and options presented for consideration.

This document provides a sequential concept development of Requirements discussed.

DESIGN TEAM

The lead firm for the project is Bancroft Architects + Engineers (BAE) and is providing architectural design, mechanical engineering, electrical engineering, plumbing and fire protection. BAE will be utilizing the following consultants listed below for this project:

Name	Company	Role
Juan Gaytan	Network Contracting Office	Contracting Officer
Aaron Walsh	Edward Hines Jr. VA Hospital	Project Contracting Officer Representative
Mary Tucker	Edward Hines Jr. VA Hospital	Alt. COR/Interior Designer
Vickie Bastin	Bancroft Architects + Engineers	Project Manager
Dennis Mika	Bancroft Architects + Engineers	VP of Healthcare Design + Planning
Crotan Zakarija	Bancroft Architects + Engineers	Project Architect / VP of Architecture
Connor Rollins	Bancroft Architects + Engineers	Project Architect
John King	Bancroft Architects + Engineers	Fire Protection Engineer
David Greene	Bancroft Architects + Engineers	Mechanical Engineer / Director of Eng.
Walter Groszko	Bancroft Architects + Engineers	Electrical Engineer
Harold Santiago	Bancroft Architects + Engineers	Plumbing Engineer
Robert Bishop	Bancroft Architects + Engineers	Mechanical Engineer
Darlene Flook	Bancroft Architects + Engineers	Interior Designer
Dick Engleman	Building First Nations	Senior Cost Estimator

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APPLICABLE CODES & STANDARDS

The following are Codes and Standards that will be used for this project as adopted by the VA. The most recent editions to the codes should apply unless noted otherwise:

- VA Directives, Space Planning Criteria, Design Manuals, Master Specifications, VA National CAD Standard Application Guide, and other Guidance on the Technical Information Library (TIL). (http://www.cfm.va.gov/til/)
- International Building Code (IBC) (Only when specifically referenced in VA Design Documents).
- NFPA 101 Life Safety Code.
- NFPA National Fire Codes, with the exception of NFPA 5000 and NFPA 900.
- VA Seismic Design Requirements, H-18-8—May 1, 2020
- National Electrical Code (NEC)
- International Energy Conservation Code (IECC).
- International Mechanical Code (IMC).
- International Plumbing Code (IPC).
- International Fire Protection Code (IFPC).
- ASME Boiler and Pressure Vessel Code.
- ASME Code for Pressure Piping.
- Occupational, Safety and Health Administration (OSHA) Standards.
- Underwriter's Laboratories (UL).
- Ventilation for Acceptable Indoor Air Quality – ASHRAE Standard 62.1 – 2019.
- Safety Standard for Refrigeration Systems – ASHRAE Standard 15 – 2019.
- Sheet Metal and Air Conditioning Contractors Association (SMACNA).
- Architectural Barriers Act Accessibility Standards (ABAAS) including VA supplement, Barrier Free Design Guide (PG-18-13).
- Building Code Requirements for Reinforced Concrete, American Concrete Institute and Commentary (ACI 318).
- Manual of Steel Construction, Load and Resistance Factor Design Specifications for Structural Steel Buildings, American Institute of Steel Construction (AISC).
- Energy Policy Act of 2005 (EPAct2005).
- Executive Order 13423: Strengthening Federal Environmental, Energy, and Transportation Management.
- The Provisions for Construction and Safety Signs. Stated in the General Requirements Section 01010 of the VA Master Construction Specification.

Specific VA Manuals Guidelines and Assessments are used for this project:

- PG 18-14 Room Finishes, Door, & Hardware Schedule—December 2018
- D-7545 Cultural Resource Management
- VA Fire Protection Design Manual / 8th Edition—June 1, 2021
- Telecommunications Spaces (Clinical and Non-Clinical Environments) v3.0—August 21, 2020

OVERVIEW

Edward Hines Jr. Veterans Affairs Hospital provides primary, extended,
and specialty care services which is reliant upon supporting infrastructure, programmed spaces,
and functioning environments keeping up with demand.

Building 217 is a 120,137 SF, two (2) story brick building. Constructed in 1983, the building has not been updated since it first opened. Services in the building have evolved since its construction and patients and staff have expressed a desire for an update, as the existing spaces are no longer optimized for their needs.

PROJECT SCOPE

..The scope of the design services includes, but not limited to the following design services: investigative services, schematic design, preparation of design development documents, preparation of construction documents including architectural, structural, electrical, mechanical and any others necessary for complete construction documents, with reviews, cost estimates, and reproduction of design documents. The objectives of this project are to renovate portions of Building 217 in the below areas:

1. Easy Street 1A43 & Rehabilitation Medicine Recreation 1A108
2. Entrance lobby renovation.
3. Dining Rooms 1A118 and 2A26 renovation.
4. Library
5. Update three (3) bariatric rooms
6. Repair of 2nd floor courtyard.
7. Investigate and design a Dementia Unit.
8. Four (4) high fall risk rooms
9. Equipment Storage 2B41 and 2B78 update count
10. Playground demolition and restoration
11. Exterior Smoke Shelter demolition
12. New flooring throughout Building 217 as required.

PROJECT SUMMARY

In 2023, Bancroft Architects + Engineers was contracted to provide design/engineering services at the Edward Hines Jr. VA Hospital in Hines, Illinois for the Conceptual Design, Schematic Design, Design Development, and Construction Document phases for the renovation of multiple projects (Requirements) in Building 217 Community Living Center (CLC) and outlined in four Clinical Line Items (CLIN) found in the Scope of Work..

The design services includes, but not limited to the following : investigative services, schematic design, preparation of design development documents, preparation of construction documents including architectural, structural, electrical, mechanical and any others necessary for complete construction documents, with reviews, cost estimates, and reproduction of design documents.

The project consists multiple renovations in Building 217 with projects including renovation of the first floor entry/lobby, a 5 office/exam room Geri Clinic, options for updating dining rooms on both floors, renovation of the current Easy Street into a new multi-use space, a new 12 room Dementia Unit, updating several resident rooms to accommodate Bariatric and High Risk Fall residents and updating of flooring throughout the first and second floor.

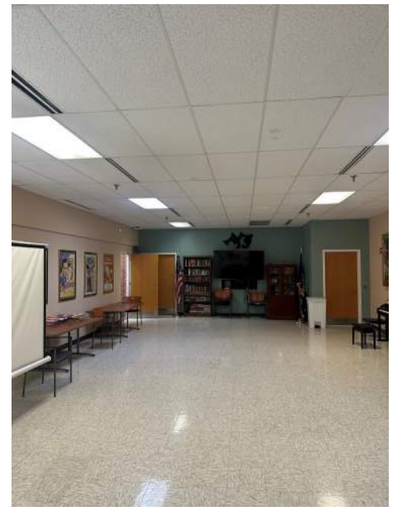
BUDGET

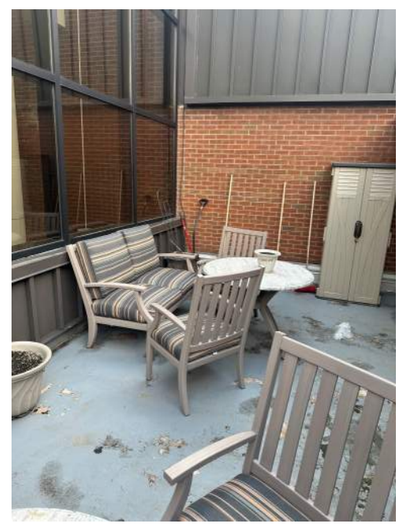
The project has been allocated a construction budget. As part of this report, Bancroft A+E has prepared a preliminary Opinion of Probable Construction Cost (OPCC) for accomplishing the project scope described above.

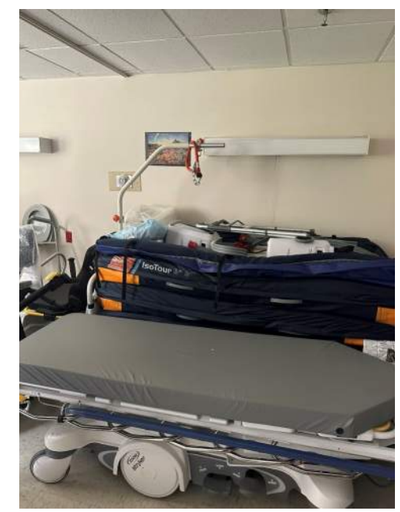
SCOPE OF WORK - REQUIREMENTS FOR CLIN 1

2) CLIN 1 – Design.
   a. Requirement 1 – Easy Street 1A43 and Rehabilitation Medicine Recreation 1A108. Designated as 'Location 1' on the Location Plan. Below is a partial list of work items for consideration with the design:
      1. Underutilized space by patients.
      2. Allow for flexibility – possible expansion into adjacent areas.
      3. Make the room a destination.
      4. Redesign of existing layout and furniture.
      5. Upgrades to flooring, wall protection (wainscotting), window treatments, paint, ceilings, and finishes.
      6. Upgrades to lighting and mechanical distribution.
      7. Incorporate moveable walls to create separate rooms.
      8. Include a built-in surround sound system audible in the main room, with remote controls.
      9. Add a projector and viewing screen/wall.
      10. Floor outlets.
      11. Room(s) usages:
         i. Skype room.
         ii. TV lounge.
         iii. Movie theater.
         iv. Church services with a moveable altar.
         v. Space for bands and choirs.
      12. Additional office space.
   ~~b. Requirement 2 – Patient Safety Cameras: HIPPA compliant patient tele-sitter cameras in patient rooms and corridors.~~
      ~~1. Approximately 15 mobile cameras~~
      ~~2. Approximately 15 fixed cameras~~
      ~~3. Avasure or equal.~~
   c. Requirement 3 – Entrance Lobby and Vestibule, RCC108R and 1A3. Designated as 'Location 2' on the Location Plan. Below is a partial list of work items for consideration with the design:
      1. Create a more welcoming atmosphere when first entering the CLC.
      2. Redesign of existing layout and furniture, including built-in reception desk area.
      3. Upgrades to flooring, wall protection (wainscotting), window treatments, paint, ceilings, and finishes.
      4. Upgrades to lighting and mechanical distribution.
      5. Replace doors from outer corridor to Building 1/221.
      6. Relocate existing security TV/equipment in Room 1A108.
      7. Create a wheelchair storage area in entrance vestibule; should be separate but visible.
      8. Replace integrated entrance mat.
   d. Requirement 4 – Dining Rooms 1A118 and 2A26. Designated as 'Location 3' and 'Location 4' respectively on the Location Plan. Below is a partial list of work items for consideration with the design:
      1. Change single entry doors to double doors.
      2. Allow for flexibility – possible expansion into adjacent areas.
      3. Make the room a destination for meals and more
      4. Redesign of existing layout and furniture.
      5. Upgrades to flooring, wall protection (wainscotting), window treatments, paint, ceilings, and finishes.
      6. Upgrades to lighting and mechanical distribution.
      7. Add a sound system.
      8. Multipurpose use areas for:
         i. Dining.
         ii. Games: chess, checkers, cards, Bingo etc.
         iii. Casual seating for reading and conversation
         iv. TV areas with video games on multiple monitors.
         v. Differing activities for both dining areas.
      9. Variations on food services including:
         i. Steam tables with hot wells.
         ii. Hydration station and coffee bar.
         iii. Dessert cart.
         iv. Options for vending.
      10. Public and private areas.
   e. Requirement 5 – Lounge 1B80. Designated as 'Location 5' on the Location Plan. Convert a portion or entirety of existing lounge space into a library/improved waiting area. Below is a partial list of work items for consideration with the design:
      1. Underutilized space by patients.
      2. Make the room a destination.
      3. Redesign of existing layout and furniture.
      4. Upgrades to flooring, wall protection (wainscotting), window treatments, paint, ceilings, and finishes.
      5. Upgrades to lighting and mechanical distribution.
      6. Convert existing Library 2A12 into office space.
   f. Requirement 6 – Bariatric Patient Rooms 1C111, 1C171, 2C215 and 2C267. Convert existing patient rooms into specialized bariatric patient rooms. Designated as 'Location 6', 'Location 7', 'Location 8' and 'Location 9' respectively on the Location Plan. Below is a partial list of work items for consideration with the design:
      1. Room layouts designed with bariatric patients in mind.
      2. Ceiling mounted lift system capable of transporting up to 600lbs from bed to toilet room.
      3. Consider additional storage space for bariatric equipment.
      4. Refer to Construction Facility Management (CFM) design criteria for minimum clearances.
      5. Upgrades to flooring, wall protection (wainscotting), window treatments, paint, ceilings, and finishes.
   g. Requirement 7 – 2nd Floor A-Section Exterior Courtyard. Designated as 'Location 10' on the Location Plan. Below is a partial list of work items for consideration with the design:
      1. Redesign existing layout and furniture.
      2. Replace finished deck surface and correct water drainage issues.
   h. Requirement 8 – Dementia Unit. Investigate and design a secure Dementia Unit within the existing Building 217 footprint. Below is a partial list of work items for consideration with the design:
      1. Dementia Unit should include the following:
         i. Additional security doors and cameras for a locked unit.
         ii. A dedicated front desk.
         iii. 4 to 6 patient rooms – Each room should have a window and shower.
         iv. Open space for patients to walk around.
      2. Investigate the feasibility of creating a unit with the above requirements without increasing the SF of the building.
      3. Potential locations for Dementia Unit: 1B80, 1B81 and 2A12.
   i. Requirement 9 – High Fall-Risk Patient Rooms 1C104, 1C178, 2C204 and 2C278. Convert existing patient rooms into specialized high fall-risk patient rooms. Designated as 'Location 11', 'Location 12', 'Location 13' and 'Location 14' respectively on the Location Plan. Below is a partial list of work items for consideration with the design:
      1. Room layouts designed with high fall-risk patients in mind.
      2. Additional handrails and specialized fall protection.
      3. Rubberized flooring.
      4. Refer to Construction Facility Management (CFM) design criteria for additional requirements.
   j. Requirement 10 – Equipment Storage 2B41 and 2B78. Update existing countertops and sinks. Designated as 'Location 15' on the Location Plan.
   k. Requirement 11 – Demolish Playground and Pavilion. Demolish the existing playground equipment and pavilion located West of the main entrance and restore the area. Designated as 'Location 16' on the Location Plan.
   l. Requirement 12 – Smoke Shelter Greenhouse. Investigate conversion of the existing smoke shelter into a greenhouse. If not feasible, demolish the structure and restore the area. Designated as 'Location 17' on the Location Plan.
   m. Requirement 13 – Additional Areas: These spaces have been identified as underutilized and may be used to satisfy some of the requirements listed above:
      1. Dining Lounge 1B81:
         i. Potential location for Dementia Unit.
         ii. If not used for any of the requirements above, update flooring, wall protection (wainscotting), window treatments, paint, ceilings, and finishes.
         iii. Update lighting and mechanical distribution.

PHOTOS - EXISTING CONDITIONS







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2

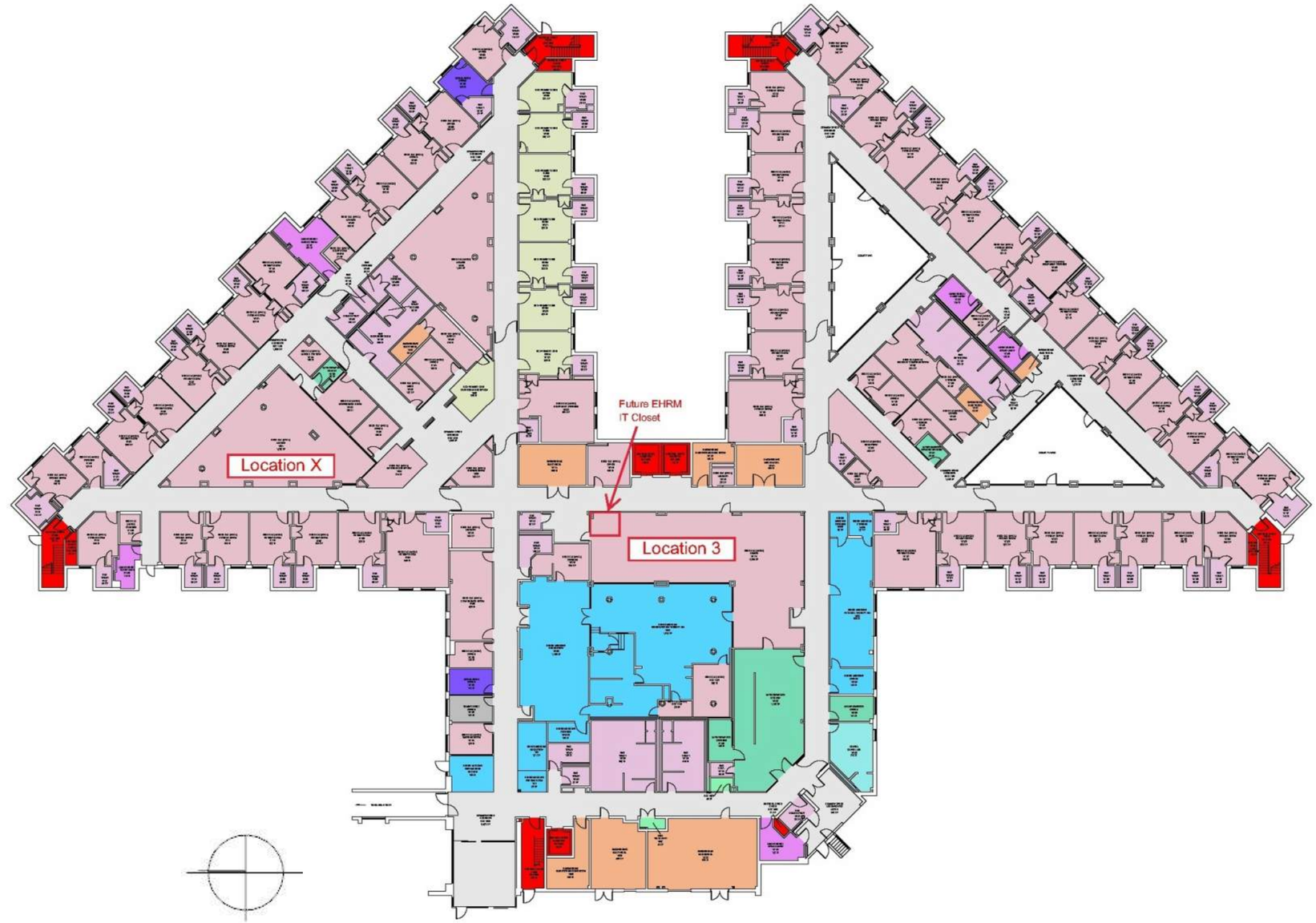
Basis of Design

Schematic Design 35%

- Existing Plans
- Specialized Rooms
- Dining Options
- Front Playground
- Dementia Options

FIRST FLOOR - EXISTING CONDITION

FACILITY DEPARTMENT	AREA
ACS-PRIMARY CARE	2,107 SF
BEDS CLC (NHCU)	25,647 SF
COMMON SPACE	16,384 SF
DENTAL	318 SF
EMS	6,700 SF
ENGINEERING	2,725 SF
LINEN SERVICE	806 SF
NUTRITION/FOOD	1,555 SF
OI&T	90 SF
REHAB MEDICINE	4,586 SF
SOCIAL WORK	310 SF
TENANT SPACE	141 SF
VERTICAL SPACE	1,538 SF
LEVEL NET GROSS AREA	62,907 SF



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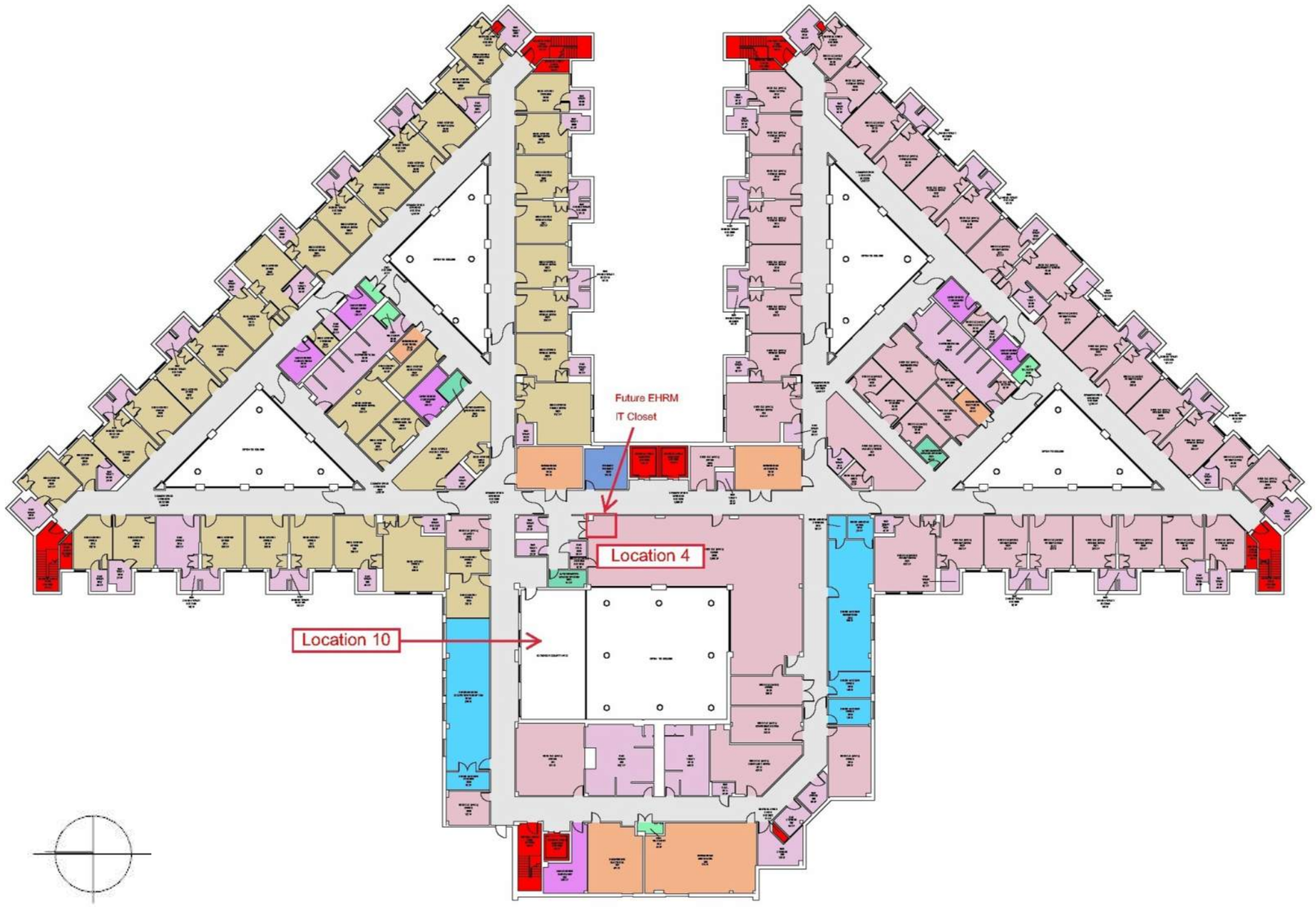
SECOND FLOOR - EXISTING CONDI-

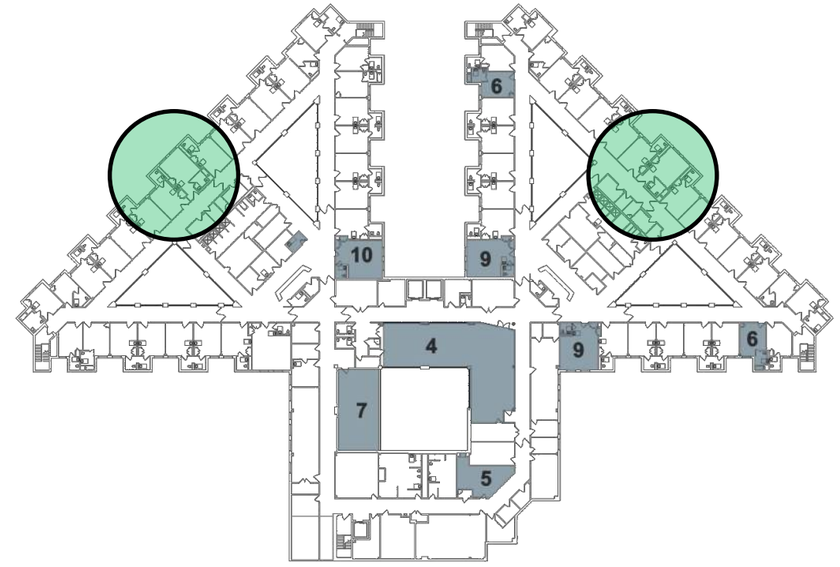
FACILITY DEPARTMENT	AREA
BEDS CLC (NHCU)	15,784 SF
BEDS HOSPICE	10,450 SF
COMMON SPACE	15,632 SF
EMS	6,951 SF
ENGINEERING	2,267 SF
LINEN SERVICE	923 SF
NUTRITION/FOOD	227 SF
OI&T	187 SF
PHARMACY	231 SF
REHAB MEDICINE	2,000 SF
VERTICAL SPACE	1,536 SF
LEVEL NET GROSS AREA	56,187 SF

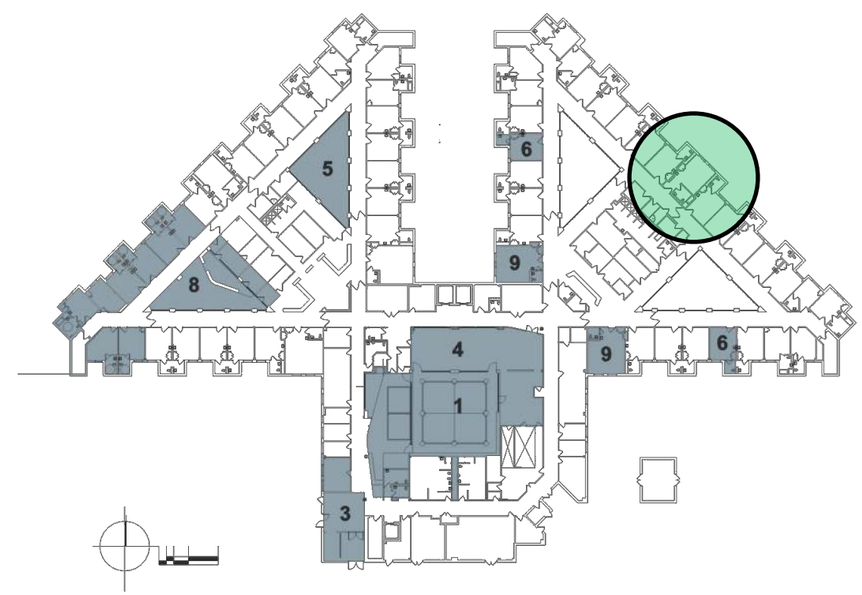


REQUIREMENT 6 BARIATRIC ROOMS *2B49, 1C49, and 2C49*

Space Issues: Patient rooms/toilet rooms design

- The Bariatric private room. Optimal clearances according to the Bariatric Room Design Advisory Board are 5'-0" on both sides of the bed and front of the bed with a 6'-0" turning radius.
- Recommended wheelchair turning radius of 6'-0"
- Door widths recommended to accommodate Bariatric beds, wheelchairs and equipment is 4'-0" with a 2'-0" leaf.
- The optimal clearances in a Bariatric toilet room are 6'-0" turning radius,4'-0" x 5'-0" shower stall with floor mounted toilet typically mounted 21" off the side wall., clearly in conflict with ADA requirement of 18". Toilet room door– 4'-0".
- Toilet accessories recommended to be recessed to allow adequate clearances for staff in assisting patients.
- Use of vertical grab bars with proper support in aiding patients in getting up from the toilet.
- Use of a Bariatric shower chair is preferred.
- Patient lift system: a built-in mechanical lift system (e.g., a ceiling rail system) capable of transporting a 600-pound patient from the bed to the toilet room.
- Patient Room: Minimum patient room width: 14'-6" Minimum patient room depth 14'-4"





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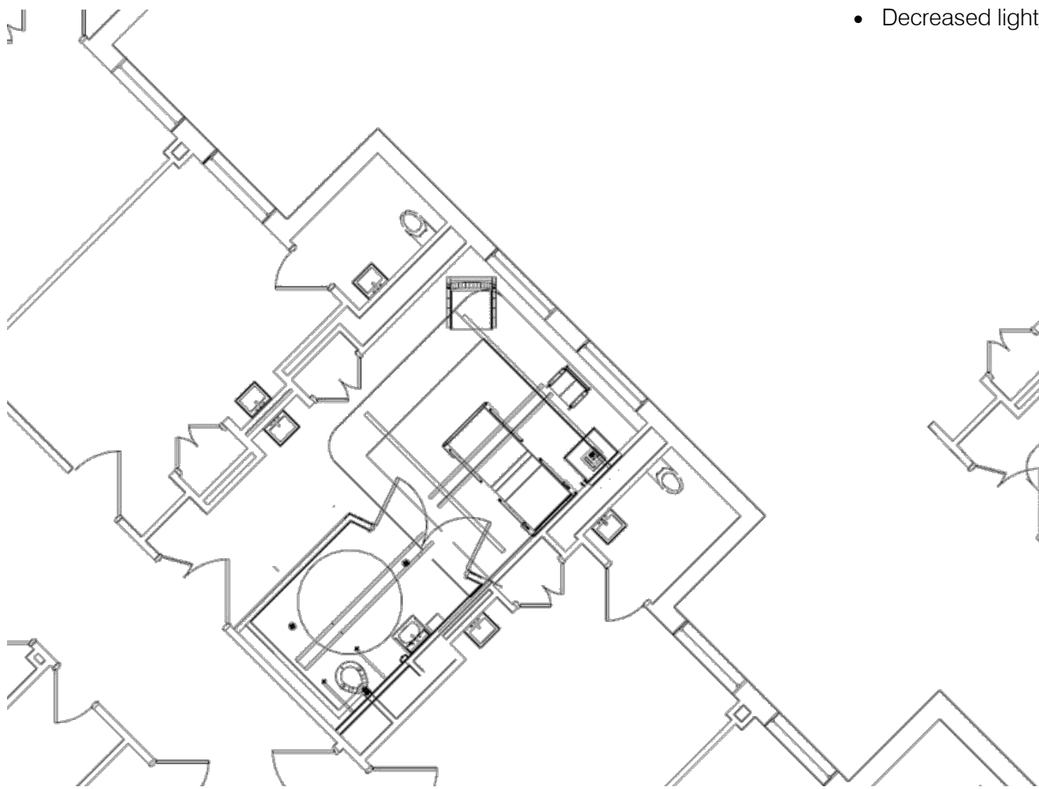
2 Specialized Rooms

Requirement 6

2B49, 1C49, and 2C49

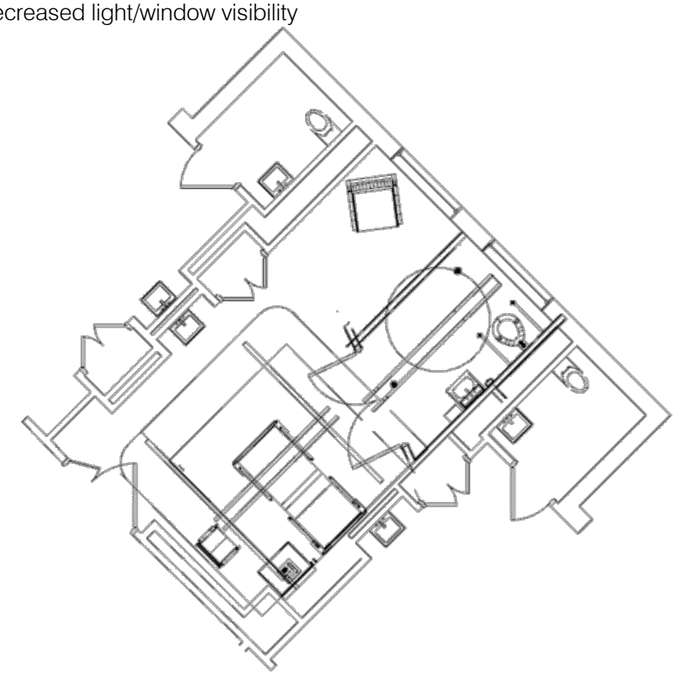
1 *Inboard Toilet Room*

- Shares existing inboard plumbing riser location
- Easy Toilet / Shower Access
- Resident room lifts, extend into toilet room
- Viewing resident from corridor difficult



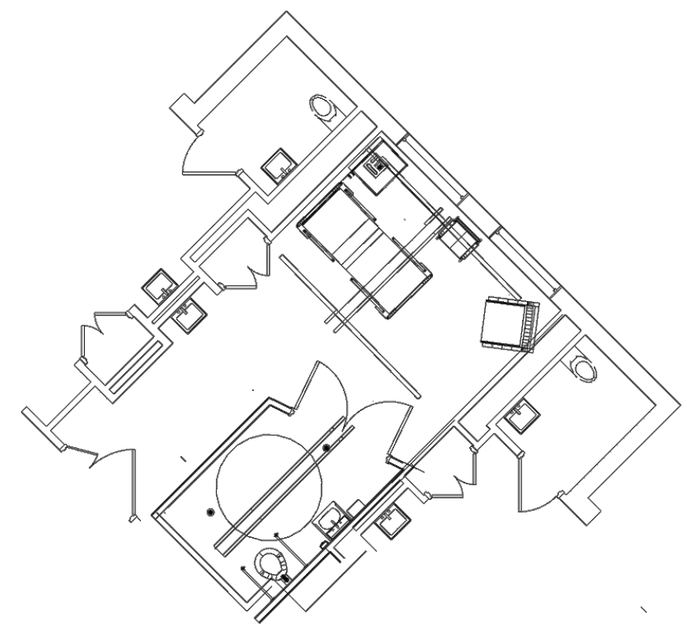
2 *Outboard Toilet Room*

- Outboard toilet configuration requires additional cost
- Easy Toilet/Shower access
- Resident room lifts, extend into toilet room
- Viewing resident from corridor enhanced
- Decreased light/window visibility



3 *Inboard Toilet Room*

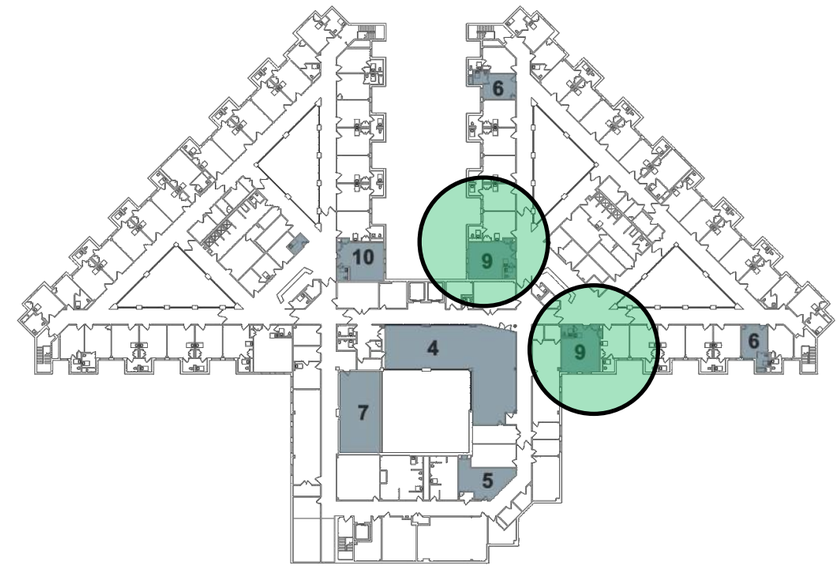
- Inboard toilet located at existing plumbing risers
- Resident requires more steps to access toilet/shower
- Resident room lifts, can be extended into toilet room
- Direct line of sight of resident from corridor

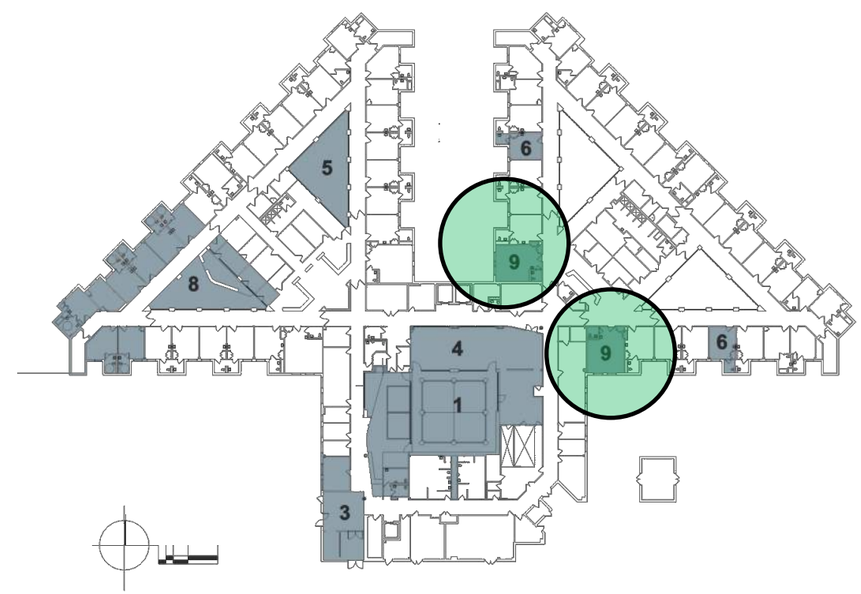


REQUIREMENT 9 HIGH-RISK FALL PATIENT ROOMS *1C104, 1C178, 2C204 and 2C278*

Environmental assessment high-fall risk includes:

- Environmental layout (shape of space and ease of getting around)
- Lighting and glare
- Presence of obstructions in both resident rooms and common areas
- Accessibility, visibility and safety of bathroom and dining room
- Sturdiness and visibility of handrails and furniture
- Contrast of the toilet and sink from the wall and the floor
- Safety and working condition of equipment and fixtures (e.g., bedside commodes, shower chairs, adequacy of brakes on wheel chairs)
- Appropriate use of personal safety devices, such as canes, walkers or wheelchairs
- Bathing facilities with non-slip surfaces
- Floor surfaces, textures and patterns Example: A blue-and-black border may look like a river or a hole.
- Fit and use of resident footwear Example: Examine shoes and slippers regularly for potential poor traction.
- Use of housekeeping equipment Example: Ensure that machines like floor buffers are run when residents are not likely to be moving about. However, they should not be used at night when residents are sleeping.





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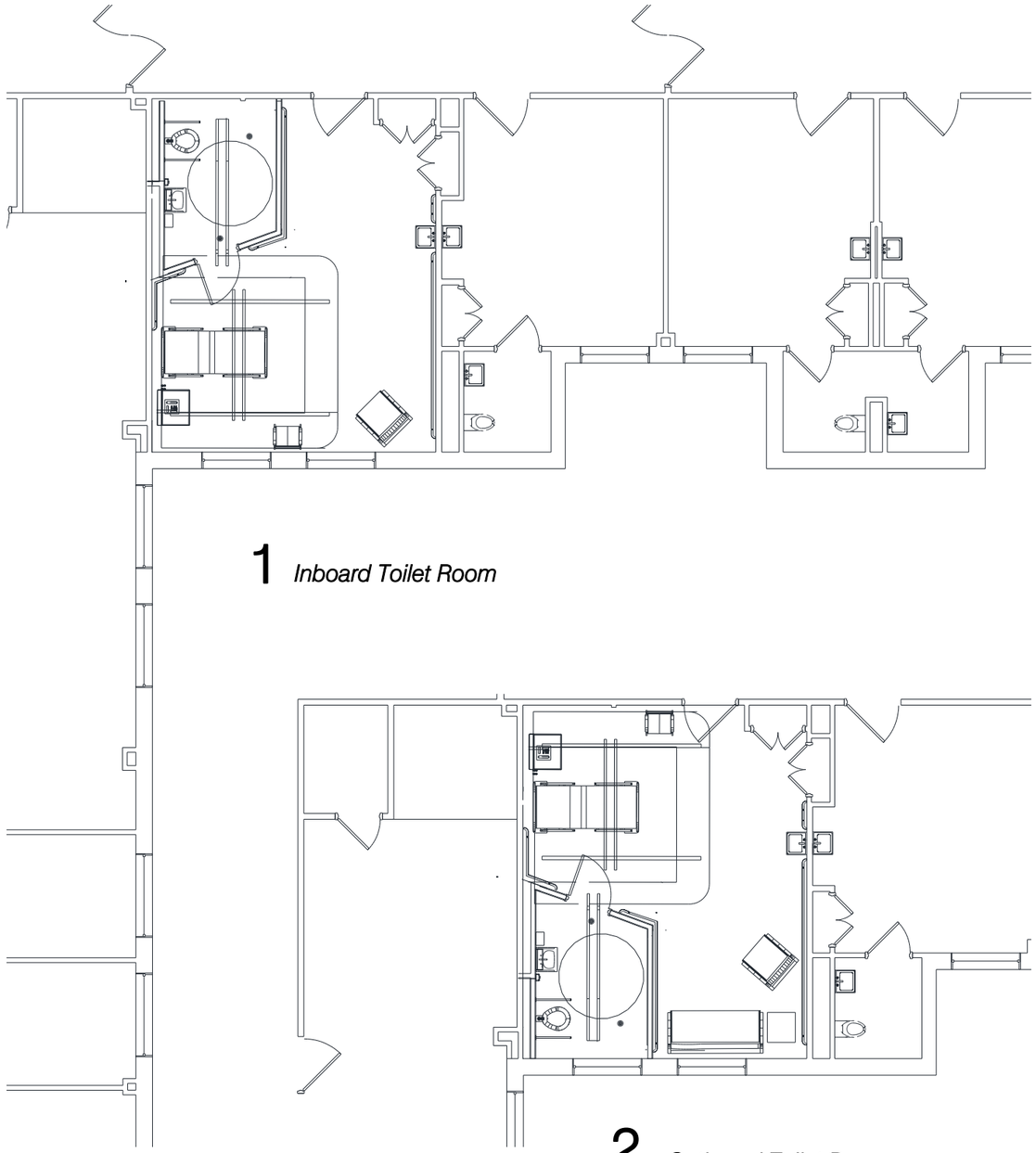
2 Specialized Rooms



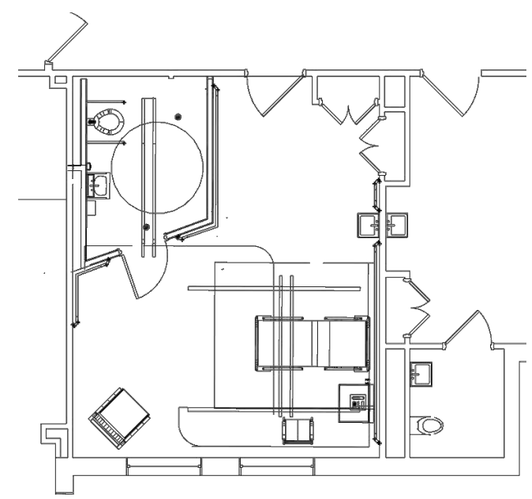
1 *Inboard Toilet Room*

2 *Outboard Toilet Room*

Requirement 9

1C104, 1C178, 2C204 and 2C278

- Added handrails
- Cushion absorbing floor
- Inboard, outboard toilet configuration
- Toilet with shower
- Resident room lifts, extend into toilet room



3 *Inboard Toilet Room*

1 *Inboard Toilet Room*

- Shares existing inboard plumbing riser location
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- Viewing patient from corridor difficult

2 *Outboard Toilet Room*

- Outboard toilet configuration requires additional cost
- Easy Toilet/Shower access
- Resident room lifts, extend into toilet room
- Viewing patient from corridor enhanced
- Decreased light/window visibility

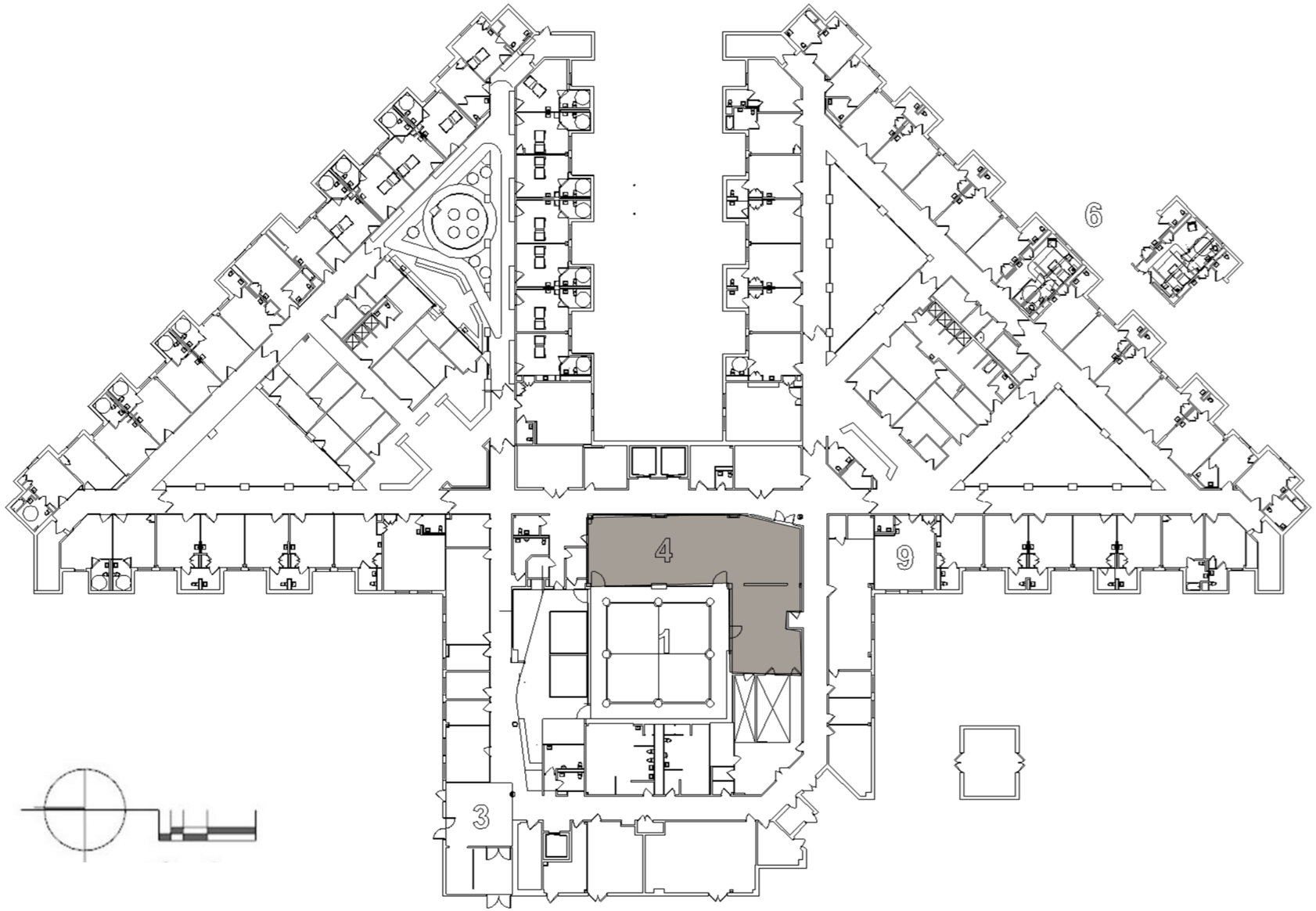
3 *Inboard Toilet Room*

- Inboard toilet located at existing plumbing risers
- Resident requires more steps to access toilet/shower
- Resident room lifts, can be extended into toilet room
- Direct line of sight of Resident from corridor

Requirement 4 Dining Rooms

Rooms 1A118 and 2A25

- Add double door entry
- Upgrade flooring, finishes and lighting
- Design for flexibility
- Make the room a destination



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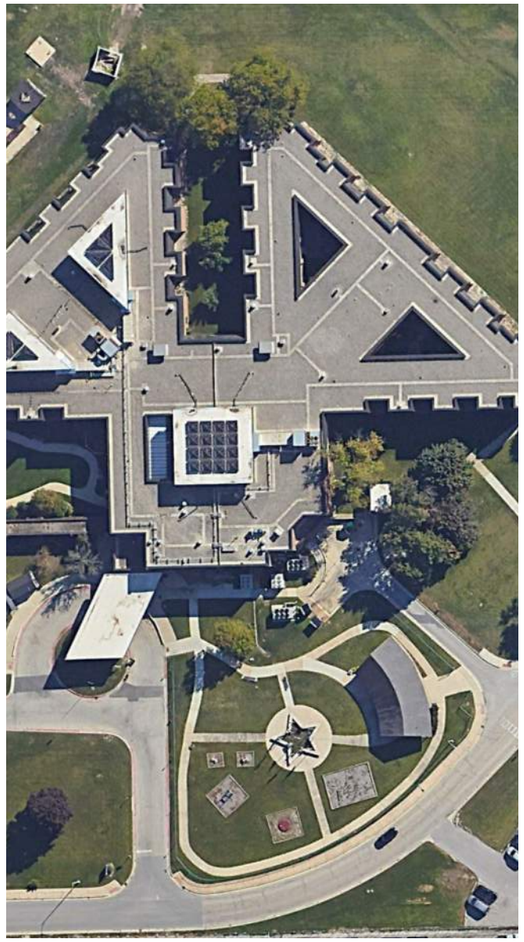
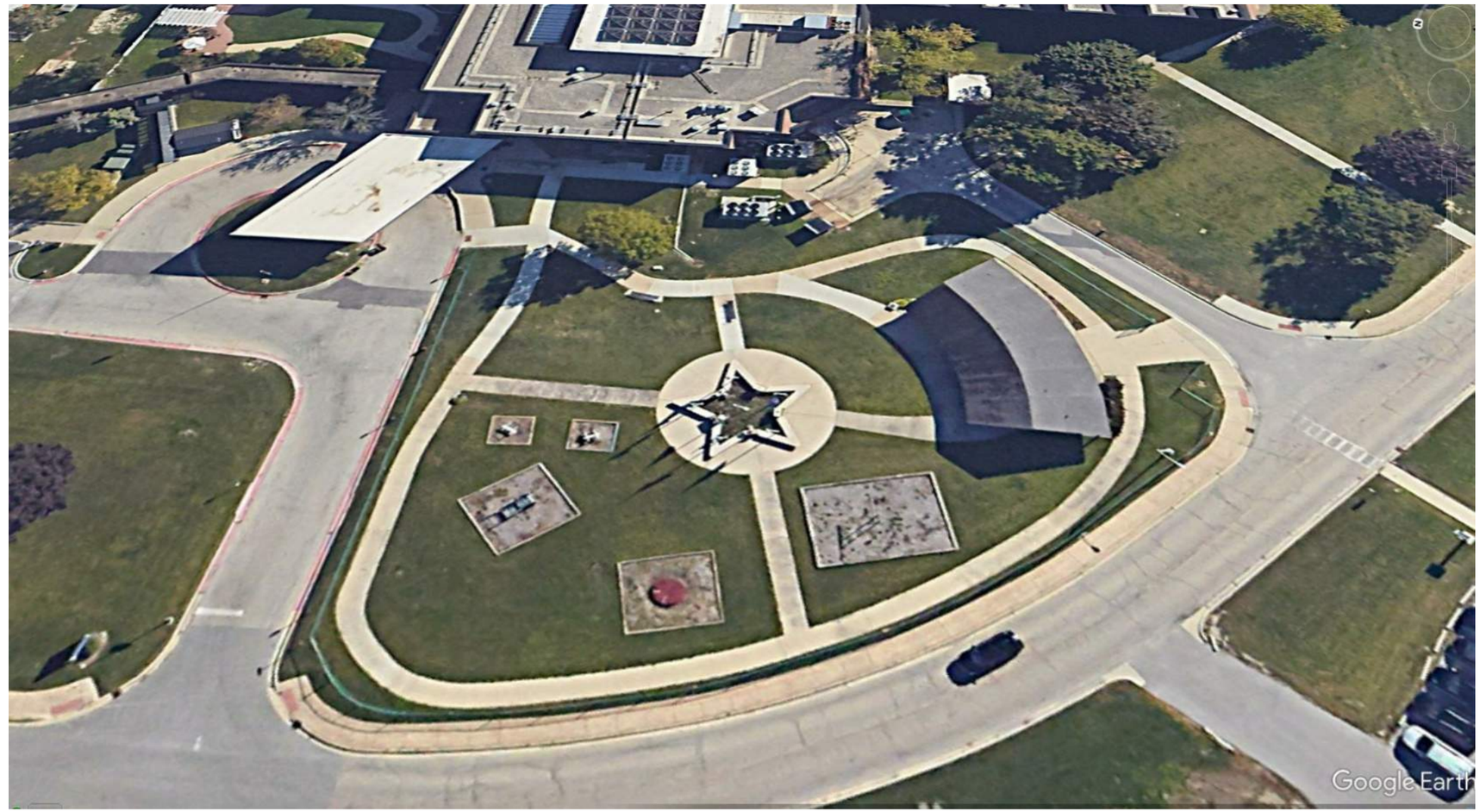
Option A Incorporates built-in seating and Resin panels with biophilic reference.

Option B All moveable furniture with full height corridor resin panel.

Requirement 11 Playground





BANCROFT ARCHITECTS + ENGINEERS

Rooms 1A118 and 2A25

- Add double door entry
- Upgrade flooring, finishes and lighting
- Design for flexibility
- Make the room a destination

Option A Incorporates built-in seating and Resin panels with biophilic reference.

Option B All moveable furniture with full height corridor resin panel.

Requirement 13 Playground

Rooms 1A118 and 2A25

- Add double door entry
- Upgrade flooring, finishes and lighting
- Design for flexibility
- Make the room a destination

BANCROFT ARCHITECTS + ENGINEERS

Option A Incorporates built-in seating and Resin panels with biophilic reference.

Option B All moveable furniture with full height corridor resin panel.

DEMENTIA UNIT – LOCATION OPTIONS

Option 1-Pros and Cons

- Relocates the Dementia Unit to Primary Care location.
- Allows Primary Care exam rooms to be right-sized in a new location.
- NHCU offices to remain-with possibility of moving remote.
- Potential direct access to a secured outdoor space.
- Potential for growth of the Dementia Unit into NHCU offices.
- Room for additional amenities including activity space, wandering paths.
- Nurse station located to have supervision of total unit.
- Maintains an adjacent Resident Care Unit of 15+beds

Requirement for design

1. Identify most appropriate location
2. 4-6 Resident rooms with private toilet/showers
3. Nurse station with support
4. Secured unit/Wander Guard/cameras
5. Location which allows best efficiency and growth potential
6. Keeps remaining floor space program viable.
7. Appropriate amenities-ambulation path, activities, dining. Multi-sensory room

Option 1 Level 01 B

BANCROFT ARCHITECTS + ENGINEERS

DEMENTIA UNIT – LOCATION OPTIONS

Option 1A - Pros and Cons

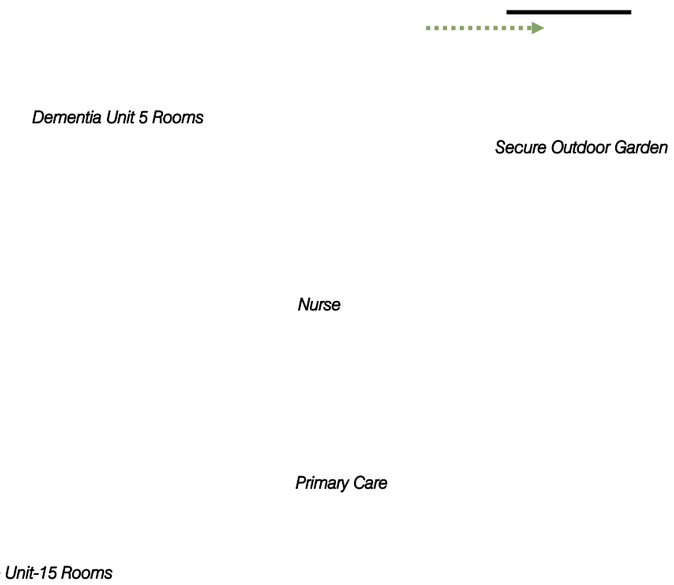
- Creates a separate Primary Care Unit with Toilet Rm.
- Right sizes exam rooms to meet VA standards
- Shifts entry corridor to the east
- Creates new toilet room at entry

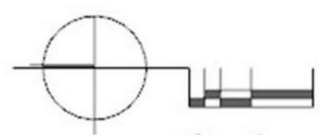
Option 1A Level 01 B

DEMENTIA UNIT - LOCATION OPTIONS

Option 2 - Pros and Cons

- Relocates the Dementia Unit adjacent to the Primary Care location.
- NHCU offices relocated with possibility of moving remote.
- Potential access to a secured outdoor space through occupied spaces.
- Potential for growth of the Dementia Unit into Primary Care.
- Room for additional amenities including activity space, wandering paths.
- Nurse station located to have supervision of total unit.
- Maintains an adjacent Resident Care Unit of 15+beds





BANCROFT ARCHITECTS + ENGINEERS

DEMENTIA UNIT - LOCATION OPTIONS

Option 3-Pros and Cons

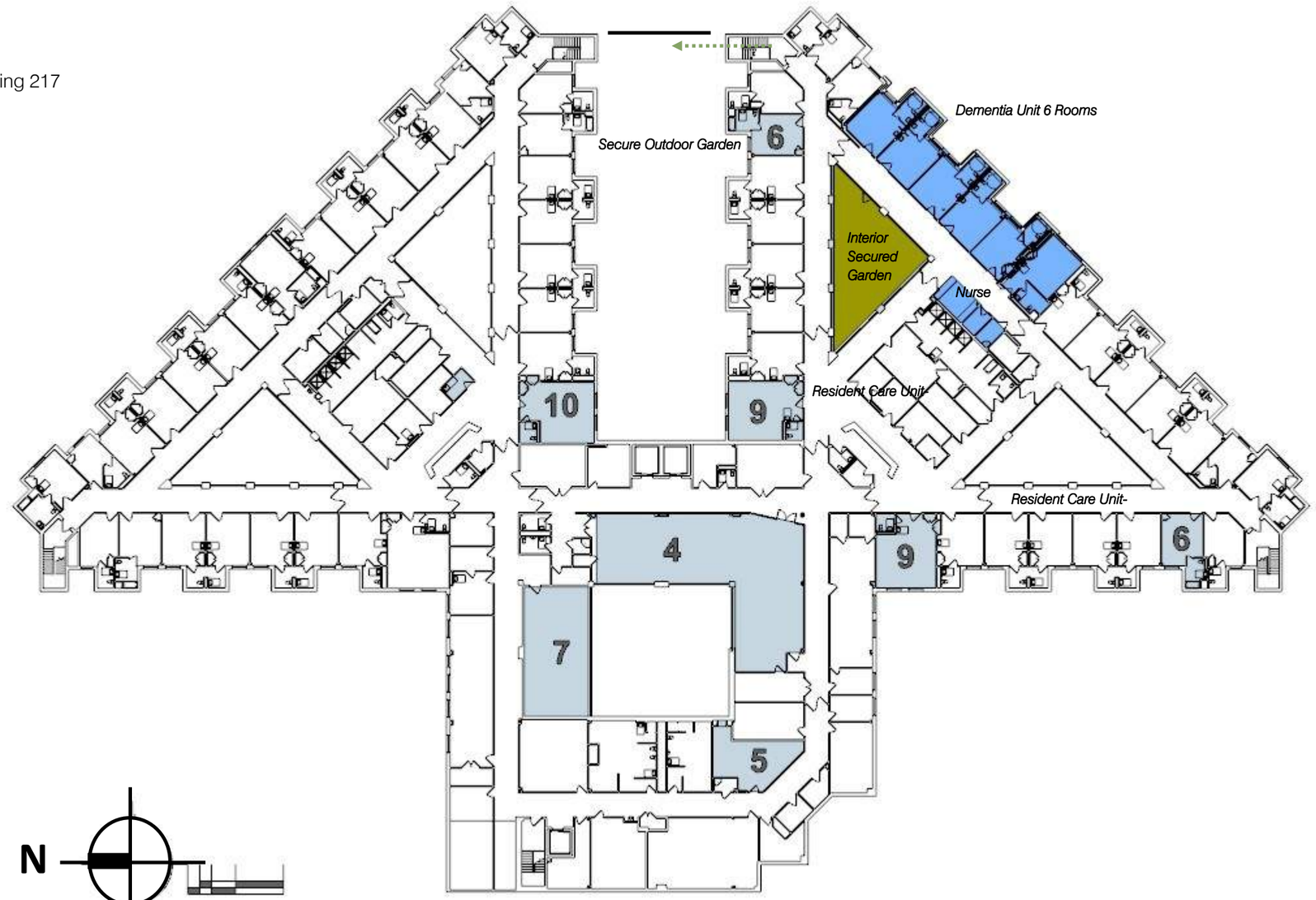
- Relocates the Dementia Unit south of Primary Care location.
- Allows Primary Care and NHCU offices to remain
- Potential direct access to a secured outdoor space through
- adjacent RCU
- Potential for growth of the Dementia Unit into adjacent RCU
- Room for additional amenities including activity space, wandering paths.
- Nurse station located to have supervision of total unit.
- Maintains an adjacent Resident Care Unit of 10 beds

Option 3 Level 01 B

DEMENTIA UNIT-LOCATION OPTIONS

Option 4 - Pros and Cons

- Relocates the Dementia Unit of 5-6 Beds in the east wing of Building 217
- Allows Primary Care and NHHC offices to remain
- Potential direct access to a secure outdoor courtyard
- Potential for future growth
- Little room for added amenities without using adjacent spaces
- Nurse added in unit for supervision



Option 4 Level 01 C

BANCROFT ARCHITECTS + ENGINEERS

DEMENTIA—SUPPORTIVE ENVIRONMENTS

TOOLS

DEMENTIA-SUPPORTIVE ENVIRONMENTS: CONSIDERATIONS

Understanding the personal abilities and unique challenges faced by aging individuals, especially those living with Alzheimer's disease and other dementias, better equips design teams to create supportive care and living spaces. Changes that can be credited to dementia are noticeably different from the changes typical of normal aging, but both can occur at the same time:

Normal Age-Related Changes include weakened bones and joints; decreased muscle mass; slowed digestion and metabolism; bowel and bladder incontinence; dental and gum conditions; thin and fragile skin; poor balance, coordination, and reflexes; impaired, distorted, or tinted vision; and diminished or distorted hearing.

Dementia is a term used to describe a set of symptoms including significantly impaired memory, judgment, and recall; orientation to time and place; interpretation of imagery and spatial relationships; ability to plan, problem solve, or complete familiar tasks; and social skills such as communication, engagement, mood, and personality.

There are currently NO pharmacological or therapeutic treatments that prevent or cure most types of dementia. Good and thoughtful design, however, can reduce the stress associated with declining physical ability, memory loss, and care provision.

Instructions: It is important to focus on solutions that maintain or improve cognitive function, facilitate the performance of activities of daily living, reduce behavioral symptoms, and optimize quality of life through active management strategies. The current literature on creating supportive environments for individuals with dementia suggests 12 design programming considerations:

1. Integrate Memory Care: Internal Community
2. Integrate Memory Care: External Community
3. Reduce Scale
4. Simplify Layout
5. Include Destinations
6. Provide Access to Nature
7. Maximize Familiarity
8. Prioritize Access to Everyday Items
9. Regulate Sensory Stimulation
10. Enhance Meals
11. Afford a Spa Experience
12. Personalize Bedrooms

These design considerations are further detailed below in relation with the most common dementia-related impairments. Use this tool early in a project, even before programming, to assess and determine possible client-specific issues, opportunities, concerns, and solutions. In the example below, the team suggests addressing a simplified layout to aid comprehension by designing with the "hallmarks of home." The team has further annotated their ideas to better define what this means in the context of the project.

EXAMPLE: Simplify Layout
Design intuitive room configurations, adjacencies, privacy, and affordances

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Improve comprehension and navigation by using simple, intuitive, and familiar layouts.	Design care areas with the "hallmarks of home." - Locate shared living spaces toward the entry and private bedroom suites more remotely. - Include a functional kitchen with adjacent dining that includes direct access to an outdoor space that can be used to extend dining activities. - Select furniture and finishes that look residential but have commercial-grade durability. - Remove or conceal institutional icons (e.g., nursing stations) and equipment.

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TOOLS Dementia-Supportive Environments

1. Integrate Memory Care: Internal Community
Enable interaction between those with and without dementia

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Stimulate cognitive functioning through interpersonal interactions.	
Judgment	Manage impaired judgment by normalizing social contextual conditions.	
Recall	Improve recall using strategies that support individuals with severe memory deficits.	
Misinterpretation	Aid in interpreting contextual stimuli and information through social role modeling.	
Hypersensitivity	Quell hypersensitivity by stabilizing and normalizing social interactions.	
Spatial Awareness	Promote awareness of time and place by normalizing social contextual conditions.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Support all individuals in independently carrying out daily activities using strategies that support those with severe memory deficits.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Support all individuals in carrying out periodic instrumental activities using strategies that support those with severe memory deficits.	
Focus	Promote active attention by normalizing social contextual conditions.	
Communication	Facilitate interactions by accommodating a range of communication styles and abilities.	
Withdrawal	Nurture active and passive engagement through planned and impromptu activities.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Moderate behavioral symptoms commonly associated with dementia by enhancing social stability.	

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TOOLS Dementia-Supportive Environments

2. Integrate Memory Care: External Community
Facilitate contact and engagement with the surrounding community

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Stimulate cognitive functioning by increasing the number and variety of accessible settings.	
Judgment	Manage potentially "risky" products, services, and settings by providing remote access.	
Recall	Enhance recall through continued access to familiar locations outside the care setting.	
Misinterpretation	Avoid giving the impression of involuntary captivity by facilitating outside connections.	
Hypersensitivity	Manage overstimulation in the immediate environment by providing remote access to unfamiliar or overstimulating places and activities.	
Spatial Awareness	Improve immediate spatial recognition by locating unfamiliar or confusing places offsite.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Most people with dementia do not live in care facilities, but benefit from having access to dementia-specific care and services.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Most people with dementia do not live in care facilities, but benefit from having access to dementia-specific care and services.	
Focus	Promote active attention by combating boredom and inattention through environmental novelty and diversity.	
Communication	Facilitate interactions through maintained connections with interests and individuals.	
Withdrawal	Promote active engagement through continued access to remote resources.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Moderate behavioral symptoms commonly associated with dementia by offering remote access to products, activities, or services considered to be negative "triggers."	

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DEMENTIA—SUPPORTIVE ENVIRONMENTS

TOOLS — Dementia-Supportive Environments

3. Reduce Scale
Reduce the perceived size and number of occupants within dedicated care/living areas

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Increase cognitive functioning by mitigating common sources of overstimulation.	
Judgment	Increase quality of life through smaller, less restrictive settings that facilitate observation.	
Recall	Promote attentiveness by decreasing spatial complexity and contextual stimulation.	
Misinterpretation	Increase awareness through observation and understanding by decreasing stimuli.	
Hypersensitivity	Mitigate undesirable behavioral symptoms by reducing common sources of overstimulation.	
Spatial Awareness	Maximize orientation by affording visibility throughout a proportionately occupied space.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Improve self-sufficiency by decreasing travel distances between destinations (e.g., bedrooms to dining and living spaces).	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Promote functional abilities by facilitating the continuation of daily routines in smaller, "home-like" settings.	
Focus	Improve attention and awareness by reducing common sources of overstimulation.	
Communication	Promote interaction through proximity and familiarity in intimately sized settings.	
Withdrawal	Promote active and passive engagement through increased visibility and relationships.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Improve behavioral symptoms by reducing restrictions in smaller settings that facilitate observation.	

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TOOLS — Dementia-Supportive Environments

4. Simplify Layout
Design intuitive room configurations, adjacencies, privacy, and affordances

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Improve comprehension and navigation by using simple, intuitive, and familiar layouts.	
Judgment	Facilitate decision-making by reducing competing demands and conflicting messages.	
Recall	Support procedural memory for increased self-sufficiency through familiar environments.	
Misinterpretation	Enhance understanding and decrease confusion with intuitively designed spaces.	
Hypersensitivity	Promote focus and calm by reducing the complexity and overstimulation of a setting.	
Spatial Awareness	Facilitate orientation and navigation by maximizing familiarity and legibility.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Promote self-sufficiency, navigation, access, self-determination, and coordination of care through simplified settings.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Promote functional abilities by facilitating the continuation of daily routines in settings that are easily navigated and understood.	
Focus	Promote attention and awareness by reducing the complexity and confusion of a setting.	
Communication	Eliminate the necessity for communication by promoting self-sufficiency in simpler layouts.	
Withdrawal	Offer opportunities for various levels of active and passive engagement in simple layouts.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Reduce maladaptive behavioral symptoms in less restricted, less complex settings that facilitate observation and care coordination.	

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TOOLS — Dementia-Supportive Environments

5. Include Destinations
Capitalize on local amenities, venues, and services

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Increase comprehension with the novelty of easily accessible and memorable destinations.	
Judgment	Compensate for impaired judgment with on-site amenities that require assistance.	
Recall	Support recall by providing memorable and accessible products, activities, and services.	
Misinterpretation	Avoid giving the impression of involuntary captivity by offering places to visit.	
Hypersensitivity	Reduce overstimulation through remote but accessible products, activities, and services.	
Spatial Awareness	Improve orientation by remotely locating unfamiliar or confusing activities and services.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Promote safety and coordinate care with on-site education, therapy, and treatments.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Promote safety and coordinate care with on-site education, therapy, and treatments.	
Focus	Increase attention and awareness by including noteworthy destinations and amenities.	
Communication	Encourage communication through a variety of outlets for interaction.	
Withdrawal	Provide opportunities for active and passive participation in a variety of settings.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Assist those experiencing behavioral changes in easily accessing beneficial products, activities, and services.	

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TOOLS — Dementia-Supportive Environments

6. Provide Access to Nature
Offer visual and physical access to natural features

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Orient individuals to time, place, and season by providing views and access to nature.	
Judgment	Promote health by enabling all individuals to safely access the many benefits of nature.	
Recall	Aid recall by orienting people to time, place, and season with views and access to nature.	
Misinterpretation	Avoid giving the impression of involuntary captivity by enabling people to go outside.	
Hypersensitivity	Manage behavioral symptoms with exposure to natural light and horticultural therapy.	
Spatial Awareness	Support vision and orientation by enabling people to access outdoor environments.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Improve functional ability and safety through direct access to supportive outdoor spaces.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Improve functional ability and safety using outdoor features as therapeutic treatments.	
Focus	Improve concentration and attentiveness by enabling engagement with therapeutic natural settings.	
Communication	Promote social engagement through a variety of features in supportive outdoor spaces.	
Withdrawal	Foster passive and active engagement in supportive outdoor spaces.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Manage behavioral symptoms with exposure to natural light and horticultural therapy in supportive outdoor environments.	

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TOOLS — Dementia-Supportive Environments

7. Maximize Familiarity
Emphasize a residential ambiance, character, and décor

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Improve cognitive functioning and decrease anxiety with familiar residential features.	
Judgment	Facilitate decision-making by concealing unfamiliar and misleading institutional icons.	
Recall	Improve recall through settings that are intuitively understood and navigated.	
Misinterpretation	Increase interpretation accuracy by reducing competing demands and conflicting messages.	
Hypersensitivity	Reduce vulnerability by mitigating sources of excessive or unfamiliar stimuli.	
Spatial Awareness	Improve wayfinding in familiar settings.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Promote greater self-care, sufficiency, and determination through settings that feel familiar.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Improve functioning through settings that include all the familiar comforts of "home."	
Focus	Enhance alertness and attention by reducing competing demands and conflicting messages.	
Communication	Enable those with reduced communication to be more self-sufficient through predictable settings.	
Withdrawal	Provide opportunities for active and passive engagement in familiar places.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Enable people to exercise more predictable behavior through spaces that look and feel familiar.	

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TOOLS — Dementia-Supportive Environments

8. Prioritize Access to Everyday Items
Provide access to commonly used accouterments, equipment, and tools

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Avoid confusing people by restricting visual access to commonly used everyday items.	
Judgment	Allow "risky" items to be used with assistance rather than restricting access for everyone.	
Recall	Capitalize on procedural memory by making commonly used items continually available.	
Misinterpretation	Increase understanding by including everyday items in the immediate environment.	
Hypersensitivity	Decrease anxiety by surrounding people with familiar items.	
Spatial Awareness	Maximize recognition by making commonly used items visually accessible.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Promote greater self-care, sufficiency, and determination by providing access to the items people are most accustomed to using.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Improve functioning in settings that include all the familiar "hallmarks of home."	
Focus	Promote active engagement in activities by providing the items commonly used.	
Communication	Enable self-sufficiency by providing access to, and use of, everyday items.	
Withdrawal	Avoid disempowering people by restricting visual access to, and use of, everyday items.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Allow items to be used with or without assistance on a case-by-case basis.	

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DEMENTIA—SUPPORTIVE ENVIRONMENTS

TOOLS — Dementia-Supportive Environments

9. Regulate Sensory Stimulation
Regulate the presence, absence, and/or control of contextual stimulation

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Avoid confusion by eliminating or regulating sources of overstimulation.	
Judgment	Prevent poor decision-making by ensuring a calm and comforting setting.	
Recall	Promote reliable recall through settings that do not push people beyond their coping threshold.	
Misinterpretation	Encourage understanding by limiting the amount and type of stimuli in the setting.	
Hypersensitivity	Foster comfort and relaxation by limiting the amount and type of stimuli in the setting.	
Spatial Awareness	Prevent disorientation by avoiding stimuli that push people beyond their coping threshold.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Focus attention on daily self-care activities rather than excessive or undesirable stimuli.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Enable people to focus on tasks and activities by limiting excessive or undesirable stimuli.	
Focus	Foster attention and awareness by eliminating or minimizing sources of overstimulation.	
Communication	Encourage communication by eliminating competing or debilitating stimuli.	
Withdrawal	Avoid causing people to withdraw inside themselves to cope with overstimulation.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Reduce the frequency and duration of behavior fluctuations through calm environments that do not push people beyond their coping threshold.	

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TOOLS — Dementia-Supportive Environments

11. Afford a Spa Experience
Optimize bathing location, configuration, fixtures, décor, products, and storage

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Improve understanding by affording intense moments of relaxation.	
Judgment	Promote positive and predictable actions through spaces that look and feel familiar and relaxing.	
Recall	Capitalize on procedural memory by including familiar features and items.	
Misinterpretation	Improve understanding through familiar settings that provide clarity for use and purpose.	
Hypersensitivity	Create moments of respite while bathing by removing excess stimuli.	
Spatial Awareness	Improve overall orientation by offering leisure activities that do not require attentiveness.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Encourage self-care through settings that include supportive environmental features.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Encourage self-care by including personal items in bathing routines.	
Focus	Improve overall awareness by offering leisure activities that enable rejuvenation.	
Communication	Reduce the perceived need to communicate by promoting intense moments of leisure.	
Withdrawal	Provide opportunities to withdraw and relax to enable interaction at other times.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Promote expected behavior through spaces that look and feel familiar and relaxing.	

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TOOLS — Dementia-Supportive Environments

10. Enhance Meals
Maximize involvement in meal planning, preparation, service, and atmosphere

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Aid situational understanding and interest through calm, quiet, and pleasant dining settings.	
Judgment	Promote stable decision-making through settings that convey clear indications for usage.	
Recall	Capitalize on procedural memory by including familiar features and items.	
Misinterpretation	Clarify intent by offering opportunities to engage in meal preparation and service.	
Hypersensitivity	Reduce anxiety and improve intake through calm, intimate, and comfortable dining settings.	
Spatial Awareness	Improve awareness, orientation, and nutrition through settings that include the "hallmarks of home."	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Encourage nutrition and functional ability through meal preparation and delivery.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Advance therapeutic objectives through engagement in meal preparation and delivery.	
Focus	Maximize enjoyment and minimize competing demands in the dining atmosphere.	
Communication	Foster a convivial dining atmosphere with supportive features and regulated stimuli.	
Withdrawal	Nurture active and passive engagement with a range of seating locations and configurations.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Decrease the severity of behavioral symptoms through calm dining venues that foster enjoyment.	

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TOOLS Dementia-Supportive Environments

12. Personalize Bedrooms

Design bedrooms and bathrooms for comfort, privacy, and personalization

Dementia-Related Impairments	Contextual Influence	Proposed Solution
Comprehension	Reinforce understanding by providing private, personalized bedroom suites.	
Judgment	Reduce the impact of erratic decision-making on roommates by providing private bedrooms.	
Recall	Capitalize on procedural memory through private and personalized spaces.	
Misinterpretation	Avoid giving the impression of forced socialization by providing private "retreats."	
Hypersensitivity	Provide opportunities for personalization and remove unpredictable stimuli in private bedrooms.	
Spatial Awareness	Capitalize on procedural memory through private and personalized spaces.	
Activities of Daily Living (ADLs) *(e.g., eating, dressing, mobility, personal hygiene, and continence)*	Promote greater self-care, sufficiency, and determination through private bedroom suites.	
Instrumental ADLs (IADLs) *(e.g., managing communication, medication, finances, transportation, meal preparation, shopping, and housework)*	Promote greater self-reliance through private bedroom suites.	
Focus	Improve attention and awareness by eliminating inherent roommate stressors.	
Communication	Enable people to socialize as preferred by providing private spaces for "retreat."	
Withdrawal	Foster engagement by providing options for non-engagement in private bedrooms.	
Personality Changes *(e.g., apathy, appetite, abnormal movement, irritability, depression, agitation, aggression, anxiety, sleep disturbances, delusions, disinhibition, hallucinations, and elation)*	Allow people to de-escalate in spaces where they feel some sense of ownership.	

For more information, refer to the Design for Memory Care Settings Issue Brief.

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REQUIREMENT 8

12 Bed Dementia Resident Unit

Option 5 (Preferred Option)

- Relocates the Dementia Unit to Primary Care location.
- Allows Primary Care exam rooms to be right-sized in a new location.
- NHCU offices to relocate.
- Potential direct access to a secured outdoor space.
- Possible additional amenities including activity space, wandering paths.
- Staff station located to have supervision of total unit.

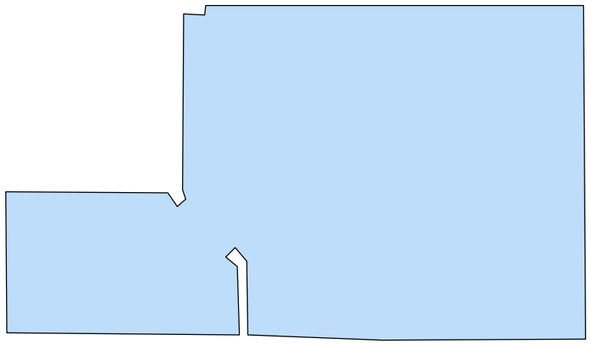
Requirement for design

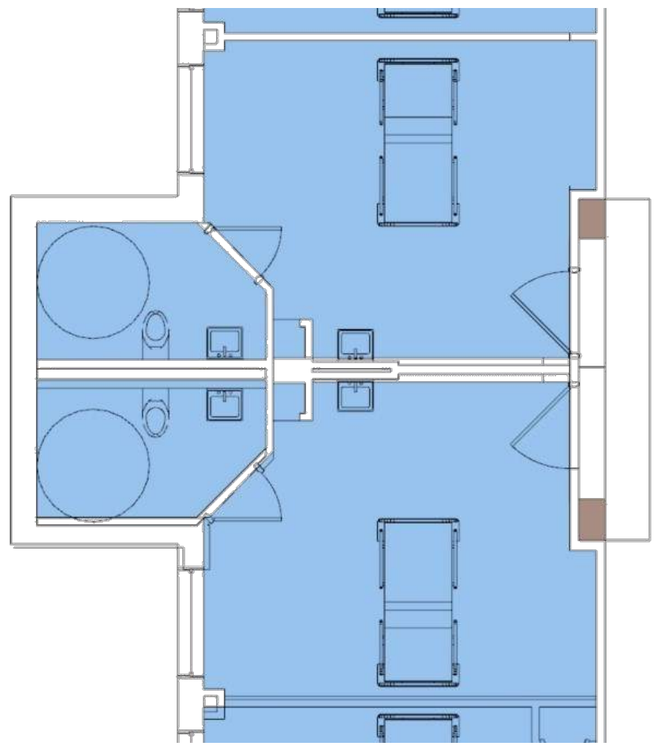
1. Identified as the most appropriate location
2. 12 Resident rooms with private toilet/showers including bariatric rm.
3. Staff station with support, space for interdisciplinary team
4. Secured unit/Wander Guard/cameras
5. Location which allows best efficiency and growth potential
6. Keeps remaining floor space program viable.
7. Appropriate add on amenities include -ambulation path, activities, dining multi-sensory room

Small Homes Model of Care Approach/Central Living and Dining?

BANCROFT ARCHITECTS + ENGINEERS

TYPICAL RESIDENT ROOM





Typical resident room with new toilet/shower room and option with recessed entry.

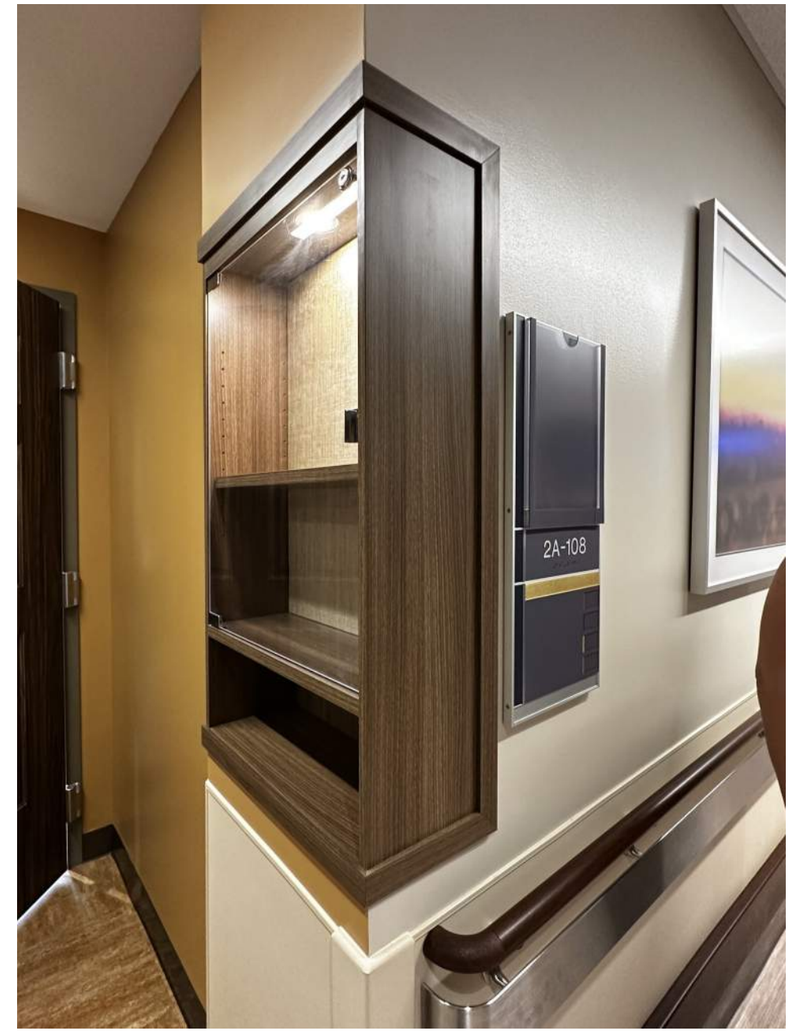
Resident room entry-opportunity for personalizing on open shelving or in memory box

REQUIREMENT 8– 12 BED RESIDENT UNIT

Entrance Vew

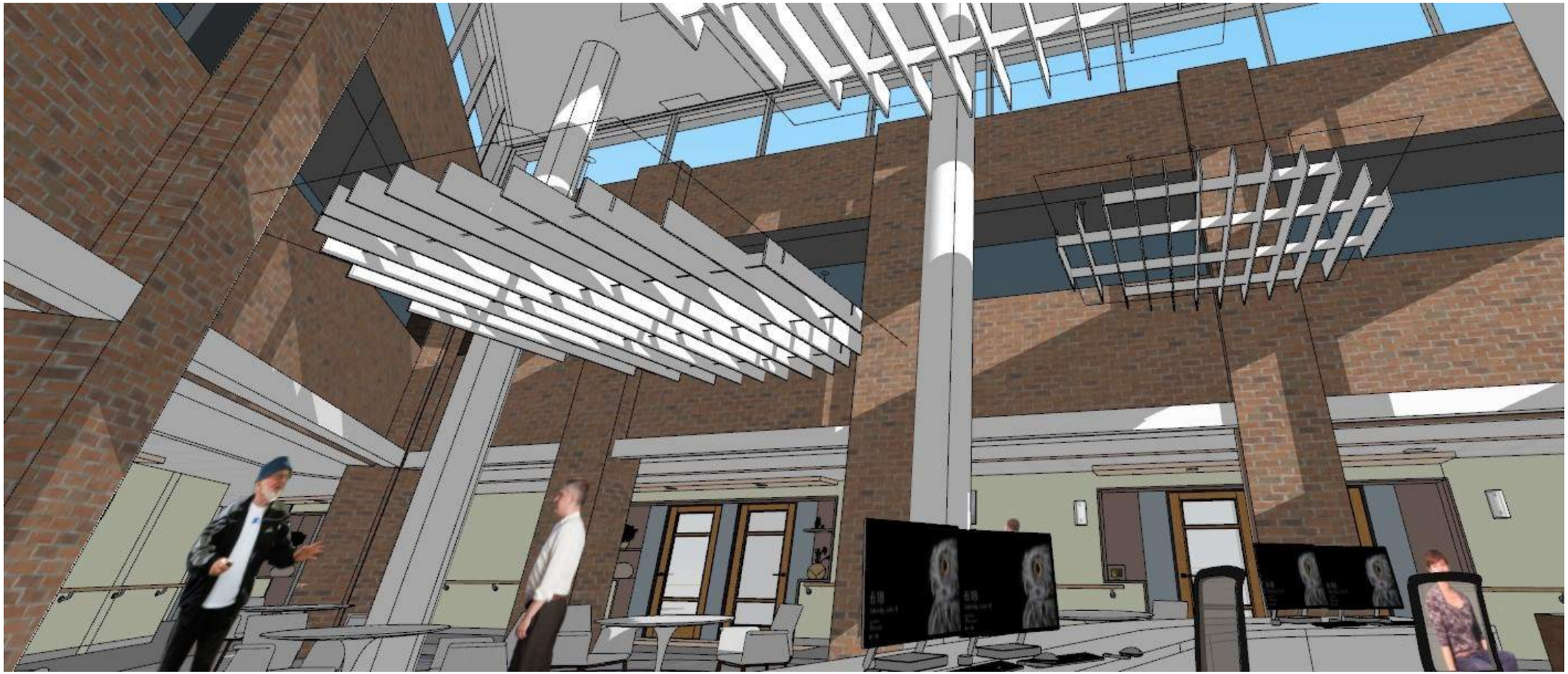
BANCROFT ARCHITECTS + ENGINEERS

TYPICAL RESIDENT ROOM ENTRY



Typical Resident Room Entrance

REQUIREMENT 8



2-Story Activity Space

BANCROFT ARCHITECTS + ENGINEERS

View From Staff Station

REQUIREMENT 8

Staff Station and Prep Area

BANCROFT ARCHITECTS + ENGINEERS

Staff Station

DEMENTIA UNIT– ENLARGED PLAN Option 2

Views of Activity Space and Dining

BANCROFT ARCHITECTS + ENGINEERS

Staff Station and Dining Bar

DEMENTIA UNIT– Option 2 with Modifications (Selected Option)

Option 2

The users preference was Option 2 with subtle refinements.

The dining bar counter lowered to a sit down counter height of 30”.

BAE will investigate the west wall directly behind the staff station for access to adjacent space, creating a staff toilet or conference room and possibly direct access to a shared medication room.

To minimize a “fish bowl” effect a film with a biophilic pattern will be applied to the second floor windows overlooking the 2 story space, obscuring the views into the lower level but allowing light from the atrium skylights.

Views of Activity Staff Station

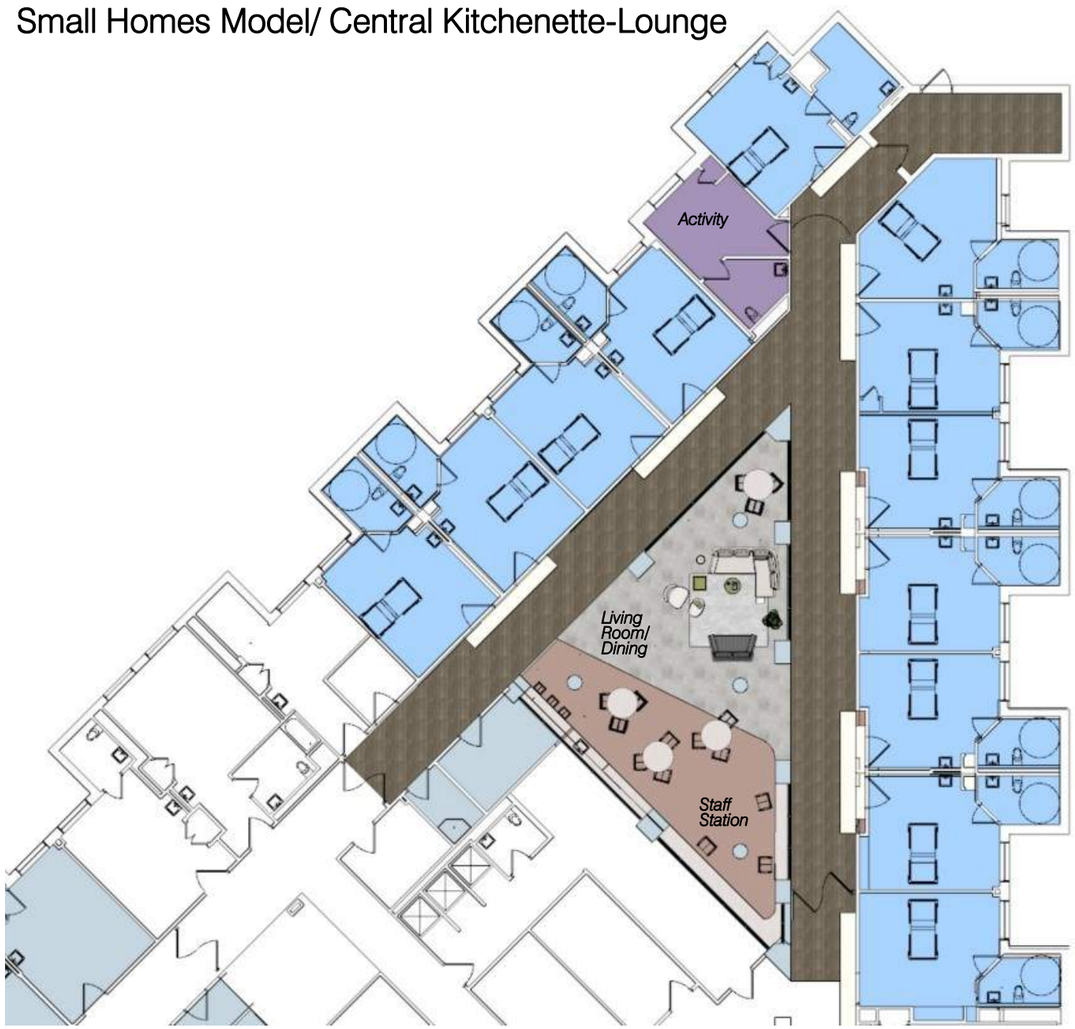
Views of Activity Space and Dining

BANCROFT ARCHITECTS + ENGINEERS

Staff Station and Dining Bar

DEMENTIA UNIT– ENLARGED PLAN Option 3– Planetree

Small Homes Model/ Central Kitchenette-Lounge



Views of Activity Space and Dining

BANCROFT ARCHITECTS + ENGINEERS

Open Staff Station and Counter Support

DEMENTIA UNIT– ENLARGED PLAN Option 3– Planetree

Small Homes Model/ Central Kitchenette-Lounge

Views of Lounge/Fireplace

BANCROFT ARCHITECTS + ENGINEERS

Views From Staff Station

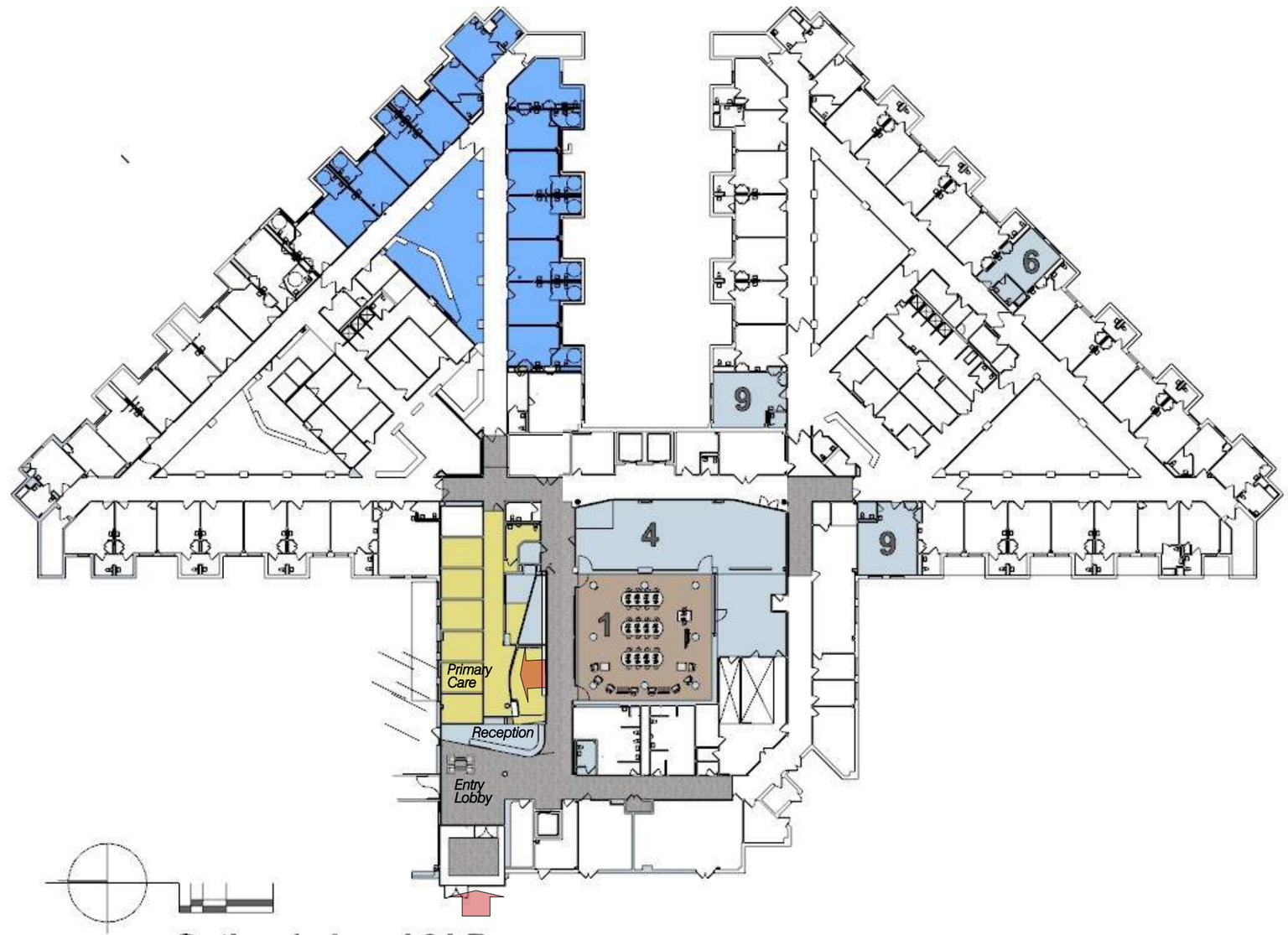
REQUIREMENT 1, 3 AND 4

Option 1A

- Primary Care moved to front door with six exam rooms and support
- Access to Primary Care is along new east west corridor adjacent to the new multi-purpose room (formerly Easy Street)
- Opportunity for Primary Care to have a separate waiting and reception.
- A new reception desk extends the width of entry lobby.

Option 1B

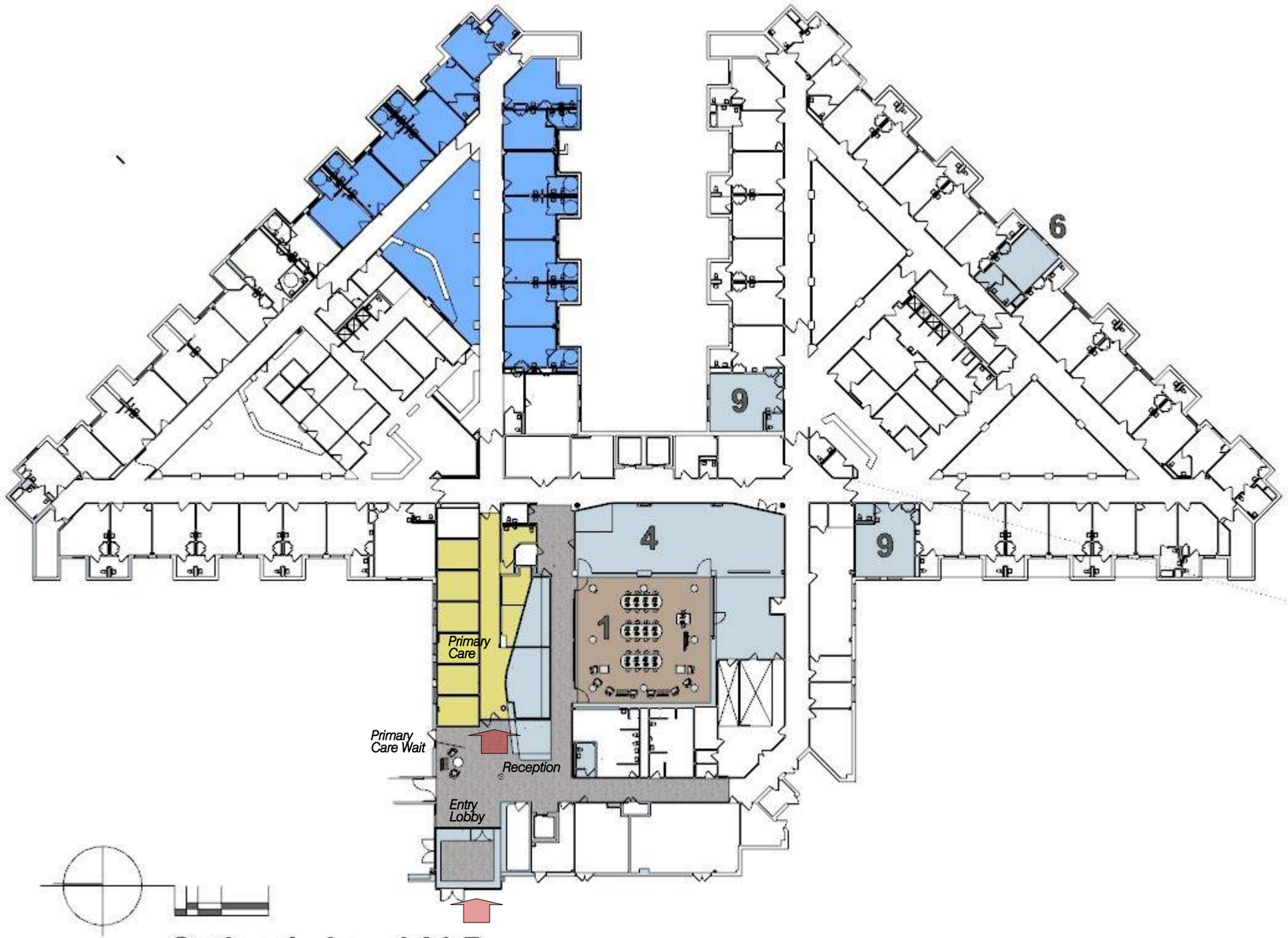
- Primary Care moved to front door with six exam rooms and support
- Access to Primary Care is from the entry lobby. Reception for CLC and Primary Care at same location in Entry Lobby.
- Waiting for Primary Care located in Entry Lobby.
- A new reception desk architecturally projects into Entry Lobby.



Option 1A Level 01 B

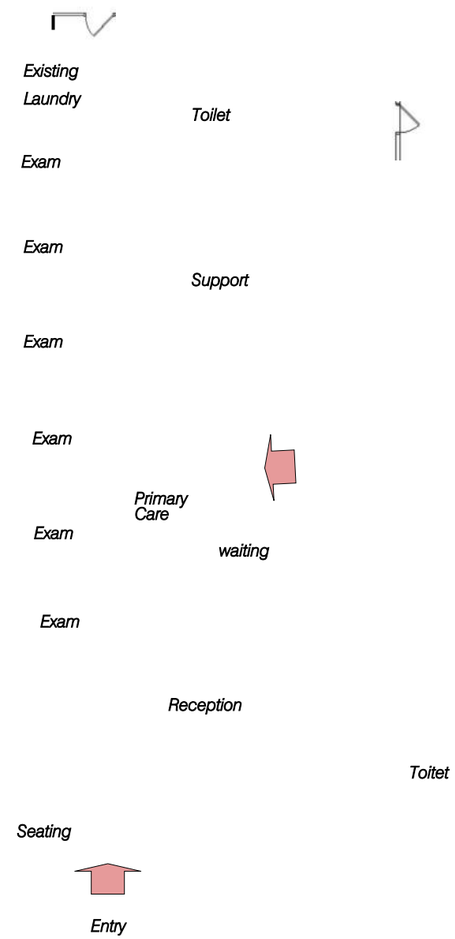
BANCROFT ARCHITECTS + ENGINEERS

2 Entrance, Geri Clinic, Easy Street



Option 1B Level 01 B

REQUIREMENT 1,and 3 *Easy Street and Entrance Lobby & Vestibule*



Option 1A

BANCROFT ARCHITECTS + ENGINEERS

2 Entrance, Geri Clinic, Easy Street

Option 1A

REQUIREMENT 1,and 3

Easy Street and Entrance Lobby & Vestibule

New Multi-Use Space

BANCROFT ARCHITECTS + ENGINEERS

2 Entrance, Geri Clinic, Easy Street

New Multi-Use Space With Upgraded Dining

REQUIREMENT 1,and 3

Easy Street and Entrance Lobby & Vestibule

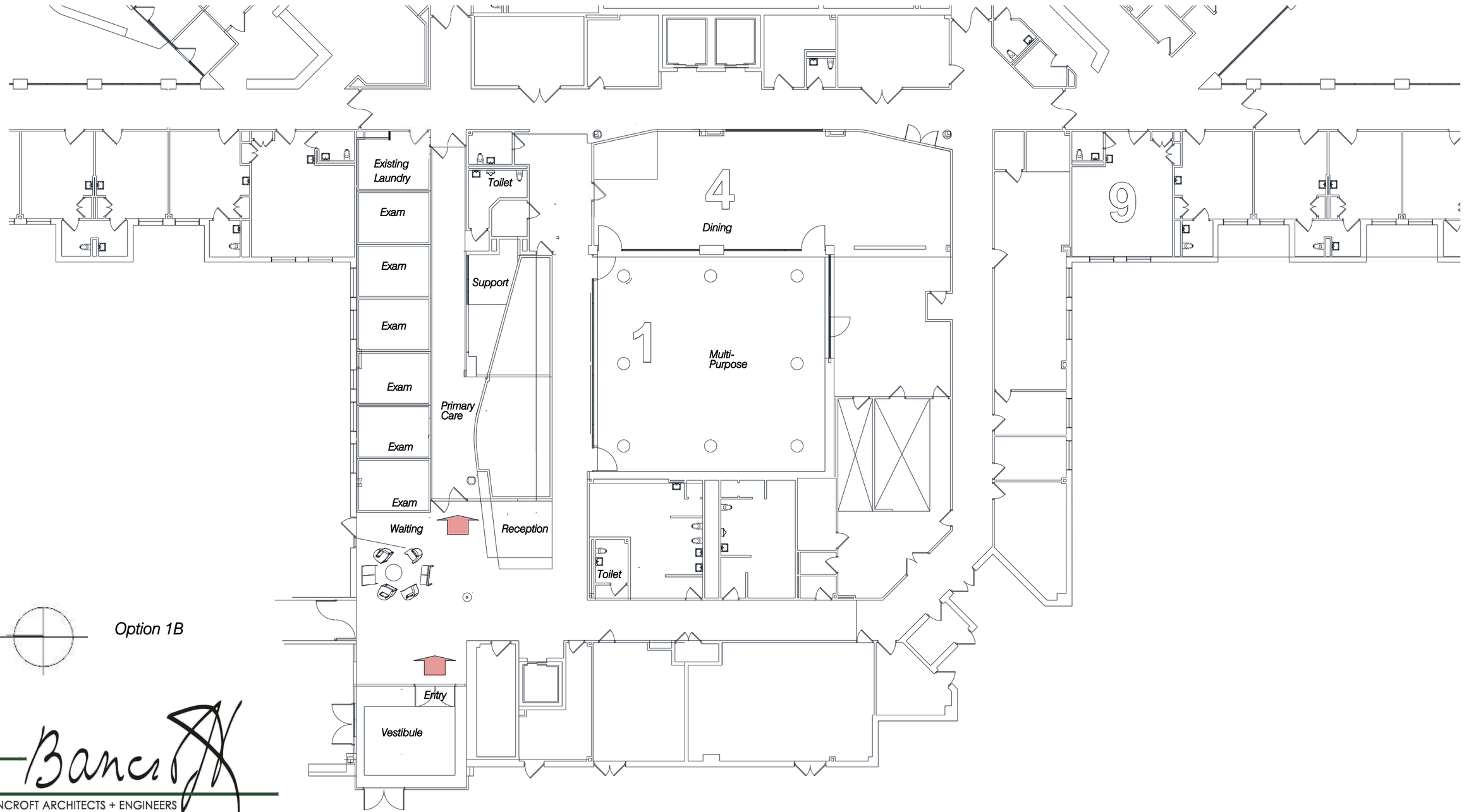
View From Dining

BANCROFT ARCHITECTS + ENGINEERS

2 Entrance, Geri Clinic, Easy Street

New Dining Room With Operable Glass Doors

REQUIREMENT 1,and 3 *Easy Street and Entrance Lobby & Vestibule*



Option 1B

BANCROFT ARCHITECTS + ENGINEERS

2 Entrance, Geri Clinic, Easy Street

Option 1B Waiting and Reception

REQUIREMENT 1,and 3

Easy Street and Entrance Lobby & Vestibule

Opportunity For Library Accessed From New East-West Corridor

BANCROFT ARCHITECTS + ENGINEERS

View From Library into Multi-Use Room

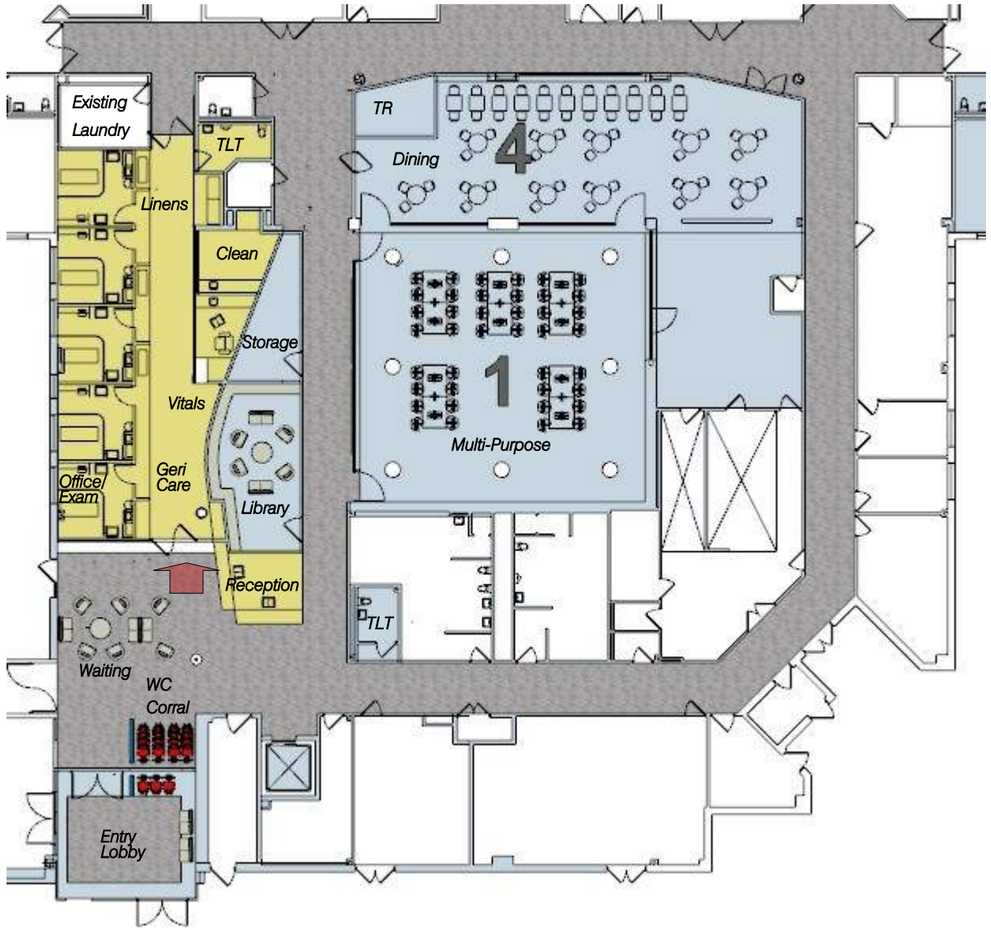
Geri Clinic Options

During the 10-20-23 User meeting onsite it was requested by the VA to look at two options for the Geri Clinic exam rooms.

Option 1 developed office/exam rooms based on what has been described as a Euro model of care, It provides 5 larger office/exam rooms with clinic support, including a patient toilet, clean room, vitals and small office. The 12' x 12' office/exam allow for equipment alcoves at entries.

Options 2 an 3 provide 6 exam rooms right-sized based on the VA,s PACT model. Option 3 provides direct access into the clinic from the reception desk.

In all three options an area for wheelchair storage is provided in the lobby separated by a low partition. Additional wheelchair storage and bench seating are shown in vestibule.

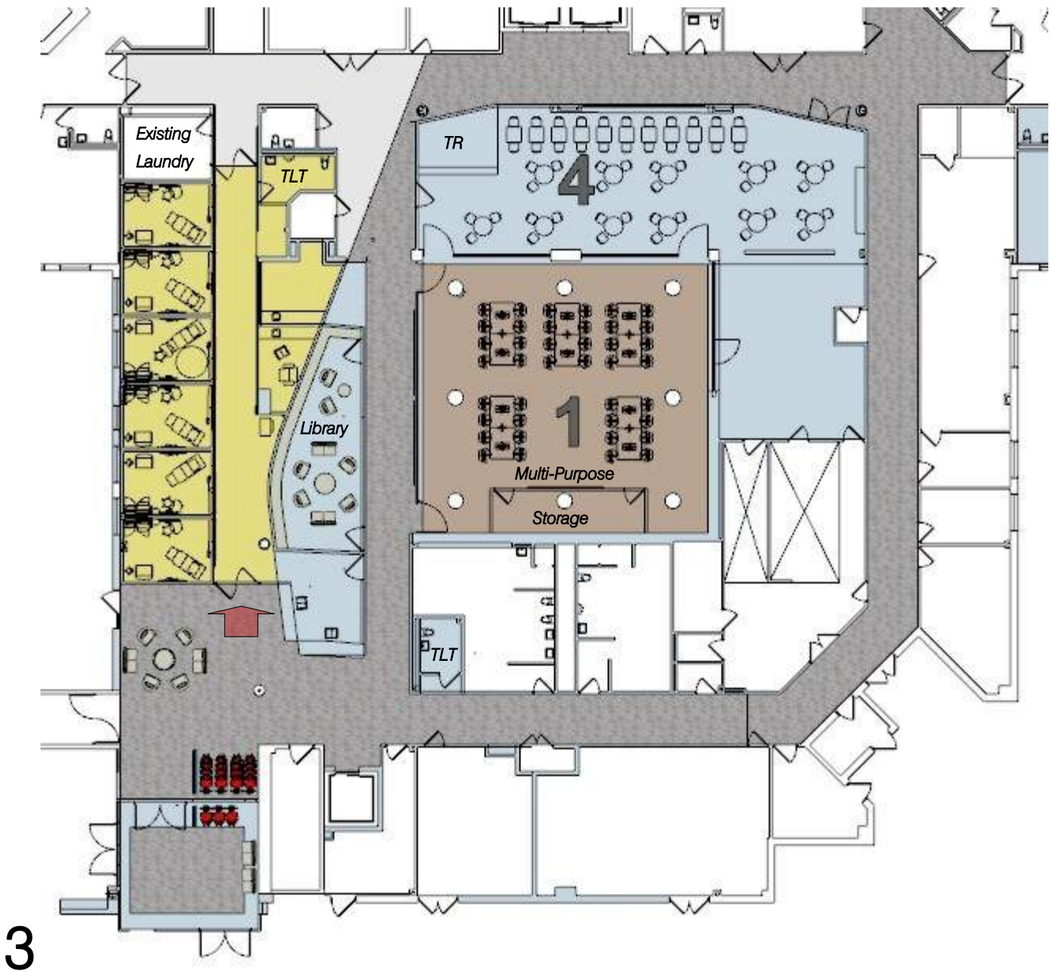


1

BANCROFT ARCHITECTS + ENGINEERS

Existing Laundry
TLT
TR
Dining
4
Linens
Clean
Storage
1
Vitals
Multi-Purpose
Geri Care
Exam
Library
Reception
TLT
Waiting
WC
Corral
Entry Lobby

2


Existing Laundry
TLT
TR
4
Library
1
Multi-Purpose
Storage
TLT

3

REQUIREMENT 1, 3 AND 4 REFINEMENTS

Per phone conference call with VA on 10-30-23 the following plan changes were made.

Dementia Unit

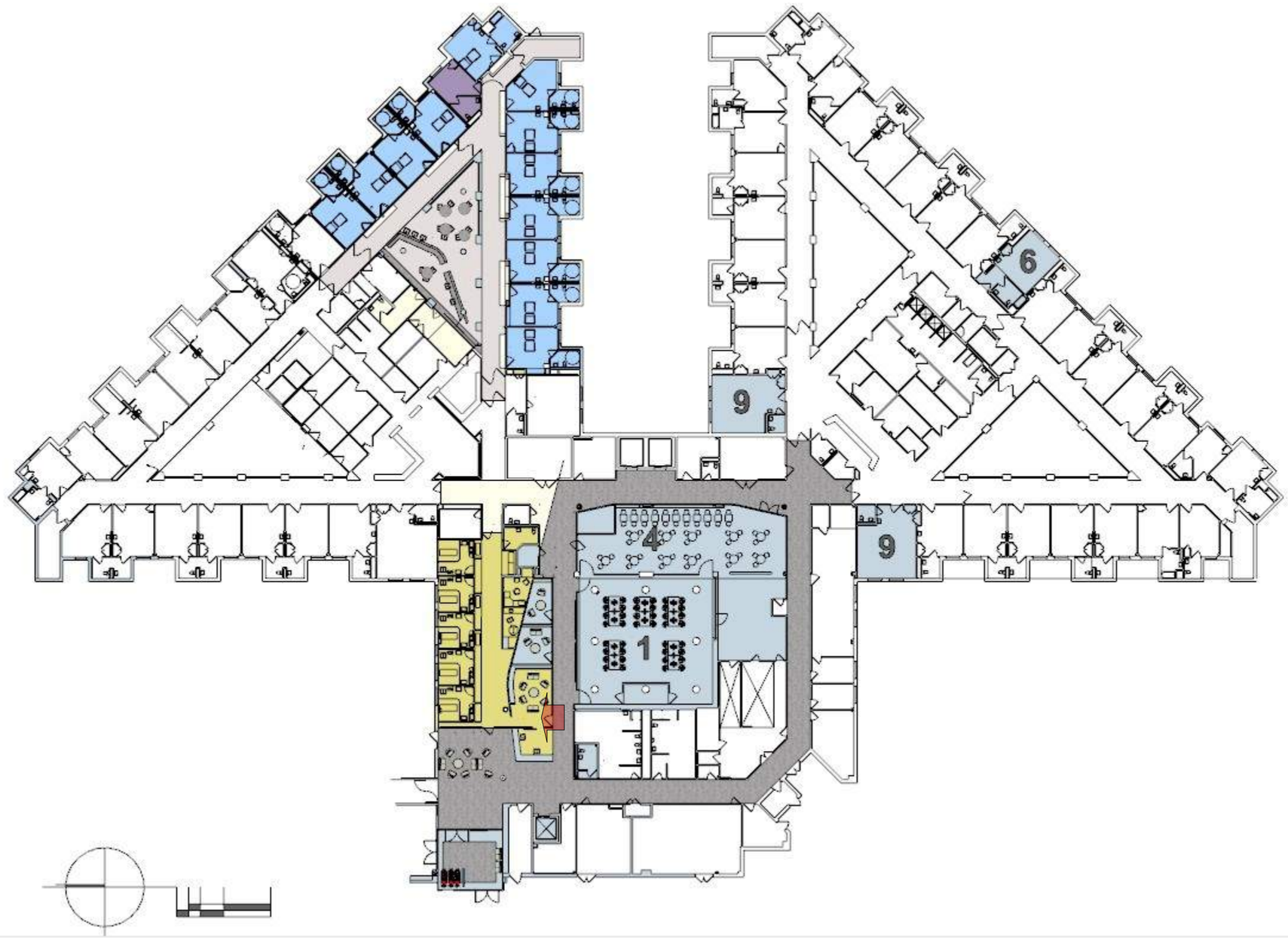
- Option 5 to include 12 resident rooms and still to be determined support spaces. BAE to review existing spaces behind staff station as possible Dementia Unit support. Potential support to include a staff toilet, storage, meds/nourishment. The former social work office to be an alternate activity space for residents.

Dining

- VA preferred all moveable seating in the dining rooms.

Geri Clinic

- VA prefers 5 larger office/exam rooms
- Provide a separate toilet room
- Add space for social worker, possibly use an office/exam room.
- Preferred access/waiting to the clinic from the new corridor to eliminate possible congestion at the front door. Look at combining waiting with library.
- Use adjacent rooms as smaller consultation/sitting rooms for families and residents.



BANCROFT ARCHITECTS + ENGINEERS

REQUIREMENT 1, 3 AND 4

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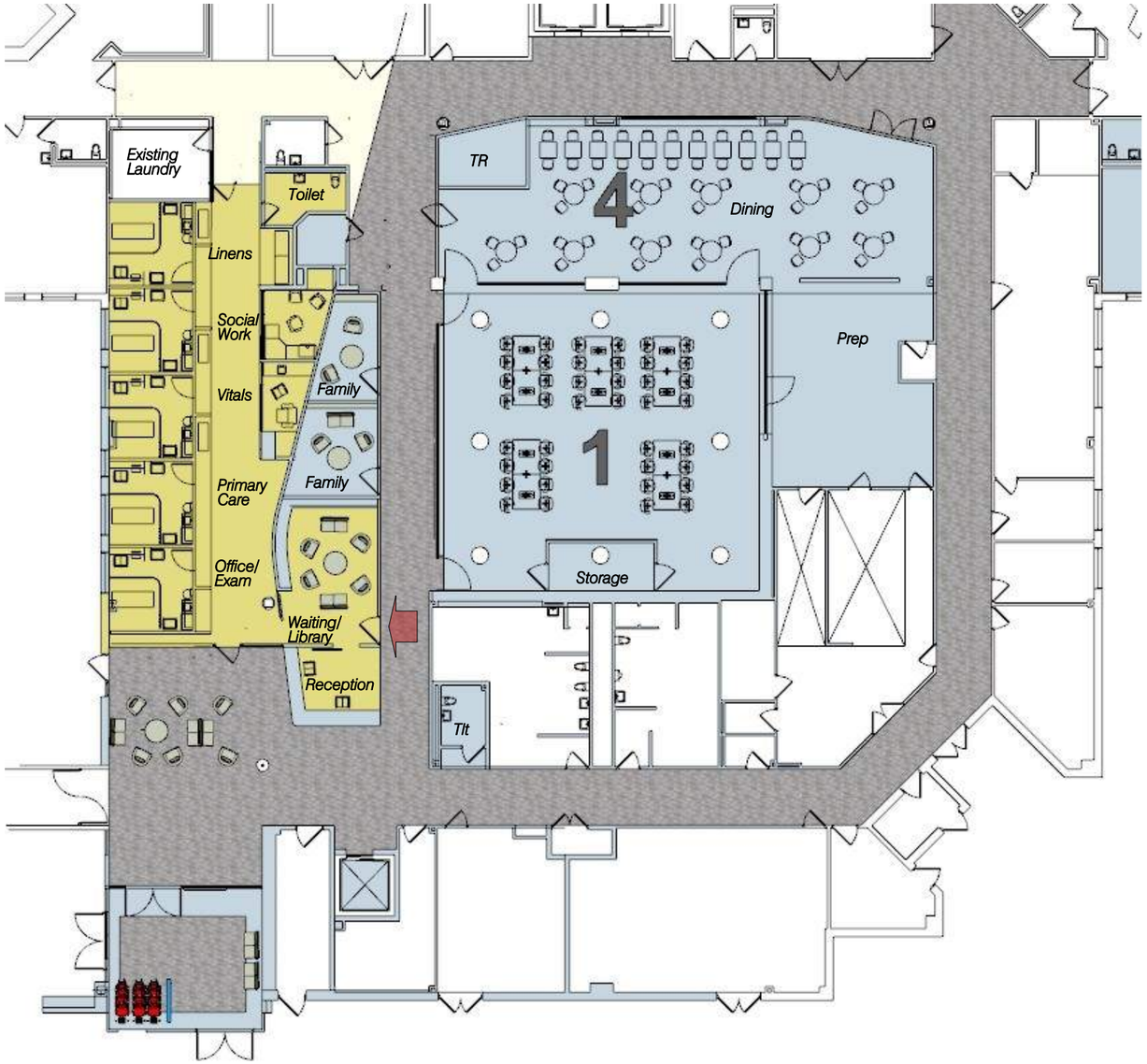
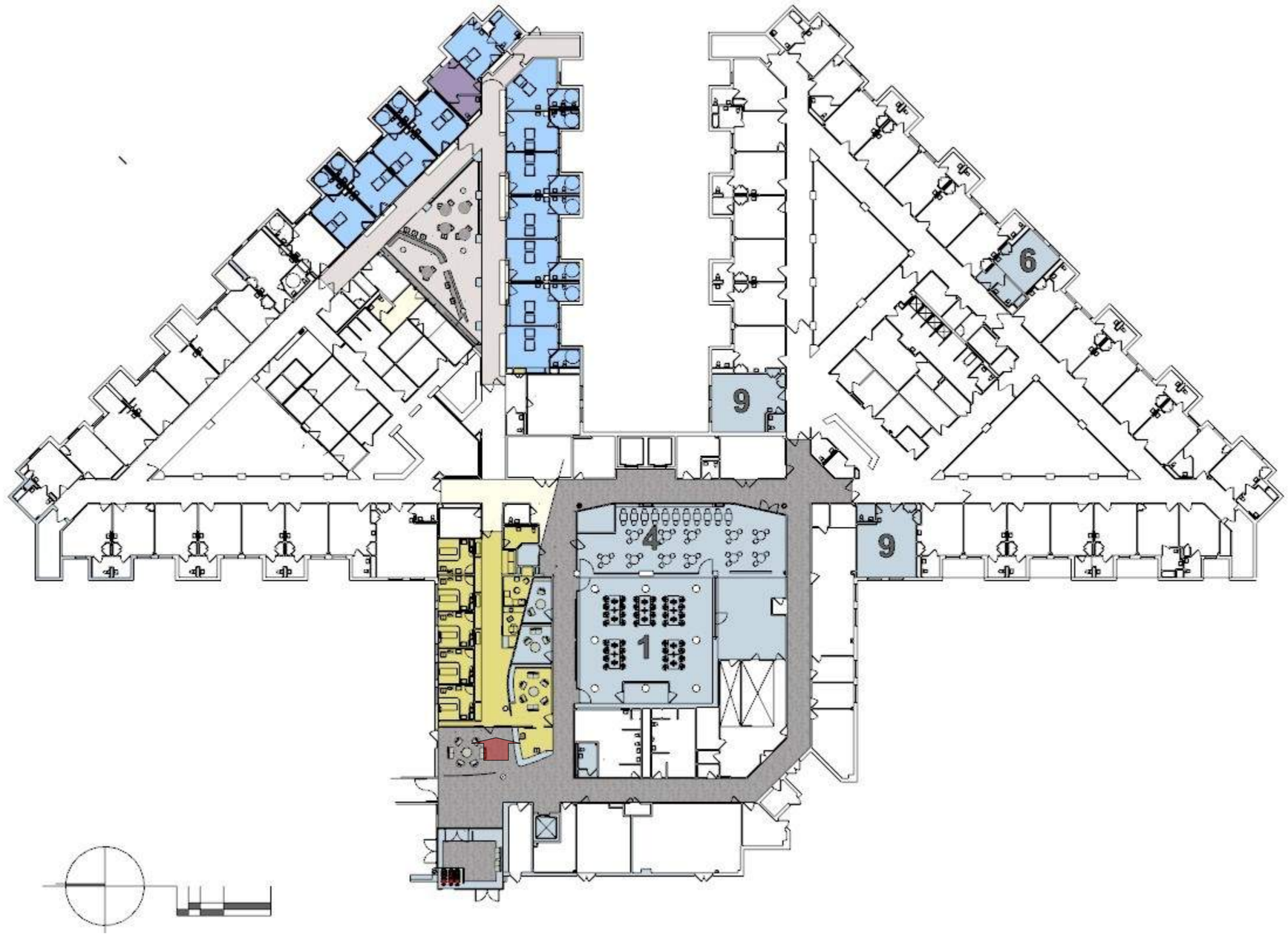


GERI CLINIC WAITING OPTION

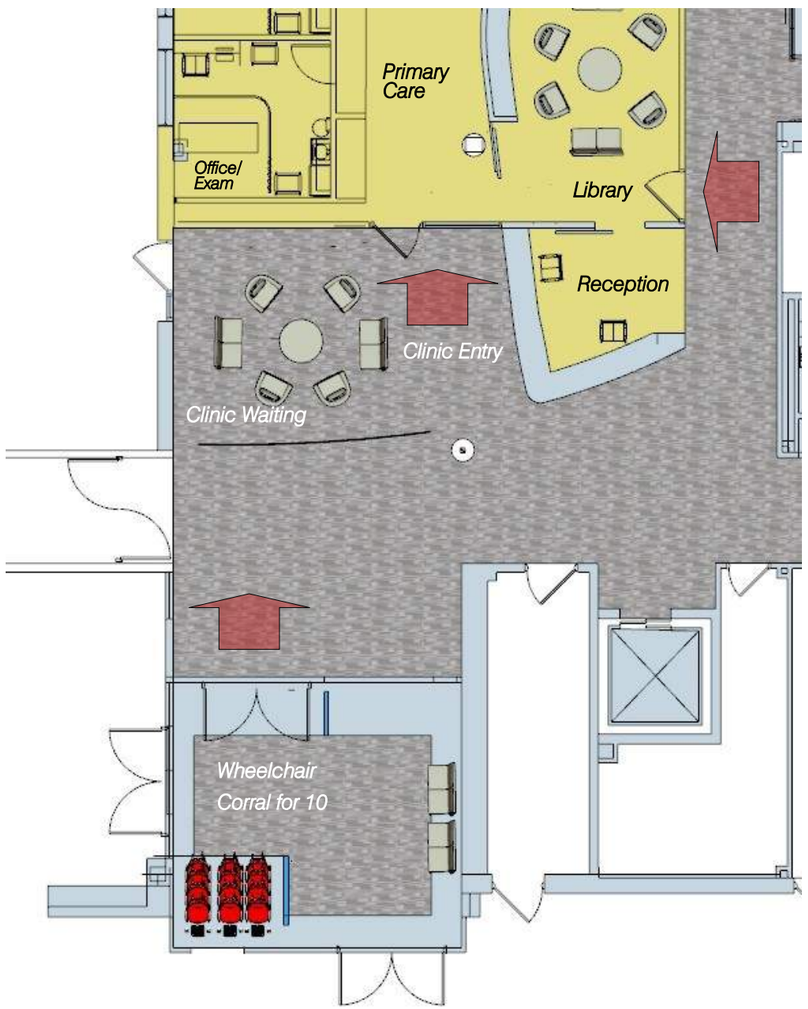
Geri Clinic

- A resin panel similar to 3Form or Lumicor is used to move clinic waiting to entry lobby and maintain the Library as a separate programmed space.



BANCROFT ARCHITECTS + ENGINEERS

REQUIREMENT 1, 3 AND 4



Privacy Screening for Clinic Waiting Allows Front Entry with Option for 10 Wheelchairs with Partial Walls for Screening

Top: Waiting with Screening and Bottom: Without Screening

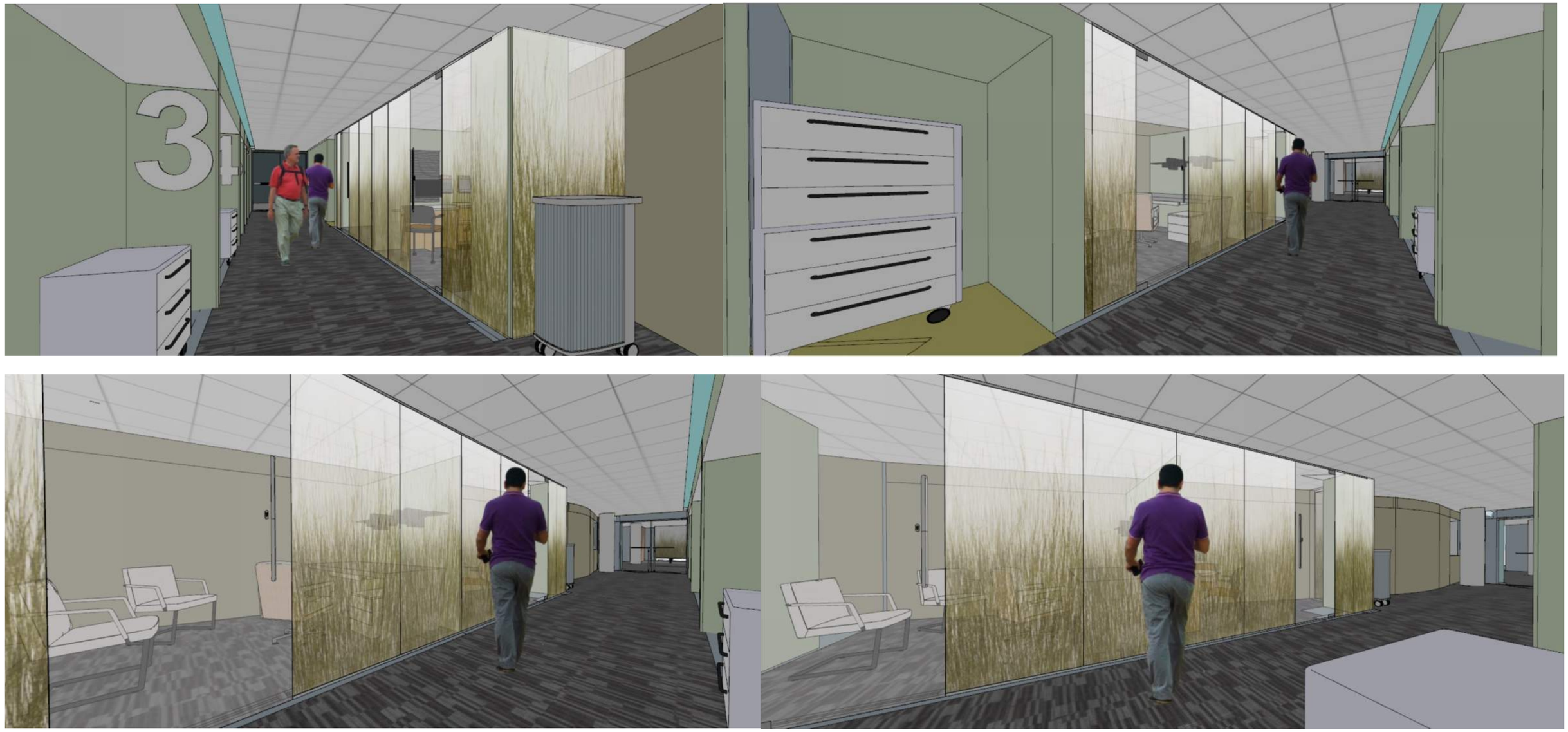
Geri Clinic Interior Space

Interaction Between Architecture and Human Experience

- Geri Clinic access flexibility
- Curvilinear as a wayfinding experience– inside/out
- Noninstitutional design approach
- Biophilic imagery from entry lobby continues to interior spaces.
- Minimum of support includes equipment alcoves, social worker office and vitals room

Entrance Views into Geri Clinic (Alcoves Provide Equipment/Linen Storage)

BANCROFT ARCHITECTS + ENGINEERS



Interior Views of Geri Clinic (Resin Biophilic Themed Panels Expand Interior Space and Provide Connection to Nature)

3

Interiors

- Program Guide for Finishes PG 18-14
- Dementia Supportive Interiors
- Next Steps

VA RECOMMENDED ROOM FINISHES PG 18-14

The following pages include recommendations for room finishes found in the VA TIL PG 18-14. and initial selections related to the Dementia Unit. They are shown primarily for start up conversation with the station and will be finalized in collaboration with the specific requirements of the users.

ADO	Automatic Door Operator
AF	Access Flooring
AT	Acoustical Ceiling (Tile)
AT (SP)	(SP) Acoustical Ceiling (with Sprayed Plastic Finish)
BIM	Building Information Model
C	Concrete
CBB	Concrete Backer Board
CMU	Concrete Masonry Units (Unit Masonry)
CP	Carpet (without Cushion Broadloom)
CPT	Carpet Tile
CT	Ceramic Tile
EFTR	Existing Finish to Remain
EPY	Epoxy Flooring
EX	Existing
EXP	Exposed
GL	Glass (Glazing)
GWB	Gypsum Wallboard Systems
HW	Hardware Set (Finish or Builder's Hardware)
LN	Linoleum
LVT	Luxury Vinyl Tile
MAT	Carpet Mat (Walk-Off Mat)
NO	Number
PC	Precast (Architectural Precast Concrete Pavers)
P	Paint (Exterior and Interior; Transparent, Semi-Transparent, and Opaque Finishes)
PRB	Profile Base
PT	Porcelain Tile (Floor and Base)
QT	Quarry Tile
RAF	Resilient Athletic Flooring
RB	Resilient Base (Rubber or vinyl with factory formed inside and outside corners)
RES*	Resinous Flooring
RES-W*	Resinous/Epoxy Wall/Ceiling
RF	Rubber Flooring
RRF	Raised Rubber Flooring
RSF	Resilient Sheet Flooring (Chemically Welded Seams)
RWC	Rigid Vinyl Wall Covering (Wall Protection - Roll or Sheet)
S	Solid Surface
SC	High Build Glazed Coating (Special Coating)
SD	Static Dissipative
SP	Special Faced
ST	Stone (Cast)
SVT	Solid Vinyl Floor Tile
TER	Terrazzo, Poured
TT	Terrazzo Tile (Plastic Matrix)
VT	Vinyl Tile (High Content Vinyl)
VWC	Vinyl Wall Covering
WD	Wood
WSF	Welded Seam Sheet Flooring (Heat Welded with Rod)
SS	Stainless Steel

* See Paragraph c. below for definitions and specification section references to be used for RES and RES-W

Chapter 244 Lobby

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
FA1: Lobby Area									
LOB01	Lobby	m:TER [21]	m:TT h:4"	m:GWB [5] f:P		m:AT	m:Steel t:40 da:ADO dg:T s:X	hw:6D	2351
RECP1	Information Desk	m:TER [21]	m:TT h:4"	m:GWB [5] f:P		m:AT m:GWB f:P	m:Wood t:1 s:S t:OPEN	hw:3E hw:N/A	2352
TLTM2	Toilet, Male	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:S	hw:2G [71] hw:4B [31]	2353
TLTF2	Toilet, Female	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:S	hw:2G [71] hw:4B [31]	2354
LOB04	Water Fountain Area	m:TER [21]	m:TT h:4"	m:CT m:S [51]		m:AT	t:OPEN	hw:N/A	2355
SRLW1	Storage, Wheelchair	m:TER [21]	m:TT h:4"	m:CT [7]		m:AT	t:OPEN	hw:N/A	2356
LOB03	Telephone, Public	m:TER [21]	m:TT h:4"	m:CT		m:AT	t:OPEN	hw:N/A	2357
OFA07	Workstation, Volunteer	m:CPT [6]	m:RB h:4"	m:GWB [64] f:P		m:AT	t:OPEN	hw:N/A	2358

8

BANCROFT ARCHITECTS + ENGINEERS

Chapter 206 Veterans Canteen Service

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
FA7: Food Court Support Area									
FSPW1	Pot Washing Area	m:RES	m:RES [7] h:4"	m:CT [7] f:P		m:AT f:SP	t:OPEN	hw:N/A	1674
SRHM1	Sanitation and Recycling Area	m:RES	m:RES [7] h:4"	m:CT [7]		m:AT f:SP	m:Wood t:1 dg:T s:V m:Steel t:2 dg:T s:V	hw:4M	1675
UTC01	Trash Holding Refrigerated Room	m:RES [63]	m:RES [7] h:4"	m:PRE-FAB [66]		m:PRE-FAB [66]	t:PRE-FAB [66]	hw:N/A	1676
UTR02	Waste Pulper System Room	m:RES	m:RES [7] h:4"	m:CT [7]		m:AT f:SP	m:Wood t:19 dg:T s:V m:Steel t:20 dg:T s:V	hw:4M	1677
JANC1	Housekeeping Aides Closet (HAC)	m:QT	m:QT [7] h:4"	m:GWB f:SC	m:CT [7] h:4'-0"	m:AT f:SP	m:Wood t:1 s:U	hw:5D	1678
FA8: Cafeteria Serving Area									
FSSL1	Serving Area	m:PT	m:PT [7] h:4"	m:GWB f:P		m:AT	m:Wood t:3 dg:T s:V	hw:4K	1679
FA9: Cafeteria Dining Area									
FSCD1	Dining Area	m:LVT	m:PRB [8]	m:GWB [5, 64] f:P		m:AT	m:Wood t:19 dg:T s:SS	hw:6E	1680

Chapter 265 Outpatient / PACT Clinic

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
FA1: Lobby / Reception Area									
LOB02	Vestibule	m:MAT	m:RB	m:GWB f:P		m:AT f:N/A m:GWB f:P			2942
SRLW1	Alcove, Wheelchair	m:LVT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:AT	t:OPEN	hw:N/A	2943
WRC04	Waiting, PACT 1	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [5] f:P		m:AT	m:Wood t:3 s:U	hw:4K	2944
WRC05	Waiting, PACT 2	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [5] f:P		m:AT	m:Wood t:3 s:U	hw:4K	2945
WRC06	Waiting, PACT 3	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [5] f:P		m:AT	m:Wood t:3 s:U	hw:4K	2946
WRF01	Waiting, PACT Family	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [5] f:P		m:AT	m:Wood t:3 s:U	hw:4K	2947
RECP3	Reception	m:CPT [6] m:LVT	m:PRB [8]	m:GWB f:P		m:AT	m:Wood t:1 s:S	hw:3E	2948
RECP5	Reception, Accessible	m:CPT [6] m:LVT	m:PRB [8]	m:GWB f:P		m:AT	m:Wood t:1 s:S	hw:3E	2949

VA RECOMMENDED ROOM FINISHES

Chapter 265 Outpatient / PACT Clinic

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
FA1: Lobby / Reception Area									
RECP4	Kiosk, Patient Check-in	m:CPT [6] m:LVT	m:PRB [8]	m:GWB f:P		m:AT	t:OPEN	hw:N/A	2950
NCWD4	Alcove, Volunteer	m:LVT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:AT	t:OPEN	hw:N/A	2951
CLSC2	Workstation, Patient Education	m:CPT [6]	m:RB h:4"	m:GWB f:P		m:AT	t:OPEN	hw:N/A	2952
TLTU1	Toilet, Public	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2G [71] hw:4B [31]	2953
TLTF3	Toilet, Family	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2G [71] hw:4B [31]	2954
TLTM2	Toilet, Male	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2H	2955
TLTF2	Toilet, Female	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2H	2956

Program Guide
Room Finishes, Door, & Hardware Schedule
PG 18-14 July 2016

Chapter 265 Outpatient / PACT Clinic

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
FA2: Patient Aligned Care Team (PACT) Clinic 1									
PEHW1	Alcove, Height / Weight Station	m:LVT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:AT	t:OPEN	hw:N/A	2957
PEHW2	Alcove, Height / Weight Accessible Station	m:LVT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:AT	m:Wood t:19 s:U	hw:3E	2958
OFDC2	Consult Room, Patient Aligned Care Team (PACT)	m:CPT [6]	m:PRB [8]	m:GWB [5, 64] f:P		m:AT	m:Wood t:19 dg:T s:U	hw:3G	2959
EXPA1	Exam Room, Patient Aligned Care Team (PACT)	m:LVT	m:RB h:4"	m:GWB [64] f:P		m:AT	m:Wood t:19 s:U	hw:1Q	2960
TLTU1	Toilet, PACT Patient	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2H	2961
EXW01	Exam Room, Women's Health	m:LVT	m:RB h:4"	m:GWB [64] f:P		m:AT	m:Wood t:19 s:U	hw:1Q	2962
TLTF1	Toilet, Women's Health Exam Room Patient	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2H	2963
TRPR1	Procedure Room, General	m:WSF	m:WSF h:4"	m:GWB f:SC		m:AT f:SP	m:Wood t:19 s:U	hw:1Q	2964
TLTB1	Toilet, General Procedure Room Patient	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2H	2965

Program Guide
Room Finishes, Door, & Hardware Schedule
PG 18-14 July 2016

Chapter 265 Outpatient / PACT Clinic

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
FA2: Patient Aligned Care Team (PACT) Clinic 1									
OFA07	Workstation, Administrative	m:CPT [6]	m:RB h:4"	m:GWB f:P		m:AT	t:OPEN	hw:N/A	2976
CRA01	Conference Room	m:CPT [6]	m:RB h:4"	m:GWB [42, 64] f:P		m:AT	m:Wood t:19 s:S	hw:4E	2977
UCCL1	Utility Room, Clean	m:WSF	m:WSF h:4"	m:GWB [54] f:SC	m:RWC h:4'-0"	m:AT f:SP	m:Wood t:11 dg:F ds:YES s:V	hw:SH-3C	2978
SRE01	Storage, Medical Equipment	m:VT	m:RB h:4"	m:GWB [54] f:SC	m:RWC h:4'-0"	m:AT	m:Wood t:11 s:V	hw:4F	2979
SL001	Lounge, Staff	m:SVT	m:RB h:4"	m:GWB f:P		m:AT	m:Wood t:1 s:S	hw:SH-4	2980
LR001	Locker, Staff Personal Property	m:PT	m:PT h:4"	m:GWB f:SC		m:AT	m:Wood t:1 s:S	hw:SH-4	2981
TLTU1	Toilet, Staff	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:AT	m:Wood t:19 s:U	hw:2G [71] hw:4B [31]	2982
FA3: Patient Aligned Care Team (PACT) Clinic 2									
PEHW1	Alcove, Height / Weight Station	m:LVT	m:RB h:4"	m:GWB f:P	m:RWC h:4'-0"	m:AT	t:OPEN	hw:N/A	2983
PEHW2	Alcove, Height / Weight Accessible Station	m:LVT	m:RB h:4"	m:GWB f:P	m:RWC h:4'-0"	m:AT	t:OPEN	hw:N/A	2984
OFDC2	Consult Room, Patient Aligned Care Team (PACT)	m:CPT [6]	m:PRB [8]	m:GWB [5, 64] f:P		m:AT	m:Wood t:19 dg:T s:U	hw:3G	2985

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Program Guide
Room Finishes, Door, & Hardware Schedule
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Chapter 106 Community Living Center (CLC) (Formerly Nursing Home Care Unit)

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
B. General Residential House: Resident Areas									
TLTU1	Toilet, Resident/Visitor	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:GWB f:P m:AT	m:Wood t:19 s:S	hw:R3A [71] hw:4B [31]	1277
NURL1	Laundry	m:WSF	m:WSF h:4"	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:X	hw:R2B	1278
C. Specialty Residential House: Resident Areas									
BRNP1	Bedroom, Resident	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:X	hw:R1 Note 1 pg 77	1279
BRNP2	Bedroom, Bariatric	m:CPT [6] m:LVT	m:PRB [8] h:4"	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:X	hw:R7A Note 1 pg 77	1280
TLTS2	Bathroom, Resident	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 44, 64] f:SC	m:PT [7] h:4'-0" m:CT [7] h:4'-0" m:S [7, 44]	m:GWB f:P m:AT	m:Wood t:1 s:X	hw:R3	1281
TLTS2	Bathroom, Bariatric	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 44, 64] f:SC	m:PT [7] h:4'-0" m:CT [7] h:4'-0" m:S [7, 44]	m:GWB f:P m:AT	m:Wood t:1 s:X	hw:R3	1282

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SECTION III – ROOM FINISHES, DOOR, AND HARDWARE SCHEDULE - 67

VA RECOMMENDED ROOM FINISHES

Chapter 106 Community Living Center (CLC) (Formerly Nursing Home Care Unit)

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
C. Specialty Residential House: Resident Areas									
LOB02	Vestibule	m:CPT [6] m:LVT	m:PRB [8]	m:GWB f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:X	hw:R2	1283
DAYR1	Living Room	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [5, 64] f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:SS	hw:R2B	1284
RAMR1	Quiet Room	m:CPT [6] m:LVT	m:PRB [8]	m:GWB [5, 64] f:P		m:GWB f:P m:AT	m:Wood t:19 dg:T s:V	hw:R2B	1285
FSCD1	Dining Room	m:LVT	m:PRB [8]	m:GWB f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:SS	hw:R7	1286
IPK01	Kitchen and Servery	m:PT	m:PT [7] h:4"	m:PT [7] m:CT [7]		m:GWB f:SC m:AT f:SP	m:Wood t:19 dg:T s:S	hw:R2C	1287
SRS01	Pantry	m:PT	m:PT [7] h:4"	m:GWB f:P		m:GWB f:SC m:AT f:SP	m:Wood t:1 s:S	hw:R2	1288
TLTU1	Toilet, Resident/Visitor	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:GWB f:P m:AT	m:Wood t:19 s:S	hw:R3A [71] hw:4B [31]	1289
NURL1	Laundry	m:VT	m:RB h:4"	m:GWB f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:X	hw:R2B	1290

Chapter 106 Community Living Center (CLC) (Formerly Nursing Home Care Unit)

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
E. Residential House (General, Specialty or Combined): Support Areas									
LCCL1	Storage, Clean Linen	m:WSF	m:WSF h:4"	m:GWB [54] f:SC	m:RWC h:4'-0"	m:GWB f:P m:AT f:SP	m:Wood t:11 dg:T s:SS	hw:SH-9A	1304
LCSL1	Storage, Soiled Carts	m:WSF	m:WSF h:4"	m:GWB [54] f:SC	m:RWC h:4'-0"	m:GWB f:P m:AT [9] f:SP	m:Wood t:1 dg:T s:V	hw:SH-3C	1305
SRE01	Storage, Equipment	m:VT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:GWB f:P m:AT	m:Wood t:11 dg:T s:V	hw:5B	1306
SRSE1	Storage, Medical Supplies	m:VT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:GWB f:P m:AT	m:Wood t:1 dg:T s:V	hw:SH-3D	1307
JANC1	Housekeeping Aides Closet (HAC)	m:QT	m:QT [7] h:4"	m:GWB f:SC	m:CT [7] h:4'-0"	m:GWB f:SC m:AT f:SP	m:Wood t:1 s:U	hw:5D	1308
F. Residential Neighborhood: Patient Areas									
DAYR1	Activity / Multipurpose	m:CPT m:SVT	m:RB h:4"	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:19 dg:T s:V	hw:1Q	1309
TLTS2	Bathing Suite	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:PT [7, 64] m:CT [7, 64]		m:GWB f:SC	m:Wood t:1 s:V	hw:4M	1310

BANCROFT ARCHITECTS + ENGINEERS

Chapter 106 Community Living Center (CLC) (Formerly Nursing Home Care Unit)

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
G. Residential Neighborhood: Support Areas									
NSTA1	Neighborhood Care (Nursing) Station	m:LVT	m:PRB [8]	m:GWB [42, 64] f:P		m:GWB f:P m:AT	t:OPEN	hw:N/A	1311
EXRG3	Exam Room	m:LVT	m:RB h:4"	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:19 s:X	hw:1L	1312
MEDP1	Medication Room	m:VT	m:RB h:4"	m:GWB f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:S	hw:SH-3D	1313
UCCL1	Utility Room, Clean	m:WSF	m:WSF h:4"	m:GWB [54] f:SC	m:RWC h:4'-0"	m:GWB f:P m:AT f:SP	m:Wood t:11 dg:F ds:YES s:V	hw:SH-3C	1314
USCL1	Utility Room, Soiled	m:WSF	m:WSF h:4"	m:GWB [54] f:SC	m:RWC h:4'-0"	m:GWB f:P m:AT [9] f:SP	m:Wood t:11 dg:F ds:YES s:V	hw:SH-3C	1315
JANC1	Housekeeping Aides Closet (HAC)	m:QT	m:QT [7] h:4"	m:GWB f:SC	m:CT [7] h:4'-0"	m:GWB f:P m:AT f:SP	m:Wood t:1 s:U	hw:5D	1316
SRLW1	Storage, Stretcher / Wheelchair	m:VT	m:RB h:4"	m:GWB [54] f:P	m:RWC h:4'-0"	m:GWB f:P m:AT	m:Wood t:11 dg:T s:X	hw:5B	1317

Chapter 106 Community Living Center (CLC) (Formerly Nursing Home Care Unit)

Rm Cde	Space Name	Floor	Base	Wall	Wain	Ceiling	Door	HW Nr	ID
H. Residential Neighborhood: Staff and Administrative Areas									
OFDC1	Office, Activities Coordinator	m:CPT [6]	m:RB h:4"	m:GWB f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:S	hw:3E	1318
OFD03	Office, Nurse Supervisor	m:CPT [6]	m:RB h:4"	m:GWB [64] f:P		m:GWB f:p m:AT	m:Wood t:1 dg:T s:S	hw:3E	1319
CRA01	Conference / Classroom	m:CPT [6] m:LVT	m:RB h:4"	m:GWB [42, 64] f:P		m:GWB f:p m:AT	m:Wood t:19 dg:T s:V	hw:4J	1320
TLTU1	Toilet, Staff	m:PT m:RES [74]	m:PT [7] h:4" m:RES [7] h:4"	m:GWB [7, 64] f:P	m:PT [7] h:4'-0" m:CT [7] h:4'-0"	m:GWB f:P	m:Wood t:1 s:S	hw:2 hw:4U	1321
I. Therapeutic Areas									
PTEA1	Physical Therapy	m:RF m:LVT	m:PRB [8]	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:19 dg:T s:SS	hw:10A	1322
OTDL1	Occupational Therapy	m:RF m:LVT	m:PRB [8]	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:19 dg:T s:SS	hw:10A	1323
OFD03	Office, Therapist	m:CPT [6]	m:RB h:4"	m:GWB [64] f:P		m:GWB f:P m:AT	m:Wood t:1 dg:T s:S	hw:3E	1324

Supportive Environments for Dementia Residents

Much has been written about designing environments for patients with Dementia and there is solid evidence that the built environment impacts the psycho-social-emotional well-being and probably physical health of individuals with dementia.

A white paper published by the Alzheimer's Foundation of America in 2014 really set the initial foundation for interior designers in creating environments specifically for patients with this neurological disorder and are highlighted below.

- Minimize over stimulation- Many patients with dementia are overwhelmed by large groups and large spaces and susceptible to confusion and distraction. Our design approach is to create smaller, more intimate group settings which minimize noise and visual stimulation.
- Introduce familiar settings. We discuss many times about creating more home-like settings. More comfortable and relaxed settings are preferred. Those which are non-institutional and void of medical looking equipment. Creating residential rooms is a key while giving patients a greater control over their personal space by allowing them personalized details family photos, a place to display their handiwork, a memory wall for instance.
- Introduce wayfinding as part of design, which can mitigate unnecessary stress, minimize the need for additional staffing to direct people and create a positive experience for patients. An intuitive floor parti with visual cues and landmarks help in wayfinding and help to reduce stress and anxiety while enabling patients to orient themselves in a safe environment. Distinctive cues, such as recognizable objects and artwork or a view to a specific outdoor feature, have been shown to be more effective than subtle changes, like an understated change in flooring color that could be overlooked.
- Research has shown family plays an important role in the heal process in all clinical settings and similarly for a patient with Dementia families can play an important supportive role. Patient rooms and public areas should be designed for both patients and their families, providing extra seating or destinations for a quiet walk. The kitchen the heart of a residential unit becomes an important hub for both patients and their families to prepare a meal or have a snack or just to enjoy one's company.

BAE has been involved in the design of MSE starting in 2020 when we partnered with Heroplex to collaborate with and design rooms that were flexible enough to be therapeutic, but flexible to accommodate a variety of alternate uses. Working through the Heroplex Foundation BAE designed rooms to accommodate diversionary therapies for both the VA in-patient and outpatient population.

BANCROFT ARCHITECTS + ENGINEERS

Multi-sensory environments (MSE), also known as Snoezelen® environments, are defined as behavioral environmental intervention to help people with cognitive and physical impairments reach sensory equilibrium. Typical elements within MSE include visual, auditory, tactile and olfactory stimuli, ergonomic vibro-acoustic furniture, bubble tubes, color-changing LED lighting solutions, music, fiber optics and aromatherapy.

The VA has implemented Multi-Sensory Environments (MSE) therapy for veterans with dementia since 2010 and the impact of MSE on aggression remains to be evaluated. In 2013, due to favorable initial results, the VA installed both fixed-room and mobile cart MSE applications in 53 VA community living centers (CLCs) across the US, including one in Lake City, Florida which received mobile MSE carts and waterproof MSE equipment for use during assisted bathing, showering, and/or tub bathing. Most acts of aggression/agitation for people with dementia occur during assisted bathing and there is a strong need for evidence-based research of non-pharmacological interventions to reduce problem behaviors, decrease healthcare provider burden and improve quality of life (QoL) for people with dementia. The overall goal of this study is to investigate the effectiveness of MSE in the reduction of agitation/aggression during assisted bathing, showering, and/or tub bathing for veterans with dementia.

Colors and Dementia: Yes, They Can Have an Impact!

Why do colors sometimes seem to make us feel happier or more depressed? Are colors really that powerful in their ability to alter our moods? In many ways, the answer is “yes”, in that different colors and hues are interpreted differently in our brains, some having a profound, yet subliminal impact in how we feel at any different moment.
For years researchers have been studying the effect of different colors on the brain and human behavior. A study by Margaret Calkins, published in the Journal of Dementia Care, takes a look at the impact of colors on individuals living with dementia. While Calkins acknowledges that there may be certain personal and cultural variances between color interpretation, here are some of her observations:

Blue:
- Has a restful, calming effect.
- Often used in rooms where quiet is encouraged, such as bedrooms.
- Blues of a cooler hue can make a room appear larger.

Green:
- Evokes a sense of life and growth.
- Has the ability to lower activity of the central nervous system, creating a sense of calmness.
- As with blue, cooler greens can make a room appear larger.

Red:
- Stimulates brain activity and, in some cases, can release an increased amount of adrenalin into the bloodstream.
- Often recommended for use in areas where there is more activity, along with common areas.
- Red can increase the perception of higher temperature in the room.

Orange:
- Shares many of the same properties of red.
- As an earth-based color, however, it can produce an increased association with nature.

Taking into consideration the special needs of dementia (memory care) facilities. The attached color palette is designed tohelp aging eyes “see” better. With a balance of wsrm and cool tones, these saturated colors can highlight the location as destinations or lead one along a “wander path”

Colors often look muted as the eyes ages. Using more varied, brighter colors help residents to distinguish between spaces allowing them to better navigate their environment.

ENVIRONMENTAL SPACE LESSONS LEARNED for DEMENTIA RESIDENT

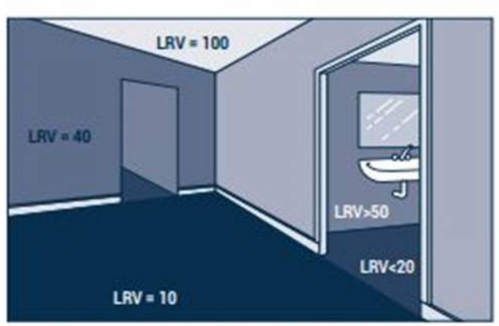
Creating Spaces With Them in Mind

Creating comfortable spaces that are familiar and feel like home is important for everyone. Avoiding busy designs and decorative motifs is important. Recognizable designs with understated patterns or textures is key and ensures that residents will be comfortable and may even stimulate their memory overtime.

- Subtle grain without knots
  - Tarkett dementia friendly floors
- Medium size bevel type
  - This gives easy identification of the floor to wood
- Matt finish
  - Focus on avoiding glare and the shiny effect. This could be assimilated to a slippery floor

Our Focus: Light Reflectance Value (LRV)

- Light reflectance value is a measure of the light reflected from a surface illuminated by a light source. The LRV scale runs from 0, the darkest or least reflective, to 100, the brightest or most reflective.
- High contrast between the floor and walls and between furniture and the floor heightens visual perception. Aim for an LRV differential of >30 points. Or an overall value between 10 and 40.
- Low contrast creates a smooth transition from bedroom to wetroom and from bedroom to corridor. An LRV differential of <10 points should be our goal here.



BANCROFT ARCHITECTS + ENGINEERS

Our Focus: Light Reflectance Value (LRV)

- High contrast makes furniture easier to see and can even be used to create pathways, isolate potential hazard and even highlight the layout of a space.
- Low contrast can encourage movement from one space to another, but it can also help conceal things, such as a door that is off limits to residents.

Our Focus: Visual Perception

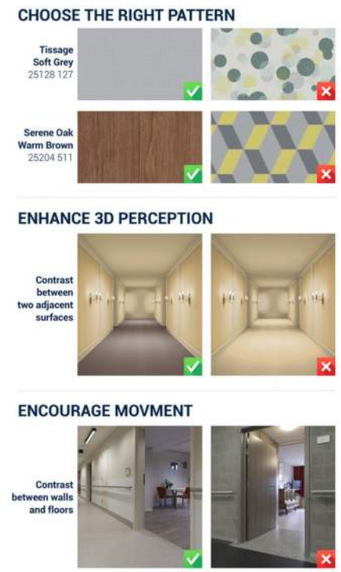
- As we age our visual perception begins to alter. Bright colors begin to appear less vivid; reds can appear to be pink and certain tones of blue and green can be more difficult to interpret.

- Color contrast is key to providing visual clues for doors, handles, controls and furniture. Focusing on these things allows the residents to navigate spaces freely and make sense of their surroundings on their own.
- Another focus is to maximize lighting. Older eyes need two to three times more light than younger ones. Variations in light cause sight problems. Therefore, uniform lighting is recommended, along with avoidance of shadow and dark areas, which can be unsettling to people with dementia.

SPACE	LIGHTING INTENSITY (LUX)
Corridors	300
Activity spaces	350
Bedrooms Reading area	350
Bedrooms Ambient	250
Bathrooms	250

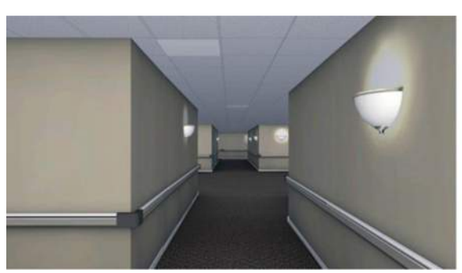
Key Takeaways

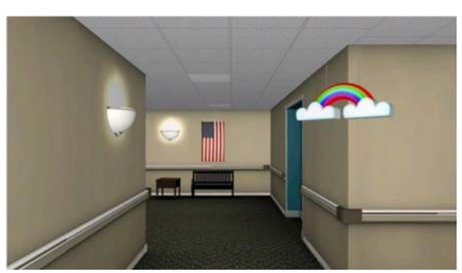
- Plain patterns/subtle patterns
  - Wood designs with a subtle grain
  - Avoid busy
- Enhance 3D perception
  - Mix different colors to create dementia friendly combinations
- Use light reflectance to our advantage by creating pathways or isolate potential risks
  - Avoid creating visual barriers as shown in the second image



Salient Cues

- Salient cues grab users' attention and creates objects that stand out from the existing environment
  - Large illuminated statue
  - Bright red Cardinal suspended from the ceiling
- Salient cues allow residents to create more independence, have less anxiety and give them a sense of environmental knowing and confidence in their environment
- Cues are most important at major decision points (turning a corner, going into a room etc.)
- High environmental press creates low environmental competency. We want to make that burden as small as possible.
  - Door color
  - Structural features
  - Location
  - Texture
- Memory boxes





Things to Consider

- Darker floors in areas we want residents to avoid
- How do we create a continuous path? Try to avoid the dead-end corridor
- Restroom use in private rooms
  - "Out of sight, out of mind."
- Square tables in community and private spaces (not round or rectangular)
- Allow adjustable lighting in most areas

ENVIRONMENTAL SPACE LESSONS LEARNED for DEMENTIA RESIDENT

Based on BAE's research we have compiled two options with examples of color palettes flooring and objects that bring comfort and relief to those with Dementia. The color palettes and flooring types are based off the Light Reflectance Value (LRV) which is the measure of light reflected from a surface illuminated by a light source. Each finish is in a similar LRV value and allows for contrast to be created between the finishes selected. As we age our eyes cannot see contrast and light the same way young eyes can, along with reduced peripheral vision, and loss of sensitivity to color. In addition, those with dementia in particular have difficulties seeing in 3D, perceiving dimension in single colored object and have a hard time recognizing patterns and gloss surfaces. Therefore, it is key that we focus on creating depth and using high and low contrast items to our advantage. With BAE's approach to color, we want to bring in nature and biophilic items to make residents feel safe and comfortable.

Option one is based off warmer tones, like being in the woods or on a hike, option two is a cooler approach like sitting on the beach. Option one possesses greens, creams and blue tones allowing for more natural items to come into play. Adding Lumicore panels like grass or cat tails further gives the sensation of being in nature. We take a similar approach with option two but instead thinking about sandy beaches and blue water. Lumicore panels of sea grass and fossil appearing leaves can give the impression of your toes in the sand. Both options have corresponding solid surface options that take our selection a step further. With both options the wood LVT would go through patient rooms and corridors. The accent flooring would be in the center gathering space, and the middle option is in patient bathrooms and wet rooms. Wall colors are interchangeable and can be used anywhere, as well as the solid surface options being interchangeable throughout the space.

Our findings brought on a variety of options to make patients feel as comfortable and welcomed as possible. Some of the options include important wayfinding options, the use of adjustable lighting options and dimming capabilities and certain furniture options. Wayfinding objects such as pictures, statues or even something hanging from the ceiling is imperative in decision making areas, whether it be at a turn or to enter a room. This can help them remember and make connections on what to do in these spaces

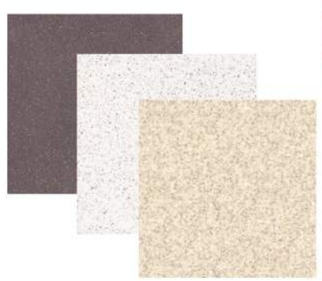
BANCROFT ARCHITECTS + ENGINEERS

ENVIRONMENTAL COLOR PALETTES for DEMENTIA RESIDENT

FLOORING FINISHES

WALL FINISHES

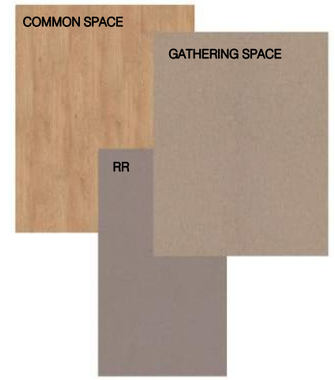
SOLID SURFACE



LUMICORE PANELS

Option 1

FLOOR FINISHES



WALL FINISHES

SOLID SURFACE

LUMICORE PANELS

Option 2

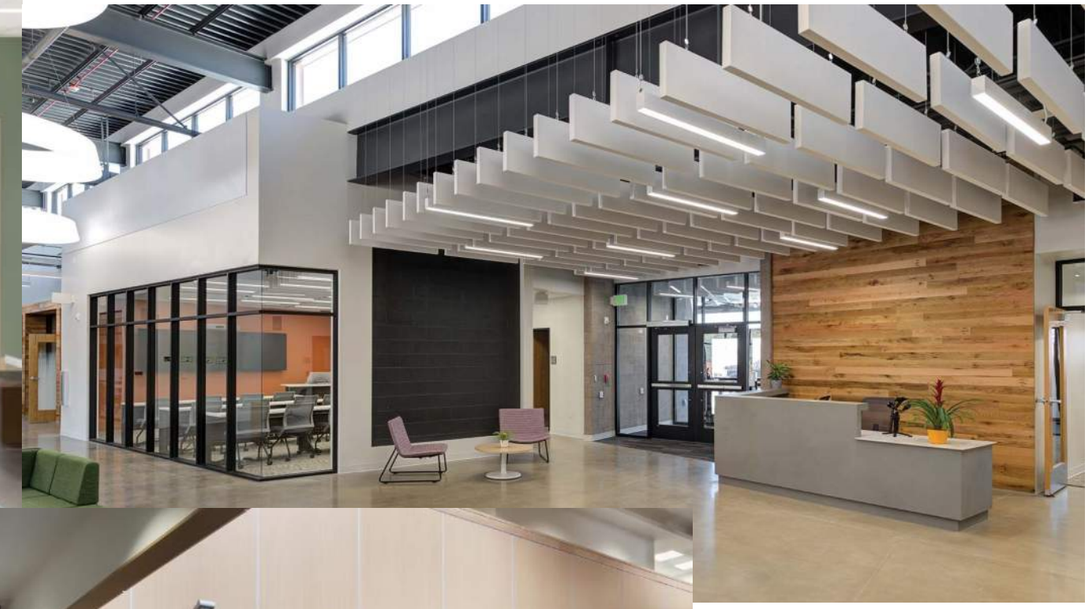
NEXT STEPS

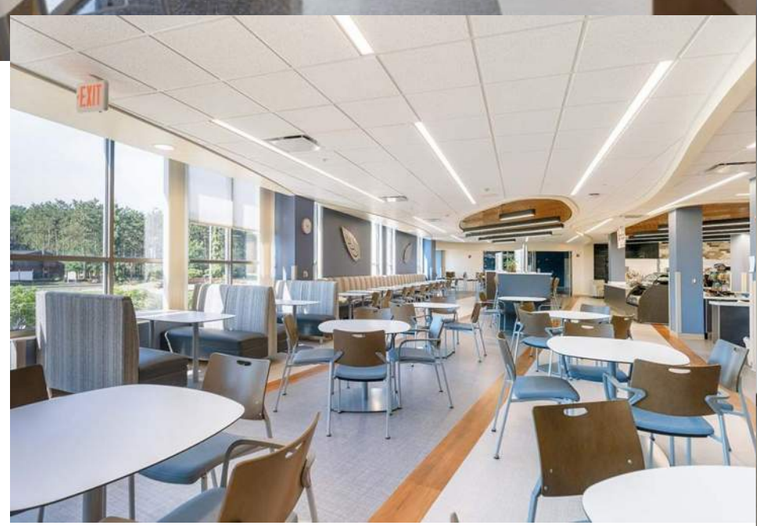
The Schematic Design 30% package includes both Basis Of Design (BOD) and Drawing set containing options for Hines Renovation of Building 217 CLC scope Requirements. The majority of options have been reviewed with the station, primarily those found within the BOD. The drawing set provides clarity to those options and together provide the basis for the Opinion of Probable Construction Cost (OPCC).

Many of the Requirements such as the Front Entry and Dementia Unit have several architectural options or variations to be reviewed and finalized, while several such as Dining, Easy Street and Specialized Resident Rooms (Bariatric and High-Risk Falls) are more limited to options in the selections of furniture, lighting, materials and finishes. These will be explored in more detail with the users moving beyond Schematic Design and finalized for the Design Documents 60% deliverable package..

Referential Images

BANCROFT ARCHITECTS + ENGINEERS




EXIT

COMPLIANT FLOORING FOR HIGH-RISK FALL RESIDENTS

Falls are the leading cause of injury-related hospitalization among seniors and are responsible for annual direct costs of $34 billion in the USA. Hip fracture and traumatic brain injury (TBI) are the most serious fall-related injuries and are associated with lasting and devastating consequences, including loss of independence, reduced quality of life and premature mortality

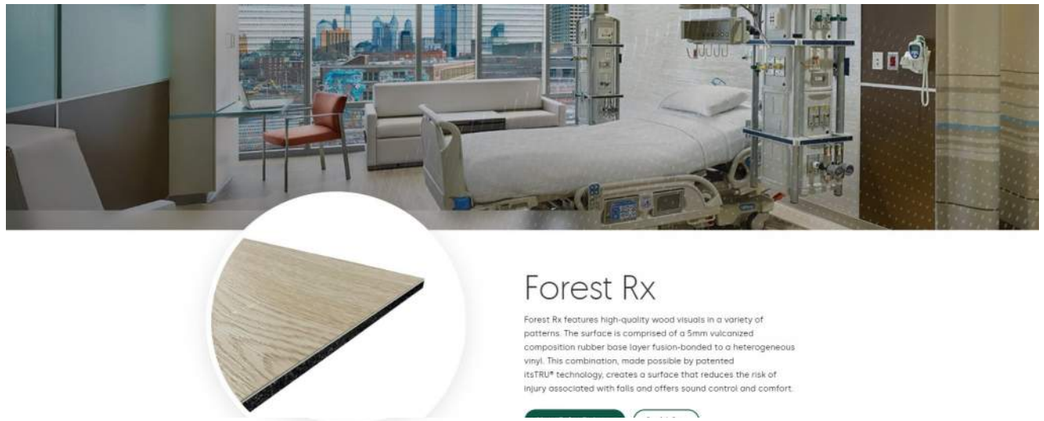
Compliant flooring, broadly defined as flooring systems or floor coverings with some level of shock absorbency, is a passive intervention approach designed to reduce the stiffness of the ground in order to attenuate the impact forces applied to the body in the event of a fall. It has the potential to reduce the incidence and severity of all fall-related injuries. If effective, compliant flooring should be most beneficial in high-risk environments such as long-term care (LTC), where fall and injury rates are up to three times higher than in older adults living in the community.

A significant number of previous studies indicate that compliant flooring systems, broadly known as shock-absorbent flooring, might be a cost-effective strategy for reducing injuries caused by patient falls. These flooring systems include shock-absorbing flooring, safety flooring, dual stiffness flooring, acoustic flooring, carpet, and rubber flooring. Before installing a compliant flooring system, the potential physical demands placed on healthcare workers should be carefully considered.

Many manufactures in the market place including Forbo and Tarkett have developed flooring product designed specifically in creating safe, comfortable environments for residents and staff in long term care settings. These will be explored in greater detail with staff and end users as the design is refined.

On a recently completed Community Living Center project with similar requirements for high-risk fall patients the staff selected an ECO Surface product, a sheet good with a wood look appearance having a vinyl surface layer and a composition rubber base layer. A Post Occupancy Evaluation of the product is still pending.

Referential Product Images



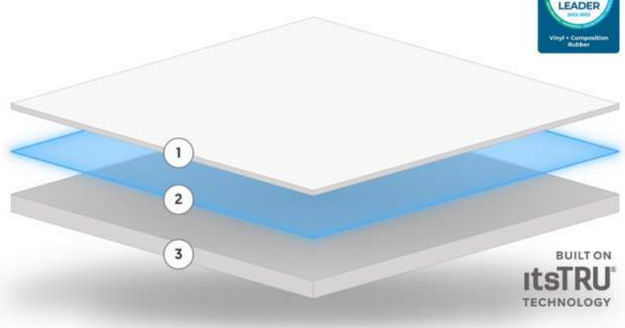
Forest Rx

Forest Rx features high-quality wood visuals in a variety of patterns. The surface is comprised of a 5mm vulcanized composition rubber base layer fusion-bonded to a heterogeneous vinyl. This combination, made possible by patented itsTRU® technology, creates a surface that reduces the risk of injury associated with falls and offers sound control and comfort.

Product Specs

1. **Surface Layer**
   2mm Heterogeneous Vinyl surface layer
2. **itsTRU Fusion Bond**
   Proprietary itsTRU® technology fusion-bonds the two layers
3. **Base Layer**
   5mm Vulcanized Composition Rubber base layer

Roll
7mm (0.28") x 72" (1.83m)x 30 LF (9.14m)



DEMENTIA UNIT

BANCROFT ARCHITECTS + ENGINEERS

Prairie Grass

Natural

This unique combination of color and texture reflects the versatility of nature. Ideal for meeting rooms, interior windows, wall treatments, or any application.

All natural décors are produced using a hand applied technique. Layout and coverage will vary slightly from sheet to sheet due to the artisan nature of the manufacturing process. Some products use natural materials that can change color over time and will vary in size, shape, color and texture within a single sheet. Colors may vary with harvest season.

Add Sample to Cart

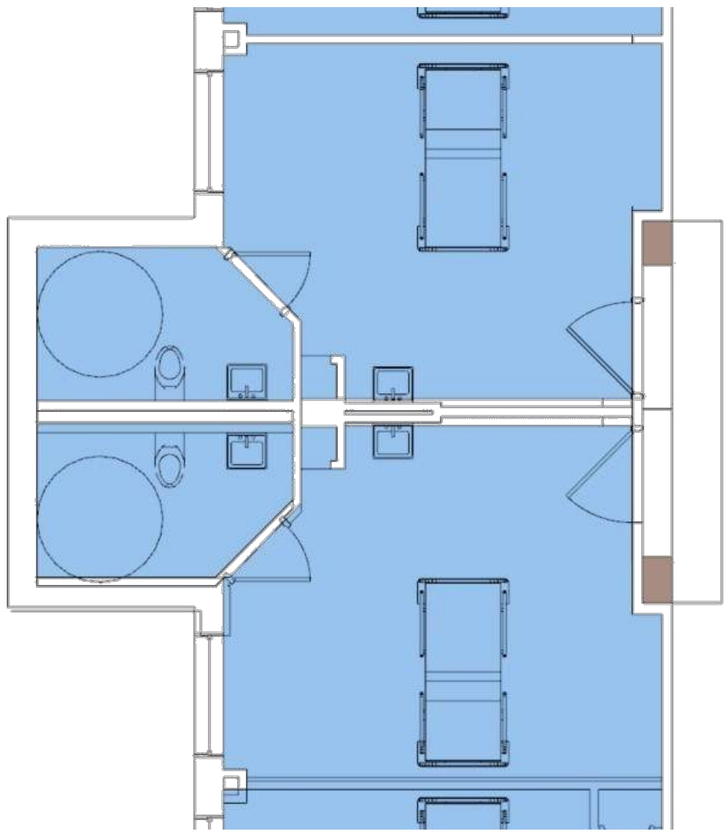
Request More Info

Sample is a 3.5 Inch x 3.5 Inch resin square with default finishes

DEMENTIA UNIT

BANCROFT ARCHITECTS + ENGINEERS

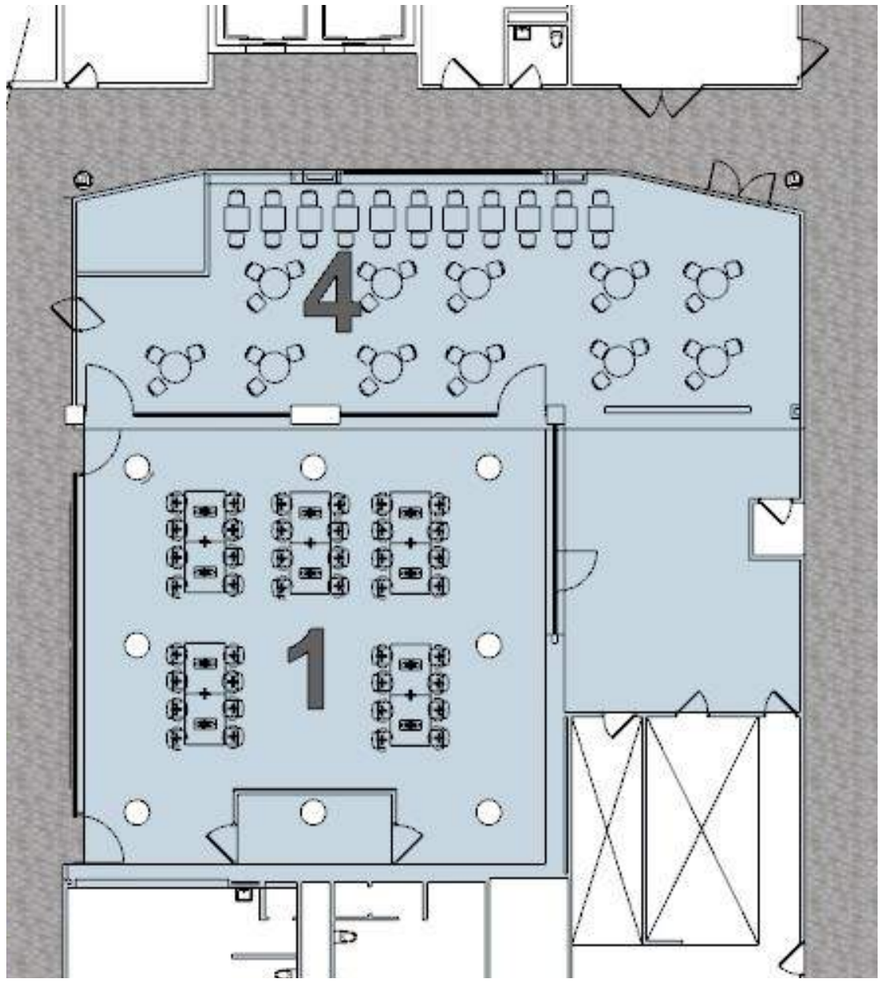
RESIDENT ROOM

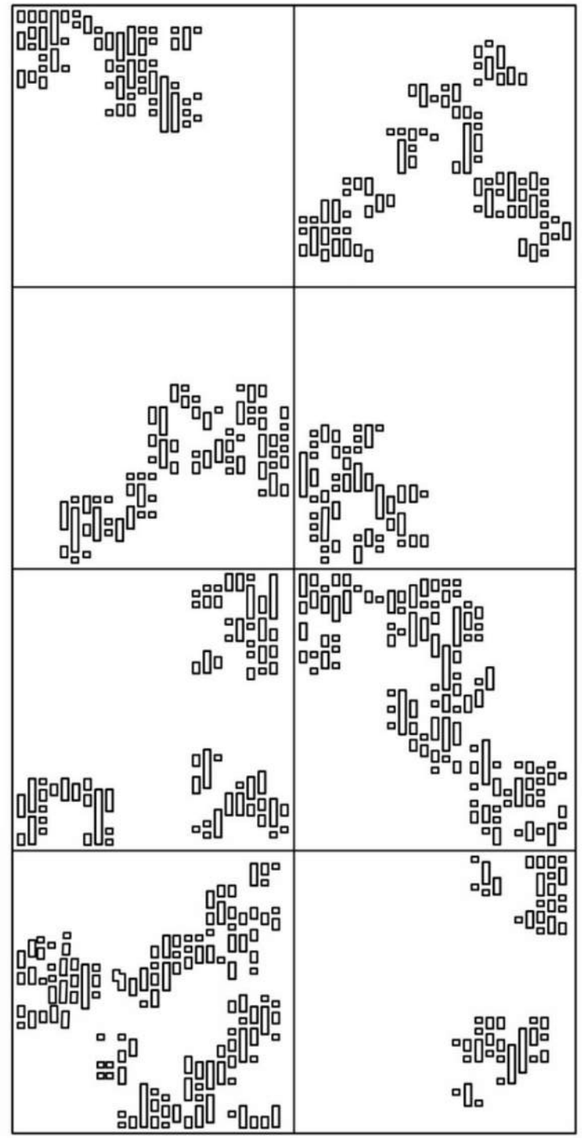


BANCROFT ARCHITECTS + ENGINEERS

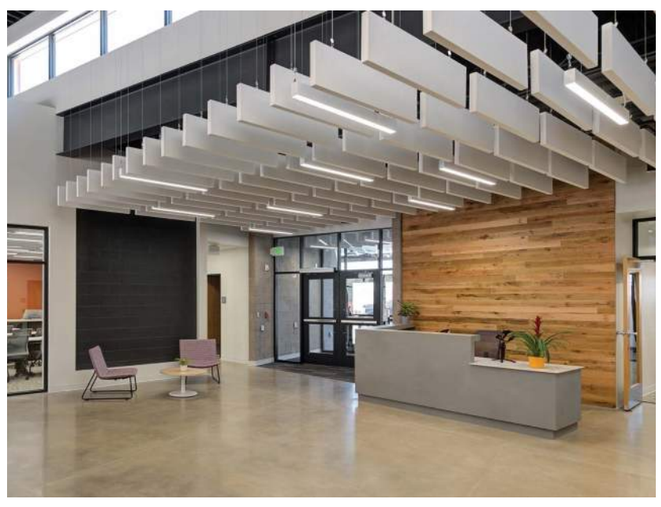
Exit to Main Eleva

EASY STREET

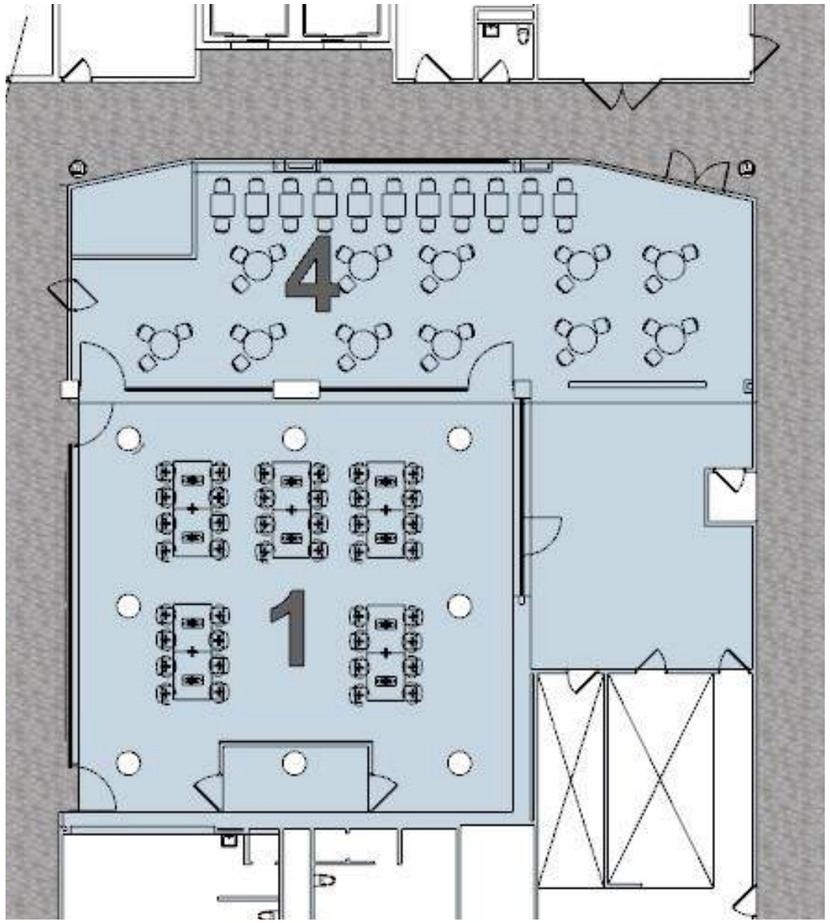




BANCROFT ARCHITECTS + ENGINEERS

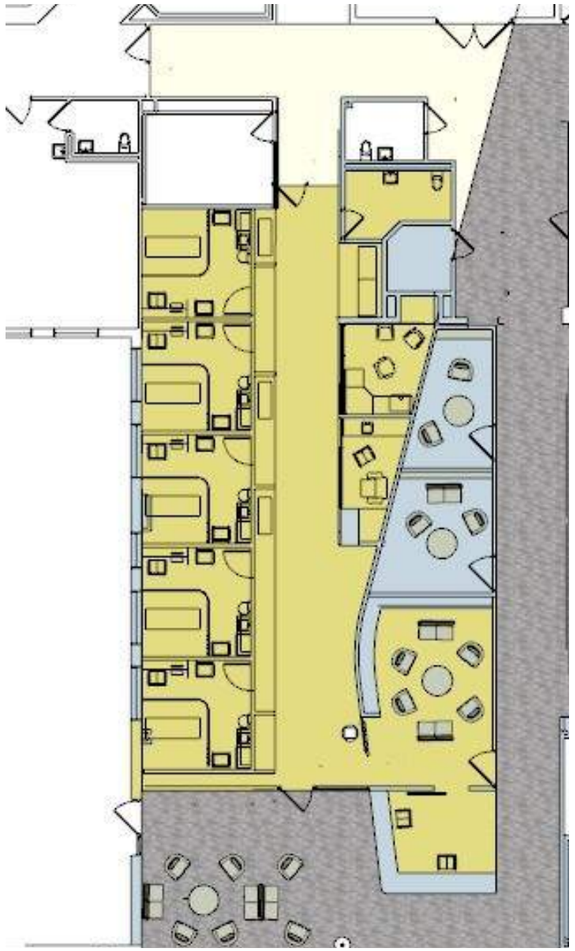


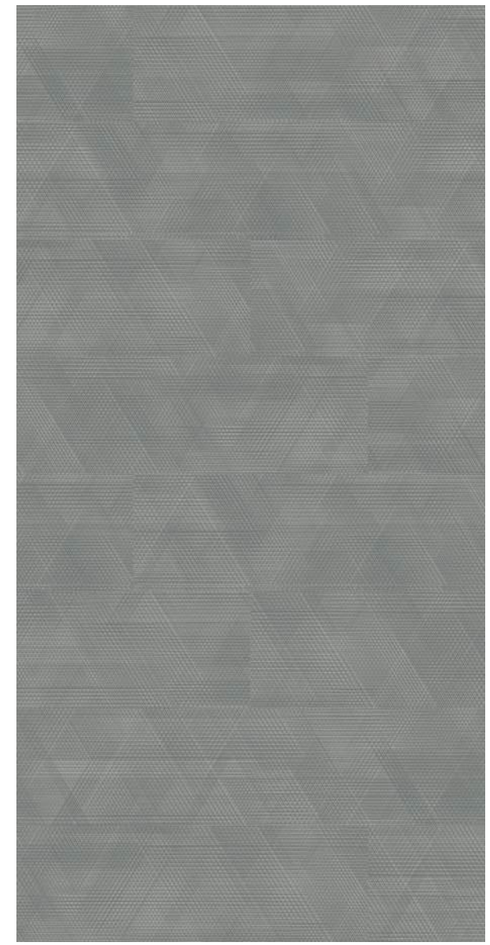
DINING



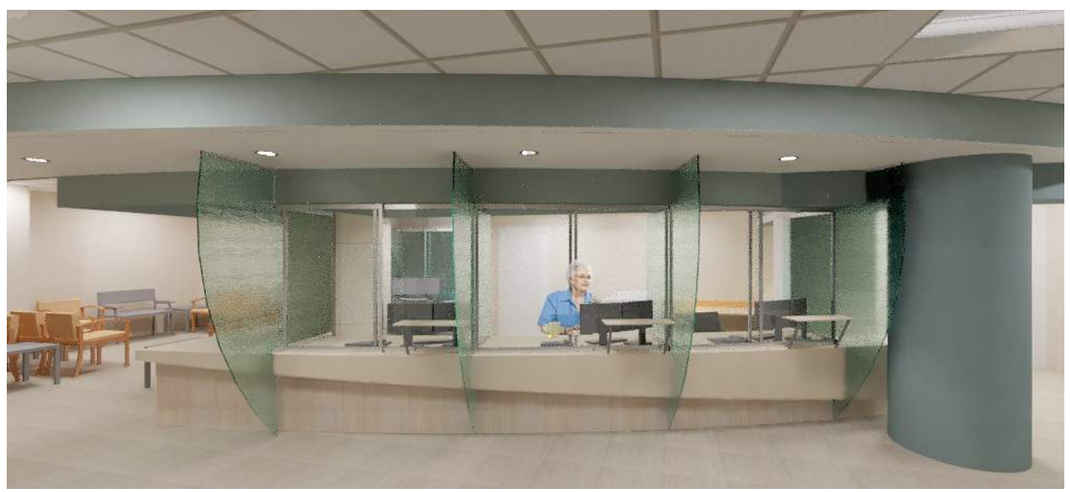
BANCROFT ARCHITECTS + ENGINEERS

CLINIC





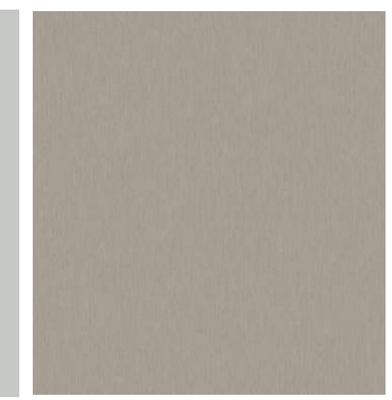
BANCROFT ARCHITECTS + ENGINEERS



LUXURY VINYL TILE (LVT-2)

INTERFACE / CRITERION CLASSIC WOODGRAINS

CE-

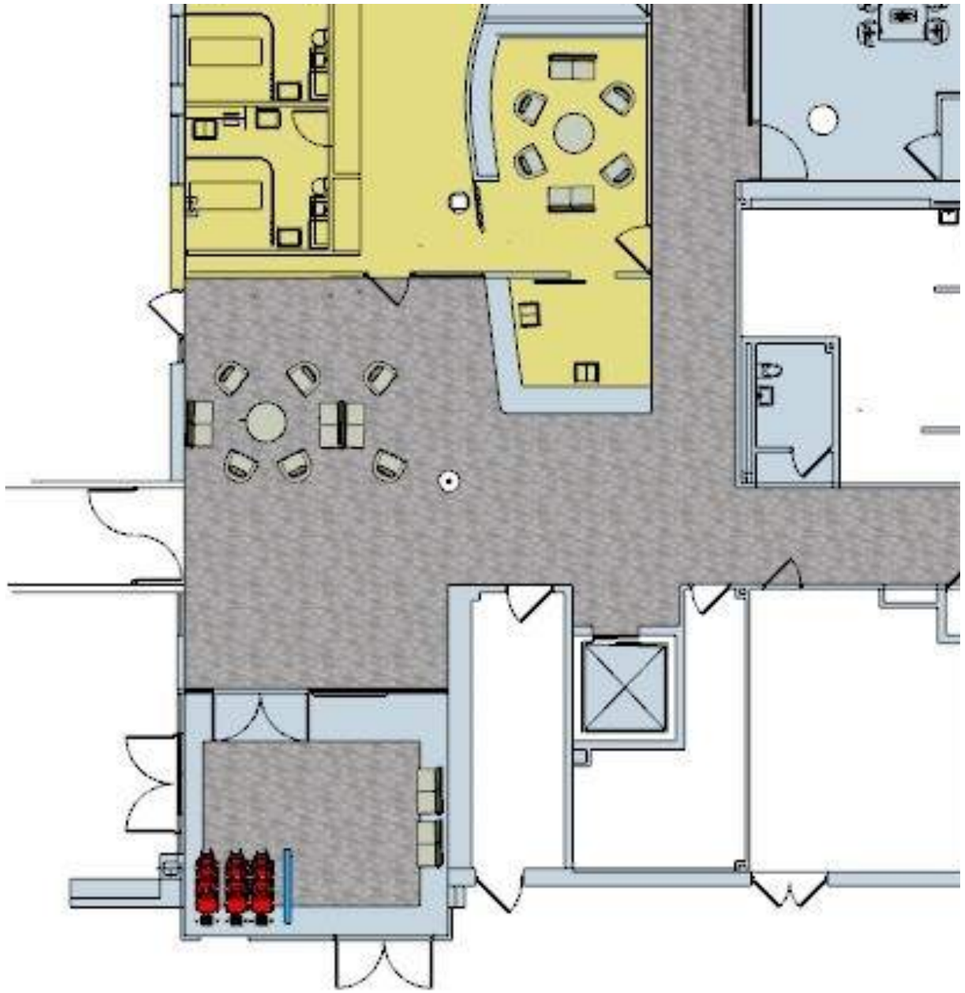


LUXURY VINYL TILE (LVT-3)

INTERFACE / BRUSHED LINES

SANDALWOOD - A01608

ENTRANCE



BANCROFT ARCHITECTS + ENGINEERS

LUXURY VINYL TILE

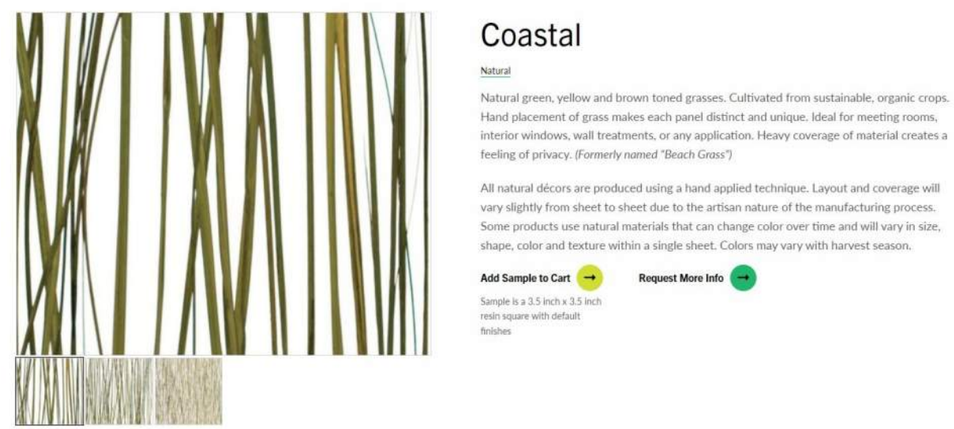
INTERFACE / CRITERION CLASSIC WOODGRAINS

WASHED MAPLE - C00104

ENTRANCE CARPET

TARKETT / TERRA TURF

BLACK/BROWN



4

90% Renderings

- Primary Entry and Clinic
- First Floor Dining
- Easy Street
- Second Floor Dining
- Outdoor Patio
- Dementia Unit

We begin in the Primary Care Entry entering through the front entrance. The patient is greeted by a comforting seating area and a reception desk.

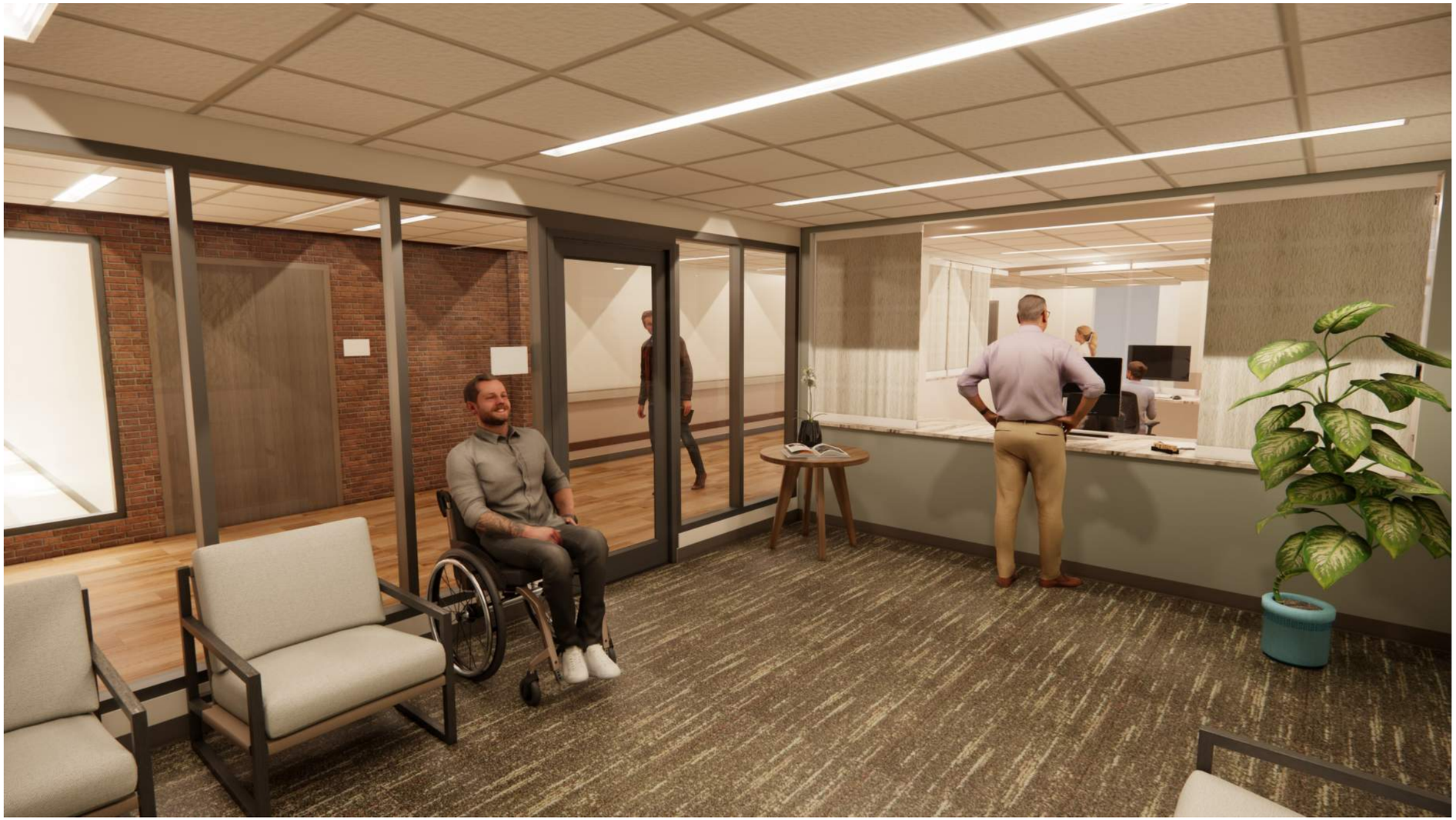
BANCROFT ARCHITECTS + ENGINEERS

The patient can proceed down the corridor to enter into the waiting room. This view is facing down the corridor between Easy Street.

This view is from behind the reception desk facing the central seating area.

BANCROFT ARCHITECTS + ENGINEERS

A centralized view of the seating area.



From the corridor, the patient enters the waiting room where they can sign in and wait to be taken back to the clinic. This view is facing the reception desk from the corner of the room.

This view is of the opposite side of the room showing additional seating and a set of bookshelves.

From the waiting room the patient will enter the Primary Care Corridor. This view is looking down the corridor from the entry from reception.

BANCROFT ARCHITECTS + ENGINEERS

This view is looking down the corridor towards the entrance from the end of the corridor.

The patient enters the exam room where the patient and Doctor will have an intimate and personal interaction.

BANCROFT ARCHITECTS + ENGINEERS

4 Primary Care Clinic: Typical Exam Room

This view is looking towards the entry from the corner of the room.

The patient will continue down the main corridor where they can enter into easy street or the dining room. This view is facing the opposite end of the corridor towards easy street.

4 Primary Care Clinic: Typical Exam Room

This view is entering into the dining room from the corridor. The patient is greeted with a bustling, enjoyable environment with an adjustable view into Easy Street.

This view is from the corner of the Dining Room looking towards Easy Street. In this view, the adjustable walls to Easy Street are shown open.

BANCROFT ARCHITECTS + ENGINEERS

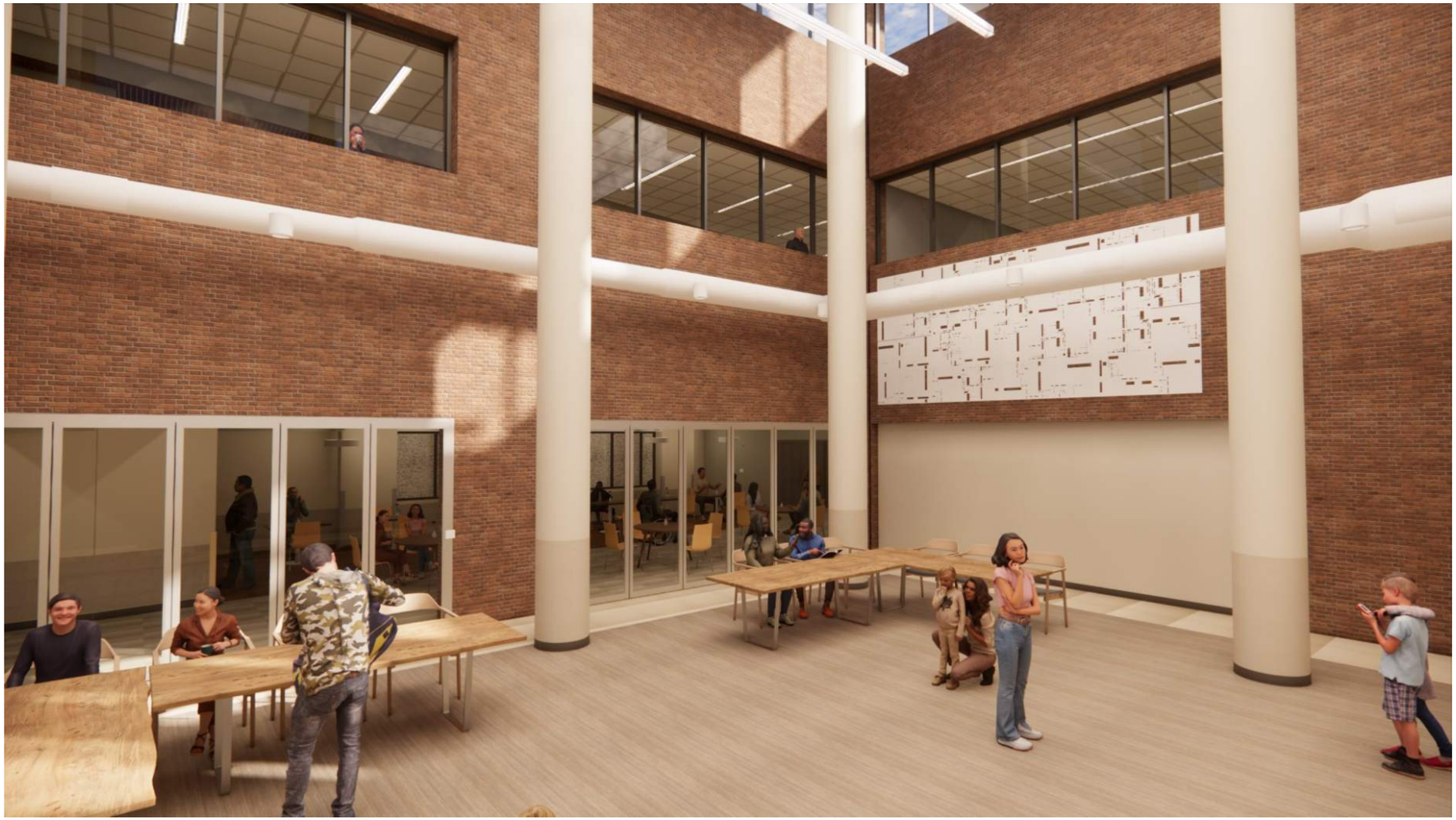
This view is the same, but showing the adjustable walls to Easy Street shut.

From the dining room, the patient enters into Easy Street where they are having an afternoon of watching shows and enjoying family.

BANCROFT ARCHITECTS + ENGINEERS

4 First Floor Dining Entering Easy Street

This view is looking from the corner of Easy Street looking towards the dining room. Both of the adjustable walls are shown as open.



This view is similar to the last but shows the adjustable walls closed.

This view is from one of the tables facing the projection screen where an episode of MASH is playing.

The patient can also enjoy the second floor dining room which has a similar arrangement to the first floor. This view is from the entrance looking towards the back.

4 Second Floor Dining

This view is looking from the corner of the room out towards the center.

The patient may also enjoy the inviting patio area next to the second floor dining area. This view is facing the entrance from the corner of the patio where residents and their families can enjoy each others company

4 Second Floor Patio

This view is looking from the opposite corner looking towards the second floor dining room and Easy Street.

The patient is entering one of the Dementia Unit entries. We are looking at the edge of the nurse station to the center gathering area. Here, people are enjoying snacks and good conversation.

BANCROFT ARCHITECTS + ENGINEERS

This view is looking from behind the nurse station where a nurse and Doctor are catching up on paperwork. This view also shows the nutrition area where residents have access to drinks and a microwave.

From behind the nurse station we are looking directly out to the center of the room.

BANCROFT ARCHITECTS + ENGINEERS

This is the opposite corridor. Memory boxes line the walls giving resident a reminder to which room is theres. Accent strips line the corridors assisting with wayfinding throughout the facility.

Entering the Resident room, the resident is greeted with a personalized shelf, cabinet and a soothing fractal design wall. Each resident room has its own private restroom and shower.

Looking from the opposite side of the room, the resident has an attractive wardrobe, along with a matching sink and bedside table.

BANCROFT ARCHITECTS + ENGINEERS

5

100% Renderings

- Primary Entry and Clinic
- First Floor Dining
- Easy Street
- Second Floor Dining
- Outdoor Patio
- Dementia Unit
- High-Fall Risk Patient Rooms
- Bariatric Patient Rooms
- Conference Rooms
- Family Room

View of the wheelchair alcove area when first entering Building 217

We begin in the Primary Care Entry entering through the front entrance. The patient is greeted by a comforting seating area and a reception desk.

The patient can proceed down the corridor to enter into the waiting room. This view is facing down the corridor between Easy Street.