Theme
Something old, something new.

What this case study shows:
- Past experience is important, but it can impede realization of future goals and objectives.
- The outcome of conflicting objectives. In this case, the key decision to implement an open concept space prevailed over the desire for a home-like atmosphere.

Place Profile

Director
Cathy Young

Site/context
Located on Milwaukee’s near west side, straddling an upper middle class with historic register houses and a lower income district made up of small homes and rental flats.

Facility type
Purpose built, stand alone facility

Building size
6,000 gross square feet

Estimated cost/square foot
Approximately $105

Architect/designer
Cerreta Group, Waukesha, WI

Program

Mission and goals

Inspired by religious values and Catholic social precepts, the mission of Catholic Charities is to build a caring community by providing social services to those in need and by advocating for justice and equality for all. The goal of the program is to help frail elderly with dementia help themselves to live as fully as they can for as long as they can in their own homes. To ensure each participant experiences a full and rewarding day, Catholic Charities has sought to create a safe, comfortable and secure environment. For caregivers, Catholic Charities offers support, assistance, encouragement and rest.
General description

Catholic Charities has been providing adult day center services since 1981. The current day care program outgrew its initial facility in the basement of an Episcopal church. Following an independent consultant's recommendations regarding strategic issues, planning and development for a new facility was initiated in 1993. The new site opened in November of 1997.

Catholic Charities provides services to its participants and their families from 7:00 a.m. to 5:00 p.m. Monday through Friday. Although the daily fee at Catholic Charities is $34 (or $18 for four hours or less), the center adheres to a policy of contribution. All participants are mailed a monthly contribution envelope to which they may donate what they can for the cost of service. No person is denied service or penalized for not contributing.

Services offered on a daily basis at Catholic Charities include:

- Personal care (personal hygiene, bathing, nail and hair care)
- A hot noon meal, plus morning snack
- Health maintenance (blood pressure checks, supervision of medication)
- Individual needs (physical and occupational therapy as prescribed)
- Activities (on-site and occasional field trips)

The program at Catholic Charities takes place in the large, multipurpose room. In general, one activity is conducted at a time. A morning snack is often followed by range-of-motion exercise, discussion of current events, an activity, lunch, and an afternoon activity. Occasionally, a large-group activity such as a sing-along, may occur simultaneously with a small group activity such as crafts, a game, discussion, or rosary. In this case, one activity is conducted in the multi-purpose room, and the other in the adjacent sunroom/chapel. Mass is held twice monthly.

Staffing

Reporting to the director/administrator, Catholic Charities has a total staff of 13, of which six are FTE. Among these are a social worker, RN, activity coordinator, six nursing assistants and four activity assistants. The staff to participant ratio ranges from 1:8 to 1:4 if more than 25 percent of participants are severely impaired. The center also has two consultants, one in social work, another in recreational therapy. Eleven of the 13 employees are age 45 or older. The length of time that most employees have been with Catholic Charities is remarkable, with 80 percent having been with the program ranging from 11 to 16 years. The director comments:

**Institute**

*To what do you attribute your staff retention?*

**ADC**

*It's a lot of things. It's the atmosphere, the working conditions and their dedication to what we're all about. I really do think a lot of it is that we do sit down with staff and have meetings. We like staff to feel it's their program. It's so rare in long term care to have staff feel that the facility is their facility: It's a job. We know that all these people are not paid very much, and probably paid much less than in hospitals and nursing homes. But our staff are not here for the money. We have a family atmosphere and staff work well together as a team. We talk to the staff. We listen to*
our staff and validate them and let them know how valuable they are. I tell everyone that our program is the staff. You can have any building, but if you don't have good staff and good programming it doesn’t make a difference. We were successful in the basement of a church. We had the census and solid staffing. It’s ongoing to keep that with staff. It is a lot of work to keep staff happy, especially when they can go out and get $2 an hour more--of course we struggle with that. It’s just an ongoing process.

Institute

You’ve said that in some ways the transition to this building was more difficult for staff than participants. In what ways?

ADC

Some of it was adapting to the larger size and issues of timing. From a practical standpoint, before, when the bathroom was literally right next to the activity area, it was really easy to get someone to the bathroom. Now that the toilets are located in a more appropriate place, it takes longer to get people there. It’s getting the timing figured out.

*It's also taken some time to figure out the best ways to best utilize the space we have for activities--adapting to the different spaces, different demands and growth is challenging. To adapt to having ten new people in the program within a month or two, as we did pick up our census, that takes time. One of the things that I think we do well is to know the participants when they come in, to know their needs, their past history, family and everything. When you have so many people starting the program all at once, to be able to give them individualized attention takes a little time. We had to adapt to that. It was a faster pace. After a year I think we’re still looking for ways to improve and change.*

Participant Profile

Catholic Charities has 80 enrollees (up from about 30 in the former site), a maximum capacity of 50, and a daily average of 45 persons. Most participants attend for seven to eight hours per day.

Participants are 50 years and older, with an average age of 82. Males make up 40 percent of participants, 60 percent are female. Sixty percent of participants are cognitively impaired, 10 percent of participants use wheelchairs and 40 percent of participants are incontinent.
Physical Setting

The Catholic Charities facility is a single story building of brick and stucco with a low slung shingled hip roof interrupted by shallow arches that accentuate the windows.

The arched-top porte cochere (covered passageway for vehicles) has brick piers topped by columns. Overall, the design of the day care center facility is suggestive of the vernacular bungalow (one story cottage-type houses) that populate the surrounding neighborhood.

Program spaces are classified in terms of three primary areas: activity spaces; administrative spaces; and support spaces. While administrative and support spaces are located at the "front of the house," the activities spaces are located in the back half of the facility, furthest away from the parking lot and main entrance, a configuration calculated to reduce disruptions. The large multipurpose room (30' x 40') is used for dining on one end and activities on the other. The room adjacent to the multipurpose room is the center's second activity space, generally referred to as the sunroom/chapel. The administrative offices are located off the main entrance. Support spaces include therapy, respite, men's and women's toilet rooms, a personal care room, beauty shop and laundry.

Conceptually, the design of the Catholic Charities facility is based on what program leaders had learned in the past. "From experience, we knew what we wanted," Young says. An open concept and a warm, home-like atmosphere were the two primary objectives for the new facility. The decision to limit the program to 50 participants was also relevant to the design.

Institute

Were there any specific things that you'd experienced in your former space that played into the design of your new facility?

ADC

Several things. The day care at St. Timothy's had one room facing a funeral home and parking lot where participants would see all of the vans. We liked the windows and sunshine, which is why we did this design (with many windows). It helps when people are aware of the environment and lets people know what it's like outside. The other room was very dark because it didn't have large windows, just a church basement type of a window. It was dark and gloomy and it affected peoples' moods. In our new building, they can look out. They can see our patio and our wander path.

Institute

Some day care providers feel that windows are too stimulating and disruptive.

ADC

Yes, I agree that it can be very disruptive. If it's on a busy street it can be. This new facility was designed intentionally to provide a view onto a peaceful setting with birds--there are bird feeders out there--as well as nature.
The large, rectangular multi-purpose room is done in a color scheme of burgundy and teal blue detailed by wood accents. The room features a vaulted ceiling, indirect lighting, windows with views to a wooded outdoor area and a gas fireplace at one end, all elements that contribute to the impression of a lodge. The activity area of the multi-purpose room is focused toward the fireplace. Located at the other end of the room is the center's kitchen, a separate room that is available for participant use only during specific activities. The kitchen has a pass-through window to the dining room, which, when not in use for serving meals, is closed off by a metal tambour door.

Half-walls define the perimeter of the multi-purpose room. A course around the room's periphery is suggested by dark green tiles laid every few feet in an effort to demarcate a wandering path. Although initial plans called for carpeting on the activity half of the multi-purpose room, floors throughout the facility are white vinyl tile. Although the director cited the need to keep the floor clean and odor-free as the primary rationale for going with tile exclusively, in combination with the vaulted ceiling and predominance of other hard surfaces sound reverberates and echoes in the large

Institute  How is the tile flooring working out?

ADC  We're happy with this choice for cleaning. We looked at carpeting. I went to the facilities that have Flo-tex. I talked to the maintenance people, and although I heard it is relatively easy to maintain, some people said they had to rip up a lot of it anyway, and I just didn't want to get into that. I did like the way it looked. It was picked out and then we decided just to go with the tile. I think we're glad we made that choice. The offices are carpeted because the carpet was donated. Considering our participants, with their wheelchairs and walkers and everything, tile has just worked out.

The multi-purpose room is furnished with sofas, tables and highback chairs with wood arms, vinyl seats and some with fabric backs. The dining area features rectangular eight-person folding tables.

The sunroom/chapel, about one-third the size of the multi-purpose room, serves as a secondary program space. This room has a dropped acoustical tile ceiling, rectangular fluorescent fixtures and white tile flooring. Located along the inside wall is a storage closet containing information resources on aging. A folding accordion door is used to divide the room in half. Although the portable altar is stored in this room, it is moved into the larger activity space in order to accommodate the large number of Mass participants. Windows on two sides of the room look out onto the outdoor naturescape and admit natural light.
The Place In Use

Coming and going

Arrival times at Catholic Charities begin as early as 7:00 a.m. and continue as late as 11:00, but most participants arrive between 9:00 and 9:45. Most are conveyed via county transport van, each of which carries between six and eight people per trip. From 9:00 to 9:45, as many as four vans arrive simultaneously. Departures begin as early as 1:00 p.m., although most occur between 3:15 and 4:30.

People enter the facility through the main entrance under the porte cochere, which faces the parking lot. While the porte cochere is designed to protect people from inclement weather as they enter the facility, in reality not all transport vans utilize the covered entry.

Institute

The covered entrance in front of the front door appears too narrow for vans. We observed this morning that a few vans don’t even go under it.

ADC

When the architects were designing it, they met with some of the transportation companies and got measurements for their vans. Unfortunately, just after that a different transit company took over the system. They came from another state with these huge vans, and that’s why the porte cochere is inadequate.

Once inside, participants are helped out of their coats in the narrow entry hall. Staff take participants’ coats to a closet located near the administrative offices, where each coat is hung on an assigned hanger labeled with each participant’s name. The obscured location of this closet is designed to eliminate elopement cueing that can result when day care participants see their coats.

Institute

Other adult day center centers de-emphasize their front doors from the activity or dining spaces. Here, your front door is visible from most parts of the main room. Was this intentional?

ADC

It’s less visible here than in our former space, and because one of our objectives was to be open in concept, the door is just obvious. In our experience, doors in general are not necessarily a problem, and in any case, this main door is not the door the wanderers use. They find the back doors that are hidden. At St. Timothy’s the entrance opened directly into our activity room. Here at least we have the reception area, the desk and two doors, so that if we do have someone who wanders and they get through the first door (which is alarmed), they’re unlikely to get through that second door. In terms of security, this is much better.
More than seeing the door, our bigger concern was for people to not see all the vans coming and going. In our space now, participants are seated in a way that they can't see the van traffic, where they can't be distracted or upset by all that commotion.

Primary program spaces

For the most part, Catholic Charities participants are seated in the multi-purpose room and engaged in one activity. A typical day's schedule consists of a morning snack, exercise session, discussion, an activity, lunch, and an afternoon activity. Occasionally, a large group activity occurs concurrent with a small group activity, such as crafts, a board or card game, discussion or rosary. At these times, the sunroom/ chapel is used for the smaller group.

The sunroom/chapel is also used as an alternative program space when the participant group is divided by cognitive or functional ability level. For example, 10 participants who need mealtime assistance take their lunch in this room. In addition, the quiet of the sunroom/chapel makes it ideal for refocusing disruptive participants and for napping.

Institute

What activities take place in the sunroom/chapel?

ADC

They do crafts. They have small group discussions, exercises for a very low-level group. They play with balloons and balls and have real simple discussions. There is a small percentage at a very, very low level and they need one-on-one attention in order to draw out any response. Sometimes we do a health and beauty activity, or they will do their nails and hair and just talk. There is a rosary time. We have a group that likes the traditional rosary or church services.

Institute

What about when participants want to be alone or simply need some rest? Do people use the sunroom/chapel that way? Can people just be by themselves?

ADC

There are a couple people who like to isolate themselves, though we have surprisingly few. We have opportunities for them to sit alone. We have a couple of
gentlemen who like to sit in the sunroom and watch TV or play cards. It doesn't come up often, but some of our very alert people sometimes just want to sit alone. They know where they can go when they want to be.

Institute
Where would they do that?

ADC
A lot of times they choose to sit in the window bays (in the multi-purpose room). There, you can sit alone, but not be too alone. Some might sit at a table and play cards or do a word game. There is a gentleman who likes to go to the chapel and sit there, but he is one who comes in and out of an activity. He stays a little while and then he needs to get away—he knows that about himself. When he needs to lie down and rest he goes to the respite area. We have very few participants who really want to be completely alone, especially once they get into the program.

The truth is, with most of our participants, these are people already who spend too much time alone. They're alone at home. We have people who feel isolated in other settings, who feel isolated when they're with their own families. Families do not like them to be alone while they're here. Most of the time we find that they do engage in some activity, even if on a limited basis. If they're here they want them to be in the program, to be active. The physicians want them to be active, to be involved. Everybody is different. That's something that we learn from our assessments too, to know if the person is a loner and to understand past activities or interests is important. The point is, we don't push anyone to get involved in an activity. Sometimes there are reasons why, and that's our chance to really assess what's going on. If they want to sit to the side that's fine.

Kitchen and kitchen work

The kitchen at Catholic Charities is not a participant space. The director believes this approach is safer and more appropriate for participants with dementia. The configuration was also intended to isolate the noise associated with meal preparation, thereby minimizing distraction while program activities were being conducted. However, when staff are preparing meals, the rolling metal window partition is open to the general program space.

Institute
While other day care centers might have the kitchen more open to the dining area, we've noted your desire to have that room, for the most part, closed.

ADC
For participants it's closed when there's a lot of activity in the multi-purpose room. This afternoon there's a cooking group scheduled--then it will be open.
Institute

So the participants will be in the kitchen?

ADC

They can go in and help cut things up. A lot of times participants will be helping and working at tables in the dining room area—it’s easier because so many people are in wheelchairs. When no one’s working in there, we do close the kitchen off for safety reasons. We do have two people who could go in there and wouldn’t know if they put their hand on a hot plate, or who would go in and pick up a knife by the wrong end. Those are things we are really concerned about. Some people may be on special diets and they don’t understand that they shouldn’t have certain foods. Those are reasons for keeping the door closed.

Institute

Do participants ever want to go in the kitchen, be a part of that activity?

ADC

No. They want to be served. Seriously, they like to be served. We do have some women in the morning that help make the coffeecake. This afternoon they are baking bread. We have bread maker machines. They stand around and watch that activity and are a part of it. A lot of our discussions are about cooking and baking. They talk about their favorite recipes, how they used to bake bread. It’s more than just the activity of baking bread. At other times, it is closed.

Dining

In both rooms, the dining areas also function as primary activity areas. Maximum flexibility was a key issue in designing these spaces. As noted, meal preparation and plating are carried out by staff in the kitchen. Participants are served restaurant-style at their tables.

ADC

We set the tables differently at different times. Sometimes we have them face the other way, and so there is a lot of flexibility. We’ve used banquet style and all different ways, especially for the different holidays we change things around. Originally we talked about round tables and the pros and cons, because we have had round tables before. When you have round tables it leads to more discussion and interaction. But some of our people wanted to isolate themselves, and they feel they can do that at a longer table. So we switched our thinking to longer tables.

Institute

Do you see any disadvantages to long tables?

ADC

It’s maybe harder to converse, but then we’ve put the tables together because (the participants) liked it that way. The tables used to be apart and then we found that
the participants liked them together. So we said, "If you like the tables together, we'll put them together." They like the family atmosphere—it's like at Thanksgiving where everyone is together. We'd fit more people if they were separate, and it's easier for staff the other way, but this works out fine and we do it the way the participants wish.

Toileting

Catholic Charities facility has six toilets to serve an average daily census of 45. The rest rooms are not visually accessible from the multi-purpose room and at times, participants were observed requesting staff to assist them in locating the rest rooms. The rest rooms were intentionally placed away from multi-purpose room, in part as a reaction to the toilets at the program's former facility, where they opened directly onto the dining room.

ADC

Now there is more privacy in that it's set away from the activities. I think it is important to give people privacy. They are all wheelchair ADA accessible, which we didn't have before. The restrooms were designed specifically for a setting this size with a population of this many people. We talked to the CNAs—the people who really do the toileting. It's easy for advanced architects and other specialists to create designs, but they didn't always know a lot about the really practical, basic things that need to be considered. For example, it turned out that we needed to have this wall reinforced because we had to put a bar in here—that wasn't in the initial plan. Staff knew that it was important to have a toilet next to the bathing area, and originally there was no toilet next to the bathtub, because other facilities didn't have that. That's why you want to include staff in the process—those are the kinds of things staff contribute to making a better facility.

Institute

Do some people need two-person assistance?

ADC

Yes, two and three.

Institute

Two and three?

ADC

Well, we didn't really want to get into chair lifts for a lot of different reasons. So the staff started thinking about how we could do it, and it works out beautifully, because the bathing room it is just a huge space and it's easy to do it. If it's a three-person transfer we have that room to use.
Institute  Do you find that more participants ask for assistance?

ADC  Not really. We have a percentage that really just know and can go on their own. We don't find people asking for assistance just because the toilets are down the hall. That's primarily because we know when they come in who needs assistance and who doesn't. Through an admission assessment and other assessments families will tell us who needs incontinence care. You just have to be aware, and recognize that needs change over time.

Wandering

On the periphery of the multi-purpose room, Catholic Charities has a wandering path, set apart from the room proper by half walls and columns, and marked by a course of widely-spaced dark green floor tiles. Well-intentioned, the wandering path has two weaknesses. The first shortcoming results from the use of dark tiles; observation indicated that some wanderers avoided the dark tiles, perhaps perceiving them as “potholes.” Problematically related is the broken pattern of dark tiles set in the ground of white; researchers observed the inconsistency pattern appeared to confuse some people. The second weakness of the wandering path concerns its course and the customary location of program activities. The path defines a route that circles the perimeter of the multi-purpose room, the west end of which leads it in front of the fireplace, the place where the majority of activities customarily take place. So, rather than walking through the group activity, wanderers will usually walk along two or three of the path's sides and stop, or continue through the sunroom/chapel.

Institute  The majority of your participants are engaged in a scheduled activity that goes on in front of the fireplace most of the time. You also have a few people who wander.

ADC  The people (right now we have two) who wander and use that path have dementia and Alzheimer's. They go back and forth. They go to the door of the sunroom, look at all the windows and walk back. They generally don't go through the door. They just look into the sunroom, and then they go back again. When there's nothing going on (in front of the fireplace), they know they can go (through). You know, they could also go into the chapel rather than going in front of the fireplace to make the circuit if they wanted to.

Institute  What happens when there’s an activity in the chapel? You mentioned that sometimes you have an activity in there and you close the door to maintain quiet.
ADC  It's fine by our staff to have someone with dementia coming in and out of activities. They close the door to keep the noise down, but it's certainly OK if they go in to look and see. Maybe one will want to sit down and participate in that activity. That's why it's kind of open. Even though they're wandering, they may stop and participate, that's OK. A lot of times when we have two group activities going on, those wanderers will become interested in one of those activities. You'll see that when there is no activity going on that's when most of the wandering occurs.

Institute  Is it disruptive if someone wanders through an area when there is an activity?

ADC  The people we have now seem to walk past. They don't stop or they don't talk. They just wander; they look to see what people are doing. If there's a low-level activity going on in the sunroom/chapel, of course staff will try to engage them in the activity. If a staff person knows a wandering participant might be encouraged to come in and sit down, they will ask. That's typically what happens.

Institute  You haven't found that to be too disruptive?

ADC  Not with the participants we have right now. This is one of the reasons for having two groups. Certainly it's disruptive if someone is getting up and down, knocking people in the arms, but the staff know the participants very well. They know who is likely to wander and who is not, and where they should sit so they can get up and down with the least disturbance. They're sat toward the back of the room.

Institute  We know of some day cares with multiple activities where they literally close the rooms off for the purposes of avoiding disturbances from wanderers. What's your opinion about that approach?

ADC  I would hope that there would be some alternative avenue for people who wander, some activity that they could engage in if they wanted. I know that we have two participants who were asked to leave other Alzheimer's programs because of their wandering. One woman wanders all the time, but we don't view it as a problem. Perhaps it's just our attitude and our experience. If you close the door to someone with Alzheimer's, they are going to find a way to open it.

We are fortunate in that we really have only two people who are at risk of being potentially disruptive. If we had maybe five or ten, now that would be a different story. Then we would reevaluate our program. I can see how a facility with a high level group couldn't tolerate it. You have to consider a lot of reasons for the negative behavior. Sometimes people are disruptive because they don't like the facility. That hasn't been a problem for us here. I would hope that all adult day cares would provide other avenues for those people, that they just wouldn't wander all day long. I think they would want to engage them one-on-one even for 20 minutes if they were able to do that.
Institute

When you look at the wandering path and recall your original intentions for it, do you think it's achieving what you wanted?

ADC

The way we use the building is different from how we originally envisioned. What works better for programming and seating is what you see, and participants really like the fireplace when it's on. Sometimes they do have activities that are going on in front of the wander path. But people can walk behind it if they want to, although we haven't really found that people continue to walk the path. They really do want to go to the sunroom. Cognitively they're not able to follow the path.

Elopement

There have been no elopements to date from Catholic Charities. However, it is not unusual to hear exit alarms sound several times a day. The elopement location of choice is a back door, down a corridor near the bathing room. It seemed likely that wanders recognized this as the only door that was routinely out of view from staff and other participants because elopement attempts would be made at this door only, not the main entrance or the side door next to the kitchen. The organizational response to attempted elopement is for staff to "drop and go," save for the staff person who is leading the scheduled activity. Participants typically showed no reaction to these episodes.

ADC

We have been very fortunate we haven't had anyone elope from the building. Other facilities have and most day cares have. Our good record is probably the reason why we have two particular people in our program. Both had eloped from other facilities and they didn't even know they were gone until it was time to go home, and then they realized two people were missing. That's hard. We are just fortunate it hasn't happened. I don't think it is a bad facility if elopement happens; in some ways I think it's inevitable.

Institute

Do you have any thoughts on why wanderers tend to go for the doors that are more concealed?

ADC

Well yes, it is interesting to theorize about that. I think participants know that we're stationed at some doors and they avoid those. Others don't exactly have a goal or destination in mind for where they're going; they seek out quiet areas, like this remote corridor and they simply try to open the door. Then we have people who try to open every door all the time, who aren't cognitively able to differentiate one door from the next. We have one woman like that. She starts out with the door in the back, and then continues on to each door where she sees an exit sign.
**Advice For Other Providers**

**Institute**  What advice can you give to other day care providers when considering designing a new facility?

**ADC**  Ask families, ask your caregivers and staff for their ideas. Get their input because administration doesn't always know what's best. Look at other sites to see what works for them and what doesn't. We did that. Ask people who built other sites. Sometimes people aren't really open to talk about those things, but if they are, ask them what worked and what didn't work, what's underutilized and what's utilized a lot. Decide the type of participant population you want to serve. Be very, very flexible and willing to make changes. Knowing how much money there was and how much things were going to cost was important. We had to compromise on some things, to eliminate some because we wanted to include others. Guard the things you believe are most important.

**Institute**  What are some things that you really didn't want to compromise on?

**ADC**  The personal care room, for its privacy, and the extra toilet in the personal care room. The bathrooms. And the fireplace. I thought it gave the place warmth and a unique look. It's the little things that make the difference.