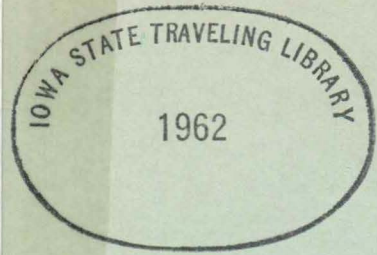


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PLANNING, CONSTRUCTION, and FINANCING of
FACILITIES
FOR
LONG TERM CARE

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DIVISION OF HOSPITAL SERVICES
IOWA STATE DEPARTMENT OF HEALTH

PLANNING AND CONSTRUCTION OF FACILITIES FOR LONG TERM CARE

To adequately plan a facility it is necessary to understand and properly program for the needs of the individuals to be served. A great deal of confusion exists in the minds of most prospective sponsors or builders as to the type of facility being contemplated. Terms such as "homes for the aged," "retirement homes," "geriatrics homes," "nursing homes," and "custodial homes" are generally used with no clear conception as to the exact program involved. The most popular conception is a facility that will provide social housing for the aged, able-bodied individual. This facility would provide room, board, maid service, laundry and other such minimum personal services that are necessary. Little or no thought is generally given to facilities for the proper care of the ill or infirm.

After completion of the building, this concept generally breaks down rather quickly. Due to the advanced age of the residents, crippling illnesses or infirmities become increasingly common. Caring for these individuals then requires more complex services than were originally provided. When this occurs, the home is faced with the unhappy decision of either notifying the individual to seek help elsewhere or attempting to care for him in a facility that was designed for other purposes.

To adequately plan a facility for long-term care, equal consideration must be given to providing the facilities for the care of the ill or infirm as well as providing housing for the able-bodied individual. Larger homes (70 beds or more) can meet this problem by providing 30 to 50 per cent of the total number of beds in the facility in an infirmary section. The infirmary section would be planned and equipped to provide the proper care of the ill or infirm with the remainder of the home providing housing for the able-bodied. Smaller homes generally cannot economically provide for these two separate functions.

The other common facility being planned is that of a nursing home. A nursing home is a medical facility which provides all of the services and equipment necessary to care for long-term ill or infirm individuals. Studies have shown that the primary need within the state is for nursing home beds. Generally speaking, an individual will not leave his own home unless he is in need of such help that can only be provided in a nursing home.

It is recommended that all homes being contemplated of less than 70 beds be built as nursing homes, and all homes of over 70 beds provide at least 50 per cent of the total beds in an infirmary or nursing home section. The fact that the smaller homes would be built as nursing homes would not necessarily limit the occupancy to only those individuals requiring nursing care. The home could begin operation by providing only social housing but would have the physical facilities and flexibility built into it to convert to nursing home care as the needs arise. Homes should be located in towns where at least one physician resides.

A common device for starting a new home is to put into service an old building originally constructed for a different use. This is frequently believed to be the only economical way to secure a facility.

At best, this procedure results in an inefficient layout that is costly to operate. Most old buildings will not comply with the State Fire Regulations and cannot be used. Anyone contemplating the conversion of an old building to a nursing home or custodial home must first secure approval from the Iowa State Department of Health. It cannot be too strongly recommended that this approval be obtained before the building is purchased.

The ability of a home to provide proper care is influenced to a significant degree by the design and construction of its plant. This is true not only with regard to the efficiency of operation, but also of the atmosphere provided. Planning a home involves a myriad of complex details which must be fitted together. It brings out a host of conflicts among various ideal arrangements that must be compromised effectively to secure generally sound over-all results. Probably the best investment a prospective builder can make is to retain a registered architect or engineer to plan and fit together all of the various construction elements to obtain a reasonable construction cost. Since it is required that the structural design be certified by a registered architect or engineer, the additional cost for complete architectural services would be negligible.

SELECTING THE SITE:

Selection of a site in suitable surroundings is the first and a most important step in the provision of a pleasing building. The site should not be exposed to excessive noise, dirt, odors, smoke, traffic disturbance, insect breeding areas, and the like. Adequate sewerage, water, electrical, telephone and gas facilities should be available. The site should be large enough to allow room for future expansion.

INTERIOR DESIGN:

It is important in selecting the size of a home to consider the operating efficiencies as well as the construction cost. Homes of 35 to 50 beds are considered to be of the most practical size. The advantage of this range is the more efficient use of personnel (the largest single operating cost).

ADMINISTRATIVE DEPARTMENT:

The administrative area should consist of a business office, lobby and waiting room, and public toilet facilities. It is possible, in the interest of economy, that the lobby, patients' dining room and patients' recreation area could be combined into one large open area. Office space should be provided for such administrative and business functions which will be necessary in the operation of a home.

NURSING DEPARTMENT:

The patient's room is the center of his existence. Obviously, it must contain space for him to sleep, to sit and relax, to write and read, to display and store personal possessions and keep some clothes. It must be large enough to permit free movement in a wheel chair. Doors should be 3 feet 8 inches wide to accommodate beds and wheel chairs.

It is generally believed that for the ambulant and for any who are not seriously disabled, single rooms are preferred. However, operational and building costs make single rooms too expensive for all but a few of the patients to afford. For patients who are seriously ill or disabled, the need for companionship, as well as ease of nursing, usually outweighs an initial desire for privacy. Thus, double rooms are preferred to single, provided a means of screening off the beds is available. The attached floor plan shows a bed arrangement whereby the beds could be very easily screened by use of a curtain, screen or even a folding door.

Each patient's room should have handwashing facilities immediately available. The handwashing lavatory may either be located within the room or in an adjoining toilet room. The purpose for this handwashing lavatory is primarily for the convenience of the employees. It is hoped that employees will stop and wash their hands after administering to each patient.

It is recommended that a half bath be located immediately adjacent to each patient's room. Halfbaths located between two patient rooms and connecting both would be satisfactory. The attached floor plan shows both arrangements.

Bathing facilities should be centrally located for each sex at a ratio of one tub or shower for each ten beds. The age group and probable infirmities of the patients would indicate that all bathing should be done under supervision. For this reason we do not recommend the inclusion of bathing facilities at each patient's room. It is more economical to bring the patients to a centralized facility rather than employees going to individual bathing facilities scattered throughout the home. At least one single room with private toilet should be provided for purposes of medical isolation or incompatibility with other patients in the home.

The nurses call system should be provided for the convenience of the patients in case of emergency. The call station should be located at each patient's bed and toilet room. Activating the system would light a light over the patient's door and would signal at the centralized duty station.

The corridors in the patient areas should be at least seven feet wide. This width will allow the convenient passage of wheel chairs and moving of beds. Hand rails for the convenience of the patients should be placed along each side of the corridors.

NURSES STATIONS:

In addition to patient accommodations, nursing homes should provide efficient facilities for nursing care functions. These center around a nursing station, which provides space for writing, telephoning, patient records, and other administrative functions; plus medicines and drugs. Located convenient to patients' rooms, it should command a view of the corridors and provide control over traffic movement. It is suggested that the station be glass enclosed to provide a degree of privacy for the employees.

UTILITY ROOM:

The purpose of the utility room is to provide a workroom for the nurses and aides. The room should have facilities for flushing bedpans, and urinals and for cleaning equipment used in the daily care of the patients. The nursing care equipment would include bedpans, urinals, emesis basins, catheters, syringes, etc. The utility room should be located close to the nurses station and should be divided into two work areas, clean and dirty. The dirty area to have facilities for cleaning the nursing care equipment and the clean area to be used for storage, dispensing of the clean equipment and sterilizing.

EXAMINATION AND TREATMENT ROOM:

Although medical services are generally rendered at the bedside, space is needed for a physician to give physical examinations, and for emergency treatment. This room should be located close to the nurses station and utility room.

JANITORS CLOSET:

At least one janitors closet will be necessary. The closet should be centrally located, equipped with running water and be large enough for the storage of such cleaning supplies and equipment that are necessary.

FLOOR PANTRY:

If the home is of more than one story, or if the kitchen is an unusually long distance from some of the rooms, it may be desirable to provide floor pantries. These will vary in size and equipment depending on the type of food service in use.

RECREATION ROOMS:

Residents need more than a suitable bedroom if the home is to have a pleasant atmosphere. They should have access to common rooms in which they can gather for social activities. Recreation rooms should be centrally located. A nearby nurses station simplifies the problem of casual supervision, and the walking distance is reduced to a minimum. Tables should be provided for playing cards, eating, reading, etc. Shelving containing books, magazines, papers and other reading matter will contribute toward making the recreation room of value to those individuals capable of using it.

KITCHEN:

More activity will take place in the kitchen than any other area within the home. All too often, under the guise of building economy, this kitchen is made too small for efficient use. It is recommended that the kitchen be sized at a minimum of 12 square feet per bed for the total number of beds within the facility.

The kitchen should be located so that it can easily serve the dining room and patients' bedrooms. It should also be convenient to the service entrance for food deliveries and garbage and trash collection.

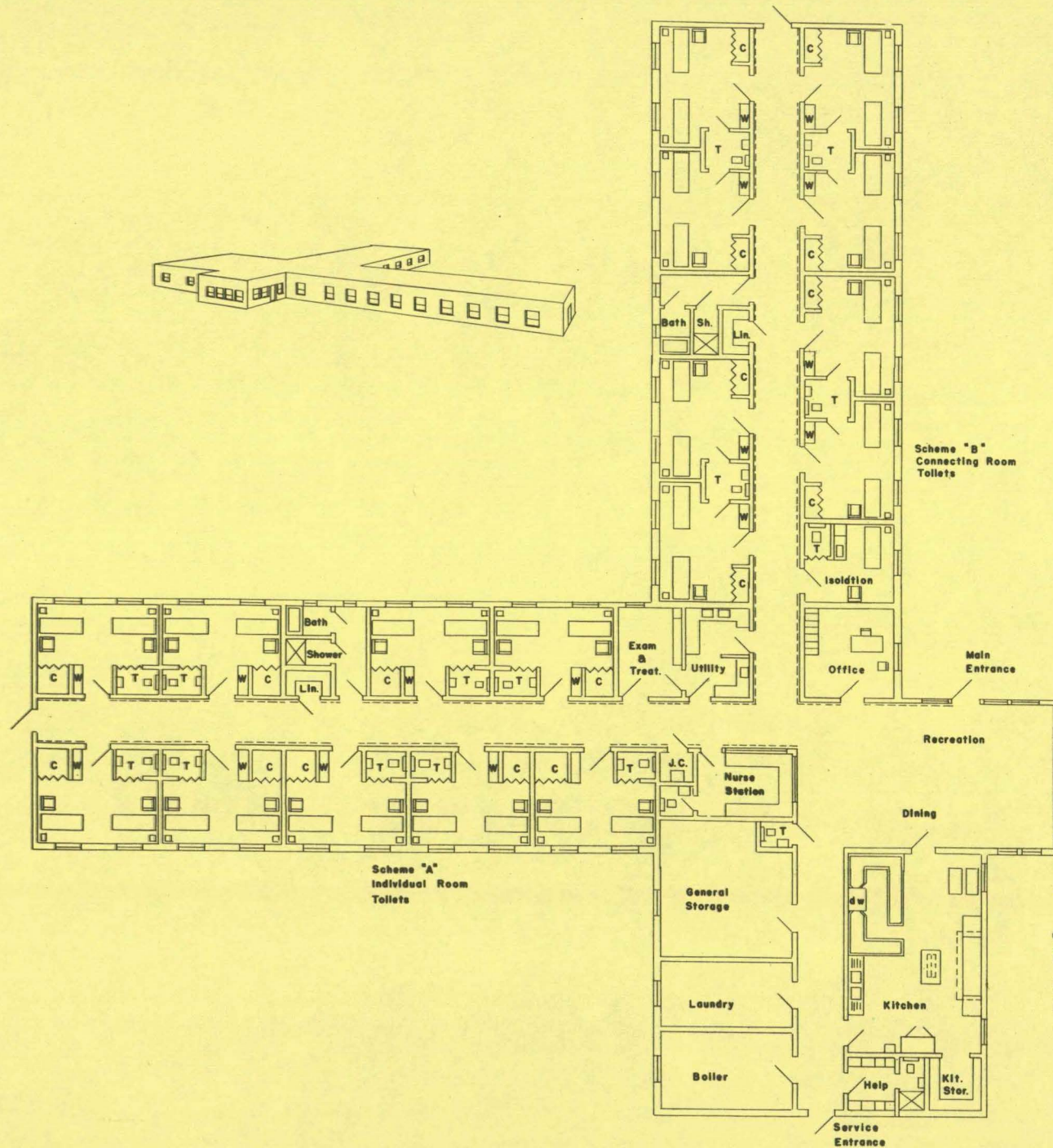
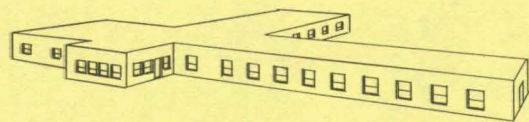
Kitchen layout should be based on efficient work flow. Adequate space and facilities for storage, preparation, serving and proper sanitation should be provided. Equipment such as ranges refrigerators and garbage grinders should be heavy duty quality to withstand constant and regular use.

BOILER ROOM:

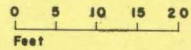
In planning the boiler room, consideration must be given to the heating function and heating domestic hot water. A workbench to handle general repairs should be included. In some cases the size of the home may make the provision of a ~~se~~parate shop room practical.

EMPLOYEES' FACILITIES:

The minimum facilities required for employees would be a locker room and toilet for each sex. Depending upon the size of the home and the size of its staff, provision of other facilities might be necessary.

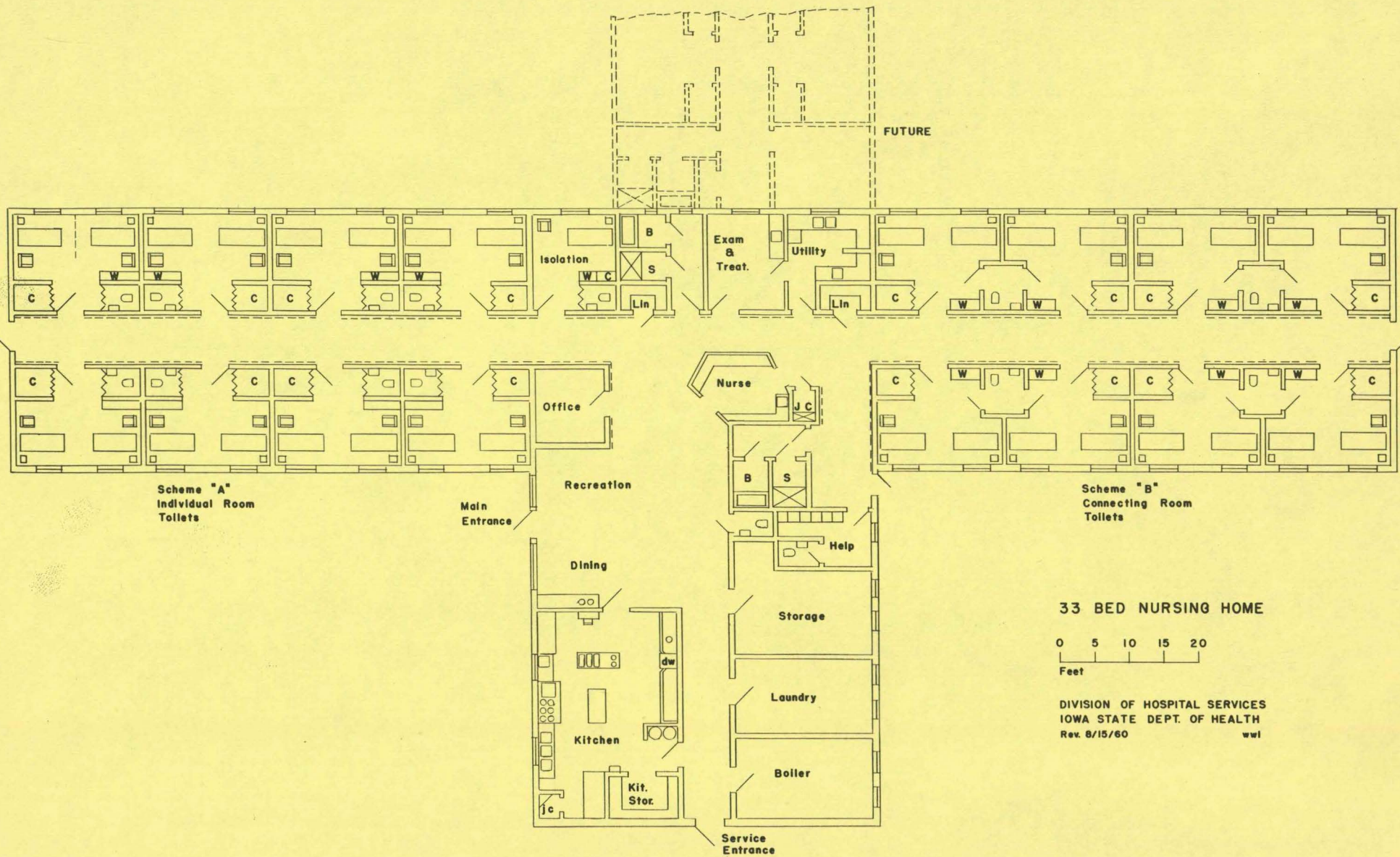


35 BED NURSING HOME

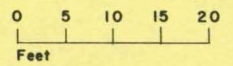


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33 BED NURSING HOME



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Rev. 8/15/60 wwl

PREPARATION OF PLANS FOR NURSING OR CUSTODIAL HOMES

Plans for the construction of new nursing or custodial homes, or additions to, or remodeling of existing nursing or custodial homes, must be submitted to the State Department of Health and the State Fire Marshal for review and approval. In order that the State Agencies may make an intelligent review the following information should be shown.

A. Preliminary Plans

It is recommended that before working drawings are begun, schematic plans be submitted. Single line drawings of each floor showing the room arrangement and the relationship of the various services to each other.

B. Working drawings

1. A plot plan showing and dimensioning the boundaries of the property, adjacent streets and alleys, water, sewer and electric lines and orientation of the proposed building on the site.
2. General layout of each floor to scale, dimensioned and identified.
 - a. Room sizes
 - b. Room finish schedule
 - c. Door schedule
 - d. Location of plumbing fixtures
 - e. Special service areas to scale with equipment shown in some detail. (utility rooms, kitchen, boiler room, treatment room)
3. Structural drawings showing a complete design with sizes, sections, and relative location of the various members, for all foundations, floors and roofs. Schedule of beams, girders and columns.
Design must be certified as being structurally sound in keeping with good practice by an engineer or architect licensed to practice in Iowa.
4. Mechanical drawings showing the complete heating, ventilating, plumbing and drainage systems.
5. Electrical drawings showing all electrical wiring, switches, outlets, fixtures, nurse call systems, fire alarm system.
6. Elevations of all facades.
7. Sections through the building.

Specifications:

The specifications shall fully describe, except where fully indicated and described on the drawings, the materials, workmanship, the kind, site, capacities, finishes and other characteristics of all materials, products, articles and devices.

FINANCING OF FACILITIES FOR LONG TERM CARE

Many questions have been asked of this Department regarding the financing of facilities for long term care. In addition to the customary private sources (banks, etc.) there are the following Federal Programs.

1. Public Law 482 (Hill-Burton Program), Division of Hospital Services, State Department of Health, Des Moines, Iowa.

This program is a direct grant of 1/3 the total construction cost for non-profit groups planning a facility which is operated in connection with a hospital, or in which nursing care and medical services are prescribed by or performed under the general direction of persons licensed to practice medicine or surgery in the State, for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who do require skilled nursing care and related medical services. The facility must be available to all persons regardless of race, creed or color and must provide some free care.

2. Federal Housing Administration, Valley Bank Building, Des Moines, Iowa.

Section 231. Housing for Elderly Persons.

Insured loans to non-profit groups to finance proposed or rehabilitated rental housing designed for use and occupancy by elderly persons.

Section 232. Nursing Homes.

Insured loans to proprietary groups or individuals to provide facilities for the care and treatment of convalescents and other persons who are not acutely ill and do not need hospital care but do require skilled nursing care and related medical services.

3. Housing and Home Finance Administration, 105 West Adams, Chicago, Illinois

Direct loans to non-profit groups to finance proposed rental housing designed for use and occupancy by elderly persons.

4. Small Business Administration, Paramount Building, Des Moines, Iowa

Insured loans to proprietary groups or individuals to provide facilities for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who may require nursing care and related medical services.

Persons desiring specific or more detailed information should contact the appropriate agency.

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