The Caring Place
Waukesha, WI

Theme
The classic church basement.

What this case study shows:
• How a care provider adapts a program to a constrained physical setting.
• The limitations of adapted institutional space.

Place Profile

Director
Diane Graf

Site/context
Site is evocative of “Main Street U.S.A.,” although in the past decade Waukesha has come to be considered a suburb of Metro Milwaukee.

Facility type
Adaptive reuse of church basement

Program space size
Approximately 2,700 square feet

Renovations
Initial adaptive remodel (1988), $125,000. Second renovation (1997) budget of $90,000 included expansion and design of quiet zone Carroll Room; redesign of kitchen and addition of island; interior (paint, vinyl floor and furniture) update of main activity room; modification of men’s bathroom; and reorganization of existing office space.

Estimated cost/square foot
$80

Architect/designer
Walter Zoller, Waukesha, WI (initial remodel)
Fischer & Theis, Waukesha, WI (renovation)

Program

Mission and goals
The goal of The Caring Place is to ensure a meaningful day through flexible changes in activities to best suit participants' needs.
General description

A mission of the First Presbyterian Church, The Caring Place began operations in the basement of its sponsor in November of 1988. Today, The Caring Place Adult Day Center is a non-profit organization governed by a 13-member board of directors. Diane Graf, the director since the program's inception, emphasizes the "activity focused" nature of the program, and notes there is an alternative "rehab focused" program located a block and a half away. Graf's program is structured around the premise that activities are adjusted to participant needs at three levels of competence.

Institute
As a day center specializing in dementia care, you've chosen to serve participants with a wide variety of strengths and abilities. What are the challenges?

ADC
The challenge is that people change. When we set up the programming for the week and the month, we always have to take into account what goes on in people's homes before they come to day care. On a daily basis, we have to consider what kind of mood they're in. We may have to make adjustments because someone's had a bad night, or some trauma in their family, or is just plain having a bad day, or when people start to decline. Day care basically helps people maintain the current level for a longer period of time; occasionally someone might even get better. It just really depends on what the problem is. So the challenge is being flexible enough to change your activities to ensure that everyone can still have a meaningful day.

If somebody was looking for a day program but needed to be in a bed, this would not be the program for them. We do have all these recliners... but those are what we use for rest time. It's worked out well because we've been able to provide some rest time and comfort for people.

The program operates from 7:00 a.m. to 5:00 p.m. Monday through Friday. It provides a hot noon meal, morning and afternoon snacks, activities and guest entertainers. Fees for The Caring Place are charged on a sliding scale that is keyed to an individual's income. The minimum daily charge is $26; maximum charge is $36. There is a $7.50 charge for a whirlpool bath.

Staffing

The Caring Place has a staff of eight (seven are full time). A staff nurse works three days a week.

ADC
We've been in existence for 10½ years, I've been here for 10½ years and the activity director has been here for 10½ years. We have staff who've been here 9 years,
8 years and 7 years. And then I have three staff that have been here less than a year.

Institute
What do you think is the reason that they stay so long, that they don't burn out?

ADC
I guess I'd like to think that they love their jobs. They work hard, and all days are not always great. It's still an opportunity to come to a job where you're appreciated by your employer and by the people that you take care of. I think we have enough staff. I know in most places all they say is "We don't have enough staff, we can't do this, we can't do that." Because of the type of program that we are, a small day care not connected with some big corporation looking to downsize or the budget won't handle this or won't handle that, most everything that we need we can have certainly within reason. I have a board of directors that care about the program and they care about the people that work here.

I talk to many people who are always having staffing issues...that's really hard. It was hard for me this past year just hiring three people, when a staff person that had been here eight years left. I hadn't hired anyone in six years...I had people coming in and applying with nursing home experience making more money than someone I've had all these years. It was a real wake-up call for me and for my board. We made some changes. We added benefits; we brought up some of the wages. The environment has to be a place where you want to come to work every day.

Participant profile
The Caring Place has 55 enrolled participants, a maximum capacity of 22 and an average daily census of 20. Its participants range in age from 68 to 95 with an average age of 83. All its participants are Caucasian. Of all enrolled participants, 12 are male and 43 are female. Half of all participants are cognitively impaired. On average, participants require assistance with two to three ADLs. Thirty percent are incontinent, and 10 percent use wheelchairs.

Eligibility criteria require that participants be over age 50, can be transferred from a wheelchair with assistance of one or two people, do not engage in wandering, do not constitute a danger to themselves or others, and are bowel continent. Participants are accepted to the program on a one-month trial basis. Graf discusses the complexities of the enrollment process:

Institute
From the family perspective, what would you say is the rationale for enrolling someone in your program?

ADC
I think the primary reason is that families want more for their parent or grandparent or spouse than to sit home all day and let the world pass them by. These aren't older people who are still driving cars and going to church groups and card groups and volunteering even. I'm talking about people who aren't able to hop in the car and drive somewhere, aren't able to pick up the phone and set up their own transportation, who aren't able to pick up the phone and say, "I'm going to have a few friends over." I'm talking about the population that has reached the point in their
lives where they have lost the desire or the ability to motivate themselves anymore. Families feel badly that Mom is just sitting there all day staring out the window or sleeping, getting her days and nights mixed up. And then I think they also recognize that isolation just (kind of) speeds up that confusion and dementia and withdrawal. So those two kind of go hand in hand. I think also it’s for respite... it’s important if you’re a caregiver who’s home all day taking care of your mom or your dad or your husband—that gets to be really hard. You deserve to have a break whether you’re going to sit in front of the TV and drink soda all day or go out with your friends or to a club or whatever.

**Institute**

If you knew that somebody had a very significant problem with wandering, would you have to turn them away?

**ADC**

The difficulty is that families don’t always know how serious it is. When you’ve been doing this as long as I have you tend to pick up on some of the answers that families give you. That’s why we have a one-month trial basis. And also it depends on how often they come. If you enroll somebody in a program whose dementia is a little more advanced and they tend to wander, you really want to encourage those people to come at least two days a week. Because if they only come one day, every day is a new day. And it takes a month or two before the anxiety wears off: “Oh, okay, I don’t know where I am, but I know I’ve been here before and I feel good. It’s okay. I feel these people will be good to me.” So, that’s another part of the enrollment. I encourage them to enroll for two days a week. We’ve had a couple of gentlemen recently who had just this problem. They were appropriate for the program, but it just took longer for them to get acclimated because they were only coming one day a week.

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**Physical Setting**

The Caring Place operates in the basement of the First Presbyterian Church, a building that is registered as an historical landmark. Exterior modifications are prohibited due to the building’s historical status.

The Caring Place’s program spaces consist of the dining/activity room, the lounge, and the benefactor-named Carroll Room. The open kitchen is located along one wall of the dining/activities room. The director and activities director share the program’s one office. Separate men and women’s restrooms and one bathing room complete the space.

To enter the day center, one follows an outside wheelchair ramp through a solid, exterior grade fire door and down an interior ramp that faces the men’s bathroom and opens directly into the dining/activities room. The ramp is surfaced with Flo-tex carpeting.

The dining/activities room is one large open space, furnished with square tables and light wood arm chairs with vinyl upholstery. Floor-to-ceiling white laminate storage cabinets line two walls. The room has a dropped acoustical ceiling, fluorescent lighting and vinyl flooring.

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The open concept kitchen is defined by the placement of a long central island, which has storage cabinets beneath the work surface. It features residential-style wood laminate cabinets, refrigerator and range, though the dishwasher is commercial.

Separate men's and women's restrooms are located behind the kitchen; entry to these rooms is from the dining/activities room. Both rest rooms have white ceramic tile and fluorescent lighting. The women's room has three ganged toilet stalls, each outfitted with grab bars; one stall is slightly larger to accommodate wheelchairs. The men's room has two toilet stalls: one standard, the second ADA compliant.

Adjacent to the Carroll Room is a corridor where coats and personal belongings are stored out of view of participants. This corridor leads into basement space reserved for the church.

Also opening directly onto the dining/activity room is the bathing room with one tub. A curtain provides visual privacy. The room has white ceramic tile on the walls and floor. Lighting is fluorescent.

The lounge room is furnished with recliners arranged around the periphery of the room. The room has Flo-tex carpeting and a dropped acoustical ceiling, which cuts across the two double hung windows placed high on the wall. The view of the parking lot is obscured by opaque glass block. An interior window looks out onto the dining/activities room.

The Carroll Room can be seen from the dining/activities room through a French door with glazed sidelights. The room has a dropped acoustical ceiling, sconce lighting and Flo-tex carpeting. Custom laminate cabinets along one wall provide storage for wheelchairs. Furnishings include square tables (which can be folded for storage) and wood dining chairs with fabric upholstery. There is an interior window that admits light from a window on an outside wall. The room's back wall features a set of French doors that open onto the part of the basement space usually reserved for church use. Darkened when not in use, this space is employed occasionally for joint day care/church activities, such as holiday music programs or when groups of school children visit.
The Place In Use

Coming and going

On a typical day at The Caring Place, the first participant arrives as early as 7:00 a.m., although most arrive between 8:00 and 9:00. Until four years ago, participants were brought to the center by their families or taxi. Recently, Waukesha County (subsidized by the Department of Aging) has begun to provide van service, with fees based on income and distance to facility. Graf acknowledges the safety and reliability of the van system, but laments the loss of connection to participants' families.
One descends into the basement-level facility down the wheelchair ramp. Graf comments on the drawbacks related to the entrance:

**Institute**  
Could you explain the difficulties you experience with the ramp and no vestibule?

**ADC**  
These limitations are mostly because we're housed in a church and this is a landmark building...they had to get permission from the Landmark Commission, and this was the best that they could do. The first issue is the door. For one, the door itself should be a little wider. What they didn't account for is people coming in wheelchairs with their foot extensions on--they stick out a little bit. So when they have to get around that corner, it's a little tight. That's coming in and going out. And whenever maybe four or five people come in at once there's a back log. It's always, "Okay come on, step on in, walk on in so the people behind you can get in." The other problem is in the winter: The door is automatic and opens for about 10-15 seconds. That rush of cold air comes down and while we aren't in this main activity area all the time, we are certainly a portion of the time. People will start asking, "Where's that cold air coming from? I'm really cold." We say, "It'll be only a couple seconds and it'll be okay." You know we probably go through that 20 times every morning in the winter. Also (the ramp) is just like a little tunnel coming down here, not real welcoming...you have to get all the way down the ramp into the main activity area before you feel a sense of warmth. So we just get people in the door. One thing we're planning is to have some art students paint a mural on that hallway to warm things up some.

Although most participants typically leave between 3:45 to 4:30 p.m., usually the last departure is at 5:00. The day's final activity is held in the Carroll Room. As each driver arrives, participants are escorted individually and prepared for departure, while other participants are kept busy with the activity.

![Descending the entrance ramp into the program space.](image)

**Institute**  
The entrance door is not visible from the activity area. Is that an advantage?

**ADC**  
Oh yes, it's a definite advantage. I know some day cares have...I mean because we're on a lower level here some people might feel that we don't have access to the outside and people can't see what's going on outside. But that's really never been an issue here and I think it could be a problem if they were watching what's going on outside all the time. Unless it's looking outside into a garden or something. There's another day care that opened two blocks from here and it's on a busy street. I would think that people would be always looking for their person to come to pick them up.
Here, the door is not something that they're looking at or watching all the time—it's worked really well here for us.

Primary program spaces

At 10:15, multiple activities are conducted concurrently in the dining/activities room and the Carroll Room. The lounge room is used for rest time as well as scheduled quiet activities. Participants are divided into three groups, generally by cognitive/ability level, although interest (or dislike of, for that matter) in a particular activity is also taken into consideration. Group sizes are predicated on activity, activity level and participant's ability level:

ADC

The ideal number depends on what you're doing. If you are in this room and doing a reminiscing group or a share time, the most you would probably want is seven or eight. Or let's say it's an active game and there are two people leading, you could probably handle 12 people on two teams. One team on one side and one on the other. So it really depends on the activity. If you're doing a craft you may want only six people with one staff person and one volunteer. If you are working with a group of people that are on a little lower level who need a lot of assistance.... It just kind of depends on what you're doing at the time.

One of the buzz words in adult day care these days is "choices," and certainly for older people there are fewer and fewer choices in life. So while we do break up into groups most days, today for example, our music therapist is coming so we'll just stay together. We pay her to come and it's something everybody partakes in unless they just hate music. She's been coming for years; they love her. There's always a chance that someone will say, "I don't like music, I don't want any part of it." It's not realistic to think you could go to all 22 people that we have here today and say, "What would you like to do today?" Plus they may pick something that is too difficult for them, and failure is not something you want them to feel while they're here.

A lot of our programming is based on the staff's knowledge of each person and his or her skills. When it's a new person, we will say to them, "This is what we're doing today. What would you like to do?" Maybe of the three or four things we're doing, maybe two they can participate in, and maybe two they can't. They have choices. If we feel it's not working or they don't like it we can simply say, "You know next time we're going to make sure you're not in that activity, that we do something else." And they forget about it. Other times when you see it not working for someone, we've offered an option, for example, "Do you want to go in with Pam instead?" We're giving them choices. It doesn't happen all that often, because the girls have a good handle on the people and what their abilities are. While that may not be the answer you're looking for, you have to be realistic. None of us can go anywhere and do whatever we want. In order for 22 people to have a good day, you have to have some structure, but yet flexibility. We can offer choices because we have the main room, the lounge room and the Carroll Room. We can do it because we have four staff in the morning. There's always going to be something that somebody likes to do.
In comparison with many other adult day centers, the activity level at The Caring Place is somewhat dynamic. The director talks about strategies for dealing with reluctant participants:


Institute

If they don't feel like engaging in an activity at all, are they encouraged to participate anyway?

ADC

It's okay if they want to come in here and rest; sometimes that happens. If someone didn't sleep well or they're just not feeling well...this happens sometimes with our people who have depression. We serve quite a few people who have depression and a history of depression. Sometimes they just need to have a little quiet time to themselves. They have rights and if they decide they don't want to do something, we don't force them. If it becomes a continual problem or there's a pattern developing, then we would talk with the family or social worker, doctor or whatever. Sometimes it's a medication change. I stress in our program, and I know this isn't the case in other programs that are more medical intensified, that our program involves a level of participation. I would not enroll someone in the program if the family said to me, "I just want my mom to be safe. I don't care if she comes and sleeps all day and doesn't do anything." I would say, "But we care, and that is not the kind of program we are." There are programs that will allow you to do that, but this just doesn't happen to be that type of program. So certainly if someone is having a day or two where they're not up to it then that's fine. Sometimes when new people enroll and they come from hospitals or are discharged from a nursing home you can't expect them to jump right in and handle the whole day. They may need a couple rests during the day, and that's something we certainly accept.

Institute

How often do people get visitors? What's the policy on that?

ADC

Some of our participants have social workers come here to visit them when they need to make contact. The social workers like to do it here because they feel that they can see more people if they come to the facility. There's a couple of issues connected to that. Of course, I understand their position, but our stance is that participants have paid to come here for the activity, and when you pull them out of an activity that they like they're not very receptive. So, I encourage the social workers to make their visits during the times when people are not here at day care, but certainly I make it available if necessary.
Sometimes the family will say, "My mom's other daughter is in town today; could they stop by and see her?" Well sure they can--maybe we'll make the lounge room available for them to sit, or just try to find a quiet spot. Sometimes they can engage in the activity that we're doing at that time and kind of participate in it. It just depends. It doesn't happen all that often. As I said, we try to encourage people to schedule those visits at another time, because say a person comes to day care maybe two days and they're home the other five days, maybe it would be better if you went and visited them at home. So we'll accommodate, but I don't encourage it.

Toward the close of the day, participants are gathered in the Carroll Room. Departure is on everyone's minds, and the related commotion generally causes some anxiety:

**ADC**

The last activity of the day is really the snack they get at 3:30. After that, people are trying to wind down and talk about the day. It's also the time of the day when all the staff are together. It's kind of like "all hands on deck" attitude here. Maybe one of us will be sitting at a table with folks talking, trying to distract them, reassuring them, "That's not your driver, it'll probably be the next." It's just a constant challenge, some people are okay with it and some aren't.

**Kitchen and kitchen work**

The kitchen at The Caring Place is open in concept. The central work island allows staff to face the main activities room while they are preparing food. Coffee is available throughout the day, and participants enjoy a morning and afternoon snack prepared on site.

[Image: Accessible kitchen open to the dining/activity room.]

**Institute**

Do you like the open kitchen? Are there any problems with it?

**ADC**

The only problem we have with the kitchen is at mealtime when we're doing our exercise activity. It's a little distracting to have staff getting ready for lunch over there while people are doing something else in the room. We've dealt with that by rearranging people into two rows facing the activity leader instead of having a circle. The down side of that is when you're in a circle you can get your ball out and do more. When they're sitting in two rows you can't do that. You just have to adjust, think about what we did this morning. Do they need more exercise or will doing stretches be enough? Day care certainly isn't winging it, it's really planning -- that is, if you're conscientious and you want everything to go well. I suppose it doesn't have to be that way. Having the kitchen there is great for serving the meal. It's very, very convenient and it stimulates their senses because if they have cooking or baking
they can smell that. We love having the kitchen; we just don’t like it at exercise time.

Institute

Do any of the participants participate in the kitchen activities?

ADC

The volunteer sets the tables for lunch because people are involved in exercise. After lunch we do have some people who like to pick up the placemats. They like to gather those and put them in a pile, put all the dishes in the center. Some like to pick up a few dishes and bring them to us; we let them do that. As far as actually doing the dishes we have an automatic dishwasher, a commercial one that’s so hot we really can’t let them in there then. When we do baking groups we don’t use the dishwasher. We let them take care of the mixing bowls and those kinds of things, because it really hasn’t been in their mouth. You know that’s the big issue. They like to put away the dishes and so those kinds of things they can help with, but not actually in serving the food.

Dining

Lunch takes place at noon in the dining/activities room. All participants are seated in pre-assigned seats at tables of four or six each. Lunch, which is prepared and delivered under contract by the local hospital, is plated individually on site. Lunch is served on china plates, with glassware and metal utensils. One staff member or volunteer is seated per table to provide meal assistance.

Toileting

The Caring Place has two toilet rooms with a total of five fixtures. The newly renovated men’s room has two stalls, one standard, another ADA compliant. The women’s room has three stalls, one of which is slightly larger and can serviceably accommodate a person in a wheelchair or a two-person assist. Doors to the toilet rooms are kept open throughout the day.

Institute

The restrooms open right into the activity area. What problems does that pose?

ADC

The restrooms are original and that’s really why they’re there. It certainly isn’t the sort of thing that you want to see right away when you walk down the ramp. The doors to the rooms are kept open because so many of the people have walkers, and if the doors are shut there’s always that risk of them being bumped and getting knocked over. The other problem is that you want people to have as much independence as they can and if you shut the doors, that means that you are always going to have to be there opening the doors and that means that people who are
otherwise independent may become dependent. If the bathrooms were in another location it wouldn't be an issue.

**Institute**
Do you think visibility is an advantage?

**ADC**
In thinking about other centers that I've visited, for example in a church that's now a day center, the bathrooms are down a long hallway and I imagine that is a disadvantage. People wouldn't be able to find it independently. So in some ways it's a little more positive than negative.

**Institute**
You have stalls in the restrooms. Does that work?

**ADC**
The ladies' room has three partitions; one is pretty much saved for wheelchairs because it's wider. They all have the grab bars for safety. One has a riser on it. The men's room has just two partitions: the one partition is a standard size and the other partition is up to ADA standards after renovation and it's wonderful. You could fit even three if you had to: we've already had instances where it took one person to hold the wheelchair, one person to hold the person up and one to help them with clothing. We do use it co-ed sometimes, not that there's a man and a woman in there together, but for example on Thursdays we have one man, and we always say, "Gil, can we use the bathroom now?" It's just kind of cute, because all the ladies are in there. It works that way.

**Bathing**
The Caring Place has one tub, located in a room that also opens directly into the main program space. The door and curtain around the tub ensures visual privacy for the participant being bathed. An average of five baths are given each day.

**Wandering**
Wandering has not been an issue to date, in part due to organizational orientation that discourages wanderers from enrolling. Chronic wanderers are not accepted to the program. The director defends the policy and considers wandering counterproductive to the welfare of participants as a group.
Institute

You’ve said there are some people who might wander: How do you deal with that?

ADC

In our experience the difficult time has been after lunch when there’s a 45 minute window where we have a rest or quiet time. Basically there are people in the lounge resting or in the Carroll Room playing cards or crocheting quietly, and staff is cleaning up from lunch and kind of getting ready for the afternoon activity. So it isn’t a structured time, and that’s difficult for some of our people with dementia, because they require one-on-one or have to be occupied by an actual activity. As a staff, we have to adjust and make sure there is one staff person who is handling the one, two, or three people that need a structured activity. Some people just can’t handle the unstructuredness of it. We have to pay attention and that’s what we do.

Advice For Other Providers

Institute

As a lesson for other day care providers, what would you say are issues related to being in a church basement?

ADC

This day care began as a mission of this church, so that’s a real positive because the church as a whole has a vested interest in what’s going on here. Before I came here I worked in another day care in a church, but it was not a mission of that church. It was just space that the church had decided to rent out. There were numerous problems: Sometimes they maybe didn’t clean up properly afterwards or people got into their supplies. Other times there would be an activity going on that night at the church and the people wanted to use the kitchen and maybe the day care people were in it. Well, that isn’t a problem here because this space is not shared. All of this space is day care space. So that is beneficial to us. If we had to open up this space to all church functions and the public in general, like a lot of churches do, it would be a huge problem. They wouldn’t take care of your equipment, your furniture, or clean up after they use your space in the evenings. There would be scheduling conflicts sometimes. So I guess if you’re going to start a day care in a church, you want to make sure that the guidelines are set up ahead of time of who can use that space when you’re not in it, what the priorities are, whether you’re sharing equipment and sharing upkeep expenses.