
Appendix 3A – Functional Program

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1.0 OVERVIEW

The Authority provides health services to 80 rural and urban municipalities in the southwest corner of Saskatchewan. The Authority serves approximately 45,000 individuals. Swift Current is the largest urban centre in the region and has a population of approximately 16,000. The Authority has long term care services in 13 communities across the region, the largest located in Swift Current. Relocating the Swift Current long term care beds near the Cypress Regional Hospital on the Swift Current Integrated Facility Campus site will integrate acute and long term care services.

1.1 Hours of Operation

Nursing homes are residential long term care facilities that provide 24 hour professional nursing care and supervision in a protective, supportive environment for people who have complex medical needs and can no longer be cared for in their homes. The Facility will operate 24 hours/day, 7 days/week. The day program currently operates 5 days/week from 0900-1630 and Saturday as required.

1.2 Organization & Management

The long term care program leadership and management are provided from the Authority. Health services managers are responsible for the day-to-day operations of the long term care community. In-charge nurses are responsible for supervision and coordination of services with on-call support from managers and administrators.

1.3 Education Role & Activities

The Authority serves as a clinical site for numerous health care professional programs including physicians, registered nurses, licensed nurse practitioners, physiotherapists, occupational therapists, speech-language pathologists, pharmacists, special care aides, social work, dietitian, recreation therapy and x-ray / lab technologists. The integration of these various services in a state-of-the-art healthcare campus provides an enhanced learning environment for healthcare professionals. It results in the provision of more opportunities for diverse clinical experiences for students, collaboration among multiple disciplines in one location and opportunity for provider and staff recruitment and retention.

1.4 Patient Profile

Clients who meet Institutional Supportive Care Admission Criteria for long term care and temporary care will be served in the Facility. Level of care is based on "Client Rating" and approval by the Cypress Assessment and Planning Committee for services. Typically, long term care clients are classified as Level 3 or 4. Clients include those individuals requiring dementia services, chronic care, convalescence /rehabilitation, respite care, and palliative care. Refer to Data Room for definition of Level 3 and 4 clients.

1.5 Adult Day Program

The Authority currently operates an adult day program five days per week. It currently serves 13 clients with a planned expansion to 20 clients. Hours of operation are Monday – Friday from 0900 – 1630 with limited Saturday hours offered if the need arises. This program is primarily for socialization and activities.

2.0 PURPOSE OF THE FUNCTIONAL PROGRAM

The Functional Program describes the proposed services, activities and staffing of the Facility, together with a description of the Facility resources and space required to support them. It provides a comprehensive understanding of the activities and the functional needs of each program component, which must be accommodated in the Facility.

Specifically, the Functional Program:

1. Documents the scope of services, operational procedures and methods, projected workload and staffing assumptions, functional relationships, planning criteria, room-by-room space requirements and equipment for each program component.
2. Is a tool for the manager – it documents scope of service, objectives and basic operational methods of the specific component; and specifies the human, technical, and building resources necessary to function as intended.
3. Is a communication tool – it outlines what each component intends to do and why, and assists in securing the necessary resources and project approvals to proceed with the project.
4. Is the foundation for the Design – it provides instruction to the architectural and engineering team for the preparation of schematic design and later detailed design and construction documents.

This Functional Program uses the following terms and defines them as follows:

“Adult Day Program” has meaning as described in Part 8.0 of this Appendix;

“BGSM” or “Building Gross Area or Building Gross Square Meters” means the sum of all building floor areas measured to the outside face of exterior walls for all stories or areas having floor surfaces. Building gross area includes component gross areas, general circulation, mechanical and electrical space and exterior walls;

“Close Adjacency” describes a direct or in-direct physical access between rooms or components through the use of a minimal amount of horizontal and/or vertical general or internal circulation;

“CGSM” or “Component Gross Square Meters” means that portion of a building assigned to a specific component, including net areas, internal circulation, partitions, building structure and small mechanical shafts. Component gross area is measured to the inside face of exterior walls and to the centre line of partitions adjoining other components or general circulation space;

“Community Centre” has the meaning as described in Part 8.0 of this Appendix;

“Convenient Access” means physical access between rooms or components through the use of extended horizontal and/or vertical general circulation;

“Hospice House” has meaning as described in Part 11.0 of this Appendix;

“Immediately Adjacent” means a direct physical relationship between rooms or components;

“Kanban” means a double sided accessible closet that provides a method of automatically signaling when new supplies, or services are needed and is located between the resident’s washroom and the corridor;

“LEAN 3P” means to structure a defect-free, world-class quality of care that can be delivered at the required resident-demand volume (time) in conjunction with the correct lead-up timing (just in time) in a simple and defect-free process. The focus is the resident and the challenge is to start “with a blank sheet of paper” (no preconceptions or limitations);

“**Neighbourhood**” means four to eight Residential Care Buildings clustered into a neighbourhood;

“**Neighbourhood Hub**” has the meaning as described in Part 8.0 of this Appendix;

“**NSM**” or “**Net Area or Net Square Metres**” means the horizontal area of space assignable to a specific function. The net area of rooms is measured to the inside face of wall surfaces;

“**Residential Care Buildings**” means the Buildings to be constructed for the purpose of housing long term care residents comprised of:

- (a) 21 Standard Residential Homes; and
- (b) 1 Hospice House;

“**Schedule of Accommodations**” is a detailed list of spaces and the corresponding required areas;

“**Services Building**” has the meaning as described in Part 8.0 in this Appendix; and

“**Standard Residential Home**” has the meaning as described in Part 10.0 in this Appendix.

3.0 SCOPE OF AUTHORITY SERVICES

Services at the Facility will include:

Residential Care Buildings for both short (under 30 days) and long term residential care that provides:

- o assistance for activities of daily living
- o medication management
- o simple to complex nursing care
- o meals and snack preparation
- o housekeeping and homemaking support
- o rehabilitative and restorative services
- o social work , recreational, physical, occupational, speech and language therapies
- o bariatric care
- o palliative care
- o spiritual care
- o respite care

Nonresidential services for clients in the Region:

- o Adult Day Program
- o Recreational therapy services
- o Social work services
- o Dietician services

4.0 SERVICE DELIVERY MODEL

Recent trends in long term care have focused on a deinstitutionalization of the system and a shift to a person centered model of care. These changes shift care to an environment that in function and design is closer to a residential home. Care is organized and delivered around the personal preferences of the resident with high value given to a shift from a pure clinical focus to a holistic model of care which supports bio-psycho-social and spiritual personhood. Among the most frequently identified models of social holistic care are the Eden Alternative, Small House, Greenhouse, Person Centered Care and Planetree.

Key elements of these long term care models include:

- o small scale living environments
- o person-centered habilitative support for activities of daily living
- o clinical care that is person centered and holistic
- o core values that prize independence, dignity , privacy and choice
- o healing environments that include access to daylight and views of nature
- o integration of family, friends and social networks
- o offering meaningful activities
- o consistent caregivers
- o use of technology and universal design for maximum flexibility
- o standardized operation for staff efficiency and resident safety
- o empowerment and engagement of front line staff

A growing body of research demonstrates positive outcomes for all stakeholders. The deinstitutionalized social model of care is a powerful tool for improving the overall quality of life for those living in long-term care communities. The staff outcomes include increased satisfaction and retention and significant decrease in resident use of medications and restraints.

Buildings must not only accommodate the needs of the present long-term care residents, but must also anticipate the needs of the baby boom generation whose use of media, communications, gaming, bathing and eating preferences/styles, and other aspects of life differ greatly from the present long-term care resident population.

5.0 HOME-LIKE ENVIRONMENT

A home-like environment includes elements that have been proven to create therapeutic and low stress environments and a comfortable functional environment for residents, their families, and staff, by including:

- De-emphasize the institutional character of the setting, to the extent possible, provides a safe, clean, comfortable environment and allows the resident to use those personal belongings that support a homelike environment.
- Equitable and respectful characteristics with all Facility Users valued, and resident confidentiality and dignity maintained;
- Design features such as sound and music, color, pattern, air quality, nature and view of nature, art and aesthetic forms, as tools for creating an environment that will support residents of all ages and their families.
- Resident lounges will include display space to support the creation of a home-like environment
- Resident lounge, dining and activity spaces will use products that minimize sound and glare and create a home-like environment. For example:

- furnishings should resemble, as much as possible, furniture normally found in residential settings;
 - there should be variety in the types of pictures on the walls; flooring, wall decorations, window treatments (blinds and curtains) and room finishes (for example, wallpaper, trim, wainscoting), and
 - lighting fixtures should be of a non-institutional style.
- A variety of sizes and designs of Lounge areas – from private nooks for intimate conversation to larger common areas for groups.
 - Accessible kitchens where food preparation is a familiar activity of daily living and is part of a “home-like” environment.
 - De-institutionalized treatment and placement of handrails, wall protection and clinical items such as hand wash sinks, accessories and overhead lifts.

6.0 DESIGN DEVELOPMENT CRITERIA

Design the Facility using elements from deinstitutionalized models such as “Eden Alternative” and “Green House”. The Facility will house 225 residents in twenty one (21) 10-person Standard Residential Homes and one 15-person Hospice House for rehabilitative, respite and palliative care. This model of care is intended to be a holistic redesign of the long term care facility and includes a deinstitutionalization process not only the building design, but also a change in the delivery of care and the work environment of the caregivers.

The architectural and environmental paradigm of the small house is rooted in home: the warm, private, familiar, comforting, safe, predictable, and convenient living spaces people have created for themselves all their lives. Within that physical environment, social, emotional, and psychological components evolved to make the space their home. The goal is the creation of small houses that residents will come to recognize as home, places where they can enjoy and experience living to the fullest that their abilities allow.¹

The resident focused design creates environments that are:

- Legible – providing environmental cues that enable us to perceive a sense of place, and supply messages of orientation, direction and differences.
- Accessible – permitting residents, visitors and staff to move freely and normally.
- Adaptive – accommodating people with a wide range of disabilities.
- Compatible – yielding, tolerant, and amenable to the functional limitations of the user.

7.0 GUIDING DESIGN PRINCIPLES

Special design features determined through the functional programming process and the LEAN 3P workshops will inform the design parameters. Design of the Facility will incorporate the safety and efficiency of the delivery of resident care and the well-being of both staff and residents, and will include the following nine characteristics:

1. The design of the Facility will include the following general aspects:
 - o ergonomic design features throughout all spaces in the Facility that specifically facilitate the physical activities of staff and residents, including for example, appropriate millwork, lighting, lift devices and resident assist or equipment maneuvering space;

¹ Small House Design Manual, Rabig.
4524179.10

- o easily legible configuration for Facility circulation, and an indoor way finding system that is simple, intuitive, and fully coordinated with the Authority within the Facility;
 - o services distribution, building systems, footprint and room arrangements, that allow for efficient, economical and minimally-disruptive physical and operational changes throughout the life of the Facility;
 - o additions, deletions and relocations of services to residential and non-residential areas may be made over the life of the Facility, including by consolidating risers and hubs in strategically accessible and expandable locations and planning appropriate closets, cabinets, chases and shafts for access and growth;
 - o locate permanent building elements, such as stair, elevator and duct shafts, to minimize constraints on configuration change;
 - o provide a simple building perimeter and non-restrictive fenestration pattern;
 - o provide standardized room layouts for repetitive rooms throughout the Facility.
2. **“Universal Design”** philosophies that address barriers to equitable access to long term healthcare such as cultural diversity, physical capability and gender:
- o Equitable use – the Design will be easy to use by people with diverse abilities;
 - o Flexibility in use – the Design will accommodate a wide range of individual preferences and abilities;
 - o Simple and intuitive – the Design will be easy to understand, regardless of the user’s experience, knowledge, language skills, or current concentration level;
 - o Perceptible information – the Design will communicate necessary information effectively to the user, regardless of ambient conditions or the user’s sensory abilities;
 - o Tolerance for error – the Design will minimize hazards and the adverse consequences of accidental or unintended actions;
 - o Low physical effort – the Design will be capable of being used efficiently and comfortably and with a minimum of fatigue; and
 - o Size and space for approach and use – provide appropriate size and space for approach, reach, manipulation, and use regardless of user’s body size, posture or mobility.
3. The design will incorporate **Pattern language** of home² including:
- o self-contained space that serves daily needs of people living there
 - o appeal to all cultures, ages and be non-institutional in appearance
 - o single storey Standard Residential Homes
 - o front door which requires visitors to ring the doorbell for access
 - o foyer /entryway with visitor /resident coat closet
 - o rooms that retain scale and function of home
 - o identifiable central core or hearth in the living room
 - o private nooks (den/library)
 - o kitchen and dining spaces
 - o private individualizable bedrooms with bathroom
 - o bedrooms with individual privacy control (locks, doorbell)
 - o residential furniture, finishes, and accessories
 - o visual and actual access to outdoor spaces

² A Pattern Language: Towns, Buildings, Construction, Christopher Alexander et al, 1977.

- o plentiful natural light
 - o quiet spaces
 - o spaces for guests
 - o invisible service areas
 - o warmth.
4. The Design will integrate **Safety** including:
- o safe-use and strategies to reduce the spread of infection and resident falls
 - o ease of access – both to the Facility and within the Buildings via wheelchair, walker or stretcher, for all segments of the resident, caregiver and staff population
 - o fire and safety systems as required by code
 - o bedroom locks which are easily unlocked by staff
 - o system which monitors entry and exit
 - o secure unfettered access to all areas of the home
 - o smooth indoor and outdoor surface transitions
 - o illumination per guidelines for the aging eye
 - o easy way finding
 - o kitchen spaces which drive good sanitation practices
 - o kitchen spaces that secure high risk items
 - o high caregiver/resident visibility
 - kitchen to front entry
 - kitchen to bedroom doors
 - kitchen to dining & living spaces
 - kitchen to outdoor space
 - o secure chemical
 - o secure medications
5. The Design will exemplify a **Healing /Holistic Space** that:
- o is equitable and respectful - with all Facility users valued, and resident confidentiality and dignity maintained
 - o is restorative – with resident care area and staff workspaces that are comfortable, peaceful, attractive, and that feel connected to the day and the seasons
 - o maximize, the use of natural daylight
 - o provides all season connection to the outdoors
 - o manages noise levels with acoustic treatments and design criteria
 - o provides individualized temperature control
 - o provides access to water therapy (jetted tub)
 - o provides access to healing space (spa)
 - o includes art that is plentiful and interesting
 - o provides flexible music delivery system
 - o promotes and supports the concept of sustainability (i.e. recycling, etc)

6. The Design will demonstrate **Functional Competence** including the following elements:
- o efficiency - reducing Facility Users' distances to travel within the Facility
 - o generation - of communication and knowledge transfer among caregivers and between caregivers, residents and visitors, caregivers and visitors, and residents, and reasonably lively in its public spaces
 - o flexibility - to accommodate continuous programmatic change and growth
 - o resting stations at specified intervals in long connection hallways
 - o lever door handles
 - o resident wardrobes with sliding or bi-fold doors with large or lever handles
 - o color contrast provided between:
 - floor /wall junctures
 - wall covering /wall
 - handrail/wall
 - furniture/floor
 - floor/lavatory fixtures
 - door jamb/door (except front door)
 - o avoidance of large patterns in wall coverings and floor coverings
 - o signage with adequate sized lettering and color contrast
 - o window coverings that provide varying levels of light control
 - o heating/cooling controls that are legible and easy to operate
 - o bathroom sink area that includes
 - wheelchair accessible storage
 - utilizable counter space
 - accessible towel bar
 - over-sized mirror for barrier free viewing
 - hands-free faucet
7. The Design will create an **Environment** that promotes staff efficiency and safety including:
- o adjacencies which support efficiency
 - o universal room and floor plan design
 - o personal secure storage space within the home
 - o electronic ceiling X-Y gantry lifts, single operator designed
 - o infection control plan support
 - o integrated wireless infrastructure and systems capable of supporting multiple and expanding technological systems including;
 - electronic medical record
 - fire alarm systems
 - nurse call systems
 - telephone, television, personal computers and handhelds devices.

8. The Design will foster **Interconnectedness and Community** through incorporating:
 - o shared multipurpose space
 - o shared outdoor space
 - o shared worship or reflection space
 - o shortest possible interconnection distances
 - o resting stations and connectivity from hallway to homes
 - o in each Residential Care Building, a front door that serves as the main point of access in and out for visitors and community members
 - o in each Residential Care Building, individual secure outdoor space directly accessed from the living area
 - o in each Residential Care Building, “back door” internal corridor connectivity to the other Residential Care Buildings in the Neighbourhood
 - o Neighbourhood “back door corridor” connections to the Neighbourhood Hubs, Community Centre and Services Building spaces via internal corridors
 - o the Hospital Link to connect the Facility to the Cypress Regional Hospital, providing access to supporting health care services for both residents and staff
 - o Facility connection via the Hospital Link to the future Recreation Facility for resident and staff access to the wellness centre, pool, library, classrooms, K-8 schools with gymnasium, soccer fields.

9. Design of the **Site** will incorporate the following design principles:
 - o physical safety and security using CPTED design principles
 - o way-finding and legible connections within the Facility
 - o pedestrian and vehicular access and parking that are barrier free accessible
 - o resident’s visual access to nature from resident care areas, visitor areas and staff work areas
 - o management of micro-climatic effects on resident, staff and visitor comfort and safety of building location and orientation, sheltering of building walkways and building entrances and access to light throughout the year in outdoor spaces
 - o snow storage on Site, if required on a temporary basis, will not impede sight lines or access.
 - o regionally adapted environmental design will include restorative elements such as indigenous and drought tolerant planting
 - o provide safe and legible transitions between the Site and buildings, roadways and parking, and open space and public sidewalks
 - o provide appropriate access to the Site to meet the needs of ambulances to the Site for emergencies, staff and visitor traffic, and service and delivery vehicles during Construction and Operating Periods
 - o safe and well lit spaces for individuals with challenged mobility (i.e. wheelchair or walkers) planned in conjunction with other outdoor waiting areas. Provide appropriate exterior lighting levels near Building entrances and exits, walkways, public areas, and parking areas. Lighting will not cause glare, shadow, or high contrast with surrounding areas
 - o use of trees and other elements in the landscape to screen views of the Services Building, parking, utility boxes, loading areas and adjacent resident windows and ameliorate microclimate and snowfall patterns in pedestrian and service areas.

8.0 FUNCTIONAL DESCRIPTION BY AREA

1. **Residential Care Building:** Each Residential Care Building will be self-contained and have no shared or common functional space with other Residential Care Buildings except those located in the Neighbourhood Hubs, Community Centre and Services Building.
2. **Neighbourhood:** Four to eight Residential Care Buildings will be clustered into Neighbourhoods; an even number of Residential Care Buildings should occupy each Neighbourhood to maximize staff utilization.
3. **Neighbourhood Hub:** Shared spaces for up to eight Residential Care Buildings which include:
 - o Manager workstations
 - o Interview/Meeting Room for 3-4 people
 - o Staff touchdown workstations
 - o Staff room with washroom and shower
 - o Activity room for 20-40 people
 - o Housekeeping storage
 - o General storage
4. **Community Centre:** contains shared amenities including:
 - o Main entry to the Facility
 - o Lobby / Reception
 - o Meeting Rooms
 - o Open office space
 - o Community activity space for up to 130 people
 - o Outdoor Community Patio
 - o Family dining / kitchen areas
 - o Hair salon
 - o Seamstress
 - o Administration offices
 - o Mail / copy room
 - o Public washrooms
5. **Adult Day Program:** contains amenities including:
 - o Day-time activity programs for clients still residing in private homes
 - o Conveniently located entrance with covered drop-off for day clients and their families
 - o Access to outdoor gardens and walking paths
 - o Kitchen with light meal service for Clients
 - o Spa room
 - o Zen room for resting
 - o Meeting/office space for client assessment and family meetings
 - o Soiled utility room
6. **Services Building:** contains shared amenities including:
 - o Maintenance shop
 - o Paint room
 - o Shipping & receiving
 - o Central housekeeping
 - o Material management
 - o Soiled holding
 - o Transportation device storage
 - o Equipment wash bay
 - o Medical gas storage area for full and empty tanks
 - o Resident & Facility general storage
 - o Emergency generator
 - o Central mechanical and electrical rooms
 - o Support staff office, lounge and washrooms

9.0 PROGRAM COMPONENTS INTRODUCTION

The following program component groups provide a range of services, amenities and support spaces that the Authority envisions will be required for the Facility. These six (6) components are consolidated on one site to provide enhanced quality of care. Each program component was developed with the user group and the Authority's Planning Department to establish both short and long term high level planning needs.

The Facility services, amenities and support spaces have been organized on a component-by-component basis. A component is a cohesive grouping of activities or spaces related by function, and or service or physical arrangement. Within this Functional Program, the term component does not necessarily denote a department, as the term department refers to an administrative organization, but describes a functional organization of spaces and activities. Each component therefore constitutes a unique and definable building block within this Functional Program, that form the basis for the development options. It is envisioned that the component descriptions will be used as the foundation whereby the detailed design development will be developed at a later date.

9.1 COMPONENT GROUPS

The six components are as follows:

1. Standard Residential Home
2. Hospice House
3. Adult Day Program
4. Neighbourhood Hub
5. Community Centre
6. Services Building

9.2 PROGRAM FRAMEWORK

A master program description of each component is detailed in parts 10 through 15 of this Appendix using the following in headings:

- Overview
- Staffing
- Functional Evaluation
- External Relationships
- Internal Relationships
- Schedule of Accommodations
- Room Data Sheets

Overview: provides a general description of regional context of the program and planning parameters for future development.

Staffing: Indicates full time equivalencies (FTE's) in 2013 and at the planning horizon of 2025.

Functional Evaluation includes:

- Layout of space and location within Facility
- Proximity to related components
- Adequacy of space: Identifies issues in the quality of the environment, the size of rooms compared to the Authority's Guidelines or the National Building Code. Room configuration and functionality issues are identified.
- Special requirements

External Relationships establishes key relationships between component groups. In some instances key site relationships are determined to ensure proper functioning of component group.

Internal Relationships addresses key adjacencies and public/private zoning within the component group. The diagrams are high level diagrams for master planning purposes establishing key relationships and resident flow.

Schedule of Accommodations provides the detailed list of spaces and their required areas. The schedules illustrate the number of projected rooms or spaces (units), the Net Square Metres per unit (nsm/unit), and the total Net Square Metres for each room or space (nsm). Proposed Net Square Metres (nsm) is stated to the nearest 0.1 m² and is considered the desired minimum. At the end of each space list the total net space is summarized. Net areas may be reduced up to 5%, provided the functional requirements are met. The component gross factor is considered indicative and may vary to suit the proposed design.

Room Data Sheets establish specific physical and functional requirements, including furniture and equipment for each component.

10.0 STANDARD RESIDENTIAL HOME - 10 BEDS

10.1 OVERVIEW

The intent of the Standard Residential Home is to create small home-like units, as opposed to the larger congregate/institutional living environments that have historically characterized residential care facilities. As a result, Standard Residential Homes should be designed to accommodate no more than 10 residents.

- The bed numbers per unit will be as follows:
 - 21 Standard Residential Homes with 10 beds each (arranged into Neighbourhoods of groups of 4 to 8 Residential Care Buildings), in a single storey configuration.
- All rooms within the Standard Residential Home should be wheelchair accessible and have wide doorways of at least 1.10 m in width.
- Preferably, all living spaces should have individual climate controls.
- All units should include a circuit to provide an opportunity for residents to walk without coming to an end point.
- The capability to do personal laundry should be present in each Standard Residential Home using heavy duty household washers and dryers.
- All Standard Residential Homes will be designed for the particular needs and behaviors of residents with dementia including an appropriate controlled-egress system on all required exit doors and doors leading to other areas of the facility unless prior approval of an alternative method for prevention of resident elopement from the home has been obtained from the authority having jurisdiction.
- Standard Residential Home should be configured so that at night, multiple Standard Residential Homes can be managed by one care team.
- Neighbourhood Hub support space including staff touch-down workstations, staff rooms and shared support space may be shared in between four to eight Standard Residential Home.

10.2 STAFFING

The staffing plan for the Standard Residential Homes (SRH):

Job Classification	Ideal Staffing	Efficiencies w/design	Description of duties
Continuing Care Assistant (CCA)			
CCA Days (7am-3pm)	2 FTE – 8 hours/per SRH	1.5 FTE – 8 hours/per SRH * one person is generally required to operate XY gantry, but two persons may be required to lift some residents (e.g. bariatric, multiple tubes)	The CCA plays the role of the aide, activity worker, house keeper and dietary aide. During the day shift they are responsible to: <ul style="list-style-type: none"> • Assist residents with AM care (face washed, teeth brushed, hair brushed, assist to toilet, peri care, skin care, clothes changed). This happens on the residents' schedule as they are able to wake up when they wish. • Assist resident to move to breakfast area (wheelchair, walker assist, assist to walk) • Clean resident bathroom & room • Prepare breakfast for each resident allowing the resident to participate as much as possible. Set up resident for breakfast, assist to eat where needed • Assist with resident baths as per resident schedule or preference • Prepare the lunch for residents allowing the residents to participate as much as possible • Engage with the residents in activities (tea parties, card games, nail care, reading a book, etc.) • Assist residents to large group activities in the Neighborhood Hub or Community Center • Assist with toileting throughout the day as needed • For dementia residents, ensure safety through frequent monitoring, redirecting resident, and providing frequent appropriate activities.

Program Component 10.0

Standard Residential Homes - 10 Beds

Job Classification	Ideal Staffing	Efficiencies w/design	Description of duties
CCA Evenings (3pm- 11pm)	2 FTE -8 hours/per SRH	1.5 FTE – 8 hours/per SRH * one person is generally required to operate XY gantry, but two persons may be required to lift some residents (e.g. bariatric, multiple tubes)	The CCA plays the role of the aide, house keeper and dietary aide. During the evening shift they are responsible to: <ul style="list-style-type: none"> • Prepare supper for the residents allowing the residents to participate as much as possible • Start the daily laundry • Assist with toileting • Engage with residents in activities • Assist with resident baths as per resident schedule or preference • Assist with PM care (face washed, teeth brushed, hair brushed, assist to toilet, peri care, clothes changed). This happens on the residents' schedules as they are able to go to bed when they wish.
CCA Nights (11pm-7am)	1FTE – 8 hours/per SRH plus 2 FTE – 8 hours to float	1FTE - 8 hours/per SRH * one person is generally required to operate XY gantry, but two persons may be required to lift some residents (e.g. bariatric, multiple tubes) *With one person per SRH on nights the Authority needs to ensure coverage for breaks so the Authority does not pay overtime	The CCA plays the role of the aide, house keeper and dietary aide. During the night shift they are responsible to: <ul style="list-style-type: none"> • Complete the daily laundry • Assist with toileting • Restock the Kanban units for each resident from the clean storage room • Prepare the lunch meal • Clean the common areas (wash floors, dust, clean hand rails and door knobs) • Complete resident rounds • Assist with agitated residents • Clean resident's personal care items (wheelchairs, walkers, cushions) as scheduled. • Review and update charts (add chart forms, review bowel care)
Registered Nurse (RN)/License Practical Nurse (LPN)			
RN/LPN Days (7am-3pm)	1 FTE per 40 residents	1 FTE per 40 residents	The RN and LPN both rotate through a rotation and are responsible for: <ul style="list-style-type: none"> • Medication administration; ordering meds • Assist with physician rounds; ensure physician's orders are carried out • Resident assessments • Wound care and/or other treatments • Ensure the resident's care plan is up to date and discussed with families • Assist to feed residents at meals • Provide hands on care as required • Provide supervision and direction to CCAs • Liaise with families as needed, depending on resident's condition.
RN/LPN Evening (3pm- 11pm)	1 FTE per 40 residents	1 FTE per 40 residents	The RN and LPN both rotate through a rotation and are responsible for: <ul style="list-style-type: none"> • Medication administration • Wound care and/or other treatments • Assist to feed residents at meals • Resident assessments • RNs coordinate care for residents • Provide supervision and direction to CCAs.
RN/LPN Nights (11pm-7am)	2 FTE per 225 residents	2 FTE per 225 residents	The RN and LPN both rotate through a rotation and are responsible for: <ul style="list-style-type: none"> • Float and on-call for pain management and resident assessments

Job Classification	Ideal Staffing	Efficiencies w/design	Description of duties
Registered Nurse B / Coordinator	3 FTE - 10 hour /days & 1 FTE -10 hour evenings per 225 residents (M-F)	3 FTE - 10 hour /days & 1 FTE - 10 hour evenings per 225 residents (M-F)	The RN Coordinator is responsible for: <ul style="list-style-type: none"> • Family conferences on quarterly basis • Quarterly resident reviews • Ensure LTC information systems (MDS) are up to date. • Develop regular educational programs for care providers • Liaise with physicians re resident care plans and/or family concerns • Liaise with physician/pharmacist for quarterly medication reviews • New admissions • Orientation of new staff

**The care team for each Standard Residential Home consists of the CCA, RN/LPN, RN Coordinator, Social Worker (2 FTE - 8 hour days M-F for 225), Recreation Coordinator (1FTE - 8 hour days M-Sun for 225), Food Service Supervisor (1FTE - 8 hour days M-F for 225 residents). The CCAs are the only staff permanently in the Standard Residential Homes and the rest of the care team assists with more than one Standard Residential Home.

Staffing Issues:

- Re-training and recruiting of CCAs
- Safe food handling and food preparation training for CCAs
- One person lift policy
- Eden Care Policy
- Distribution of goods

10.3 FUNCTIONAL REQUIREMENTS

1. **Front Entrance:** The front entrance is the main area to welcome visitors to the home. Provide:
 - o coat closet with clothes bar at wheelchair height and 2-3 shelves for boots
 - o front doorbell
 - o view panels in door
 - o direct line of sight from front entrance to kitchen
2. **Den:** Multipurpose room used for small group activities, meeting room for staff/ families/ clergy/ counseling, temporary bedroom/ respite room for family, a game table, a sofa bed or murphy bed, and other comfortable seating, overhead hanging lamp over game table, storage for activities supplies. Carpet tile is permitted in den areas provided it does not create a tripping hazard.
3. **Standard Resident Room:** nine standard resident rooms per Standard Residential Home. This is the individual's private living space. It will serve as sleeping space, lounging space, work space, and dressing space, as well as an area for socialization.
 - o The rooms should be clustered around the kitchen and living/activity areas in a manner that creates the shortest walking distance to the living areas
 - o Provide space to accommodate a standard long term care electric size bed (Stryker Model FL14E3), dresser, desk, chair, side table and wall mounted TV bracket.
 - o Residents may personalize their rooms with personal items – furniture, pictures, books, collectibles, magazines, scrapbooks, and jewelry boxes
 - o Provide plentiful light – at least double windows hung low enough for ease of visibility from wheelchair height with wide windowsills for plants and personal items
 - o Each room will have a door knocker or doorbell
 - o Provide X-Y gantry ceiling lift that covers both the bedroom and washroom entirely, with 100% access with the sling.
 - o Refer to Schedule 3 for additional requirements

4. **Bariatric/Special Needs Resident Room:** one bariatric resident room per Standard Residential Home. This room shall include all of the requirements of the standard resident room, with the following exceptions:
 - o Resident room will be provided with an X-Y gantry lift system with a minimum 550 lbs patient lift
 - o Larger resident room and washroom to meet bariatric needs
 - o Doors to bariatric resident bedrooms and washrooms will be comprised of one full door of at least 1200 mm in width and one small door leaf of at least 248 mm in width

5. **Standard Resident Bathroom:** for private bathing, toileting and grooming
 - o Ensure there is no direct view of the toilet from the corridor outside of the washroom
 - o Provide space adequate for a caregiver to work in the shower area and toilet area
 - o Resident privacy must be considered in the placement of the mirrors
 - o Provide Kanban storage unit on wall common to the corridor for supplies, open to both bathroom and corridor for restocking, including storage of personal toiletries, 1 bed pans and/or urinals
 - o Robe hooks – 2 for sling storage/drying (located in shower area), 2 for clothes and a towel bar next to the shower

6. **Kitchen:** This is the heart of the home where both staff and residents will prepare meals and dine together. Elements include:
 - o sight line to the front entrance, living and dining areas and outdoor space
 - o no upper cabinets to restrict viewing to surrounding bedrooms or dining/living areas
 - o dishwashing area with double sink and counter space, adjacent to dining room
 - o meal prep area with food prep sink
 - o under counter garbage cans in the dishwashing area and the food prep area
 - o dish and silverware storage near dishwashing space—service for 15
 - o storage for aprons near the hand-washing sink
 - o staff work space for telephone, nurse call console, files & charts, basic office supplies, printer, computer outlets
 - o staff closet with hanging space for coats and 4 small box lockers to secure purses and other personal items
 - o under-counter medication fridge, 2 lockable medicine drawers (approximately 400mm wide X 150mm clear depth) and lower cabinets (approximately 400mm wide, with 2 pull out shelves)

7. **Pantry:** Storage of one to two weeks food supply that includes:
 - o open shelving for 2 week food supply
 - o one large double door refrigerator, one upright freezer
 - o counter space for unpacking supplies/groceries
 - o adjacent to kitchen
 - o storage of a tea cart for serving dining room area

8. **Resident / Visitor Bathroom:** for private toileting
 - o Ensure there is no direct view of the toilet from the corridor outside of the washroom
 - o Provide space to enable independent and/or assisted transfer from the front and both sides of the toilet. Space criteria relating to the toilet location will be the same as the standard resident bathroom
 - o Privacy must be considered in the placement of the mirrors
 - o provide single track overhead lifts for resident transfers from chair to toilet

9. **Dining Room:** Multipurpose use communal dining, meetings, activities space that includes:
- o tables – to accommodate 14
 - o various chairs – stackable
 - o direct sight line to the kitchen
 - o outdoor light and viewing is desirable
 - o storage for activities supplies and table linens (built in or furniture).
 - o toilet facilities that accommodate wheelchair residents and are readily accessible to all dining areas, complete with overhead patient lifts
10. **Lounge / multipurpose, meeting room, worship services, activity space** – Lounge areas sufficient in number and configuration to allow resident groups of various sizes to gather and to accommodate separate and distinct activities, with:
- o access to outdoor space
 - o comfortable clustered seating
 - o bookshelves
 - o storage for activities supplies
 - o floor plugs for table lamps
 - o electric fireplace
 - o TV, DVD and stereo system
 - o storage for movies and games
 - o central storage of sit/stand lift
11. **The Spa** - this room is for pleasant bathing grooming and relaxing, with a spa-like atmosphere. The inclusion of appropriate lighting, nonslip surfaces, decorative tiles, aromatherapy, heated towel racks, comfortable chairs, plants, tranquil music and amenities such as towels, robes and personal care products can contribute to a spa environment. Elements include:
- o visual barrier between the tub and door
 - o side entry non institutional tub, accessible from 3 sides
 - o shelf space accessible/ close to the tub.
 - o natural light is desirable
 - o green plants is desirable
 - o heat lamp over tub and change table
 - o grooming area with counter top, large barrier free mirror, and nearby plug for hair dryers etc.
 - o bathroom and grooming area that do not require reentry to the general corridor.
 - o full length mirror
 - o wall mounted electric fireplace
 - o adjacent barrier free bathroom with toilet, sink and space for a resident's change of clothes will be provided including a movable change table to support each resident if unable to stand.
 - o X-Y Gantry ceiling lift of bariatric capacity, with full coverage of bathroom and tub room
 - o TV, DVD and stereo system in tub area
 - o Adequate space for wheelchair movement within the tub and washroom area
 - o Lockable door between tub room from corridor for privacy
12. **Outdoor Space:** Outdoor recreation and activity space accessible to residents without permission or unlocking doors. Elements include:
- o direct access to secure outdoor space for all residents including residents with dementia.
 - o power operated or lightweight doors.
 - o lockable barrier-free door from the Standard Residential Home (for night and inclement weather) to patio, tied to fire system – no panic hardware, no alarm.
 - o patio gate with keypad lock, programmed to release on fire alarm.
 - o partially street facing or facing an area of interest with two microclimates.
 - o patio and green yard space – include a small lawn/grass area.
 - o barbeque grill (natural gas).

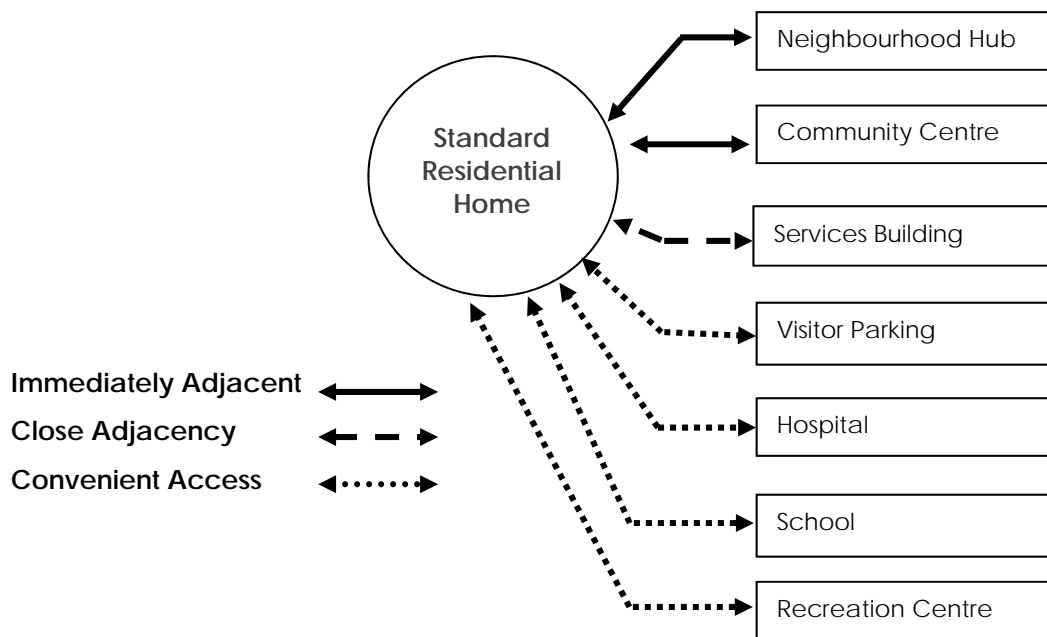
- o small storage space with magnetic locks for recreational items and other outdoor gardening items.
- o raised beds for wheelchair gardening.
- o space for outdoor furniture with flexibility in arrangement to accommodate residents who use wheelchairs and mobility aids.
- o shrubs, natural foliage and trees.

13. **Utility areas.** Elements of utility areas include:

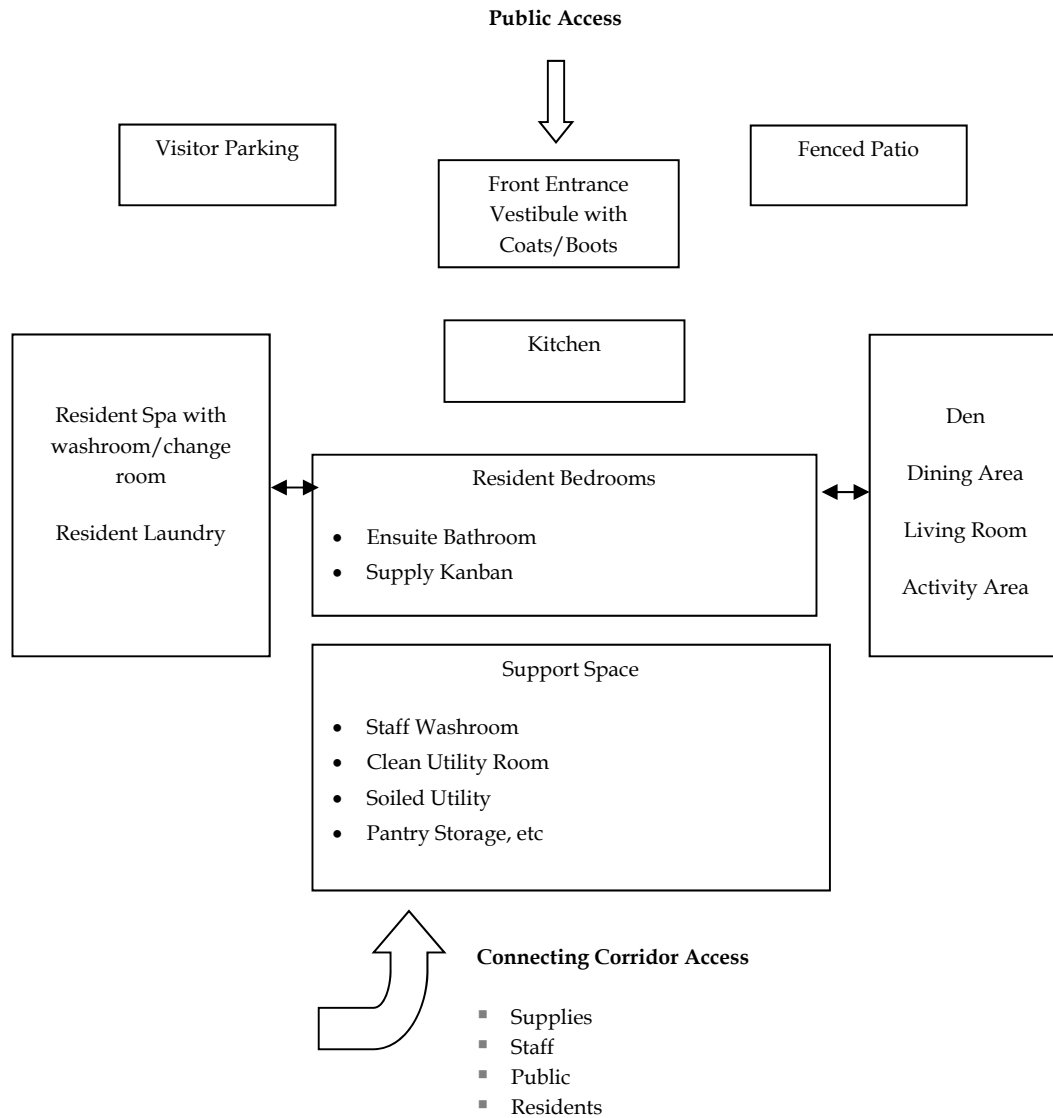
- o clean utility area for storage of clean linens and pantry deliveries
- o soiled utility areas to accommodate a two compartment sink with levered handled faucets, hand wash sink, mop sink, garbage and soiled linen storage,
- o resident laundry room with washer, dryer, folding counter, hooks for sling drying
- o locked storage for cleaning supplies
- o bed pan sanitizer required in soiled utility room
- o soiled utility room to allow for cleaning of wheelchairs
- o laundry room with a deep sink for soaking
- o half size fridge for storage of samples until pick-up in soiled utility room.

10.4 DESIGN CRITERIA

External Relationships



Internal Relationships



Schedule Of Accommodation

Space	Area Requirements			Remarks
	# Units	NSM/ unit	Total NSM	
Standard Resident Bedroom	9	18.0	162.0	
Standard Resident En suite Washroom	9	5.9	53.1	
Bariatric Resident Bedroom	1	27.0	27.0	Note 9
Bariatric Resident En suite Washroom	1	8.0	8.0	
Resident Den	1	18.7	18.7	
Kitchen	1	30.0	30.0	
Dining Area	1	30.0	30.0	
Lounge / Library	2	25.0	50.0	
Spa with Washroom	1	25.0	25.0	Note 1
Resident Laundry	1	12.0	12.0	Note 4
Clean Utility	1	12.0	12.0	Note 6
Soiled Utility	1	12.0	12.0	Note 5
Public / Resident BF Washroom	1	6.5	6.5	
Staff Washroom	1	3.5	3.5	Note 2
Main Entrance Vestibule	1	10.0	10.0	
Pantry / Storage	1	12.0	12.0	Note 3
Mechanical / Electrical Room	1	22.0	22.0	
Front Entry Area	1	3.6	3.6	
Rear Entry Area	1	3.6	3.6	
Exterior Fenced Patio	1	65		Note 7
NSM Subtotal:			501.0	Note 8
	AREA	FACTOR	GROSS AREA	
Component Gross	501.0	1.3	651.3 CGSM per RCB	

Remarks

- Note 1: Two SRH may share one centrally located spa.
- Note 2: Two SRH may share one staff washroom.
- Note 3: Two SRH may share one centrally located pantry. Shared pantry storage to be sized to accommodate food, supplies and 2 fridge/freezers.
- Note 4: Two SRH may share one centrally located and shared laundry. Shared laundry must be sized to accommodate 2 washers, 4 dryers, 1 laundry sink, 1 hand sink, 12 sling drying hooks and only one of all other equipment & furniture noted on the Room Data Sheet #10 (Ten Bed – Resident Laundry).
- Note 5: Two SRH may share one centrally located soiled utility room. Size to accommodate all equipment indicated on Room Data Sheet #13 (Ten Bed – Soiled Utility) including 2 laundry carts.
- Note 6: Two SRH may share one centrally located clean utility. Shared clean utility rooms will include all requirements indicated by the Room Data Sheet #11 (Ten Bed – Clean Utility) including 2 of each cart type.
- Note 7: Two SRH yards may be connected but each of the two connected yards must meet the yard area and other requirements set out in Schedule 3.
- Note 8: Hospice House may share support spaces with an SRH in accordance with Notes 1 through 6 inclusive. Hospice House yard may be connected with an SRH yard in accordance with Note 7.
- Note 9: The area for the bariatric bedroom or washroom may be reduced by 5% or more as long as the total combined space meets all other requirements and totals at least 35 NSM.

11.0 HOSPICE HOUSE - 15 BEDS

11.1 OVERVIEW

The intent of the Hospice House is to create small home-like units, as opposed to the larger congregate/institutional living environments that have historically characterized residential care facilities. As a result, units should be designed to accommodate no more than 15 residents.

- The bed numbers per unit will be as follows:
 - 1 Residential Care Building with 15 beds (with three palliative care beds, two respite care beds and 10 short stay beds) allowing for flexible interchange of rooms at peak times (i.e. more palliative beds if required)
 - Respite beds and short-stay beds will be designed to the same criteria as resident rooms in the Standard Residential Home.
 - Palliative Care rooms will be designed to the same criteria as resident rooms in the Standard Residential Home, with additional area to accommodate visiting family members and additional furniture and other criteria as identified.
- Palliative care rooms, family room and two standard rooms may be located on a second floor level, with elevator and stair access.
- All criteria and staffing plans of the Standard Residential Homes set out in Part 10 of this Appendix apply to the design of the Hospice House, unless specifically noted otherwise in this Part 11.

11.2 STAFFING

Position	Days	Evenings	Nights	Night Floats	Comments **
Continuing Care Aides (CCA)	3	3	2	**	Night Floats: LPNs & RNs are shared with 10 bed Standard Residential Homes
Licensed Practical Nurses (LPN) Registered Nurse (RN)				**	
TOTAL	3	3	2	0	

Staffing Issues:

- Specialized training in palliative care and rehabilitative care.

11.3 FUNCTIONAL REQUIREMENTS

1. **Front Entrance:** The front entrance is the main area to welcome visitors to the home. Elements include:
 - coat closet with clothes bar at wheelchair height and 2-3 shelves for boots
 - front doorbell
 - view panels in door
 - Direct line of sight from front entrance to kitchen
2. **Side Entrance:** A side entrance will be provided to facilitate discreet access to the palliative care rooms, *with convenient access to designated hearse parking*. A vestibule to the side entry (if used) is not a requirement.
3. **Family Room:** Multipurpose room used for temporary bedroom/ respite room for family members, meeting room for staff/ families/ clergy/ counseling, and equipped with a sofa bed or murphy bed, other comfortable seating, small kitchenette.

4. **Standard Resident Rooms:** twelve standard resident rooms per Hospice House (10 short stay program beds and 2 respite beds). This is the individual's private living space. It will serve as sleeping space, lounging space, work space, and dressing space, as well as an area for socialization.
 - o One of these rooms to be sized to accommodate bariatric clients as set out in Section 10.3.4 of this Appendix
 - o All rooms will be equipped with oxygen, medical air and medical vacuum at bed head locations
 - o Bed head location will be visible from the bedroom doorway for staff observation
5. **Standard Resident Bathroom:** for private bathing, toileting and grooming. Typical to all 15 bedrooms, complete with Kanban storage.
6. **Palliative Resident Room:** three per Hospice House. This is the individual's private living space. It will serve as sleeping space, lounging space, work space, and dressing space, as well as an area for socialization.
 - o All rooms will be equipped with oxygen, medical air and medical vacuum at bed head locations
 - o Bed head location will be visible from the bedroom doorway for staff observation
 - o Space to accommodate a hospital style bed, dresser, desk, sofa, chair and TV stand
 - o Exterior double French style doors to patio
7. **Kitchen:** This is the heart of the home where both staff and residents will prepare meals and dine together. Elements include:
 - o Direct sight lines to the living and dining areas
 - o Dish and silverware storage near dishwashing space—service for 20
 - o No upper cabinets to restrict viewing to surrounding dining/activity areas. Upper cabinets permitted on back walls
 - o Minimum cumulative length of 12 m of kitchen counter workspace.
8. **Dining Room:** Multipurpose use communal dining, meetings, activities space. Elements include:
 - o tables – to accommodate 20
 - o various chairs – stackable
 - o direct sight line to the kitchen
 - o outdoor light and viewing is desirable
 - o hand-washing stations convenient to dining rooms
 - o toilet facilities that accommodate wheelchair residents readily accessible to all dining areas, complete with overhead patient lifts
9. **Lounge / multipurpose, meeting room, worship services, activity space:** Lounge areas sufficient in number and configuration to allow resident groups of various sizes to gather and to accommodate separate and distinct activities. Elements include:
 - o Direct access to secure ground floor outdoor space for all clients including clients with dementia
 - o Lounge areas required on both floor levels if two stories
 - o If two stories, provide open staff work area on the second level to support the palliative care residents, at peak work flows
10. **Resident / Visitor Bathroom:** for private toileting, as per Standard Residential Home requirements.
11. **Medicine Preparation Room**
 - o Provision will be made for 24 hour distribution of medications. Room will be secure and contain work counter, sink, refrigerator and locked storage for controlled drugs.
 - o Provide for health records document storage

12. **The Spa** - this room is for pleasant bathing grooming and relaxing of all residents, with a spa-like atmosphere.

13. **Therapy:**

- o A room for intensive therapy for residents in the Hospice House and will be shared with residents from the other Residential Care Building as required
- o sized to accommodate 2 mats, 1 Nu-Step, 1 standing table, 1 height adjustable hand table, equipment storage and staff workstations
- o Barrier free washroom with residential bathtub within or adjacent to therapy room, as per resident/visitor washroom requirements

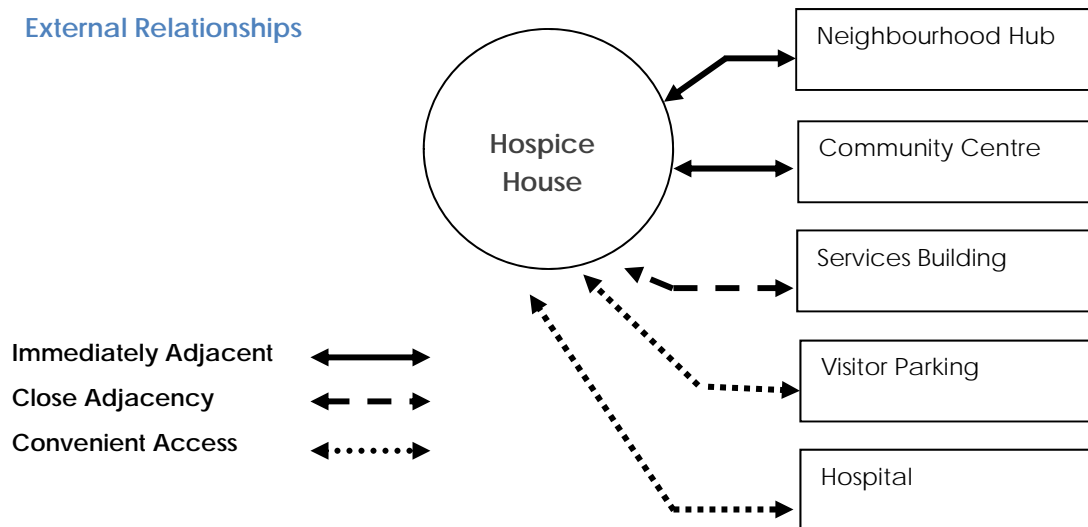
14. **Outdoor Space:** Outdoor recreation and activity space accessible to residents without permission or unlocking doors.

- o Provide a secured patio area or enclosed courtyard outside of the main floor lounge area, suitable for use by all residents including those with dementia
- o Patio spaces outside of each ground floor palliative care room will be accessible from the bedroom, with elopement devices on the door to control access as required

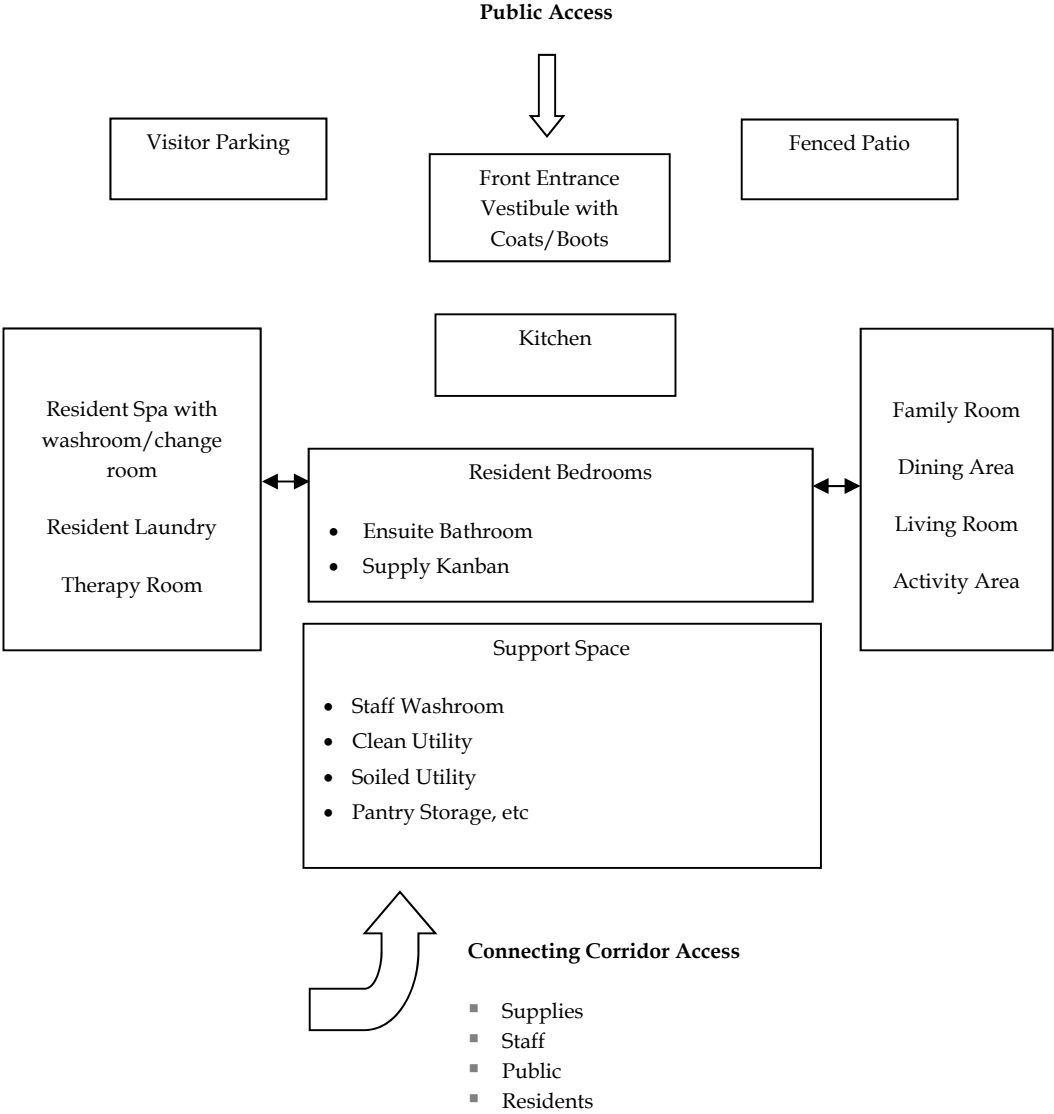
14. **Utility areas:** includes clean and soiled utility rooms, resident laundry and light housekeeping areas as per the Standard Residential Homes.

11.4 DESIGN CRITERIA

External Relationships



Internal Relationships



Schedule Of Accommodation

Space	Area Requirements			Remarks
	# Units	NSM/ unit	Total NSM	
Standard Resident Bedroom	9	18.0	162.0	
Standard Resident En suite Washroom	9	5.9	53.1	
Bariatric Resident Bedroom	1	27.0	27.0	Note 1
Bariatric Resident En suite Washroom	1	8.0	8.0	
Respite Resident Bedroom	2	18.0	36.0	
Respite Resident En suite Washroom	2	5.9	11.8	
Palliative Care Bedroom	3	30.0	90.0	
Palliative Care En suite Washroom	3	5.9	17.7	
Family Suite	1	26.0	26.0	Locate near palliative care bedrooms
Kitchen	1	25.0	25.0	
Dining	1	45.0	45.0	
Lounge / Library	1	75.0	75.0	
Spa with Washroom	1	25.0	25.0	
Resident Laundry	1	16.0	16.0	
Clean Utility	1	12.0	12	
Soiled Utility	1	13.0	13.0	
Public / Resident BF Washroom	2	5.9	11.8	Locate 1 near family suite
Staff Washroom	1	3.5	3.5	
Main Entrance Vestibule	1	20.0	20.0	
Pantry / Storage	1	15.0	15.0	
Recreations Therapy	1	60.0	60.0	
Therapy BF Washroom	1	5.9	5.9	
Mechanical / Electrical Room	1	35.0	35.0	
Medication Room	1	10.0	10.0	Locate near palliative care bedrooms
Front Entry Area	1	3.6	3.6	
Rear Entry Area	1	3.6	3.6	
Side Entry	1	14.7	14.7	
Exterior Patio	1	65.0		
NSM Subtotal:			825.7	
	AREA	FACTOR	GROSS AREA	
Component Gross	825.7	1.3	1073.4CGSM	

Note 1: The area for the bariatric bedroom or washroom may be reduced by 5% or more as long as the total combined space meets all other requirements and totals at least 35 NSM.

12.0 ADULT DAY PROGRAM

12.1 OVERVIEW

The intent of the Adult Day Program is to create a small home-like environment for clients to participate in recreation and therapy activities during the day time, and returning to their homes for the evening.

Adult Day Program should be designed to accommodate 20 clients as follows:

- conveniently accessed from the main entrance
- A covered walkway from the entrance to the driveway curb to protect people from inclement weather during pick up and drop off
- large and small activity spaces
- dining room
- residential kitchen for full meal preparation
- 1 full spa with tub, washroom and change table & X-Y Gantry lift
- 2 barrier free bathrooms
- 1 quiet activity room (Zen Room)
- resident coat closet
- staff closet/lockers
- secured outdoor gardens with sun and weather protection and access to walking paths
- Neighbourhood Hub support space including staff touch-down workstations, staff rooms and shared support space may be shared in between four to eight Residential Care Buildings.

12.2 STAFFING

Position	Staff	Days/week	Comments
Continuing Care Aides (CCA)	2	5	
TOTAL	2		

12.3 FUNCTIONAL REQUIREMENTS

1. **Front Entrance:** The front entrance is the main area to welcome visitors to the home. Elements include:
 - Coat closet with clothes bar at wheelchair height and 2-3 shelves for boots.
 - Purse lockers for 20
 - Seating for 2
 - view panels in door.
 - Storage of up to 6 wheelchairs and/or walkers
 - Direct line of sight from front entrance to kitchen
 - A covered walkway from the entrance to the driveway curb to protect people from inclement weather during pick up and drop off
2. **Zen Room:** Multipurpose room used for small group activities for up to 8 people and storage for activities supplies:
 - Interior window with blinds, with view to activity area
 - Natural light
3. **Resident / Visitor Bathroom:** for private toileting, as per Standard Residential Home requirements.
 - Participant toilet rooms will be located adjacent to the activity area.

4. **Kitchen:** The kitchen will be used for preparation and serving of lunches, light snacks and recreational therapy for clients. Design criteria for the kitchen will be as per the Standard Residential Home with the following additional criteria:
 - o Ensure direct sight lines to the front entrance, living and dining areas and outdoor space
 - o Dish and silverware storage near dishwashing space—service for 24
 - o No upper cabinets to restrict viewing to surrounding dining/activity areas. Upper cabinets permitted on back walls
 - o Minimum cumulative length of 12 m of kitchen counter workspace.

5. **Dining Room:** Multipurpose use communal dining, meeting space, activities space. Design criteria for the dining area will be as per the Standard Residential Home with the following additional criteria:
 - o tables – to accommodate 24 with 6 tables of four plus 4 seats at the kitchen counter.
 - o various chairs – stackable
 - o sight line to the kitchen
 - o access to outdoor light

6. **Lounge / multipurpose, activity space.** Elements include:
 - o access to outdoor space
 - o view to patio
 - o view to drop-off area
 - o view to kitchen
 - o comfortable seating – 4 recliners
 - o bookshelves
 - o storage for activities supplies
 - o floor plugs for table lamps and fireplace
 - o portable electric fireplace
 - o TV, DVD and stereo system
 - o space 2 computer workstations with chairs, printer/fax, phones with ample outlets
 - o storage for movies and games

7. **The Spa** – Design criteria for the spa will be as per the Standard Residential Home spa requirements.

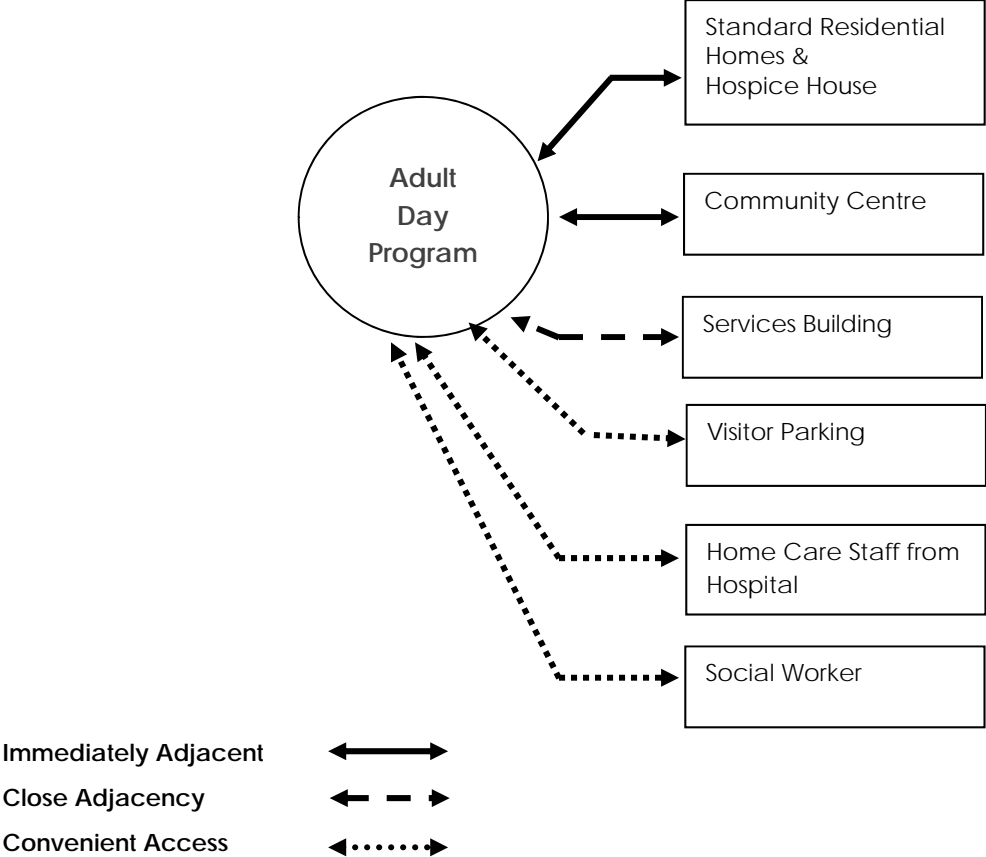
8. **Outdoor Space:** Outdoor recreation and activity space accessible to residents without permission or unlocking doors. Design criteria for the outdoor space will be as per the Standard Residential Home with the following additional criteria:
 - o space for outdoor furniture for 6-8 people, with flexibility in arrangement to accommodate residents who use wheelchairs and mobility aids
 - o hose bib and rain barrel for rainwater collection

9. **Utility areas**
 - o Soiled utility area to accommodate hand wash sink, floor sink, garbage, recycling, soiled linen storage as well as mops, brooms and cleaning supplies
 - o Storage room for 1 portable lift, 2 walkers, 2 wheelchairs with plugs for recharging at 2 heights

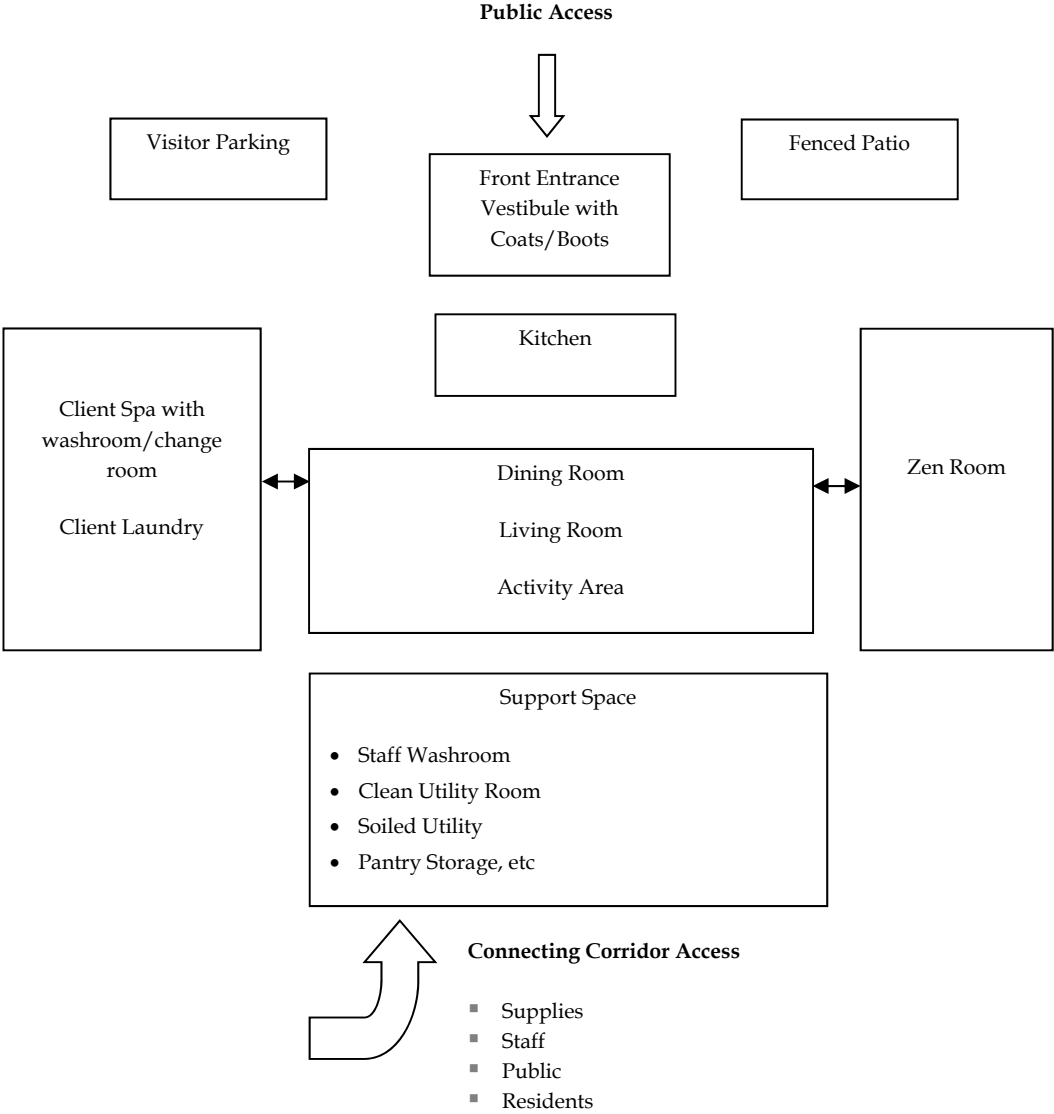
10. **Meeting room**
 - o Meeting room sized to accommodate 4 -6 people with a touch-down workstation with computer, printer, phone with ample outlets
 - o Staff washroom and locker area with coat closet and 4 small box lockers to secure purses and other personal items
 - o Cabinet for office supply storage

12.4 DESIGN CRITERIA

External Relationships



Internal Relationships



Schedule Of Accommodation

Space	Area Requirements			Remarks
	# Units	NSM/ unit	Total NSM	
Main Entrance Vestibule	1	19.0	19.0	
Zen Room	1	29.0	29.0	
Kitchen	1	27.0	27.0	
Dining / Common Area	1	125.0	125.0	
Activity / Living Room	1	24.0	24.0	
Spa with Washroom	1	23.0	23.0	
Public / Resident BF Washroom	2	5.5	11.0	
Staff Washroom	1	3.5	3.5	
Staff Lockers	1	3.5	3.5	
Storage	1	8.5	8.5	
Soiled Utility	1	6.0	6.0	
Office/Meeting Room	1	14.0	14.0	
Front Entry Area	1	3.0	3.0	
Rear Entry Area	1	3.0	3.0	
Exterior Fenced Patio	1	50		
NSM Subtotal:			299.5	
	AREA	FACTOR	GROSS AREA	
Component Gross	<i>299.5</i>	1.3	389.35 CGSM	

13.0 NEIGHBOURHOOD HUB

13.1 OVERVIEW

Neighbourhood Hub Core Space: Each Neighbourhood will have the following connected to the Residential Care Building “back door” corridors:

- A single large shared office with space for **4** staff workstations and 1 meeting room for private meetings with residents and staff
- A large flex/multipurpose room for meetings, worship services activities and events with capacity for 20 people (seated at tables) or 40 people (row seating), with a kitchenette area for light refreshments.
- Resident / public washrooms
- A staff break room /time clock/bathroom/shower
- A housekeeping closet for paper supplies, equipment, cart and floor machines
- A general storage room for items shared between the Residential Care Buildings of a Neighbourhood

13.2 STAFFING

Position	FTE Staff	Days/week	Comments
Manager	3	5	
Unit Clerk	2	7	Stagger shifts to cover 7 days/week
Recreation Therapist	1	5	
Recreation Coordinator	1.5	7	
Social Worker	2	5	Stagger shifts to cover 7 days/week
TOTAL	9.5		

13.3 FUNCTIONAL REQUIREMENTS

1. **Staff Washroom & Shower:** for private bathing, toileting and grooming. Typical to Neighbourhood Hubs. Elements include:
 - Hands-free faucet controls
 - Auto on/off motion triggered light switches
 - Slip-resistant safety resilient flooring with 150 mm integral coved base to all walls
 - All washrooms should have appropriate grab bars
 - Doorways must be a minimum 900mm wide to accommodate an ease of entry and exit for any wheelchair.
 - Unisex shower room adjacent to bathrooms. This will require in-floor drainage and non-slip flooring within the entire shower area.
 - Counter space and storage space in staff washrooms must be designed to provide easy, accessible placement of personal grooming items.
 - Privacy must be considered in the placement of the mirrors.
 - Electrical outlet for hair dryers, etc.
2. **Staff Room:** for staff breaks away from the Residential Care Building resident areas. Elements include:
 - Visual access to outdoor space
 - Access to the corridor
 - Comfortable seating
 - Kitchenette for coffee service, microwave, fridge and hand wash sink
 - Staff closet with hanging space for coats meeting room for 3-4 people

3. Administration Offices and Interview Room

- o Visual access to outdoor space
- o Access to the corridor
- o Meeting room sized to accommodate 4 people
- o Workstations for 3 staff, with computer, printer, phone with ample outlets.
- o Cabinet for office supply storage.
- o TV and telehealth capability
- o *Small medication fridge complete with locks for storage of medications requiring refrigeration and distributed to residents by nursing staff.*

4. General Storage:

- o open shelving

5. Housekeeping:

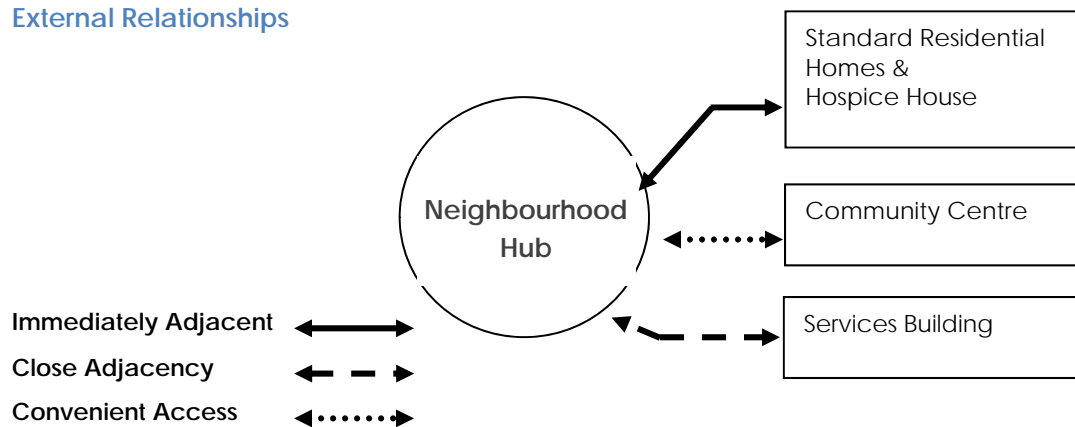
- o locked storage for cleaning supplies
- o mop sink
- o floor scrubber
- o personal protective equipment storage

6. Multipurpose, meeting room, activity space

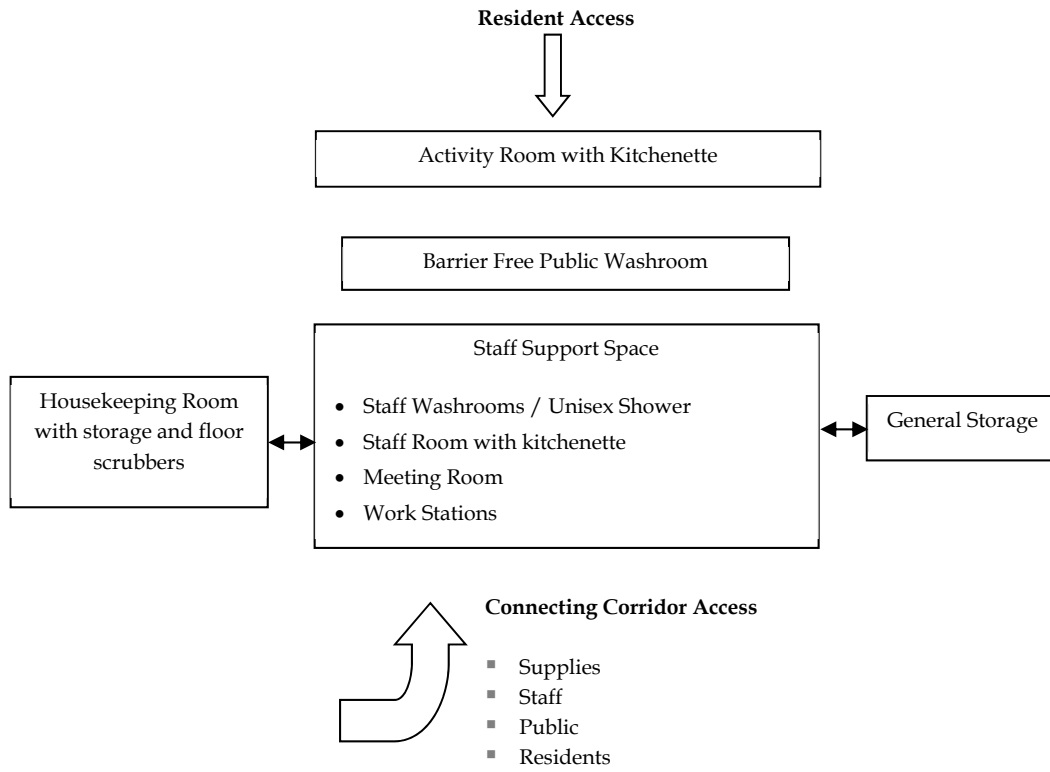
- o Visual access to outdoor space
- o Access and sightline to the corridor
- o Near to Resident Washrooms
- o Tables – to accommodate 40 people in lecture style seating or 20 people at tables and chairs
- o Various chairs – stackable
- o Storage for activities supplies and table linens (built in or furniture)
- o Comfortable seating
- o Bookshelves
- o Kitchenette for coffee service, under counter fridge, microwave, sink
- o Hand washing sink required

13.4 DESIGN CRITERIA

External Relationships



Internal Relationships



Schedule Of Accommodation

Space	Area Requirements			Remarks
	# Units	NSM/ unit	Total NSM	
Staff Work Area	3	25.0	75.0	
Staff Washroom	6	3.5	21.0	
Staff Shower	3	4.0	12.0	
Staff Room / Lounge	3	30.0	90.0	
Activity Area	3	80.0	240.0	
Public BF Washroom	6	5.5	33.0	
General Storage	3	23.0	69.0	
Housekeeping	3	14.0	42.0	
Interview Room	3	15.0	45.0	
NSM Subtotal:			627.0	
	AREA	FACTOR	GROSS AREA	
Component Gross	627.0	1.30	815.1 CGSM	

14.0 COMMUNITY CENTRE

14.1 OVERVIEW

The Community Centre will house nonresidential services and amenities for all residents.

Community Centre contains shared amenities including:

- Main entry to the Community Complex
- Lobby
- Reception
- Meeting Rooms in various sizes
- Large Community Activity Space for 120 people
- Kitchen for Community Activities and Family Dining
- Large exterior patio space for Community Activities
- Administration Offices
- Mail / Copy Room
- Public Washrooms
- Hair Salon

14.2 STAFFING

Refer to Neighbourhood Hub & Services Building staffing.

14.3 FUNCTIONAL REQUIREMENTS

1. Community Center Entrance

- Front Desk/Lobby/waiting area
- Primary public entrance to the Facility
- A covered walkway from the entrance to the driveway curb to protect people from inclement weather during pick up and drop off
- An enclosed, secured vestibule to permit visitors a weather protected entrance that can be monitored and locked after hours.
- Serve as check in point
- Lobby waiting space
- Public restrooms

2. Administration Offices

- 6 person open plan office
- Located adjacent to the reception
- Accessible to residents and their families
- Mail room with large volume copier, adjustable mail slots, countertops, paper cutter, shredding bins
- Two small meeting rooms for 4-6 people

3. Resident Admission

- Residents will be admitted directly to the Residential Care Building. If arriving from the community they will enter via the front door of the Residential Care Building and when arriving from Cypress Regional Hospital they will be transported via the connecting corridor. Alternative entry for inclement weather will be available in the core area. All admissions functions will be provided in the Residential Care Building and staff involved in the admission will come to the Residential Care Building to complete their component of the admission process.

4. Community Activity Room / Recreational Therapy

- Recreation and leisure activities will be planned and delivered at multiple locations in the Facility. An individual recreation/leisure plan will be developed for each resident and maintained in the resident home. Leisure materials including games books, music, and puzzles will be stored in resident's room and centrally in the hearth of the home for resident and staff access. Activities in the home may be initiated by residents, their families and/or staff. Additional recreational space will be provided in each Neighbourhood Hub for small and large group activities. Secured outdoor spaces both covered and open will be provided for resident activities and enjoyment. Cognitive stimulation for sensory integration activities will be provided in the in the den in each Residential Care Building.
- Accessible to residents and families
- Large room sub dividable into 3 rooms – 2 for 45 people each, with one for 30 people in between the other two rooms
- The larger Community Centre activity room will have an adjacent kitchen area for snack or special function meal preparation. Kitchen can be booked for special functions.
- Adjacent storage for equipment and supplies as well as storage space for flip tables on wheels, stacking chairs, portable stage and lectern.
- Accessible to outdoor patio

5. Kitchen / Family Dining: The kitchen will be used for preparation and serving of meals and snacks for special events and may be booked for resident family dining or staff teaching and learning. Design criteria for the kitchen will be as per the Standard Residential Home with the following additional criteria:

- Ensure direct sight lines to dining areas and outdoor space
- Dish and silverware storage near dishwashing space—service for 24
- No upper cabinets to restrict viewing to surrounding dining areas. Upper cabinets permitted on back walls
- Replicate 15 bed kitchen work triangle area with fridge, stove and island for teaching. Lower cabinets with drawers on two walls with minimum 6000 mm counter surface; upper cabinets permitted on walls; microwave shelf; pantry; 2 height eating bar counter with seating for 4 on one side of a minimum 3000 mm long island counter.
- tables – to accommodate 24 with 4 tables of six.
- 24 chairs – stackable

6. Hair Salon

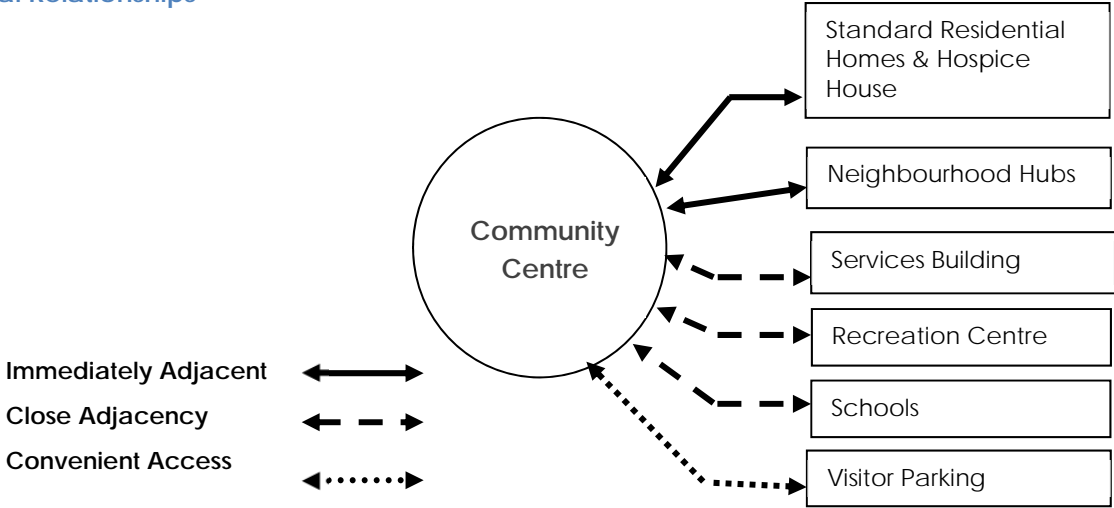
- Resident hair care and grooming will be provided separate from the resident rooms.
- These will be permitted to be unisex provided that location and scheduling preserve resident dignity.
- Public toilets will be located convenient to the hair and grooming area.
- Salon sinks to be adjustable to fit a variety of residents and be wheelchair accessible.
- Provide 2 hair salon sinks, 3 hair dryers, 2 setting stations and 2 chairs for waiting residents.

7. Mail / Copy Room

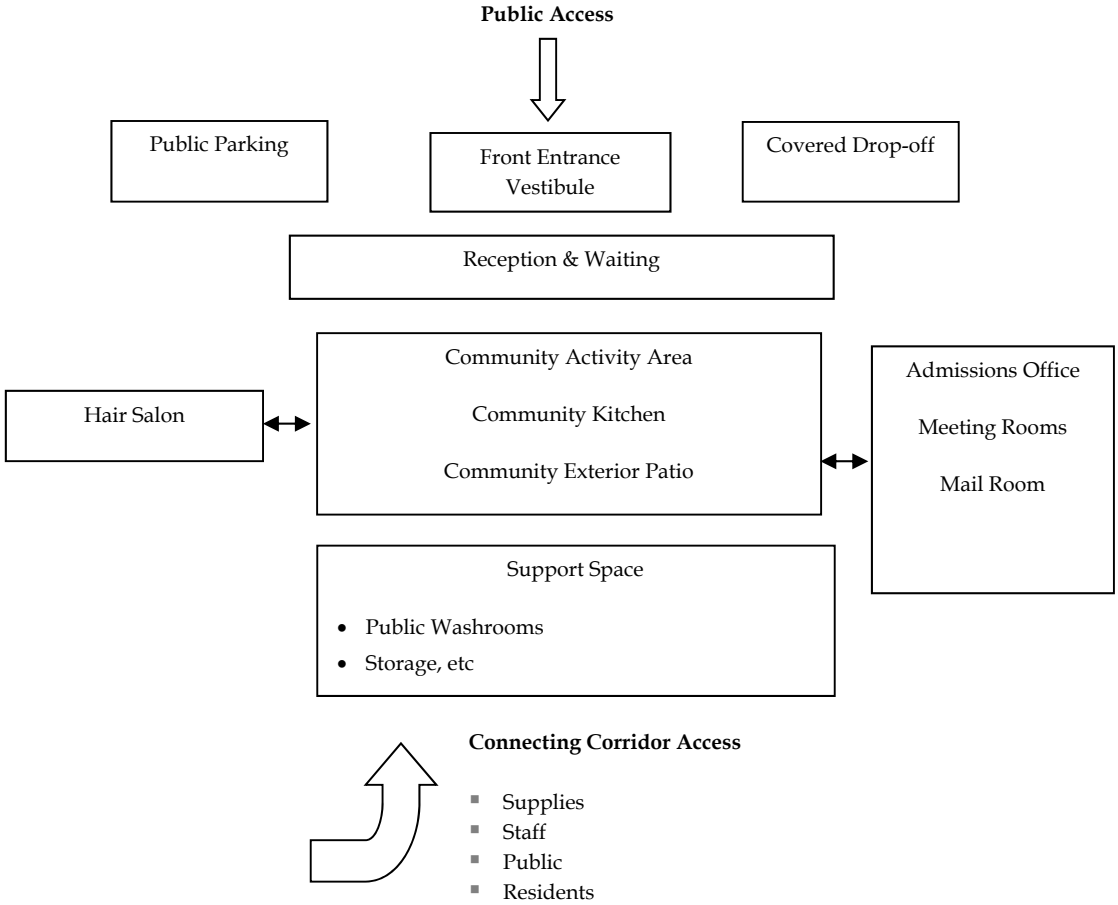
- Mail will be delivered to the Facility and exchanged by distribution once daily and subsequently distributed internally to each department and/or resident. The mail room will contain a large volume copier, adjustable mail slots, countertops, a paper cutter, shredding bins and a garbage can. A secured photocopy room/shredding room is desired for storage of shredded confidential information that is picked up monthly. As long term care becomes more computerized and less information is printed, this space should be designed to serve other purposes.

14.4 DESIGN CRITERIA

External Relationships



Internal Relationships



Schedule Of Accommodation

Space	Area Requirements			Remarks
	# Units	NSM/ unit	Total NSM	
Main Entrance Vestibule	1	19.0	19.0	
Lobby / Waiting	1	50.0	50.0	
Reception	1	25.0	25.0	
Small Meeting Room	2	11.0	22.0	
Community Activity Room	1	200.0	200.0	
Community Kitchen / Family Dining	1	80.0	80.0	
Community Room Storage	1	24.0	24.0	
Mail Room / Copier	1	16.0	16.0	
Public BF Washroom	2	50.0	100.0	Size to suit occupant load of 150 people
Staff Work Stations	1	75.0	75.0	
Hair Salon	1	42.0	42.0	
Exterior Patio	1	260.0		
NSM Subtotal:			653.0	
	AREA	FACTOR	GROSS AREA	
Component Gross	653.0	1.30	848.9 CGSM	

15.0 SERVICES BUILDING

15.1 OVERVIEW

The intent of the Services Building is to support the entire Facility with shared infrastructure services and storage.

Services Building contains shared amenities including:

- Shipping / Receiving
- Maintenance / Biomedical Engineering Shop
- Material Management
- Central Housekeeping
- Resident & Complex General Storage
- Emergency Generator
- Oxygen Tank Storage
- Clean and Soiled Holding
- General Waste Disposal and Recycling
- Dry Good Storage
- Seamstress
- Equipment Storage
- Transportation Device Room
- Support Staff work area / Lounge and Washrooms
- Mechanical and Electrical Rooms

15.2 STAFFING

Position	FTE Staff	Days/ week	Comments
Dietician	1	5	
Food Services Supervisor	1	5	
Seamstress	0.67		
Environmental Services	5	7	5 hrs/week/house plus common areas/discharge cleaning
Material Management	4	7	Ordering/receiving/stocking/delivery/waste & soiled laundry collection
TOTAL	11.7		

15.3 FUNCTIONAL REQUIREMENTS

1. Maintenance Shop and Equipment Wash

- o Maintenance and biomedical engineering services will be provided from Cypress Regional Hospital. A large open workshop and storage area will be required to service the Facility. Maintenance shop will have one service entrance/exit loading door (1780 x 3660 mm with single 457 mm square window centred in door at 1525 mm from floor) to accommodate transport of supplies, complete with internal scissor lift dock levelers, bumpers and door seals. Grade to be 685 mm below slab level. Dock doors will be protected by an overhang a minimum 600 mm deep. If maintenance shop is directly adjacent to the shipping/receiving loading dock area, exterior dock door is not required, provide instead

interior overhead door (1780mm x 3660mm) between shipping area and maintenance shop.

- o Maintenance shop will have a 2 ton chain hoist mounted on a ceiling rail in the centre of the room for transferring of heavy equipment from overhead door across the full length of the shop.
- o Provide hand wash sink with eye wash, emergency shower and laundry tub sink
- o A paint storage room and lumber storage rack will be provided
- o Provide work counter with peg board, shelves, 220V receptacles, dryer exhaust duct, floor drains and washer drain pipe for maintenance testing and repairs.

2. Shipping / Receiving

- o Shipping and Receiving will have two service entrance/exit loading doors (1780mm x 3660 mm each with single 457 mm square window centered in each door at 1525 mm from floor) to accommodate transport of supplies, complete with internal scissor lift dock levelers, bumpers and door seals. Grade to be 685 mm below slab level. Dock doors will be protected by an overhang a minimum 600 mm deep.
- o Exterior loading dock area will accommodate a maximum 16 m long trailer plus truck.
- o Shipping & receiving control station with two work stations will be provided for the facility.
- o Shipping and receiving area will provide breakout area(s) and an equipment wash area.
- o Facilities will be provided for sanitary storage of recyclables and waste with an exterior trash compactor.
- o A room will be provided for material transportation equipment (golf carts, pallet lifts, etc.) storage and recharging
- o Provide hand wash sink with eye wash, and laundry tub sink

3. Laundry

- o Personal laundry will be completed in each home by the Continuing Care Aides. Institutional laundry services for linens will be provided from the centralized linen service offered by Hospital Linen Service (HLS) out of Regina.
- o Clean linens will be distributed to the clean utility room in each home by housekeeping staff. Continuing Care Aides will distribute clean linens to resident rooms. Soiled laundry will be collected from the resident room and stored in a soiled utility area in each Residential Care Building. Porters will transport this soiled institutional linen to a central refrigerated room in the Services Building. Soiled linen will be moved from this location for transport to HLS.
- o Washers and dryers will be located in each Residential Care Building for staff and/or families to launder the resident's personal laundry.

4. Material Management and Central Clean Linen Storage

- o Open heavy duty shelving for supplies
- o Space for unpacking supplies and loading carts to go to Residential Care Buildings
- o Clean utility area for receiving, holding and sorting of clean linens , space for 25 laundry carts

5. Housekeeping

- o Housekeeping items will be provided in each Residential Care Building within the soiled utility. Light housekeeping will be done by the Continuing Care Aides in the individual homes. Housekeeping staff will maintain the neighbourhood spaces and corridors. Larger housekeeping storage areas will be provided in the Services Building and Neighbourhood Hubs, for paper products, personal protective equipment and larger cleaning carts/equipment. Housekeeping staff will be responsible for cleaning common spaces outside the homes including offices, meeting rooms, lobby, etc.
- o Central housekeeping storage in the Services Building will accommodate general housekeeping supplies and the larger ride-on floor scrubber

- Provide hand wash sink with eye wash, floor sink and mop holders

6. Medical Gas

- Medical gases, including oxygen will be supplied as needed by a home care supplier. A blast proof tank cylinder room is required for storage of medical gases, including a holding rack for 68 small tanks.
- Room will have vacuum pump and air compressor.

7. Soiled Holding Areas

- Provide for receiving and holding of 22 soiled regional laundry carts for pick-up
- Room will have proper ventilation and exhaust
- Central refrigerated soiled linen room to maintain a temperature of 3 degree Celcius.

8. Central Food Storage

- Storage of pantry deliveries on heavy duty shelving
- One large walk-in refrigerator, one large walk-in freezer, 3600 mm x 3000 mm each
- Break-down space with room for 2 pallets

9. Resident and Equipment Storage

- Provide additional enclosed secure storage of resident seasonal and personal belongings outside of their resident room.
- Storage for large pieces of unused equipment and furniture (e.g. patient beds)

10. Staff Work Area and Lounge: for support staff work area and breaks

- Visual access to outdoor space
- Kitchenette for coffee service, microwave, fridge as well as hand wash sink
- Staff closet with hanging space for coats and 4 small box lockers to secure purses and other personal items
- Meeting table for 6 people
- Work stations for 2 people complete with file cabinets, printer / scanner

11. Material Management and Internal Distribution Methodology – Working Assumptions

- Supply carts will be sized to allow for minimal handling of product. It is expected that a standard sized cart approximately 2' wide by 3' long by 5' high will be utilized. Project Co will design the Facility to allow the supply cart to be safely and efficiently maneuvered by CCAs within the Residential Care Buildings as they fill the Kanbans. Supply carts will be used for full exchange of clean and soiled linen, and will leave the Services Building full and return empty for groceries and supplies.
- Carts will be filled to order in the material management areas and delivered in most cases on a daily basis in keeping with Kanban principles. Minimal storage space is available within the Residential Care Buildings. Supply carts will be linked up to the ride-on device in the transportation device stage room or manually marshaled in the corridor outside of the material management and transportation device storage rooms.
- Distribution methodology will be based on efficiency and occupational health and safety factors.
- A staff member should be able to safely move a single cart manually.
- A staff member should be able to safely move two joined carts with a power assist device. Staff members will need to be at the head of the carts to maintain visual field in front of the carts.
- A staff member should be able to safely pull up to four linked carts with a ride-on device. It is intended that a governor on the ride-on device motor will restrict the top travel speed of the ride-on device to a safe limit.

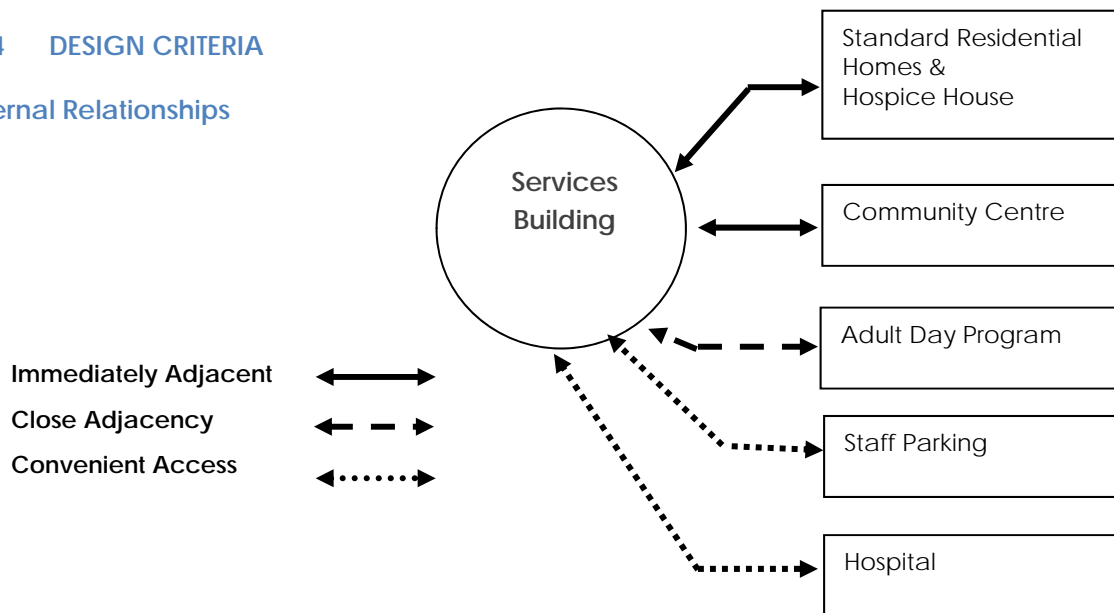
Program Component 15.0

Services Building

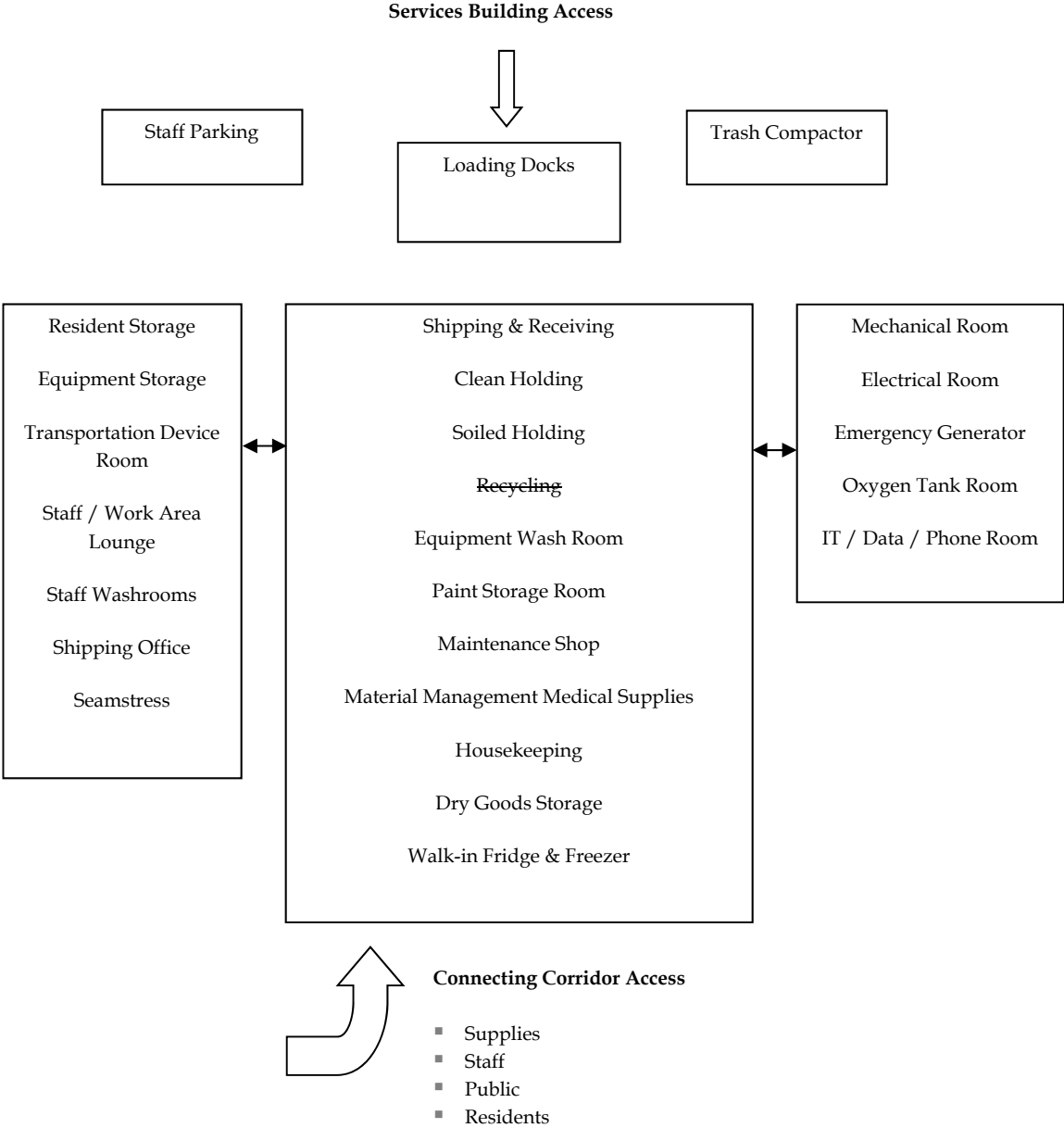
- o The corridors linking Buildings within the Facility will have turn around locations designed for the ride-on device only to perform a 360 degree turn(carts will be detached and reattached for return trip).
- o Corridors from the Services Building to the Neighborhoods must accommodate the turning radius of the ride-on device plus a maximum of 4 supply carts in tow.
- o The use of a ride-on device such as a golf cart, or similar battery operated towing vehicle provides the most efficient and safest means of transporting materials through the Facility.
- o Material delivery to the Residential Care Buildings will occur primarily in the early morning prior to 9 am or in the late evening after 9 pm.
- o Corridor walls must be protected with wall protection suitable for ride-on device and cart traffic.
- o Doors in the corridors linking Buildings within the Facility are to remain open as required to meet applicable Laws or be provided with auto-operators to permit continuous flow of material and resident movement.

15.4 DESIGN CRITERIA

External Relationships



Internal Relationships



Schedule Of Accommodation

Space	Area Requirements			Remarks
	# Units	NSM/ unit	Total NSM	
Equipment Storage	1	200.0	200.0	
Resident Storage	1	250.0	250.0	
Transportation Device Storage	1	85.0	85.0	
Shipping / Receiving	1	300.0	300.0	
Soiled Holding	1	40.0	40.0	
Equipment Washing	1	24.0	24.0	
Paint Storage Room	1	8.0	8.0	
Material Management / Medical Supplies	1	200.0	200.0	
Housekeeping	1	45.0	45.0	
Dry Goods Storage	1	65.0	65.0	
Walk-in Fridge	1	11.0	11.0	
Walk-in Freezer	1	11.0	11.0	
Seamstress	1	12.0	12.0	
Shipping Office	1	11.0	11.0	
Staff / Work Area Lounge	1	40.0	40.0	
Staff Washrooms	2	6.0	12.0	
Mechanical Room	1	135.0	135.0	
Electrical Room	1	30.0	30.0	
Oxygen Tank Storage	1	35.0	35.0	
Emergency Generator Room	1	19.0	19.0	<i>May be located outside</i>
IT / Data / Phone Room	1	27.0	27.0	
Maintenance Shop	1	150.0	150.0	
Connecting Corridor to other Residential Care Buildings	3	600.0	1800.0	
Hospital Link (Section B & C)	1	312.0	312.0	
Exterior Fuel Tank	1			
Exterior Trash Compactor	1			
NSM Subtotal:			3822.0	
	AREA	FACTOR	GROSS AREA	
Component Gross	3822	1.30	4968.6 CGSM	

16.0 EXTERNAL FLOW AND SERVICE MANAGEMENT

The following are support services provided to external support services to the Facility.

1. Diagnostic Imaging

- Imaging services will be provided by Cypress Regional Hospital. Residents will be transported by staff to Cypress Regional Hospital via the Hospital Link. Imaging results will be available to the medical staff and long term care team electronically, or via fax and/or hard copy report.

2. Laboratory

- Laboratory services will be provided by the Cypress Regional Hospital. Phlebotomy staff from Cypress Regional Hospital will travel to the resident home via the Hospital Link to obtain specimens. Other types of specimens will be transported to Cypress Regional Hospital for processing. Laboratory results will be available to the medical staff and long term care team electronically, or via fax and/or hard copy report.

3. Pharmacy Services

- Pharmacy services are contracted to a local vendor. Medication storage and administration will be decentralized with resident room as point of service. A unit dose system will be utilized. Medications will be ordered from the pharmacy via computerized physician order entry system and delivered by the pharmacy to the individual Residential Care Building via the back door.
- Each Kitchen within the Residential Care Building will have a small lockable medication cabinet or drawer and double locked narcotics box. Each resident room will contain the medication cabinet where individual medications for the resident will be stored. This cabinet will also serve as the point of administration of medications. It will need to accommodate the necessary supplies and equipment as well as a preparation and workspace.

4. Security

- Campus and building security will be integrated into the Cypress Regional Hospital system. Camera surveillance equipment will be added to the existing hospital system. Additional security features will be evaluated and integrated with this system during the design process. Each home will have the ability to control access to its building via punch code or proxy card access. Each Residential Care Building will be equipped with a doorbell which visitors will use to be admitted to the home.

5. Nutrition / Food Service

- Each Standard Residential Home will contain a residential kitchen which is designed to support full meal preparation for a maximum of 14 people (residents and staff) for snacks and three meals per day. The Hospice House) will contain a residential kitchen which is designed to support full meal preparation for a maximum of 20 people (residents and staff) for snacks and three meals per day. Residential Care Building staff will order food using a supply list to order dry, fresh, canned or frozen food items that will be prepared in the home. Food supplies will be delivered to the Services Building and from that location distributed to the Residential Care Buildings. In the future this system may move to a vendor delivery to the front door of each Residential Care Building. Dishwashing will occur in the individual homes and a residential appearing commercial dishwasher will be provided in the homes for that purpose. Provisions for pandemic food storage will be coordinated with the hospital.

6. Social Work

- Social work services are delivered to the residents within the Residential Care Buildings, Adult Day Program or in other meeting spaces within the Neighbourhood Hub or Community Centre. Touchdown work space is provided for the social workers within the administrative area of each Neighbourhood Hub. Social workers assist with placement issues as well as other support programs (admissions, discharge/transition planning, counseling, etc.)

7. Physical Therapy / Occupational Therapy / Speech Language Pathology

- Physical, occupational and speech therapy services will primarily be offered in the resident's home. Maintenance range-of-motion programs will be completed by the Continuing Care Aide in the resident's room and other spaces within the house based on direction from the therapist.
- A room for intensive therapy for residents will be planned within the Hospice House and sized to accommodate 2 mats, 1 Nu-Step, 1 standing table, 1 height adjustable hand table, equipment storage and staff workstations (approximately 30X24 ft).
- A larger "Activity" centre is planned for the shared Community Centre and accessible to residents and adult day service clients and their families for fitness activities. This centre will also be available for staff utilization.

8. Respiratory Therapy

- Respiratory therapy services are currently not offered at the Cypress Regional Hospital. Upon provision of these services at Cypress Regional Hospital, the long term care homes will be afforded respiratory therapy services through the addition of trained therapists and essential equipment. Portable medical gas and suction will be utilized in the Standard Residential Homes. The Hospice House will provide piped medical gas and suction to each resident room.

9. Health Records

- An electronic health record is planned. Limited storage of paper records (including discharge and death records) will be accommodated on site.

10. Medical Supplies

- Supplies will be delivered to the Services Building and then redistributed to each Residential Care Building. Designated long term care staff or porters will deliver supplies to the individual homes or neighbourhoods and be placed either in the clean supply room of each home or the resident room.

11. Information Technology

- Wireless technology will be provided throughout Buildings for resident, family and staff access. Incorporating the basic infrastructure for hardwired and wireless systems facilitate the addition or expansion to accommodate future technology. Capability for entertainment systems throughout the home including computers, television and sound system for music is planned.

12. Communications

- An emergency nurse call system will be provided in each resident room and washroom as well as other strategic locations for patient safety. Wireless technology may be utilized for this call system. VoIP systems will be used where possible. Land lines will be provided in the home as well. Specifications developed in consultation with the architect, electrical engineers, users, and hospital providers will address needs for:
 - electronic medical record
 - nurse call
 - PACS
 - computer access within and outside the resident room
 - emergency call system with options for resident to wear call device or to utilize wall mounted devices in bedroom at chair side bedside and bathroom
 - internal paging
 - phones and fax
 - security camera(s) placement
 - controlled access at entrance doors-key pad or card access to be determined
 - televisions (for both entertainment and education)
 - telehealth services

13. Disaster Planning

- Pandemic planning for the Facility will be coordinated with Cypress Regional Hospital.

14. Code Support

- In the event of a resident emergency, staff call 911.

15. External Relationships

- Critical adjacency with and connection to the Cypress Regional Hospital exists for easy movement of patients, providers, staff and materials. Family and visitor parking will be located close to the entry to the Residential Care Buildings for families during daytime hours. Connection to the Recreation Facility is required to facilitate resident, family and staff access to programs.

ATTACHMENT 1 - ROOM DATA SHEETS