

Chapter 5 Results: Phase 2



Questionnaires were mailed to a contact person at 167 sites with kitchens for resident use after telephoning the facilities ahead of time. Of the 167 facilities, 45 (27%) questionnaires were returned. Of the 45 surveys returned, 12 respondents indicated that they did not have kitchens, despite the fact that the receptionists (or whomever answered the telephone at each facility) had stated that kitchens were present. Although the terminology that was used over the telephone was also used in the cover letters accompanying the questionnaires that were sent to contact persons, it appears that there was some confusion over the definition of a kitchen. A total of 464 questionnaires were mailed to other sites without ascertaining whether kitchens were present in the facilities. Seventy-one (16%) questionnaires were returned from those facilities.

Overall, 116 questionnaires were returned, yielding a response rate of 18%. Thirty-one surveys were not usable because 30 participants indicated that they did not have kitchens, and one indicated that the facility was a group home. One survey was returned due to an incorrect address. The resulting sample size is 85. In addition, a few cases were eliminated during analysis when outliers for certain variables were removed based on quartile exclusion. The responses that were removed were ones that fell outside the normal distribution of responses. Due to the low sample size, the extent to which generalizations can be made are limited. Nevertheless, the data can be used to describe characteristics of the kitchens that were sampled in the study. The following is a description of the design components that were characteristic of the kitchens as well as the activities and food service systems that were most common in the kitchens.

Design Components

Several design components are addressed in this section. These include the spatial configuration and layout of the kitchen, the appliances, counters and cabinetry of the kitchen, imagery, safety features, and best and worst features of the space.

Spatial Configuration

When asked "which best describes your kitchen? (check all the apply)," over half (52%) of respondents indicated that the kitchen is part of an activities room. Other responses indicated that the kitchen is part of a dining room area (39%), an open space that cannot be closed off (32%), an open space that can be closed off (11%), and a separate room with a door (19%). Only 2% of the respondents indicated that a hallway was near the kitchen. The majority (52%) of respondents indicated that the configuration of their kitchen was a "counter against one wall." The counter against one wall was often part of an activities room (66%) and, to a lesser degree, part of a dining area (32%).

Over half (52%) of respondents indicated that the kitchen is part of an activities room.

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Other configurations included “L-shaped” (20%), “U-shaped” (11%), “counter against one wall and island” (10%), “table” (3%), and “full kitchen/dining area” (1%).

Physical Features

When asked about specific appliances, counter areas, cabinetry, and windows that are part of the kitchen, the most common features that were checked by the respondents included sinks (92%), full refrigerators (88%), ovens (87%), microwaves (78%), standard height counters (77%), and cooktops (74%). Other features that were mentioned to a lesser degree included windows (57%), coffee makers (52%), toasters (48%), and kitchen tables (45%). Features that were not particularly common included mini refrigerators, dishwashers, washers, dryers, low counters, islands, and desks or work areas. With respect to cabinetry, more respondents indicated that “some cabinets/drawers were locked” (52%) as opposed to “all cabinets/drawers locked” (19%). Refer to Table 1 for a list of the most common features.

Table 1. Kitchen Features Specified (check all that apply)

Feature	Percentage With
Sink	92
Full refrigerator	88
Oven	87
Microwave	78
Standard height counter	77
Cooktop	74
Window(s)	57
Some cabinets / drawers locked	53
Coffee Maker	52
Toaster	48
Kitchen table	45
Bread Machine	35
Hand washing sink	28
Desk or work area	21
Dishwasher	21
All cabinets/drawers locked	19
Some cabinets/drawers labeled	15
Mini refrigerator	13
All cabinets/drawers labeled	13
Island	12
Low counter	8
Washer	6
Dryer	6
Juice Machine	1
Blenders & Grills	1
Small size range	1
Steam table	1

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An analysis was conducted to determine whether these features differed by the type of facility (nursing home or assisted living facility). Certain appliances, including microwaves, coffee makers, toasters, and dishwashers, were part of kitchens in assisted living facilities more often than they were part of nursing home therapeutic kitchens. Refer to Table 2 for the percentages. There was also a greater likelihood that all cabinets and drawers would be locked in the kitchens of nursing homes as opposed to only some cabinets and drawers being locked in assisted living kitchens.

Table 2. Facility Type by Features [percentage (n)]

Kitchen Feature	Assisted Living N=31	Nursing Home N=51
Sink	97% (30)	88% (45)
Full refrigerator	94 (29)	86 (44)
Oven	90 (28)	86 (44)
Standard height counter	81 (25)	75 (38)
Microwave	90 (28)	71 (36)
Cooktop	77 (24)	71 (36)
Window(s)	65 (20)	51 (26)
Some cabinets / drawers locked	55 (17)	53 (27)
Coffee Maker	71 (22)	40 (20)
Toaster	58 (18)	40 (20)
Kitchen table	42 (13)	45 (23)
Bread Machine	36 (11)	35 (18)
Hand washing sink	36 (11)	23 (12)
Desk or work area	29 (9)	18 (9)
Dishwasher	42 (13)	10 (5)
All cabinets/drawers locked	13 (4)	22 (11)
Some cabinets/drawers labeled	55 (17)	18 (9)
Mini refrigerator	10 (3)	14 (7)
All cabinets/drawers labeled	10 (3)	16 (8)
Island	19 (6)	8 (4)
Low counter	16 (5)	4 (2)
Washer	16 (5)	0 (0)
Dryer	16 (5)	0 (0)

Imagery

The majority of respondents described their kitchens as “a residential kitchen that could be in someone’s home” (64%). Others described their kitchens as “institutional” (20%), “an old-fashioned country kitchen (6%), an “apartment kitchen” (5%), a “dining room” (3%), “make-shift” (1%), or provided some other description (1%). Table 3 includes the appliances, counters, cabinetry,

The majority of respondents (64%) described their kitchens as “a residential kitchen that could be in someone’s home.”

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and windows listed by over 50% of the respondents for each distinct image type (residential/homelike, country, institutional, apartment-like). The greatest distinctions include the use of mini refrigerators in the “apartment-like” kitchens and the inclusion of windows in the “residential” and “country” kitchens. As Table 3 shows, the same features were evident in the “country” and “residential” kitchens.

Table 3. Features by Kitchen Image

Kitchen Image	Features Listed By Over 50% of Sites in Each Image Type
Country Kitchen*	Full refrigerator, sink, cooktop, oven, microwave, toaster, bread machine, standard height counter, kitchen table, some cabinets/ drawers locked, and windows
Residential/Homelike *	Full refrigerator, sink, cooktop, oven, microwave, toaster, bread machine, standard height counter, kitchen table, some cabinets/ drawers locked, and windows
Institutional	Full refrigerator, sink, cooktop, oven, microwave, toaster, coffee maker, standard height counter, kitchen table
Apartment-like	Mini refrigerator, sink, cooktop, oven, microwave, coffee maker, all cabinets/ drawers locked

*These image types have the same features listed.

Respondents were also asked to list one to two features, such as the decor, that contribute to the image of the kitchen they described. For the analysis of this question, responses from the residential and country kitchens were grouped together and compared with the responses from the kitchens that were identified as institutional in appearance. Open-ended responses suggested that the decor of the kitchen (window dressings such as curtains, wallpaper, and bright colors) (26%) as well as wood cabinetry (19%) contributed most strongly to a residential or homelike image. Other features mentioned included plants and live flowers (11%), countertops (10%), knickknacks such as dishtowels, linens, aprons, potholders, teapots, and crafts (9%), wood tables (7%), and standard appliances you would find in a home (7%). Refer to Table 4 for a list of these features. In contrast, a lack of decor, white color or a cold appearance (38%) and plain cabinetry (23%) contributed most strongly to an institutional image. Some respondents described the cabinetry as “basic” suggesting that cabinets which lacked decorative detail were viewed as institutional. Other features included institutional furniture such as feeder tables (15%) institutional looking, larger appliances (8%) and kitchens that were part of an activities room (8%).

Table 4. Features for Residential vs. Institutional Kitchens

Feature	Residential (percentages)	Institutional (percentages)
Décor (wall paper, color)	26	-
Wood Cabinetry	19	-
Plants and Flowers	11	-
Countertops	10	-
Knickknacks (dish towels, aprons, crafts)	9	-
Wood table/Furniture	7	-
Home Appliances	7	-
Other	6	-
Window to Outside	4	-
Lack of Décor/Color	-	38
Basic/Plain Cabinets	-	23
Institutional Furniture/Equipment	-	15
Institutional Appliances	-	8
Against One Wall	-	8
Part of Activities Room	-	8

Safety Features

When asked “what safety features are part of your kitchen,” respondents, in an open-ended format, mentioned devices for the stove (43%). These included a hidden switch, circuit breaker, key, automatic shutoff, and knobs that could be removed. Locked cabinets or drawers (23%) were also mentioned for cleaning agents, chemicals, and medications. Locked doors, gates, and half doors as well as policies that only permit residents in the kitchen area when staff are present, were used to restrict access to the kitchen (15%). Protective devices for other appliances such as switches for microwaves or protective coverings for bread machines (6%), hidden knives (4%), fire protection devices such as smoke detectors and fire extinguishers (4%), good lighting (2%), controlled water temperature through a faucet scald guard (2%) and non-skid flooring were also mentioned as safety features. Refer to Table 5.

When asked “what safety features are part of your kitchen,” respondents often mentioned devices for the stove.

Table 5. Safety Features [percentages]

Feature	Full Sample of all Sites
Stove (hidden switch, automatic shut off)	43%
Locked Cabinets/Drawers	23
Restrict Access (locked doors, monitoring)	15
Protective Devices for Other Appliances	6
Hidden Knives	4
Fire Protection (smoke detector, sprinkler, fire extinguisher)	4
Good Lighting	2
Controlled Water Temperature	2
Non-Skid Flooring	1

Best and Worst Features

Respondents generally provided two or three word answers and brief phrases when asked to identify the best and worst features of their kitchen design. Several items were identified as best features. The most common included accessibility of the kitchen (18%) in terms of the relationship of the kitchen to resident rooms and universal design features. Respondents often commented that it is important to include counter areas that are wheelchair accessible and cabinets that are low enough to be reached by residents in and out of wheelchairs. The openness of the space (without clutter) (15%), standard appliances (refrigerator, oven, microwave, sink) (15%), windows that provide views to the outdoors (10%), a homelike appearance and feeling (9%), long counters or islands (9%) for residents to sit around or cook, and cabinets that provide adequate storage space (8%) were also mentioned as desirable design features. Refer to Table 6 for a complete listing of the features.

Table 6. Best Features of Kitchen Space [percentages]

Feature	Full Sample of all Sites
Accessibility (location, counters, cabinets)	18%
Openness of Space	15
Standard Appliances	15
Windows (views to outside)	10
Homelike	9
Counters (to sit around or cook)	9
Cabinet Storage	8
Other	8
Safety Features	6
Lighting	2

In contrast, respondents indicated that a small size kitchen space (33%) was one of the worst design features. Other undesirable features included inaccessibility (16%) both in terms of universal design and the location of the kitchen in relationship to resident rooms, missing appliances (dishwasher, garbage disposal, stove, bread machine) (9%), little counter or work space (8%), refrigerator noise (8%), the location of the kitchen in another room such as the activities room or along a circulation route (8%), an institutional appearance (5%), lack of safety features (5%), and lack of cabinet storage space (5%). Refer to Table 7.

When asked how respondents would “suggest improving or increasing use of the kitchen,” a number suggested a larger space (19%) and including more activities in the kitchen besides baking (19%). As Table 8 shows, more appliances such as a dishwasher, bread machine, and larger stove (11%), a more homelike appearance (10%) through items such as curtains, tables, and knickknacks, wheelchair accessible cabinets and counters (10%), and more counter space (7%) were also noted. In addition, respondents

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indicated that staffing concerns (10%) were important. More staffing is needed to provide closer supervision of residents, and more training is needed to involve residents more effectively in kitchen-related activities.

Table 7. Worst Features of Kitchen Space [percentages]

Feature	Full Sample of all Sites
Small Size Kitchen Space	33%
Inaccessibility (relationship to resident rooms, universal design)	16
Missing Appliances (dishwasher, garbage disposal, stove, bread machine, etc.)	9
Part of Other Room (activities, dining, circulation)	8
Little Counter/Work Space	8
Refrigerator Noise	8
Institutional Appearance	5
Lack of Safety Features	5
Not Enough Cabinet Storage	5
Other	3

Table 8. Suggested Improvements [percentages]

Feature	Full Sample of all Sites
Larger Space	19%
More Activities (besides baking)	19
More Appliances (bigger stove, dishwasher, bread machine, steam tables)	11
More Homelike Appearance	10
More Staffing (supervision of residents, in-services, encourage resident participation)	10
Wheelchair Accessible (counters and cabinets)	10
Other	8
More Counter Space	7
Better Lighting	3
L-shape	3

Activities Programming

With respect to activities programming, the percentage of facilities that actually participate in different types of activities in the therapeutic kitchen was analyzed for all respondents. For those who indicated that the facility participated in a certain activity, average utilization rates were calculated for the various activities. These included the average number of residents and staff that participate in a given activity and the frequency with which the activity occurs.

The percentage of facilities that actually participate in the different types of activities listed on the questionnaire

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ranged from 22% (ethnic meals) to 92% (baking). Baking (92%), arts and crafts (68%), socializing and sitting (64%), meal set-up (59%) and meal clean-up (59%) occurred in more than half of the therapeutic kitchens surveyed. Refer to Table 9 for a complete listing.

Table 9. Facilities Participating in Activities [percentage]

Activity	% of Facilities Participating
Baking	92%
Arts and Crafts	68
Socializing/Sitting	64
Meal set-up (setting tables)	59
Meal Clean up	59
Housekeeping (e.g. sweeping floors)	47
Meal preparation	40
Holiday Dinners	32
Ethnic Meals	22

However, the number of residents that actually participated in the activity and the frequency with which the activity occurred varied considerably. As indicated in Table 10, a higher number of residents are involved in more recreational activities including socializing and sitting (11.29), arts and crafts (10.30), baking (9.18), holiday dinners (13.62), and ethnic meals (10.67). A rather low number participate, on average, in household activities such as meal set-up (4.04), meal preparation (6.53), meal clean-up (2.83), and housekeeping (2.59). Socializing and sitting occur approximately seven times a week, and arts and crafts and baking are offered on average about one and a half times a week. Household activities including meal-related tasks and housekeeping are offered anywhere from about 6 to 12 times a week. With the exception of ethnic meals (2.58) and holiday dinners (2.94), an average of close to two staff members are typically involved in meal-related activities, and 1.5 staff participate in baking.

A higher number of residents are involved in more recreational activities such as socializing and baking, and a lower number participate, on average, in household activities such as meal clean-up and housekeeping.

Table 10. Average Utilization Rates Per Category For Facilities Participating In Activities [Mean Scores (N)]

Activity	# Residents	# Staff	# Times/Week
Baking	9.18 (66)	1.57 (67)	1.44 (67)
Arts and Crafts	10.30 (52)	1.82 (54)	1.85 (52)
Socializing/Sitting	11.29 (42)	2.65 (44)	7.46 (47)
Meal set-up (setting tables)	4.04 (31)	1.92 (46)	11.78 (42)
Meal Clean up	2.83 (30)	1.71 (45)	10.11 (40)
Housekeeping (sweeping floors)	2.59 (27)	1.32 (37)	6.74 (37)
Meal preparation	6.53 (20)	1.85 (31)	5.81 (27)
Holiday Dinners	13.62 (17)	2.94 (24)	0.44 (7)
Ethnic Meals	10.67 (12)	2.58 (18)	2.19 (12)

Food Service

Questions related to food service addressed where meals are prepared, how food is served, the availability of snacks and beverages, and the extent to which residents help themselves to snacks and beverages. Comparisons are also made between kitchens that were identified as residential and kitchens identified as institutional in relation to meal service and the extent to which residents help themselves to snacks and beverages in the kitchen.

Meal Preparation and Service

The majority of the respondents indicated that all meals (breakfast, lunch, and dinner) are prepared in the commercial kitchen of the facility. Only three respondents (4%) noted that breakfast and dinner are prepared in the therapeutic or activity kitchen while four (5%) indicated that lunch is prepared in the activity kitchen. With respect to food service, respondents were given the opportunity to check more than one method of food distribution. As a result, percentages will not add up to 100% across the different types of food service. The use of trays in food service is prevalent. Thirty seven percent of the facilities surveyed serve meals (breakfast, lunch, and dinner) from trays, and 36% serve meals on dishes from trays (i.e. take the dishes off the tray). In other cases, 26% of the facilities surveyed serve meals from steam tables, and 19% serve meals family style. Refer to Table 11.

The majority of respondents indicated that all meals are prepared in the commercial kitchen of the facility. In addition, the use of trays in food service is prevalent.

Table 11. Food Service by Kitchen Image [percentages]

Food Service Distribution	All Sites	Residential Kitchens	Institutional Kitchens
On Tray	37%	32%	33%
Dishes off Tray	36	28	33
Steam Tables	26	28	33
Family Style	19	28	7

The different types of food distribution were also analyzed in relation to the kitchens that were identified as either residential or institutional. (Responses from the residential and country kitchens were grouped together and compared with the responses from those that indicated their kitchens are institutional in appearance). As with the responses from all participants, almost a third of the respondents from the residential kitchens (32%) and the institutional kitchens (33%) indicated that food is served on trays. Similarly, nearly a third of the residential kitchens (28%) and the institutional kitchens (33%) serve food on dishes off of trays or from steam tables. A difference is evident with respect to family style food service. Twenty-three percent of the facilities with residential kitchens use family style food service while only 7% of the facilities with institutional kitchens used that style. Refer to Table 11.

Snacks and Beverages

When asked “which items are kept in your kitchen and are available to residents (check all that apply), 70% noted that snacks are available, 42% of the respondents indicated that fruit is available, and 2% indicated that sandwiches are available. Cold beverages are available to residents in 77% of the facilities, and hot beverages are available in 45% of the facilities. In contrast, snacks and beverages are not available for residents in 19% of the facilities that were surveyed. Refer to Table 12 for a listing of the percentages.

Table 12. Items Available to Residents [percentages]

Food Item	All Facilities
Cold Beverages	77%
Snacks	70
Hot Beverages	45
Fruit	42
No Snacks or Beverages	19
Sandwiches	2

In general, a third of the respondents indicated that residents help themselves to snacks and beverages in the kitchen with staff assistance (33%) or prefer staff to help or wait on them (33%). Fifteen percent of the respondents noted that residents are not allowed to help themselves in the kitchen and 15% also indicated that residents are unable to help themselves. Only a few respondents (3%) indicated that residents help themselves to these items in the kitchen on their own. Refer to Table 13.

Table 13. Kitchen Type: Residents Helping Themselves to Snacks and Beverages [percentages (N)]

Do residents help themselves to these items?	All Sites	Residential Kitchen N=54 (7 missing)	Institutional Kitchen N=15 (5 missing)
Yes, mostly with staff help	33%	38 (18)	30% (3)
No, residents mostly prefer staff to help	33%	34 (16)	20 (2)
No, residents are not able	15%	15 (7)	10 (1)
No, residents are not allowed	15%	9 (4)	40 (4)
Yes, mostly on their own	3%	4% (2)	--

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The extent to which residents help themselves to food items in the kitchen was also analyzed in relation to the kitchens that were identified as either residential or institutional. As with the responses from all participants, about a third (34%) indicated that residents mostly prefer staff to wait on them or help with snacks and beverages in the residential kitchens. Similarly, about a third also indicated that residents help themselves to snacks and beverages with staff assistance in the residential kitchens (38%) and in the institutional kitchens (30%). In contrast, residents of facilities identified by respondents as having institutional kitchens were not allowed to serve themselves in a greater proportion of cases (40%), and preferred staff to help or wait on them in only 20% of the facilities surveyed. Refer to Table 13.

Importance

Using a five point rating scale, respondents were asked to evaluate the importance of the therapeutic kitchen from the perspective of the residents, staff, and family members. Specifically, they were asked: "Regarding the kitchen, would you say most residents/staff/families/ feel that it is..." (1=not at all important to 5=very important). Across all participants, the importance ratings ranged from 3.6 to 3.8 for the three groups (residents, staff, families) suggesting that the therapeutic kitchen is considered quite important. Refer to Table 14.

The therapeutic kitchen was considered quite important for residents, staff, and families but declined in importance for facilities with residents in the later stages of the disease.

Table 14. By Kitchen Type, Responses to "Regarding the kitchen, would you say the staff/ residents/ families feel that it is..." (1=not at all important to 5=very important)

	All Sites	Residential (n=54)	Institutional (n=15)
Staff	3.8	4.06	3.00***
Residents	3.6	3.78	3.00*
Families	3.7	4.02	3.20**

* $p < .05$, ** $p < .01$, *** $p < .001$

(significance between kitchen types per category of staff, residents, and families)

An analysis of variance was completed to compare the mean differences in importance ratings for the residential and institutional kitchen types that were identified by respondents. As expected, sites with institutional kitchens indicated lower levels of importance for the kitchen for staff ($p < .001$), residents ($p < .05$), and families ($p < .01$). Although not statistically significant, the importance rating for residents in the residential kitchen was lower than the staff or family member ratings. Refer to Table 14 for these findings.

The level of importance was also analyzed in relation to the cognitive status of residents. For respondents who indicated

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that the majority of their residents had early stage dementia, the importance level remained fairly constant across the three groups (staff, residents, families) ranging from 3.62 to 3.85. There was much greater variation for facilities with residents in the middle (3.38 to 3.90) and late stages (2.67 to 3.17) of the disease. Refer to Table 15. In facilities with middle stage dementia residents, the importance level for residents was lower than it was for staff and families. The importance level was also lower for residents as well as staff in facilities with late stage dementia residents than it was for families. From early to late stages of the disease, the importance level of the kitchen decreased for residents and staff considerably (a whole point on a five point rating scale) but only decreased approximately a half point for families.

Table 15. Level of Importance of Kitchen by Cognitive Status Of Residents (for only those who answered once, for the "Majority" of residents using the kitchen)

	Early Dementia N=13	Mid-Stage Dementia N=29	Late Stage Dementia N=6
Staff	3.77	3.90	2.67
Residents	3.85	3.38	2.83
Family	3.62	3.72	3.17

In addition, the level of importance of kitchens for staff, residents, and families was analyzed in relation to assisted living facilities and nursing homes and in relation to the setting of the site (urban, suburban, rural). Statistical differences were not found in either case. There is some indication that the level of importance of kitchens is higher in facilities that prepare and cook one or more meals in the therapeutic kitchen. In all instances, respondents provided a 4 or 5 importance level rating (on the five point rating scale) for staff, residents, and families. However, there was an insufficient number of cases (five respondents indicated that at least one meal is cooked in the therapeutic kitchen) to draw definitive conclusions.

Background of Facilities

As Table 16 shows, the majority of therapeutic kitchens (78%) included in this study are located on the unit as opposed to off the unit (22%). Ninety-three percent of the kitchens that respondents identified as institutional are located on the unit while 77% of the kitchens that were designated as residential are on the unit. On average, the kitchens were constructed or updated in 1993, although construction and remodeling dates ranged from 1942 to 1999. Fifty-seven percent of the respondents were nursing homes while 43% were assisted living facilities. The majority of the sample (60%) identified themselves as non-profit as opposed to for-profit (40%) facilities. In addition, the majority (61%) of the sites are located in a suburban

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setting as opposed to 34% in urban locales and 15% in rural areas.

Table 16. Sample Demographics

Descriptives of Demographic Variables	
Year Kitchen was Constructed or Updated: Average: 1993	
Cognitive Status of the Majority of Residents Who Use Kitchen:	
Early Stage Dementia	27%
Middle Stage Dementia	60%
Late Stage Dementia	13%
The Kitchen is	
On the Unit	78%
Off the Unit	22%
At full capacity, number of residents who can use kitchen: Average: 17	
Facilities:	
Assisted Living	43%
Nursing Home	57%
Facilities status:	
Non-Profit	60%
Profit	40%
Facility Setting:	
Urban	24%
Suburban	61%
Rural	15%

Respondents were also asked to describe the cognitive status of the majority of the residents who use their kitchen. For those who indicated that their residents were primarily early-stage, middle-stage or late-stage, 60% of the sites had residents with middle-stage dementia, 27% had early stage dementia, and 13% had late stage dementia residents. At full capacity, 17 residents on average can use the therapeutic kitchen for activities.