Theme
Introducing options.

What this case study shows:
· The advantages and challenges posed by separate program spaces.
· How a well-planned functional program can give way to emerging use opportunities.

Place Profile

Director
Beth Meyer-Arnold

Facility type
Purpose built. Part of a large continuum of care campus, the adult day center is a physical link between the assisted living and skilled care building, and rehabilitative clinic.

Site/context
Luther Manor's continuum of care campus occupies a multi-acre site on Milwaukee's northwest side. The neighborhood surrounding Luther Manor is low to middle income, consisting mostly of small single family homes, duplexes and apartments.

Building size
Approximately 10,500 square feet

Construction completed
1990

Architect/designer
Architecture 2000, Milwaukee, WI

Program

Mission and goals
As a ministry of United Lutheran Program for the Aging, a non-profit association of more than 70 Lutheran congregations in the Greater Milwaukee area, Luther Manor's extensive scope of services makes real its explicit mission, which aims to provide "a comprehensive and compassionate program of excellent housing, care and services contributing to the wholeness of body, mind and spirit" to older adults of all faiths. The goal of the adult day care in particular is to maximize the independence of seniors whose physical and mental conditions interfere with their abilities to live independently, and to assist them in remaining in their homes and community.
Given these conditions, Luther Manor Adult Day Care Center has a range of program and service objectives. Key service objectives include providing access to comprehensive medical, social and health support services, serving nutritious meals, and assisting with personal care activities. Priority program objectives include providing a multidisciplinary team to develop a plan of care for each participant, dementia-specific programming, and offering a structured, goal-oriented program of therapeutic activities.

Institute  
You describe Luther Manor's adult day center program as a nursing-based model in contrast to a social service or activities model. What do you see as the differences?

ADC  
To me, a nurse-based model means a more holistic plan of care. In other words, the plan of care not only focuses on the person's interaction, their socialization abilities, whether they've been isolated at home and if this kind of a group setting is going to help that isolation, but also considers the person's health--mind and body health. It means that we can provide medical support services, like dispensing medicine, checking blood levels and the like. In addition, this nurse-based model means that we can help families access all the other aging network systems that they might need over time.

Institute  
And what does the social service model focus on?

ADC  
Social service is only a piece of the health model. I think social service is integral to what we're doing. It's activities and activities are good for people. Socializing, eating a meal together, respite for the caregiver, those are all very good things. On the other hand, what I've seen with day cares that say they are a social model often means that they don't have a nurse on staff, so they're not able to do things like assist with medications or help families with health-related things. What that comes down to is that people with complicated issues can't get the care they need. People with dementia, or people with physical needs or difficult medical conditions, for example, tube feeding or an unusual diet; many of those things can't be addressed.

Institute  
How do the goals of the two models differ?

ADC  
I see both models as helping families keep people independent and living in the community, but I believe that the medical and nursing health model (because I'm a nurse I'm more apt to highlight the value of the nursing piece) of day care may help families wrap services around so there may be fewer stops (along the continuum of care). With the social model there comes a point when the program doesn't have the capabilities to help any longer, and then they must help families make the move to a group or nursing home. Our goal in Luther Manor's program is to help eliminate some of the middle steps so families can continue to keep people in their homes longer.
General description

The program at Luther Manor takes place in two spaces, the Great Room and the Skylight Room. The original program specified that the majority of Luther Manor's participants would utilize the Great Room. Those suffering from Alzheimer's would be cared for in the Skylight Room, which would be more specifically therapeutic for a dementia population.

Nearly a decade later, both rooms are fully utilized by the program, though not in the diagnostically-related manner originally intended. The decision to place a participant in one of the two rooms is based on how the individual responds to day care. Having a choice of two environments has proved invaluable:

**ADC**

The participants in the Skylight Room are people who definitely do better in a smaller group. They are unable to handle all the choices in the Great Room; most are overwhelmed by the noise, distraction and too many opportunities. By minimizing all of that we can help them have a more successful day. Many times it is because of their cognitive deficits. Some times it isn't, sometimes it's because of physical limitations. We have people in the Great Room who have lower scores on their Mini Mental, so you could describe their dementia as more advanced or their cognition as more impaired, but they handle distractions better. Actually, sometimes those participants need more things to keep them occupied or a bigger space to walk around in. On the other hand, some people with very impaired cognition become paranoid in the Skylight Room because it's smaller. For them, the Great Room is the better situation.

Luther Manor provides services to its participants and their families from 7:00 a.m. to 5:00 p.m. Monday through Friday. Theoretically, the daily scheduled program for the Great Room and Skylight Room is the same, though staff in the Skylight Room have greater discretion to deviate from planned activities to accommodate the needs and abilities of its participants.

For both rooms, staff conduct a single activity at a time, with the exception of the 9:30 to 10:30 time slot in the Great Room, when two activities are offered. Periods throughout each day reflect a therapeutic orientation (i.e., 9:00 to 9:30 is a large muscle exercise, 9:30 to 10:30 entails a cognitive activity) though activities vary throughout the week. While programmed in advance by the activities director, daily activities are conducted with respect for each day's participants, based on their individual needs. Generally, early morning is deemed "free time" for participants and many watch TV or converse prior to scheduled activity.

While the Great Room and the Skylight Room programs are conducted independently for most of the day, participants are consolidated as one group in the Great Room for the purpose of staffing efficiency during early mornings and late afternoons. In addition, the two groups of participants join together in the Great Room for special events, such as singing.
Services offered on a daily basis at Luther Manor include:

- A hot noontime meal, as well as a morning and afternoon snack.
- Programmed activities (exercise, storytelling, crafts, music)
- Health care (i.e. nursing, dentistry, dermatology, optical, podiatric)
- Personal care (i.e. toileting, bathing, medication)
- Physical/occupational therapy

The full daily rate at Luther Manor is $45; whirlpool baths are $10 for each session.

**Staffing**

Luther Manor has a full-time staff of 17. Ten have high school educations and six have attended college. One staffer has a master's degree. Almost one-third have had no formal training in gerontology. The ethnically diverse staff ranges in age from 30 to 65; most are women. The salary range is wide among staff: although some administrators earn more than $45,000, most line staff earn $25,000 or less. Of note is Luther Manor's low turnover: average staff tenure is more than five years; eight have been with the program for eight or more years. Some of this management success can be attributed to the organization's cultural philosophy:

*ADC*  
*When you're working with women--many of whom are single heads of household--and entry level salaries, the challenge is to empower them, and I see that happening in one of two ways. First, you can remind them of the value of their work and their contribution so that they can stay in one place and have the opportunity to realize some real benefits--pension, vacation, etc. The second way we can help empower is by providing a solid foundation for someone who wants to go back to school or explore another career. Establishing solid employment is empowering.*

Great Room staff to participant ratio varies from 1:6 during lunch to 1:10 at other times. Skylight Room staff to participant ratio is 1:6.

**Participant profile**

Luther Manor Adult Day Center has 172 enrolled participants with a maximum capacity of 55. The average daily census for the day care is 48. Participants range in age from 53 to 96 years, with an average age of 83. Participant gender ratio is two females to one male. Seventy percent of participants are Caucasian; 30 percent are African American. Ninety percent of participants have some level of cognitive impairment, with 53 percent scoring 17 or less on the Mini-Mental State Exam. Thirty-five percent of participants use wheelchairs. Fifty percent are incontinent, and 57 percent are dependent in three or more activities of daily living.

Although Luther Manor is licensed and certified by the State of Wisconsin, Medicaid funding is not a significant revenue generator. Participant fees make up 60 percent of revenue; another 22 percent come from Luther Manor's sponsoring agency. Luther Manor draws its participants from a four to five zip code area that surrounds the campus.
In your experience of talking with new participants and their families, what would you say is the primary rationale for enrollment?

ADC

What I hear most often from families is, "My mother or my father needs to be around other people." Then after the interview or a couple of weeks after the interview we find out that they really have been struggling with all sorts of behaviors, from incontinence to declining social skills to needing help with medications and the whole health issue to basic activities of daily living. We may find out that this person hasn't had a shower in months. But the reason we are given is social isolation. Then there are probably 25 percent who say, "My doctor told me I have to do this." Especially when people are feeling guilty, thinking they should be doing all this care by themselves, it helps when the doctors say, "You have to do this. Call me back in two weeks after you've toured a few places and signed up somewhere."

Physical Setting

The day care facility is a low-profile, single story building roughly rectangular in shape. The exterior is dark brown brick veneer with a shingle roof. The porte cochere has brick piers and is lit by a skylight.

Program spaces consist of the entry, vestibule/coat room, Great Room, Skylight Room, bathing room, nurse's office/respite room and enclosed patio area. Administrative offices are located to the south of the program areas along the main corridor.

The entry consists of two sets of sliding glass doors separated by a ten-foot airlock. The doors, which operate automatically via electronic motion detectors, open directly onto the main corridor and reception area. The interior color scheme is burgundy and cream with wood and wallpaper accents. The main corridor, lined full-length by a wood handrail, is lit by cove lighting and sconces. Flooring is carpet. The ceiling is primarily gridded acoustical tile with drywall details. The reception area is defined by a blue laminate healthcare counter.

Across the corridor is the main door to the Great Room. The solid wood door (lockable from the inside) opens outward into the main corridor. On the other side of this main door is a vestibule/coat room. Along one side of the vestibule/coat room is a full-length coat rack. This room also features laminate solid-front lockers for storing participants' boots and personal belongings.

From the vestibule/coat room one proceeds into the large and open Great Room. This space is organized into three zones: the kitchen, the central dining/activities area, and the living room. The open residential-style kitchen area has a full-size refrigerator, range, microwave, dishwasher and commercial-style coffee urn. Two walls have light wood-grained laminate upper and lower cabinets.
Flooring is vinyl tile; ceiling is inlaid acoustical tile. A unique feature of the kitchen is a rectangular, moveable island, which helps define the kitchen zone spatially from the dining/activities area.

The central dining/activities area of the Great Room measures approximately 900 square feet. Plenty of natural light is admitted through the west wall of windows; a glass door also along this wall allows access to the secure patio area. Underwindow cabinets provide storage. The kitchen's vinyl tile flooring continues throughout the dining/activities area. The ceiling is acoustical tile with drywall detail along the perimeter. Furnishings in the dining/activities area consist of three rectangular and four square tables. Contemporary styled wood chairs have arms and vinyl upholstery.

The dining/activities area abuts the living room area, defined in part by a full-length accordion door and a flooring material change from vinyl to carpet. The west wall is a continuation of windows and cabinets. Overall, the living room area is dark, though the space is fitted with recessed incandescent can lights, sconces and table and floor lamps. The living room has a mix of furnishings including sofas, loveseats, occasional chairs, recliners and end tables. Typically, seating is arranged in a horseshoe-type configuration. An upright piano and turntable/slide receiver are used for musical entertainment.

The Great Room has three toilet rooms. One restroom has three ganged toilet stalls, a second is for one-person assisted toileting and the third equipped for two-person assisted toileting. Toilet rooms have ceramic tile floors, walls and fluorescent lighting.

The nurse's office/respite room contains one twin-size bed, computer station and chair, built-in laminate counter/cabinet, and medical equipment storage.

There is one bathing area for the facility, located across the corridor from the day care's program spaces midway between the Great Room and Skylight Room. This ceramic tiled bathing room has a toilet, tub and dressing area.

From the facility's main corridor, a locked door and hallway lead to the separate Skylight Room, substantially smaller than the Great Room. A unique architectural feature is the skylight (hence the room's name) located above the galley-style kitchen. The Skylight Room's multi-purpose area is centered around one large rectangular dining/activities table. The adjacent living area consists of recliners, end tables and sofa. A glass patio door opens onto a courtyard that connects to the Great Room's secured patio area. An area intended to facilitate pacing is defined by a drywall partition at the north end of the room. The Skylight Room has one toilet, a conventional one-person bathroom located along its entry hall.
The Place In Use

Coming and going

Dropped off by van or family members, participants begin to arrive at Luther Manor as early as 7:00 a.m., though the majority arrives between 8:30 and 9:30. Luther Manor has a covered entry, yet due to transit company regulations that prohibit them from entering under canopies of less than a specific height, many van drivers drop their participants off well ahead of the covered entry (porte cochere), which makes for a longer walk to the day care entrance and less shelter from natural elements.

Entry to the facility is through the two sets of sliding glass doors separated by an airlock. Passing through the second set of doors, each participant is greeted in the building's main corridor by the person sitting at the reception station. This corridor sees heavy use as the primary thoroughfare for the day care program as well as between buildings (apartments, day care, health clinic), and between day care administration, bathing, the great room and the skylight room.

Across the corridor is the main door to the Great Room. This door is heavy, solid and swings out into the main corridor. Passing through the main door into the vestibule/coat room, staff assist participants in removing and hanging coats, hats, gloves and boots and overshoes in winter. If participants need to sit during this process, they are seated in the dining room.

Institute

When there are two or three people arriving at one time, some of the coat removal ends up happening in the dining area (inside the great room). Do you think the coat room should be larger or is it okay that coat removal happens in the dining area?

ADC

It's okay. I'd rather it not happen, but there just isn't enough room in the coat room. I wouldn't want to give up any program space for a larger coat area, but we certainly have run out of coat room. I am just amazed. We are trying to figure out if we can eliminate the storage cubes on either sides of the coats and extend the hanging pole. Now that we have 50 people, there isn't enough room for 50 winter coats. We're hanging the overflow in the Skylight Room now. Related is our need of storage space for wheelchairs. Many of our participants arrive in wheelchairs, but they can get out of their chairs while they're here. When they leave them in the coat room, then the space gets jammed up.

Institute

Are there more wheelchair-assisted participants than you thought you'd have?

ADC

Oh yes. And that doesn't reflect the people who sometimes use them, or who need them after they begin our program, that sort of thing.

Departures share many of the same characteristics as arrivals. The first departures of participants from both the Great Room and the Skylight Room begin around 3:00 p.m. As the census of the Skylight Room dwindles, the groups are gathered together in the Great Room. Most of Luther Manor's participants depart for the day from the Great Room.
For most, the departure sequence begins when van drivers or family members arrive. It is usually staff who retrieve participants for departure and assist with coats. If more than one participant happens to be departing at a time, only one will be assisted with his or her coat in the vestibule/coat room, others will be assisted in the Great Room dining/activities area. Inevitably, the activities of departure become the focus of attention, which reinforces the air of transitions.

Between 4:00 and 5:00 p.m., the environmental atmosphere is one of apprehensive anticipation. By this point, Skylight participants who have been assimilated into the Great Room group often remain agitated following the room transfer. No doubt the room transfer has signaled the nearing of day's end, and departures underscore this. Individual participants begin repetitive verbalization of their concerns: "Who's picking me up? How am I getting home?" This atmosphere of anxiety is heightened as staff accommodate the participants' interest in the departure activity by turning their chairs to face the door. By 4:30 p.m., nearly all remaining participants have arranged themselves toward the door.

**Primary program spaces**

Days at Luther Manor begin with early arrivals who are supervised by one or two staff members. Participants drink coffee, converse in small groups, and watch television news in the living room. Most staff arrive between 8:00 and 8:30 a.m. and proceed to the daily staff meeting, held at a table in the dining/activities area. During this hour-long meeting, staff discuss each participant in attendance that day, and share recent experiences and observations about that participant. Participants are free to sit in on this daily staff meeting; at least one participant regularly does.

Following the staff meeting, Skylight Room participants are gathered and led to their separate program space, a procession that wholly secures the attention of the Great Room participants. Programmatically, the two rooms share a similar schedule, although staff note that activity sessions in the skylight room are generally of lower intensity and duration. According to staff, the primary differences between the two rooms are the sound level and subdued atmosphere. One of the most noticeable qualities of the Great Room is the change in light level from the bright dining/activities area to the dim living room. Though it has a generous row of windows along the west wall and numerous fixtures throughout the space, the living room area is plagued by low light.
Interior of Skylight Room.

ADC  Of all things, we didn't anticipate lighting to be a problem. I've looked into more floor lamps, but they're considered a fire hazard. I know it looks dark, but for our participants it hasn't seemed to be an issue, at least nothing we could point to and say that's because of the low light. We have good participation in activities. We don't have people falling asleep. We don't have any falls (knock on wood).

Institute  To what do you attribute the lack of falls?

ADC  I suppose people can see all right, they're not tripping on stuff, maybe the carpeting works really well. We have good staff. There's always staff around keeping their eyes on people. We don't have to restrain or tie them down so they're not trying to get out of chairs they don't want to be in.

To promote maximum flexibility in programming, the Great Room features a variety of types and sizes of furnishings. Participants are free to move chairs wherever they like; arrangements change throughout the day.

Institute  You have two gentlemen who always elect to sit in one corner of the room. Do you think it important to have areas where people can observe activity but choose whether to participate?

ADC  We're all different personalities and for some people the fact that they are just watching activities is more activity than they've had in a long time. They may be the sort of people who are never going to be up there tossing bean bags, but they want to watch it. I think it's good to provide lots of options. Also, some people really need to rest. If they don't rest they don't have they energy to sleep at night, or eat, or do the other things that they need to do. I underestimated the value of rest before I began here. When we first started we had continual activities and discussion groups--nobody was going to get one moment of rest. We felt like we had to constantly be bombarding participants with stimulating activities. We've learned over time that it's just as important not to overwhelm people with discussion groups and activities.
Kitchen and kitchen work

Kitchens in the Great Room and Skylight Room are open in concept. The open plan is intended to invite resident use as well as provide space in which staff prepare snacks and serve the hot noon meal, which is delivered in bulk from the nursing home kitchen. The residential-style kitchen features a full size refrigerator, automatic dishwasher, range and microwave. Coffee is available to participants all day, made in a commercial coffee urn.

Food preparation activity happens three times each day, procedures that provide temporal landmarks for program participants. Some participants are regularly involved in the setting and cleaning up of meals and snack times. Kitchen-related program activities such as baking are often scheduled.

**Institute**  Can you talk a bit about the movable cabinet in the kitchen? How does that work better for Luther Manor than traditional connected work counters or built-ins?

**ADC**  We very much like that you can walk all the way around them and you can make it smaller or larger by just flipping up the sides. We don’t really move it that often. Our intention was that we would move it out into the room for baking activities, but it’s too heavy. But that also means that it’s sturdy enough to use it for serving meals, and we don’t have to have our backs to the people all the time.

**Institute**  Is it the island that you like or the fact that you can go all the way around it?

**ADC**  Both. I’d seen several set-ups in the past and didn’t like many. Especially those with the built-ins, with kitchens off to the side or through doors. You could see it, but it was not in the main program space. I like that our serving space is one you can walk around. We can see things, be more a part of the program, not separate.

**Institute**  What are the advantages of having the kitchen integrated into the dining area?

**ADC**  Kitchen smells and sounds are very familiar, and people really like them. A lot of the participants get their own water and coffee throughout the day. There is enough space that the wheelchair people can even go up and get coffee and water. I like all of that, that they have free access and can help us set the table and get prepared.
Dining

In both rooms, the dining areas also function as primary activity areas. Maximum flexibility was a key issue in designing these spaces. The hot noon meal is prepared in the nursing home kitchen and delivered in bulk in large steam trays. Plates for participants are prepared individually by staff.

Institute  
What's the importance of having a range of table sizes?

ADC  
Some people like to sit with a small group, they're just not comfortable sitting with eight people at a table and would rather be with three or four. Then we have to consider the participants with special needs; we have so many people with special needs. The bigger we get the more that happens. So we need to have a space that we can use to accommodate bigger chairs, maybe three or four wheelchairs and staff intermixed either helping people eat or watching for choking. We have a few people who have odd or very disruptive eating behaviors that nevertheless still want to be in a group...here it's nice to have different sizes of tables so that they still have the illusion of being part of a group. It's good to have flexibility, to be considerate of the people who are really bothered by particular behaviors, and then there are some people who don't mind it at all.

Mealtime conversation is another example of how you need to be flexible with your seating arrangements. One gentleman, when he was here, talked constantly. He didn't make any sense and would be pointing his finger and talking about the corporate blah, blah, blah.... He would have some of the more impaired women in tears because they didn't understand. We found success in putting him with people who couldn't understand much language but would nod their heads in agreement. That kind of flexibility is nice to be able to have.

Toileting

There are a total of six toilets to serve an average daily census of 48. Three toilets are accessed from the Great Room: one with three ganged stalls, a second for toileting with one-person assistance and the third for two-person assists. A fourth is located in the personal care/bathing room off the main corridor. The Skylight Room has one conventional sized toilet room located away from the room, along the room's entry hall.

Institute  
You're finding in the Skylight Room that one bathroom is not enough for the number of participants in that space (12-13). The question is what ratio do you think would be appropriate: Is it two bathrooms for 12 people, so one to six?
ADC  Two would really be nice. I would put in a second identical to the one we have, planning for the future possibility of needing equipment to transfer people from wheelchair to toilet. I'd plan for a room size big enough to put a commode in there if necessary, with plenty of space for a lift. Certainly I would ask the staff what they thought necessary. I'd probably spend time watching how the toileting procedure works for a couple of days.

Institute  What do you see as the positives and negatives of ganged stalls?

ADC  If you have a lot of participants who can go on their own or need only a little supervision, ganged stalls are fine. There's no waiting in line, more people can use the bathroom at the same time, and it requires fewer staff.

On the other hand, ganged stalls are small. It's hard even if a little person with a walker tries to use one. They should be able to accommodate that, but they're really pretty small. Then add a staff person in there trying to help somebody pull their pants up or help them a little bit. You almost need to have the door open.

Bathing

There is one bathing room outfitted with two tubs separated by a curtain, as well as a toilet and changing area. The room is located on an outside wall adjacent to the facility's main entrance and across the hall from the Great Room. Depending upon the number of baths being given, one to two staff members are assigned to bath assistance. Currently, 12 baths are given per day.

Institute  To be bathed, people have to leave the program space, out and across the hall. How well does that work?

ADC  If we had it inside we'd have to really make sure that we were paying attention to all the noise factors... Bathing is very hard for some of our participants, and they're inclined to (verbalize) quite a lot. We don't want to upset the other people by having them hear all that. There's the noise of the tub draining, the staff trying to communicate over the sound of the running water or whirlpool or music and that could be disruptive. Plus the problems of the heat and humidity. One of the reasons it works now is that we have enough participant volume. Now we have a waiting list for baths. It's a much more popular service than we expected.
Wandering

The original design of the Skylight Room included a therapeutic pacing area. The pacing corridor is essentially a hall seven feet wide with entrances at the east and west ends. In practice, though, participants do not use the pacing area, and staff utilize the space for wheelchair and equipment storage.

Due to lack of use, the pacing corridor is now storage.

Institute  It seems as though the corridor that you don't really want them to use, the long entry hall into the Skylight Room, has become the pacing area. They like to go down the hall, check the door, go back and forth. How do the staff and program respond to that behavior?

ADC  We see this behavior in the Great Room, too, of people constantly going to the door if we're not engaging them. I think it's a challenge. We try to look at people's patterns and routines in the Skylight Room and work with them.

Institute  One of the other things that seems to potentially lead to pacing in the skylight room's entry corridor is the location of the bathroom and the bathroom parade after lunch. Pacing seems to increase in the afternoon.

ADC  Right. They have to use that hallway to get to the bathroom. If I had to do it again, I think the bathroom should have been inside the Skylight Room.

Elopement

To date, elopement has not been a problem at Luther Manor. For the most part, Beth Meyer-Arnold attributes this to training, an alert staff and good design.

Velcro straps may deter elopement.
Institute  The design and location of the doors (at the ends of short hallways) appear to have mitigated elopement. However, the sight of the door seems to trigger some people's interest in trying to leave. How do you think that could be better addressed?

ADC  I think doors and coats both trigger elopement behavior, but definitely for most of the people it's the door. You can hear participants thinking out loud: "I see people going in the door, there's people out there, there's the door, they keep opening it, that's the way to go." For others, the trigger will be the van drivers coming for somebody else. If we know we have a participant who's especially sensitive, we will put a sign up for a couple of weeks asking van drivers not to come in, please stop at the front desk. Reception can call in and we'll bring people out. I think it would definitely help if you could eliminate the sight of the door, but on the other hand, you know, they want to see the door, it's reassuring.

In the Skylight Room, they can't see the door, and still participants have slipped out without our immediate notice. I think that the main door somehow has to be disguised. Being obscured in the darkened vestibule seems to help. The key is keeping people involved. Then they can forget about the door.

Institute  What about the main corridor on the other side of the door? Do you feel it gives you another layer of insulation before they get out or is it negative in that they're in a corridor and they can get into other areas?

ADC  I do think the corridor acts as a barrier to interruption of the program and I think that's important. The activity of coming and going is very disruptive. The better we become at providing the right activities for people the fewer the elopements we have. It helps to know your participants, and to recognize that the weather influences behavior. We have to pay attention to the fact that there's a lot going on today, and it's beautiful out. Some participants have more sensitive times of the day that we have to watch for. For some participants, dealing with this kind of behavior becomes part of their care plans. That's one of the real benefits of having nurses here, to create care plans. It's about understanding the behavior, knowing that we're not always going to be able to prevent it, figuring out how we can use the space and how can we use the program to control things. It all works together.
Institute

From your experience of the process or of the final product, what are one or two things that you believe are absolutely essential to the provision of good day care?

ADC

I think it's important that 1) you have enough space, and 2) you have some dissimilar areas for variety's sake. I don't know if that's a good way to describe it, but I think having a space that people can walk to, where they can have a change of scenery is really essential. What you don't want is people sitting in one spot and spending the whole day there. If the person needs distraction, redirection, or has extremely short-term memory loss, then it's really nice to have two areas to walk in. It's a change of scenery, someplace you can say, "Come walk with me." Two spaces give you another tool for intervening, too. It's important to have the bathrooms accessible. You don't want to locate the bathrooms in the hallway where you have to leave the room every time you take somebody to the bathroom.

And it's key to be aware of the security issues that you're going to have to face. It's really ideal if you only have one door in and out, but if you can't control that then you'll have to pay extra attention to entrance and exit issues.

Institute

In terms of one or two things, if you had to do it all over again, what would you like do differently?

ADC

Well I'd love to have that extra space in the Skylight Room that is set aside now for the pacing area. I'd eliminate that wall, which would give us more room, a bigger space for the Skylight Room. Then I'd rearrange the dining area, make it more versatile and have more area available for the living room. Of course, I'd put in another bathroom. I'm really glad that we have all the storage that we have, but it would be great if we had more.