References


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Design of Long-Term Care Facilities for Alzheimer Patients
This brochure provides guidelines on physical environmental criteria for choosing a special-care unit in a residential facility for a family member with Alzheimer's disease. The decision to place a family member in a special-care unit is personal and should be arrived at after considering the physical, emotional, and functional states of both the person with Alzheimer's disease and the caregivers.

Most special-care units will meet basic safety, health, and fire codes. There are more subtle qualities, however, that significantly influence the quality of life and the quality of care for people with Alzheimer's disease. These factors, which may vary considerably in different units, exist in the philosophies and policies of units as well as in the physical environment. This publication centers on the physical environment. The physical environment of the special-care unit, however, encompasses and reflects the philosophies and policies of particular units. Qualities of the physical setting play a critical role in the quality of life and the quality of care for a resident with Alzheimer's disease. The physical environment can have a profound effect on three crucial aspects of the residents' lives: wandering, familiarity, and disorientation (Calkins, 1991).

Wandering

Many people with Alzheimer's disease wander. The behavior is not negative and is thought to be therapeutic (Calkins, 1992). Therefore, a special care unit that facilitates wandering for its residents is essential. Some specific qualities that a facility should have to create optimum wandering environments include:

- A never-ending interior wandering path. Dead ends confuse and can alarm people with Alzheimer's (Calkins, 1991).
- Manipulation activities (e.g., simple puzzles) along the wandering path provide a chance for discovery.
- Control systems on doors along the wandering path that lead to the exterior to keep doors locked to ensure safety of residents. These systems should unlock the doors if the fire alarms sound (Calkins, 1991).
- Because residents' rooms are also likely to be directly off of this wandering path, closets and drawers should have locks to protect residents from having their possessions moved. But an unlocked “rummaging” drawer can be provided (Fitzsimmons, 1996). One facility provides a rummaging drawer in recessed areas along the wandering path.
- There should be seating around the wandering path to enable people to rest and to watch others. Seating should have a moderate variety of colors, textures, and designs. Chairs of one design can cause pressure ulcers which result from the constant points of pressure from sitting in the same type of chair. While variety is important, overstimulation should be avoided (Hoffman and Kaplan, 1996).
- A well-planned outdoor wandering path. There should not be any changes in level (Mathew and Sicane, 1991).
- If there is not an outdoor path, there should at least be an enclosed outdoor area that furnishes shade and is away from traffic (Fitzsimmons, 1996).

Familiarity

Familiarity refers to the degree to which the environment is recognizable to residents. References to former home settings help create familiarity for people with Alzheimer's disease. Some ways this can be achieved include:

- Home-like elements such as shorter corridors, incandescent (rather than fluorescent) and natural lighting, and chair and sofa finishes of resistant but not plastic-like materials (Calkins, 1991).
- A center of activity. The nursing station is often the center of activity, so it should be in a highly visible area, away from doors to the outside. There should be seating all around this area as well (Mathew and Sicane, 1991).
- Separate space for various functions make it easier for people with Alzheimer's to recognize that certain areas go with certain activities; especially important is a separate dining room.
- Areas for personalization in the resident's room are important to make the room feel like home and to make references to the past; shelves and bookcases should be enclosed (with Plexiglass or a material other than glass) and locked because residents can unknowingly remove and displace objects. Personalizations (photographs, significant possessions, etc.) also help staff to learn about the resident (Calkins, 1991).
- Photographs of residents that they may recognize should be placed outside their doors (perhaps from a memorable time period before the dementia began).
- Because most rooms are not singles, there should be other areas that furnish privacy to meet with family members or staff (Fitzsimmons, 1996).