

## Shepherd House Milwaukee, WI

### Theme

Upstairs, downstairs.

### What this case study shows:

- The challenges associated with having an adult day center located in a basement.
- How to maximize the programmatic benefits of a constrained physical location.
- How decisions that maximize organizational and staff efficiencies impact participants.



## Place Profile

### Director

Sr. Edna Lonergan

### Site/context

Located in a middle income residential neighborhood on Milwaukee's south side

### Facility type

Adaptive reuse of a convent basement

### Building size

Approximately 6,300 square feet

### Renovations

Four renovations over 15 years:

- 1) dementia-specific space, called Leandra Hall
- 2) a pacing area
- 3) a space for the very old and frail suffering from chronic physical disease with moderate dementia, named St. Francis Hall
- 4) a dedicated therapy department space

### Architect/designer

C.G. Schmidt, Milwaukee, WI

(first and second renovations)

Cerreta Group, Waukesha, WI

(third and fourth renovations)

## Program

### Mission and goals

#### ADC

*The mission of the Sisters of St. Francis of Assisi is to serve the underserved. At the time (of the day care program's inception), the underserved (as determined by the community needs assessment) were very frail older adults who were just being placed in institutions, regardless of whether they needed it or not.*

## **General description**

The adult day care program of Catholic-affiliated St. Ann's Shepherd House began as a nursing home and rehabilitation program for aging nuns that was opened to the public in 1983 following a community needs assessment. The program serves physically frail adults over 60 years of age, as well as those suffering from dementia.

Adult day care at Shepherd House is provided in two spaces, Leandra Hall, a room dedicated to the needs of individuals in moderate to severe stage dementia, and St. Francis Hall, where care is provided to very frail adults over age 85 with moderate dementia. The hours of operation are Monday through Friday, 6 a.m. to 6 p.m. Though the daily schedules of Leandra Hall and St. Francis Hall are distinct to reflect the different needs of each population, in general, the program offers:

- A hot noontime meal, as well as a morning and afternoon snack.
- Programmed activities (exercise, storytelling, crafts, music).
- Access to daily mass, which is held in a chapel on the building's first floor.
- A monthly liturgical service, held in Leandra Hall.
- Health care (i.e. nursing, dentistry, dermatology, optical, podiatric) on an as needed basis.
- Personal care (i.e. toileting, bathing, medication) on an as needed basis.
- Physical/occupational therapy on an as needed basis.

The daily charge is \$43; many participants' fees are subsidized by private and public sources, which are arranged by the organization. Sr. Lonergan describes the intention of each program:

**Institute**      *Let's talk about the programmed activities in each room.*

**ADC**            *In St. Francis Hall the participants have more choices. There's usually two activities in the morning and one in the afternoon, but then a lot of one-on-one activities. Someone may sit down and play games, or there may be a baking activity going on in the kitchen and another activity going on in another area. Sometimes we've had three activities going on at the same time. We've had one back here in the family room and one in dining room, another in the kitchen, so people feel like they have a choice. We play it by ear, but we've found that people in St. Francis still benefit by having a choice of activities.*

**Institute**      *It seems that in the Alzheimer Room the activities are more focused and structured. Is that intentional?*

**ADC**            *Right, we've developed specialized activities for this population. The activities in Leandra Hall are very structured and very simple. They're usually coupled with immediate gratification, prizes, and awards.*

## Staffing

Shepherd House has a staff of 28 of which 21 are full-time employees. In Leandra Hall, the moderate to severe dementia population necessitates a staff to participant ratio of one to four. In St. Francis Hall, the population of very frail, over 85, and moderate dementia has a ratio of one to four or six, depending upon ADL needs.

## Participant Profile

Shepherd House has 90 enrolled participants, a maximum capacity of 50, and an average daily census of 48. Its participants are all over 60 years old, with an average age of 77. Caucasian participants make up 96 percent of the census, three percent are African American, and one percent is Hispanic. The male to female participant ratio is 1:3. All participants have some level of cognitive impairment. Thirty-one percent are in wheelchairs; incontinent participants make up 74 percent of the participant base. Shepherd House draws its participants from a wide surrounding area:

### ADC

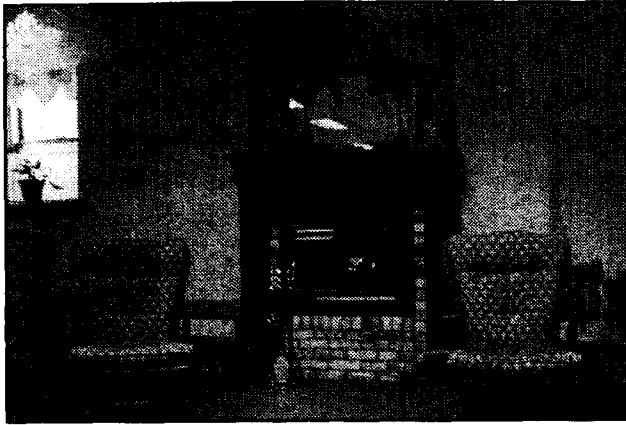
*We cover about 14 different municipalities for Milwaukee County because there's not enough adult day center centers that are comprehensive. Just to have a social card playing day care is not where it's at. People can go to the senior clubs for that. What people really need is comprehensive care. People want one-stop-shopping. They want to know that their loved one is well cared for and that they don't have to take off to take them to the beauty parlor, to take them to the foot doctor, that everything they need is going to be covered, but that they can still live at home.*

## Physical Setting

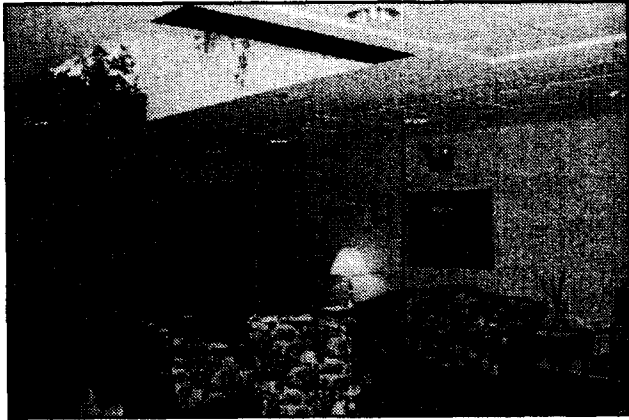
Shepherd House's primary spaces are located in the basement of a convent, and consist of a reception lounge and two program rooms (St. Francis Hall and Leandra Hall) connected by a long central hallway. Access to the basement level is by elevator or stair. Toilets, administrative and nursing offices and bathing rooms are located along the central corridor. A pacing corridor is adjacent to Leandra Hall.

Although the day care occupies the basement of a convent, careful planning and thoughtful renovation has resulted in a warm, homey and pleasant atmosphere. Exiting the elevator, the reception/lounge is the first space encountered; it features hardwood parquet flooring, wood paneling and patterned wallpaper. Coats for St. Francis Room participants are stored in an adjacent closet. From the stairs, one lands in the central corridor with vinyl tile flooring, treated to eliminate glare.

To the left along the corridor is St. Francis Hall, which consists of one large space divided into two zones--activities and dining--as defined by furniture arrangements and flooring materials. An especially nice feature is the working fireplace. Natural light is admitted through windows on two sides of the room, and supplemented by fluorescent lighting in the activities area. The kitchen, which is open to participant use, is adjacent to the dining area.



*View of St. Francis Hall.*



*View of Leandra Hall.*



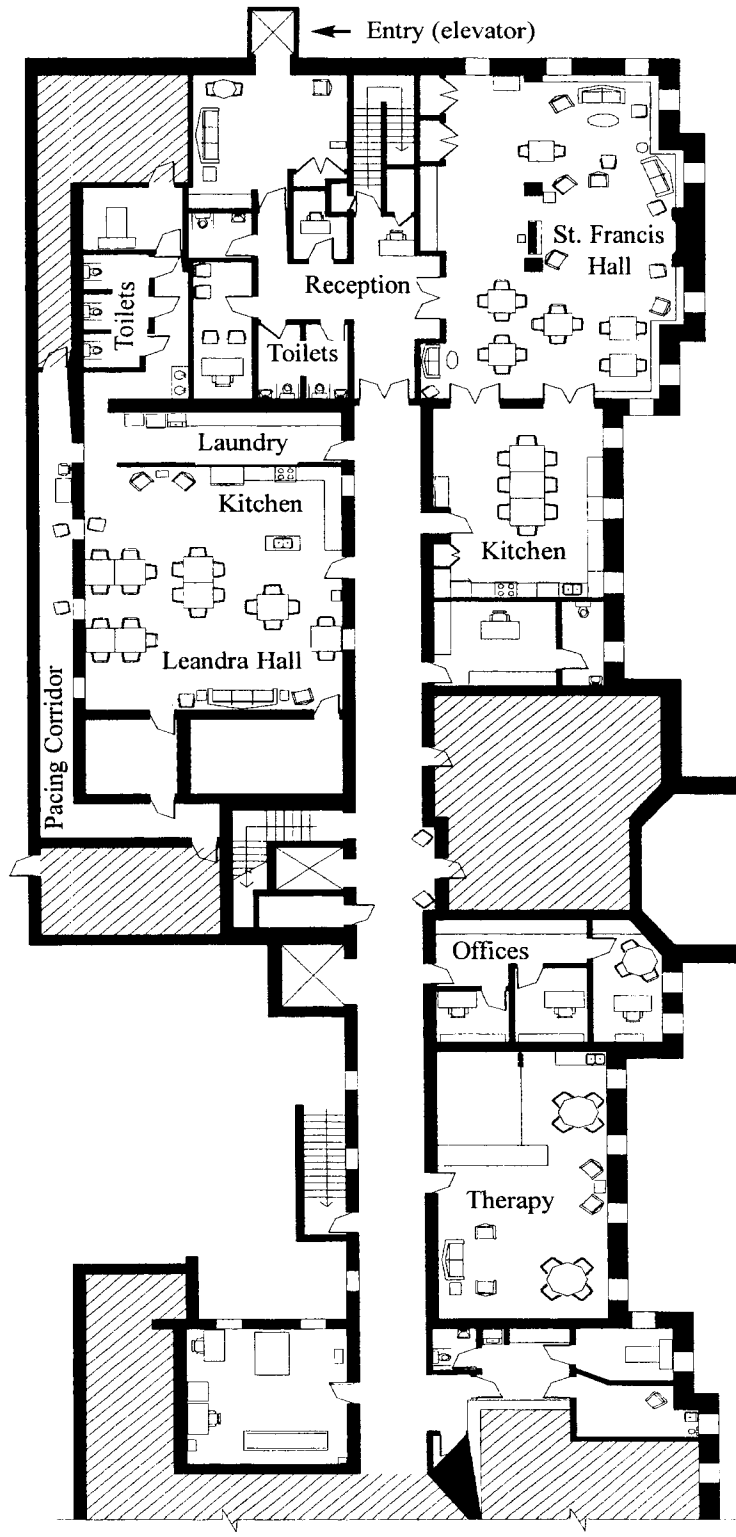
*View of Leandra Hall.*

Flooring is vinyl tile in kitchen and dining areas and carpet in living room. Furnishings are a mix of types and styles, including high back chairs, loveseats, gliding rockers and arm chairs. Square dining tables in the kitchen area seat four, and are used informally by participants for conversation and playing cards. All furnishings are easily moveable, providing flexibility for programming. Toilets for St. Francis participants are located down the hall.

Further along the corridor and to the right is Leandra Hall, the Alzheimer-specific room. Windows line one side of the room; skylights and incandescent can lighting supplements the abundant natural light. The room is carpeted throughout. Along the outside wall of Leandra Hall is a pacing corridor, which is visible from the program room through interior windows. A galley-type laundry area, separated from the activities area and kitchen by a screen wall, houses machines for washing dishes and linen; at the end of the galley is a closed, alarmed door that leads to the main corridor. Toilets for Leandra Hall participants are located away from the activities space, opposite the laundry area. Adjacent to the dining and activities area is a locked mechanical room that houses environmental controls for the entire building. Coats for Leandra Hall participants are stored down the hall in a closet/storage room.

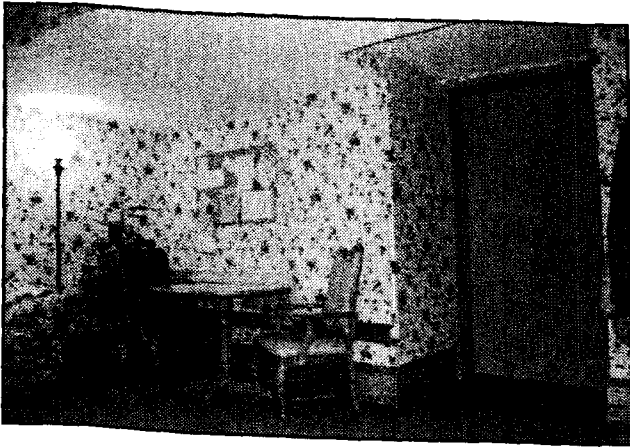
At the end of the corridor lies the therapy room, which is currently under renovation in order to provide program space for participants in late stage dementia. Upon completion of the renovation, this room will have areas for resting, changing, a living area, a dining area and kitchen.

**Floor Plan: Shepherd House**



0 5' 10''

## The Place In Use



*A warm reception.*

### Coming and going

Participants are transported to Shepherd House by various modes: Shepherd House van, county transit system, Transit Express and caregivers. Arrivals are staggered, starting from 7:00 a.m., with most participants arriving before 9:30. Participants descend to the program space by elevator or stairway, depending upon their physical abilities or how they're feeling that particular day.

### ADC

*Many of our participants with Alzheimer's disease actually don't have the physical disability so a lot of them come in by way of the stairs. I'd say that the great percentage of them do. We like to encourage them to do as much as they can. For our people with Alzheimer's disease, their problem is not physical disabilities, their problem is dementia, and until they are in more profound stages they can usually manage the stairs and it's good exercise. There's the option of coming down in the elevator, but a lot of them do come down the stairs.*

Coats and outerwear are removed in the reception lounge with the assistance of staff and stored in closets located outside the two program rooms. Then participants are ushered into program rooms.

Most departures occur between 2:30 and 4:30 p.m., and 5:00 at the latest. Most often, the drivers come down to the reception/lounge where they wait for participants. Participants are escorted from their program rooms to the lounge area and their coats are retrieved by staff, who then assist with dressing them for the outdoors.

### Primary program spaces

For most participants, days at Shepherd House begin in St. Francis Hall, regardless of their hall assignment. The director talks about the center's early morning routine:

### ADC

*Everybody starts here in St. Francis Hall. It's not a totally unfamiliar environment to them. Then the people who want to attend the daily liturgy go. When you only just have a few in the early morning, it just doesn't make economic sense to divide them up, that's really not good use of staff. We make sure to have the appropriate activities for people. They drink coffee and eat muffins. It's a nice breakfast time. Around at 9:00 a.m., the Leandra Hall people move over to their room.*

### Institute

*You put a lot of effort into a room specifically designed for Alzheimer and dementia people, but their entire day is not spent there. Could you comment on that?*

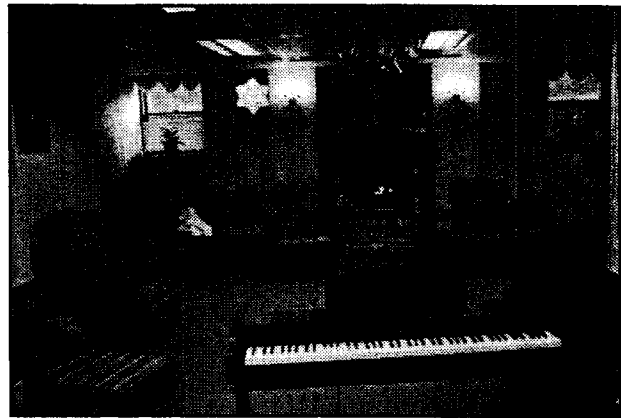
**ADC**

*It's because arrival and departure times are so staggered. Some participants come as early as 7:00 and maybe it's only just one or two for an hour or so. To separate them when there are so few and to have staff in two rooms is not really good use of time. They all start here and they all end here for the same reason. Some stay until 5:00, while the first group goes home at 2:30. There's no sense in splitting staff, it's too costly.*

*Of course, it would be preferable to spend the whole day in the room designed for them. But the cost is exorbitant. You are talking about people affording close to \$40 a day for a 1:4 staff ratio. Most people can't afford that and we have to subsidize quite a few. There's only so much to go around. That's why there's not more adult day care--because there's no funding. We have a \$400,000 deficit every year. We have to raise that money in order to provide appropriate care and so there's lots of things that I would like to be able to do.*

*It's important to remember the alternative for too many people is being in a nursing home where they wind up sitting all day in a corridor, with one nurse for 12 patients and that means bathing them, too. We have a 1:4 staff ratio--that's just personal care assistants and activity aides. In addition, we have bath aids, nurses and therapists. We have all these volunteers. Sometimes we have as many staff as we have participants. The care that people get here is just phenomenal, but it's tough to afford it. We do the very best we can within the limits that exist.*

Leandra Hall is the program space intended to specifically address the needs of its population of individuals with moderate to severe dementia. The room is particularly notable for its calm and quiet atmosphere.



*Leandra Hall.*

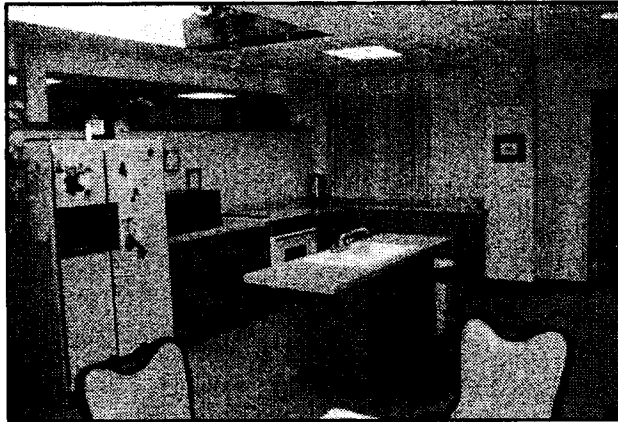
**Institute**

*If we think about the physical environment of each room, and the activities that take place there, is there anything about the rooms themselves that either help or hinder the activities that take place? For example, in Leandra Hall it seems that because it was a calmer, quieter environment it was easier for the group to stay focused and to watch the activity leader.*

**ADC**

*A lot depends on the room arrangement. I think having seating arranged in horseshoe shape, having participants' backs to the door and refocusing them--those sorts of things give you a better chance. Also, keeping the door closed and not letting people just walk in helps.*

*Eliminating clutter is important. The space should be simple. It can't look like an all purpose room, it has to look like a clearly defined living room, dining room, and kitchen. It's important to have small little meeting areas with two chairs, a table and a lamp and if someone wants to sit back there and work on a puzzle or just sit there and watch what's going on that's fine too. We need to have little separate areas, because not everyone is an extrovert, not everyone wants to be a part of all of the activities and we can't force them. They have to be able to have small little sitting areas for choice.*



*The open kitchen in Leandra Hall.*

### **Kitchen and kitchen work**

The kitchen in St. Francis Hall is a separate room adjacent to the room's general program space, and is furnished with square tables and chairs similar to a residential kitchen. This kitchen is used to prepare the noontime meal for all Shepherd Hall day care participants.

In contrast, the kitchen in Leandra Hall is less spatially defined, occupying a corner of the primary program space. As with most decisions relating to designing for dementia, there are advantages and disadvantages to this scheme. The director talks about the precautions that have been taken with the Leandra Hall kitchen space in consideration of its more cognitively-impaired population:

### **ADC**

*If there are any cupboards that they can open, everything in there has to be absolutely safe. All the doors that have anything injurious in them have to be locked. Everything in here has been especially designed, the stove has the controls in front and the burners are covered. The sink is out in the middle because they like to wash dishes, they like to set the tables, and they like to wash the tables down so we have square tables as opposed to round tables. They can define their own space. It has natural lighting and it's as low glare as possible, (hence) carpeting. Anything on the wall is perceived as something gentle and soft. All the flooring is all the same color. One color blends into the next, because if there's a darkened area participants feel like they are walking into a hole.*

### **Institute**

*In Leandra Hall are participants able to go in the kitchen, and into the cabinets or the sink?*

### **ADC**

*Not unless they're supervised. There's a lesser need for intensive supervision in St. Francis Hall, although they don't use the stove independently.*

### **Institute**

*Do you ever have activities, group activities such as baking?*



**ADC** *Yes, a lot of that. They enjoy that in both halls. They enjoy baking. Usually it's so structured so that each person is doing maybe one thing, maybe someone is stirring and someone with a little higher cognitive ability might put the things in the oven. It's broken down according to their abilities.*

**Institute** *It's all open but you don't necessarily want them to be using the kitchen unless they are directly supervised.*

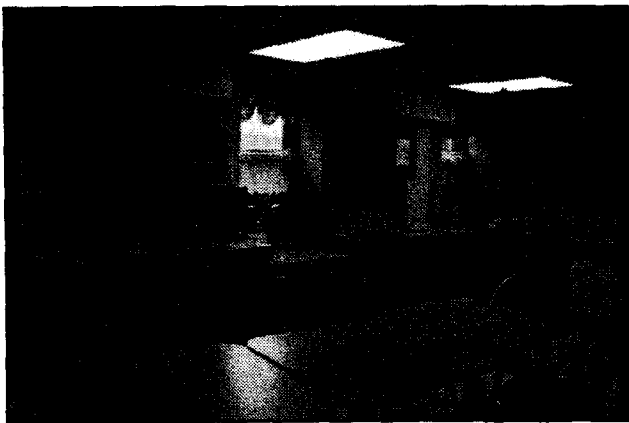
**ADC** *Yes, and they don't. Our people are really good about that sort of thing.*

**Institute** *The kitchen for St. Francis Hall, would you say that works well for those participants?*

**ADC** *They love it. They come in there, they sit down in the morning, drink their coffee, play cards, chew the fat. They love it. They always go right for the kitchen and sit down there.*

**Institute** *Considering the St. Francis Hall kitchen is used by staff for preparing meals and you have a lot of participants who are in the kitchen on a regular basis, do you have to keep the cabinets secure?*

**ADC** *Some cabinets do have to be locked, yes, if they're used to store implements that could be dangerous. But not all these cabinets are locked, we want our participants to be able to use this space. The participants in this room, their impairments are not to the point where they're going to pick up Kleenex and eat them. If they're that impaired, those participants are more suited to Leandra Hall. St. Francis Hall is for people who if they leave may not find their way back, but they know who they are, who can dress themselves, feed themselves. They are able to determine whether something is really truly injurious to themselves, and to stay away from those things.*



*The eat-in kitchen in St. Francis Hall.*

## **Dining**

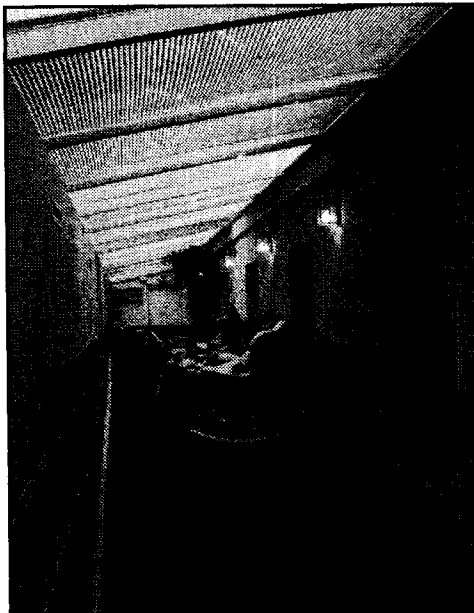
Daily, participants are served a hot noon lunch as well as snacks. In St. Francis Hall, the dining and activities areas are clearly separate. In Leandra Hall, activity tables are cleared and set for meals. Both rooms features square tables of four persons each. Most participants eat with little or no assistance from staff.

**Institute** *We saw lunch in both rooms and we noticed the difference in terms of the way they were served. In Leandra Hall, participants are served on regular plates and it seemed more home style. In St. Francis Hall, lunch was on trays.*

**ADC** *A lot of participants in St. Francis Hall are on special diets, whereas the more dementia impaired people in Leandra Hall are not necessarily on special diets. They may eat more pureed food, but not necessarily special diets. In St. Francis Hall, you have your diabetic diets, your fat-free diets, heart and coronary diets. It's very different.*

**Institute** *Could it also have to do with cognitive levels--you wanted the meals in Leandra Hall to be much more like home in the way that they were served, on a plate with regular silverware?*

**ADC** *Yes, you do, and also on square tables. That's really important.*



*Natural light and places to sit in the skylit pacing corridor.*

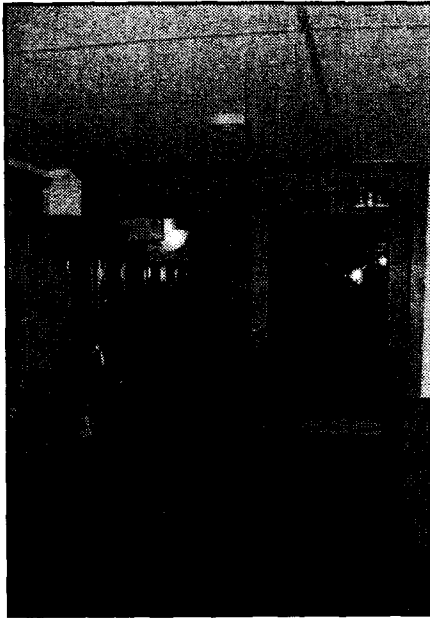
### **Wandering**

To date, wandering among participants at Shepherd House has not been an issue. Though there is a pleasant, skylit pacing corridor located outside Leandra Hall, its narrow width and dead end do not support exploratory wandering. Activity in the pacing corridor can be viewed through the room's interior windows.

**Institute** *When we've observed, we didn't see many people wandering in either room. Most people were involved in an activity. Do you have many wanderers?*

**ADC** *Maybe a couple. We had one woman come in, she had been a practicing physician just a few years prior to her being with us, and she developed Alzheimer's disease. She paced from the moment she came in. We'd have to have one staff work with her for an hour, and then we'd have to send another staff and they'd work with her for an hour...she required all one-on-one. She was a challenge, but boy we were glad that we had this pacing corridor. She was just back and forth, back and forth.*

- Institute** *So you would say that the walking path is successful?*
- ADC** *Yes and it's nice to take them out there if they need some calming down or if they're crying or they're upset about anything, sometimes you just don't know what's going to trigger them feeling upset. It's nice to have a place that's even more calm and away from the group where you can work with them and walk with them and calm them down before they return to the group.*
- Institute** *If someone is a wanderer can they go out on their own?*
- ADC** *Yes, it's completely safe. The greens (plants in pots hung from the skylight) out there are edible, and if they eat them they won't get sick or die. There's nothing out there that's going to hurt them.*
- Institute** *So they don't necessarily need to have a staff person with them all the time out there?*
- ADC** *No. You can watch them through the windows if you have to.*
- Institute** *Do you ever have people wander the main corridor at all? We noticed that the door to the mechanical room was open at the end of the hall-- is anyone ever inspired to go back there?*
- ADC** *No. I can't say it's never happened, but we know when people go back there because the alarm goes off and it makes a lot of noise.*
- Institute** *So, nobody in St. Francis Hall is ever really inspired to wander around?*
- ADC** *It's fine if they do; they're not going to hurt themselves. But they generally don't. We've never had that experience with someone from St. Francis Hall, because mostly they're people with chronic physical disabilities. They have their mental faculties. If they did walk down there they might walk down, see what it is and realize it's just a basement and walk back.*



## Elopement

Though elopement is not a significant problem at Shepherd House, Leandra Hall participants more often attempt eloping behavior. The door most often used in these attempts is located at the end of the room's laundry area, a space that is separated from the activities area by a screen wall. When not in use, this area is darkened in an effort to reduce its appeal.

*Doors at the end of the main corridor.*

**Institute** *Do you have a lot of people trying to get into that area, or trying to get out the door?*

**ADC** *Not a lot, but there's usually one. There's usually one that'll be standing around that area. So now we're trying something different. We're rearranging the living room furniture, redirecting the focus away from that area, so when they come in they'll see the attractive, soft, comfortable furniture and they'll want to just sit down. We're trying that to see if that doesn't help. We've tried all different designs. We have to address all the fire codes. We can't camouflage the doorway (per code), so we have to be really careful that it's obscured only to people with dementia, not others...that's tricky.*

**Institute** *You originally intended for that door not to be in view.*

**ADC** *I wouldn't have a door here, but we have to comply with the fire codes. If someone is going to try to go out, this is the door they want to use but everything is fully alarmed. If they do go out we gently bring them back.*

**Institute** *Given that the door is out of view and it's in a darkened area, is it working?*

**ADC** *For the most part.*

**Institute** *And you say for the most part because . . . ?*

**ADC** *There's always one or two who will see that door. They have to go across here to the bathroom. If I had my own druthers I would not have the living room across from bathroom.... But I had to work within the constraints of what I had here. It's a darker area, there is a screen there and it is alarmed, so it's never been a problem.*

## Advice For Other Providers

### ADC

*Keep it flexible enough because you're always learning. We don't have the perfect design, we are always working within constraints and codes, which sometimes you feel are working against what you're trying to do. Keep it flexible because populations change. I never thought that we would be having adult day care specifically for people with Alzheimer's disease.*

*It's amazing to think of how lucky we are to have separate facilities, let alone two levels of care. If you can keep it flexible and keep it open, you'll forever be learning things and thinking about what things didn't work and how to do things better. People are coming up with new ideas all the time. Keep the environment flexible so you can change it for the best.*

*In our new profound room, for example, there's going to be a strong focus on benevolent touch. The focus will be on benevolent touch, plants, growing plants, music and being entertained. There will be animals.*

### Institute

*Can you describe benevolent touch?*

### ADC

*It's any positive tactile contact that's received as benevolent and given in a benevolent way. So, it could be hand holding, it could be a hand massage, for instance a one-on-one activity might be going up to someone who is sitting off by themselves where someone may sit down and say, "May I hold your hand?" They may not understand the "May I hold your hand" so you have to use non-verbal cues to communicate. We usually know that if I take that person's hand and there's a facial softening it's a good experience. And, I might take that person's hand and say, "These hands have done many things in life, these hands took care of babies, did a lot of cooking, cleaning and many wonderful things that enhanced the life of a another person," depending upon their level of understanding. Then I might give that person a hand massage so that they, perhaps on a cognitive level cannot understand or remember you, but on an energetic level they will remember that this is a safe, caring, loving person and that I am loved and cared for. So, we use a lot of benevolent touch with people with dementia. It's a very, very wonderful activity. It's the sort of new idea that we strive for.*