CHAPTER 106: VETERANS HEALTH ADMINISTRATION – COMMUNITY LIVING CENTER (CLC) (formerly Nursing Home Care Unit)

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1 PURPOSE AND SCOPE

- A. This document outlines Space Planning Criteria for Chapter 106: Nursing Home Residential Care Facilities (formerly Nursing Home Care Units) in VA healthcare facilities. These criteria apply to all renovation, modernization and new construction projects.
- B. Nursing Home / Residential Care Facilities provide specialized preventative, therapeutic, and rehabilitative care for residents with long term illnesses in a home-like environment. Facilities can also provide care for short stay services such as skilled nursing and rehabilitation. Clinical and diagnostic services are provided at the VA Medical Center.

2 DEFINITIONS

- A. <u>Alzheimer's</u>: Dementia of the Alzheimer's type is the most common form of dementia (accounting for at least 50 percent of cases) and is characterized by a gradual onset of symptoms, with progressive intellectual deterioration and decline in ability for selfcare over a period of several years.
- B. <u>Activities of Daily Living (ADL)</u>: Basic activities individuals nee to perform to live independently and include bathing, physical ambulation, grooming, dressing, feeding, and toileting.
- C. <u>Admissions</u>: A unit of measurement of productivity; the number of new residents that enter a facility during a specific period.
- D. <u>Average Daily Census</u>: A unit of measurement of productivity; the average number of residents receiving inpatient care each day during a specific period.
- E. <u>Dementia</u>: Dementia is a symptom complex characterized by intellectual deterioration (including disturbances in memory as well as impulse control, language, spatial abilities, judgment, etc.) severe enough to interfere with social of occupational functioning.
- F. Departmental Net to Gross (DNTG) Conversion Factor: A parameter, determined by the VA for each space planning criteria chapter, used to convert the programmed Net Square Foot (NSF) area to the Department Gross Square Foot (DGSF) area. The DNTG Departmental Conversion Factor for Nursing Home / Residential Care Facilities is 1.55.
- G. <u>Full-Time Equivalent (FTE)</u>: A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; VA and contractor personnel.
- H. <u>General Resident</u>: A resident that does not have special care and/or socialization needs.

- I. <u>House</u>: A replacement term for "unit," comprised of a number of rooms and support spaces, emphasizing the residential, homelike environment required for VA long term care. See also Residential House.
- J. <u>House Care / Work Station</u>: An unobtrusive work area that provides staff with the ability to visually supervise all common areas of the house.
- K. <u>Input Data Statement</u>: A set of questions designed to elicit information about the healthcare project in order to create a Program for Design (PFD) based on the criteria parameters set forth in this document. Input Data Statements could be Mission related, based in the project's Concept of Operations; and Workload or Staffing related, based on projections and data provided by the VHA or the VISN about the estimated model of operation. This information is processed through mathematical and logical operations in SEPS II.
- L. <u>Net-to-department gross factor (NTDG)</u>: A factor that when multiplied by the programmed Net Square Foot (NSF) area, determines the Departmental Gross Square Feet (DGSF). The NTDG for Residential Care Developments is **1.55**
- M. Residential Care Facility / Complex: A specialized nursing facility designed to care for residents with long term illness requiring preventive, therapeutic and rehabilitative nursing care services. Nursing, medical and related health care is provided in a homelike environment with specialized clinical and diagnostic services available at the medical center facilities.
- N. <u>Patient Days</u>: A unit of measurement or productivity; the total number of inpatient days of care provided to residents.
- O. <u>Program for Design (PFD)</u>: A space program generated by SEPS II based on criteria set forth in this document and specific information about Concept of Operations, Workload projections and Staffing levels authorized.
- P. <u>Provider</u>: An individual, who examines, diagnoses, treats, prescribes medication and manages the care of the patients within his or her scope of practice as established by the governing body of a healthcare organization.
- Q. <u>Residential House</u>: A group of maximum seventeen residents complete with living, dining (possibly kitchen) and support spaces that functions independently for smaller groups of residents. These areas replicate the atmosphere of a large family home and provide the opportunity to co-locate small numbers of residents with similar care needs together to optimize care delivery. An alternate term for "unit". Residential Houses can be suited for General or Specialty Residents.
- R. <u>Residential Neighborhood</u>: A combination of maximum three Residential Houses combined for staffing and spatial efficiencies to share functions such as activity areas, personal laundry, care stations, and clean and soiled utility rooms.
- S. <u>Specialty Resident</u>: A resident with care and/or socialization needs such as dementia, complex medical conditions or chronic behaviors.

- T. <u>Specialty Residential House</u>: A group of twelve to sixteen residents specifically dedicated to residents with care and/or socialization needs such as dementia, complex medical conditions or chronic behaviors.
- U. Staff: Refers to all facility nursing, care-aids, therapy, administration or support staff.
- V. <u>VA-SEPS</u>: Acronym for Space and Equipment Planning System, a digital tool developed by the Department of Defense (DoD) and the Department of Veterans Affairs to generate a Program for Design (PFD) and an Equipment List for a VA healthcare project based on specific information entered in response to Input Data Statements. SEPS II, the current version, incorporates the propositions set forth in all VA space planning criteria chapters. SEPS II has been designed to aid healthcare planners in creating a space plan based on a standardized set of criteria parameters.

3 OPERATING RATIONALE AND BASIS OF CRITERIA

- A. Workload Projections or planned services / modalities for a specific VA medical center, hospital or satellite outpatient clinic project are provided by the VA Central Office (VACO) / VISN CARES Capacity Projection Model and VACO Nursing Home / Residential Care Program input. The workload projections are generated by methodology based upon the expected veteran population in the respective market / service area. Healthcare planners working on VA medical center, hospital or satellite outpatient clinic projects will utilize and apply the workload based criteria set forth herein for identified services and modalities to determine room requirements for each facility.
- B. Space planning criteria have been developed on the basis of an understanding of the activities involved in the functional areas of Nursing Home / Residential Care Facilities and its relationship with other services of a medical facility. These criteria are predicated on established and/or anticipated best practice standards, as adapted to provide environments supporting the highest quality heath care for Veterans.
- C. These criteria are subject to modification relative to development in the equipment, medical practice, vendor requirements, and subsequent planning and design. The selection of the size and type of Nursing Home / Residential Care equipment is determined by VACO and upon Veterans Health Administration (VHA) anticipated medical needs.
- D. The number of Residents is determined by the VACO Nursing Home / Residential Care Program Office based on CARES modeling of Nursing Home / Residential Care projected needs. Following are general guidelines for understanding a basis for these projections.
- E. General Resident Number Determination Factors. The number of general residents is based on the following:

- a. Multiply projected general resident admissions by projected average length of stay to obtain projected Resident days.
- b. Divide projected Resident days by 365 to obtain average daily census.
- c. Divide average daily census by target utilization or occupancy rate of 95% to calculate total resident beds needed.
- d. 100% of General Resident beds shall be in single-bed rooms.
- F. Specialty Resident Beds. The need for Specialty Resident beds is based upon the following:
 - a. Multiply projected Specialty Resident admissions by projected average length of stay to obtain projected Resident days.
 - b. Divide projected Specialty Resident days by 365 to obtain average daily census.
 - c. Divide average daily census by target utilization or occupancy rate of 95% to calculate Specialty Resident numbers needed.
 - d. 100% of Specialty Residents shall be in single-bed rooms.
- G. House / Neighborhood Size Determination
 - a. The size of each house is expressed as the number of resident beds and is influenced by staff to Resident ratios.
 - b. Staffing models shall be developed on an individual project basis with VACO Nursing Home / Residential Care Program Officials, and integrated with the configuration of the facility.

4 PROGRAM DATA REQUIRED (Input Data Statements):

A. Mission:

- 1. Is the Kitchen / Servery in the General Residential House authorized to serve the Residential Neighborhood (three houses maximum)? (M)
- 2. Is the Kitchen / Servery in the Specialty Residential House authorized to serve the Residential Neighborhood (three houses maximum)? (M)
- 3. Is the Kitchen / Servery in the Combined Residential House authorized to serve the Residential Neighborhood (three houses maximum)? (M)
- 4. Is a Combined Residential House authorized? (M)
- 5. Is a Medication Room for each Residential Neighborhood authorized? (M)
- 6. Is a Pharmacy for the Therapeutic Areas authorized? (M)
- 7. Is a Chapel / Meditation Room for the Resident Support Area authorized? (M)
- 8. Is a Barber / Beauty Salon for the Resident Support Area authorized? (M)
- 9. Is a Laundry service for the Resident Support Area authorized? (M)
- Is a Maintenance / Engineering Shop for the Resident Support Area authorized?
 (M)
- 11. Is a Security Office for the Resident Support Area authorized? (M)

B. Workload:

- 1. How many general beds are projected? (W)
- 2. How many specialty beds are projected? (W)

C. Staffing:

- 1. How many Activities Coordinator FTE positions are authorized? (S)
- 2. How many Nurse Supervisor FTE positions are authorized? (S)

- 3. How many Therapist FTE positions are authorized? (S)
- 4. How many Administrative FTE positions are authorized? (S)
- 5. How many Physician FTE positions are authorized? (S)
- 6. How many Clerical FTE positions are authorized? (S)

D. Miscellaneous:

- 1. How many FTEs will work on peak shift? (Misc)
- 2. How many FTE positions are not authorized to have office or cubicle space? (Misc)

5 SPACE CRITERIA

A. Residential House and Neighborhood

1. Residential House, General

Provide one for a minimum of nine and a maximum of seventeen projected General Residents.

2. Residential House, Specialty

Provide one for a minimum of seven and a maximum of thirteen projected Specialty Residents.

3. Residential House, Combined

Provide one for a minimum of nine and a maximum of seventeen projected General and Specialty Residents.

4. Residential Neighborhood

Provide one for a maximum of three General, Specialty or Combined Houses.

B. General Residential House: Resident Areas

- 2. Bedroom, Bariatric (BRNP2)......320 NSF (29.7 NSM) Provide one per General Residential House.

This room is for residents with bariatric care needs, and other conditions which require additional space for mobility and equipment clearances.

- 3. Bathroom, Resident (TLTS2)55 NSF (5.2 NSM) Provide one per General Resident Bedroom.
- 4. Bathroom, Bariatric (TLTS2)......100 NSF (9.3 NSM)

 Provide one per General Bariatric Bedroom

	6.	Living Room (DAYR1)
	7.	Quiet Room (RAMR1)120 NSF (11.1 NSM) Provide one per General Residential House.
	8.	Dining Room (FSCD1)
		Dining Room areas for two or more Houses should be combined into a centralized Neighborhood Dining Room when consistent with program of Operations.
	9.	Kitchen and Servery (IPK01)
		Minimum space required for staging and serving food. Coordinate the provision, size and configuration of this space with food preparation and delivery system determined in collaboration with Nutrition and Food Service for each facility.
	10.	Pantry (SRS01)
		Pantries can be combined and shared by two or three houses.
	11.	Toilet, Resident / Visitor (TLTU1)
	12.	Laundry (NURL1)
		Laundries can be combined and shared by two or three houses.
C.	<u>Sp</u>	ecialty Residential House: Resident Areas
	1.	Bedroom, Resident (BRNP1)175 NSF (16.3 NSM) Provide one for each Specialty Resident.
	2.	Bedroom, Bariatric (BRNP2)
		This room is for residents with bariatric care needs, and other conditions which require additional space for mobility and equipment clearances.
	3.	Bathroom, Resident (TLTS2)

D.

4.	Bathroom, Bariatric (TLTS2)
5.	Vestibule (LOB02)
6.	Living Room (DAYR1)360 NSF (33.4 NSM) Minimum NSF; provide an additional 20 NSF per specialty resident greater than ten; provide one per Residential House.
7.	Quiet Room (RAMR1)
8.	Dining Room (FSCD1)
	Dining Room areas for two or more Houses should be combined into a centralized Neighborhood Dining Room when consistent with program of Operations.
9.	Kitchen and Servery (IPK01)
	Minimum space required for staging and serving food. Coordinate the provision, size and configuration of this space with food preparation and delivery system determined in collaboration with Nutrition and Food Service for each facility.
10	Pantry (SRS01)
	Pantries can be combined and shared by two or three houses.
11	. Toilet, Resident / Visitor (TLTU1)50 NSF (4.7 NSM) Provide one per Specialty Residential House.
12	. Laundry (NURL1)
	Laundries can be combined and shared by two or three houses.
. <u>Cc</u>	embined Residential House: Resident Areas
1.	Bedroom, Resident (BRNP1)

2.	Bedroom, Bariatric (BRNP2)
	This room is for residents with bariatric care needs, and other conditions which require additional space for mobility and equipment clearances.
3.	Bathroom, Resident (TLTS2)
4.	Bathroom, Bariatric (TLTS2)
5.	Vestibule (LOB02)
6.	Living Room (DAYR1)
7.	Quiet Room (RAMR1)120 NSF (11.1 NSM) Provide one per Combined Residential House.
8.	Dining Room (FSCD1)
	Dining Room areas for two or more Houses should be combined into a centralized Neighborhood Dining Room when consistent with program of Operations.
9.	Kitchen and Servery (IPK01)
	Minimum space required for staging and serving food. Coordinate the provision, size and configuration of this space with food preparation and delivery system determined in collaboration with Nutrition and Food Service for each facility.
10	. Pantry (SRS01)
	Pantries can be combined and shared by two or three houses.
11	. Toilet, Resident / Visitor (TLTU1)
12	. Laundry (NURL1)
	Laundries can be combined and shared by two or three houses.

E.	Re	esidential House (General, Specialty or Combined): Support Areas			
	1.	House Care / Workstation (NSTA3)50 NSF (4.6 NSM) Provide one per Residential House.			
		This space functions as a nursing sub-station.			
	2.	Storage, Clean Linen (LCCL1)			
	3.	Storage, Soiled Carts (LCSL1)			
	4.	Storage, Equipment (SRE01)			
	5.	Storage, Medical Supplies (SRSE1)			
	6.	Housekeeping Aides Closet - HAC (JANC1)50 NSF (4.7 NSM) Provide one per Residential House.			
F.	Re	esidential Neighborhood: Patient Areas			
	1.	Activity / Multipurpose (DAYR1)			
	2.	Bathing Suite (TLTS2)			
G.	Re	esidential Neighborhood: Support Areas			
	1.	Neighborhood Care (Nursing) Station (NSTA1)250 NSF (23.2 NSM) Provide one per Residential Neighborhood.			
	2.	Exam Room (EXRG3)			
	3.	Medication Room (MEDP1)			
	7.	Utility Room, Clean (UCCL1)120 NSF (11.2 NSM) Provide one per Residential Neighborhood.			
	8.	Utility Room, Soiled (USCL1)			
	_	Provide one per Residential Neighborhood.			
	9.	Housekeeping Aides Closet - HAC (JANC1)50 NSF (4.7 NSM)			

	Provide one per Residential Neighborhood.			
	10. Storage, Stretcher / Wheelchair (SRLW1) 60 NSF (5.6 NSI Provide one per Residential Neighborhood.			
Н.	H. Residential Neighborhood: Staff and Administrative Areas 1. Office, Activities Coordinator (OFDC1)			
	2.	Office, Nurse Supervisor (OFD03)120 NSF (11.2 NSM) Provide one per Nurse Supervisor FTE position authorized.		
	3.	Conference / Classroom (CRA01)240 NSF (22.3 NSM) Provide one per Residential Neighborhood.		
		Could be combined and shared by two neighborhoods.		
	4.	Toilet, Staff (TLTU1)		
I.	<u>Th</u>	erapeutic Areas.		
	1.	Physical Therapy (PTEA1)		
	2.	Occupational Therapy (OTDL1)		
	3.	Office, Therapist (OFD03)		
	4.	Pharmacy (MEDP1)		
	5.	Toilet, Resident (TLTU1)		
J.	Re	sident Support Areas.		
	1.	Chapel / Meditation (RAMR1)		
	2.	Barber / Beauty Salon (XXYYC)240 NSF (22.3 NSM) Provide one if Barber / Beauty Shop is authorized in Concept of Operations.		
	3.	Laundry (LCCL1)		

Laundry service is usually provided by commercial service or VAMC EMS Laundry and Linen Operation. Space indicated is for nominal stand-alone Residential Care Facility based operation to be provided only when authorized by VACO.

4. Housekeeping (XXYYC)......200 NSF (18.6 NSM). Provide one for Nursing Home / Residential Care.

Provides nominal staging and storage area for housekeeping supplies and personnel.

5. Maintenance / Engineering Shop (PMCC1)......800 NSF (74.3 NSM) Provide one if Maintenance and Engineering Shop is authorized in Concept of Operations.

Maintenance and Engineering Shops usually provided by adjacent VAMC Engineering Service. Space indicated is for nominal shop facilities to be provided only for stand alone facility not located on a VAMC campus. Space to be subdivided into receiving, shops, storage, staging, and shop areas

6. Office, Security (COM03)......200 NSF (18.6 NSM) Provide one if Security service is authorized in Concept of Operations.

Security facilities are usually provided by adjacent VAMC Police Service. Space indicated is for nominal control/office/staging facilities to be provided only for stand alone facility not located on a VAMC campus.

7. Receiving / Loading (MMRP1)......150 NSF (13.9 NSM)

Provide one for Nursing Home / Residential Care

Space provided for receipt and staging of materiel from either VAMC delivery system or stand-alone facility loading dock. For additional Receiving/Loading areas required for food service refer to Nutrition and Food Service – Chapter 224.

8. Storage, Bulk (SRE01)......100 NSF (9.4 NSM) Provide one for Nursing Home / Residential Care.

Space provided for storage of bulk materiel. For additional Bulk Storage areas as may be required for food service refer to Nutrition and Food Service – Chapter 224.

- 10. **Storage, Resident (SRPB1)......150 NSF (13.9 NSM)** *Minimum NSF; provide an additional 2 NSF per projected General and Specialty Resident greater than forty-eight.*

Storage for resident clothing, luggage and other personal items.

K Staff and Administrative Areas

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	1. Lobby (LOB01)	200 NSF (18.6 NSM)

Provide one for Nursing Home / Residential Care.

4. Office, Nursing Administration (OFA01 / OFA02)120 NSF (11.2 NSM) Provide one per Administrative FTE position authorized; provide OFA01 if standard furniture is authorized or OFA02 if systems furniture is authorized.

5. Office, Physician (OFD03)120 NSF (11.2 NSM) Provide one per Physician FTE position authorized.

6. Conference Room (CRA01)300 NSF (27.9 NSM) Provide one for Nursing Home / Residential Care.

7. Medical Records / QA (MRS01)......150 NSF (14.0 NSM) Provide one for Nursing Home / Residential Care.

8. Copy Room (RPR01)100 NSF (9.4 NSM) Provide one for Nursing Home / Residential Care.

L. Staff Lockers, Lounge, and Toilets

The spaces below provide programming of Lounge, Lockers, and Toilets at department / service / chapter level. Alternatively, sum all departments/services data for Lockers, Lounges and Toilets, and program space in Chapter 410-EMS Lockers, Lounges, Toilets and Showers. Either/or – do not duplicate space. Provide locker space only for those FTEs without office or cubicle space.

For less than five FTE combine Lounge facilities with adjacent department or sum in chapter 410.

2. Locker Room, Staff (LR001) 80 NSF (7.5 NSM)

Minimum NSF if total number of FTEs for whom office or cubicle space is not authorized is between five and thirteen; provide an additional 6 NSF per FTE for whom office or cubicle space is not authorized greater than thirteen.

Provide locker space only for those FTEs without assigned office or cubicle space. For less than five FTE combine Locker Room facilities with adjacent department or sum in chapter 410.

6 PLANNING AND DESIGN CONSIDERATIONS

- A. A residential care environment provides living, treatment and support space in a residential, home-like setting for qualified veterans.
- B. Employ a resident "house" concept consisting of smaller groupings of resident rooms co-located with living, dining, and kitchen areas.
- C. Employ a "Residential Neighborhood" concept, which involves co-location of support services between or amongst houses.
- D. Encourage resident interaction and privacy by providing space for larger social activities and private spaces.
- E. Incorporate design features that facilitate activities of daily living.
- F. Provide clear spatial organization and "way-finding" cues.
- G. Encourage resident access to the outdoors for active and passive therapeutic activities.
- H. The use of single (private) resident bed rooms is encouraged.
- I. Provide 100 percent accessibility in all resident areas both indoors and out.
- J. The net-to-gross conversions factor for estimating department gross square feet (DGSF) is 1.55. This number, when multiplied by the programmed net square foot area, gives an estimate of the DGSF.
- K. Plan to maximize, to the degree possible, staff efficiencies by arranging resident units consistent with staffing patterns.
- L. Provide adequate space for supplies and equipment to promote worker safety and care delivery (e.g., ceiling lifts).

7 FUNCTIONAL RELATIONSHIPS (MATRIX)

TABLE 1: FUNCTIONAL RELATIONSHIP MATRIX: SAME BUILDING

SERVICES	RELATIONSHIP	REASON
Audio and Speech Pathology Program	3	G,H
Canteen Service	3	G,H
Chaplain Service	3	G,H
Dental Service	3	G,H
Dietetic Service	3	G,H
Eye Clinic	3	G,H
ENT Clinic	3	G,H
Laboratory Service	3	G,H
Voluntary Service	3	G,H
Med. Res. And Dev. – Animal Res.	X	G,H
Warehouse and Maintenance Shops	X	G,H

TABLE 2: FUNCTIONAL RELATIONSHIP MATRIX: SEPARATE BUILDING

SERVICES	RELATIONSHIP	REASON
Parking Facilities	3	G,H
Ambulatory Care	3	G,H
Audio and Speech Pathology Program	3	G,H
Dental Service	3	G,H
Dietetic Service-Food Proc.	3	A, B,H
ENT Clinic	3	G
Eye Clinic	3	G
Laboratory Service	3	C,H
Pharmacy Service	3	В
Voluntary Service	3	G,H
Med. Res. And Dev. – Animal Res.	X	K, E, F
Warehouse and Maintenance Shops	X	D, E, F

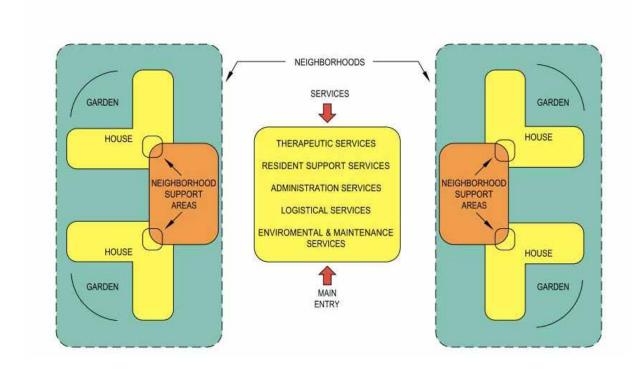
Relationship

- 1. Adjacent
- 2. Close/Same Floor
- 3. Close/Different Floor Acceptable
- 4. Limited Traffic
- X. Separation Desirable

Reasons:

- A. Common use of resources
- B. Accessibility of supplies
- C. Urgency of contact
- D. Noise or vibration
- E. Presence of odors or fumes
- F. Contamination hazard
- G. Sequence of work
- H. Resident's convenience
- I. Frequent contact
- J. Need for security
- K. Others (specify)
- L. Closeness inappropriate

8 FUNCTIONAL DIAGRAM 1 - Concept Diagram - Nursing Home / Residential Care Facility



9 FUNCTIONAL DIAGRAM 2 - Concept Diagram - Nursing Home / Residential Care Facility - Typical House

